Letter to the Editor

The Screening for Depressed Mood in Elderly Taiwanese

To the Editor: As we read Lyu's article "Help-seeking behaviors for depressed mood among the elderly in a Southern Taiwanese community" (New Taipei Journal of Medicine, September 1999), we thought that the question used in the interview guide, "How often did you feel depressed?", might not be specific and sensitive enough for depressed Taiwanese elderly. Although "depressed" is frequently used in common communication, it probably means something quite different from a clinical perspective. For example, when one is confronted with disappointments or negative events, experiencing sadness and self-doubt over a short period of time is considered natural and acceptable. Such a normal "low" should be distinguished from clinical conditions including: (1) intensity, (2) duration, (3) coexistence of a mood state with other clinical signs and symptoms, and (4) its effects on individual functionings.[2] From the perspective of mental health professionals, it is emphasized that should be mood disorders conceptualized. Depressed patients lose interest in and the ability of performing activities (the second item in category A of the DSM-IV[3] criteria of a major depressive episode), such as doing hobbies, talking with someone, and exercising, which were reported as help-seeking behaviors by Lyu.[1]. Furthermore, the depressed patients might have become indifferent to these concerns and is probably unable to empathize with these feeling depressed. In other words, the patients were indifferent to their inner state. Sometimes, it becomes difficult to diagnose depression in an elderly population because of somatization, which is frequently seen in community and primary care. Some studies have concluded that the depressed elderly who live in Eastern cultures or developing countries report somatic symptoms and deny psychological symptoms more frequently than those in Western cultures.[4,5] Therefore, a structured interview including the somatization spectrum would be more appropriate to prevent false negative findings of the occurrence of depression.

There is a common misunderstanding that depression is expected to be found in elderly and is justified by their physical illnesses, bereavement, isolation, and loss. These are indeed important risk factors. However, they should not be used to explain psychopathogenesis. To identify depression is the first step towards successful intervention. We totally agree with Lyu that social support networks are important sources for help-seeking among elderly community residents. Strengthening family communication not only improves the motivation of help-seeking, but also decreases delay of the diagnosis and treatment of depression in the elderly.

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