The start of Marc’s story

Marc decided that Wednesday would be the day to drown himself. This day was the middle of the week and he figured there would be few people at the beach. He walked to the beach at 3 o’clock that morning and took off his shoes at the edge of the sand. The sand felt cool and soft as he walked toward the ocean. He was right. There were no other people around.

Marc waded into the warm water as it gently rocked him back and forth. He thought he would die the same way he came into this world – in salty, warm fluid. Marc started swimming from the shore. His plan was to keep going until he was so far away that he could not return.

Then it would all be over and Marc would not have to worry anymore. He no longer would wake up at 2 in the morning, looking at the clock and not be able to get back to sleep. He would not care anymore whether he could concentrate when reading or feel hungry or even eat at all. And he could stop feeling hopeless about
his life and his future.

Marc swam for over 2 hours. But nothing happened. As the sun began to rise, he decided to go home. Maybe this just wasn’t his time to die. Marc was supposed to have surgery the next day to amputate three toes because of problems from diabetes. He called his doctor and told him what happened at the beach. The doctor convinced Marc to see a psychiatrist. Soon, Marc learned that what he was feeling is called “late-life depressive disorder.” He also learned that there is hope and treatment for this condition.

**Major depression and amputation**

More than 15 million Americans each year have a major depressive episode like Marc’s. About 15 of every 100 people who have this are age 65 or older. Among amputees, depressive symptoms are common, and as many as half of all amputees need some type of mental health services. Amputees are at greater risk for depression if their amputation is from trauma (such as a gunshot wound or car accident). They may feel sad, anxious, or have other symptoms when faced with the threat of losing their life or seeing other people’s lives at risk. Also, depression
and other psychological problems are more common after trauma because amputation was not expected and there is no time before surgery to prepare for it or get needed counseling.

Amputation in older adults is often due to chronic medical conditions such as diabetes and vascular disease. Depression is more common in people with diabetes than in the general population. People who have both depression and diabetes tend to have more medical complications, such as amputations. These amputations are almost always planned. This allows time for people to think about how limb loss will change the way they see themselves and relate to others. Older people who have amputations (either due to trauma or medical conditions) are at higher risk for long-term psychiatric problems. This may happen because they had a lot of health problems even before amputation.

**Answers to questions many people ask about major depressive disorder**

**Am I depressed?**
Doctors diagnose major depressive disorder based on certain symptoms. These include:

- Feeling sad, down or hopeless
- Having little interest or pleasure in doing things you used to enjoy
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or easily fatigued
- Having either little (or no) appetite or wanting to eat a lot more
- Feeling guilty, that you are a failure, or that you have let yourself or others down
- Trouble concentrating when reading, watching TV, playing cards or doing other “thinking” activities
- Feeling restless, tense or fidgety
- Thinking you would be better off dead
- Wanting to hurt yourself in some way.

Marc had many of these symptoms. Like him, many people do not know they have a medical condition that can be treated. A good way to start feeling better is by telling your doctor about symptoms that concern you. Treatment for depressive
disorder often includes counseling (talk therapy) and antidepressant medication. You and your doctor will decide together which treatments are likely to help. This choice depends on how severe your symptoms are and your own preferences (what is important to you).

**What should I do if I want to hurt myself?**

Thoughts of suicide (wanting to kill yourself) are common in depression, especially for older adults. Please know that these thoughts are a symptom of a medical disorder. Depression is temporary (goes away over time) and can be helped with treatment.

People are often embarrassed about having these thoughts and therefore do not tell others. When people do tell others, sometimes friends or family do not believe them or know what to do.

Ask for help! This can save your life. If you, or someone you know, is talking about death, feeling hopeless, or looking for ways to die, call your doctor or call the National Suicide Prevention Lifeline (800/273-TALK).
What can I do if I am depressed?

Talk with your doctor or other healthcare provider about your symptoms. Follow his or her recommendations. Also, here are some ways you can help yourself feel better:

- Be active each day such as going for a walk, riding a bike, or swimming.
- List activities you enjoy, and then do at least one each day (even if you do not want to).
- Do activities that help you relax (such as crossword puzzles, meditation or listening to music) when you feel worried or anxious.
- Spend time with family, friends, religious groups or others who comfort and support you.

The end of Marc’s story

Marc still thinks of that night at the beach 5 years ago. He laughs at how silly the whole thing seems now. Then, he could not see that his life was not worth losing because of a few toes. Now, he goes fishing every week, has three more
grandchildren, and does not worry what people think of his missing toes. And these days, Marc only goes to the beach for exercise!

**Sources and ways to learn more about major depression**

- National Suicide Prevention Lifeline, [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- MacArthur Initiative on Depression and Primary Care, [www.depression-primarycare.org](http://www.depression-primarycare.org)
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*Translated from Recognizing Late-Life Depression*

www.amputee-coalition.org/inmotion/apr_08/late_life_depression.html