

Depression: Risk and Protective Factors in Later Life

General risk factors that increase risk throughout life

Biological risks

- Hereditary (runs in families)
- Being a women rather than a man
- Low serotonin or high cortisol (brain chemicals)
- Low testosterone (a hormone, mainly a “male” hormone, but women have it, too)
- High blood pressure or hypertension
- Stroke
- Medical illness and overall poor function (e.g., problems walking)
- Alcohol abuse and dependence

Psychological risks

- Personality disorder
- Neuroticism (neurosis = poor ability to adapt, inability to change one's life patterns, and the inability to develop a richer, more complex, more satisfying personality)
- Learned helplessness
- Cognitive distortions (overreaction to life events; misinterpret life events; exaggerate their adverse outcomes; catastrophizing too much)
- Lack of emotional control and self-efficacy (low skills to control emotions and low belief in one's capacity to succeed at tasks)

Social risks

- Stressful life events and daily hassles
- Bereavement (grief experienced by loss of a loved one due to death)
- Socio-economic disadvantage (being poor or having a low income)
- Impaired social support (lack of friends and family for fellowship and support)

Risk and protective factors especially important in late life

Biological risks

- Genetics (runs in families)
- Low DHEA (a hormone)
- Poor blood flow in the brain (also called “ischemia”)
- Alzheimer’s Disease

Protective factors

- ***Socio-emotional selectivity (focus on the positive for the remainder of life)***
- ***Wisdom (applying life’s lessons in a positive way to deal with today’s challenges)***

Adapted with permission from Drs. Dan G. Blazer, II and Celia F. Hybels, Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, NC, Origins of Depression in Later Life, Psychological Medicine, 2005, 35, 1-12. Available online or from blaze001@mc.duke.edu.

Department of Foods and Nutrition, The University of Georgia, Athens, GA 30602
Division of Aging Services, Georgia Department of Human Resources, Atlanta, GA 30303
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