



Collegium News

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October 2005

Newsletter of the Cannon Valley Elder Collegium
"A Questing Mind Never Retires"

Fall Term
2005/2006

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Depression at Any Age

There are many life changes and challenges that people typically face in the latter part of their lives. Among these are retirement, loss of spouse or other family members and friends, and health problems or disabilities associated with aging. It is tempting to think that depression is a normal response to these kinds of stresses. However, medical researchers and practitioners emphasize that depression is not normal at any age, regardless of difficulties that arise. Depression can be triggered by a number of factors, but its cause is a physical change in the brain that affects the balance of chemicals known as neurotransmitters. Untreated depression, especially in the older population, not only diminishes quality and length of life but also compromises physical health, mental function, and the ability to recover from illness or injury.

In spite of this, depression often goes undiagnosed among older people for a number of reasons. There are medical problems common among the aging that mimic or trigger depression, for example, heart failure or hypothyroidism. It is too easy to focus on the medical condition and ignore the accompanying changes in mental health. There are several medications frequently used by this population that have depression as a possible side effect, such as beta blockers for hypertension or sleeping pills. To confuse matters more, symptoms of depression are often not only different from those of younger adults, but may be similar to symptoms of other diseases common to older adults. It can be very difficult to sort them out from symptoms of cardiac, digestive system, and joint diseases, or even Parkinson's and Alzheimer's diseases.

The National Institute of Mental Health considers depression in people over sixty-five a "major public health problem." Senior depression affects 6 million Americans, but only 10% receive treatment. The cost of untreated depression is high. It is estimated that 50% more is spent on health care for seniors who are depressed than for those who are not or who have been treated. Many hospital beds are filled

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Fall Meeting 2005

YOU ARE INVITED TO:

The Cannon Valley Elder Collegium
9th Annual Fall Meeting
Sunday Afternoon, October 23, 2005
at 2:00 pm

United Methodist Church,
1401 South Maple St.
Northfield MN

2:00 pm Coffee, Dessert and
Conversation

2:30 pm Description of Courses for
Winter & Spring 2006 and a presentation:
"The World by Jim Reiley"

Come to recognize **Jim Reiley** who is retiring as a CVEC instructor. Jim taught a class during the very first session of CVEC, fall of 1997, and has taught a CVEC class almost every year. We are hoping many CVEC members will come to the Fall Meeting to recognize Jim and thank him for his years of service. CVEC is a success because we have amazing professors like Jim. By recognizing Jim Reiley we are in fact honoring all of our outstanding professors.

(continued from front page)

with patients in pain or other distress that has its roots in depression. It is not uncommon for a patient to go from cardiac to GI to neurology specialists, undergoing batteries of tests and scans, costing thousands upon thousands of dollars before being treated for depression and finding relief of symptoms ranging from stomach pain, nausea or weakness to arthritis, dizziness or loss of memory.

Personal cost is also high. It has been shown that treatment helps people retain their abilities and functions and live independently longer. Depression in the elderly is as much as six times more likely to lead to suicide than in other age groups. Enjoyment of life is compromised or impossible for the depressed.

The key to diagnosing and relieving depression is in recognizing the possible symptoms. Family or friends who know and spend time with an individual are in a good position to notice changes in health, mood or habits that provide clues. The primary care physician who follows and knows the patient and coordinates specialty care is aware of medications, tests and examinations provided by other specialists, and is poised to discern possible causes and symptoms of depression, if given enough time with the patient. Most are trained to recognize depression in the clinic setting.

Treatment for depression involves taking an anti-depressant medication and may also include psychotherapy or counseling for a time. There are many kinds of anti-depressants, and it may take a careful trial to find the ideal one for the patient. Just as many seniors respond to treatment as younger patients, though more time may be required for a full recovery--12 weeks on average. There are also life style enhancements that can aid recovery as well as help prevent future episodes, including social/community interaction, volunteer activities, acquiring new skills or knowledge, healthy diet and exercise (or as one source puts it, "exercise, exercise, exercise!"). Note that several of the above are promoted by Elder Collegium. The same are also advocated for retaining mental abilities and functions, as cited in the last CVEC newsletter.

Here are some things to look for that may indicate depression in yourself, a friend or a family member:

- Loss of pleasure and interest in normal or favorite activities

- Feeling of hopelessness
- Physical or mental slowness, fatigue, difficulty concentrating
- Pain that exceeds the apparent cause and does not respond to medical treatment
- Irritability, demanding behavior, suspicion
- Extreme grieving for a loved one beyond a year
- Changes in sleep, night awakenings
- Changes in appetite, weight loss or gain
- Anxiety – note that anti-anxiety medication can exacerbate depression

Other facts to note:

- Depression often follows stroke or heart attack, and physical recovery may depend on depression being treated
- Regular use of sleeping pills can cause depression and should be avoided
- A medical examination is necessary to determine whether memory impairment is a result of dementia or depression
- A family history or a previous episode of depression greatly increases risk
- After a third episode, anti-depressants may need to be continued permanently

A person suffering from depression may not seek help because of depression-induced apathy, guilt, embarrassment, a belief that it is normal to feel that way in the circumstances, or a reluctance to "complain" or to be a bother. Recognizing and understanding as much as possible about the symptoms and consequences of this sometimes hidden disease will encourage us to seek help for ourselves or for others who need it.

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By Popular Demand

It was two years ago that Marion Hvistendahl first offered a course on James Joyce's *Ulysses*. She thought she would be lucky if more than a handful of students enrolled. To her surprise, the class more than filled, resulting in a classroom practically bursting at the seams and rife with thoughtful discussion. This winter term she is repeating the course for those who still wish to take it, as well as some who want to take it again. The book, besides being a seminal work of "modern" literature, contains enough material to fuel multiple readings and endless discussion.

Though Marion had not taught *Ulysses* before, she taught for thirty years, first at South Dakota State University and then at Grand View College in Des Moines, Iowa. Her area of specialty was Greek Mythology, which she found particularly interesting in how it revealed the contrast between the ancient Greek's view of his place in the world and that of twentieth century humanity. Grand View College was founded by Grund Luth, who also established the Elderhostel program and was a strong proponent of life-long learning. "After teaching there for several years, I came to be a believer," Marion comments.

After she and her husband, who taught at Iowa State University, retired, they taught in China for a year. In 1990 they moved to Northfield, where they had grandchildren. They were already familiar with the town, as all three of their children had attended St. Olaf.

In Northfield Marion continued to engage in intellectual pursuits. Among her endeavors is the characterization of notable women in history, presented as a one-woman dramatic performance. Among others, she has "been" Katie Luth, third wife of Grund; Mrs. North, wife of Northfield's namesake; Hildegard of Bingen; Mary Todd Lincoln; and Lydia Pinkham.



Marion has taught and taken CVEC courses since the very beginning. In its early days the Collegium was featured in national news media, and photos from her first class made their way to the Washington Post. She received a phone call from the president of *USA TODAY*, who turned out to be a former student of hers from South Dakota, congratulating her for stealing newspaper space from Monica Lewinsky! Besides *Ulysses*, Marion has taught Greek Mythology three times, "The Short Story" twice, and "Twentieth Century American Fiction: Hero to Anti-Hero." +++

Mark your Calendars:

**Cannon Valley Elder Collegium
Benefit Concert**

Sunday November 13, 2005 3:30 pm (Coffee reception at 3:00 pm)
Northfield Retirement Community Chapel

Cathy Schubilski Violin
Brian Jensen Horn
Dr. Charles Kemper Piano

Tentative Program
Saint-Saens Violin -Piano sonata
Brahms Horn Trio in E flat Major



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**CVEC is a
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**Change Service
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From the Director

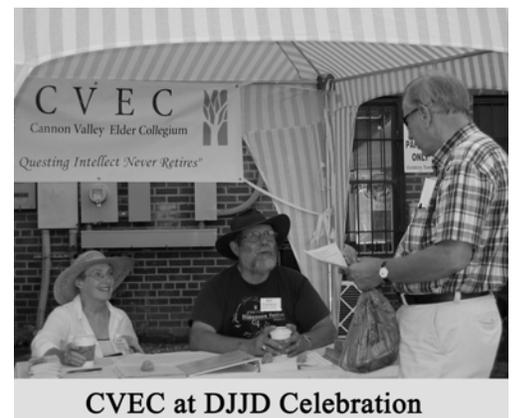
Our academic year is off to a strong start. This year we added two courses for a total of nine and, as many of you already know, we have high enrollment in all classes. Our science classes reached their limits, another first for CVEC. Unfortunately we were not able to meet all requests that came in late during the enrollment period, though Hartley Clark agreed to hold an additional session to accommodate more students. Reidar Dittman's lecture class has a very large enrollment.

The Winter Semester course descriptions are on our web page, www.cvec.org, so you can begin thinking about your options. Our goal is to have all classes at one of four locations: Northfield Senior Center, Northfield Retirement Community, Three Links Center, and Village on the Cannon. This way, our members at these locations can attend a class without driving.

This year we had a booth at the Art Fair during Jesse James weekend in order to publicize CVEC and to talk with members and potential members who stopped by. We would appreciate any comments regarding maintaining a booth in future years. And I always appreciate any suggestions about ways we can improve CVEC and effectively deliver our communication, especially through the web page.

We have prepared a new brochure describing CVEC. It is brightly colored and quite attractive. If you like it, tell me; if you do not, blame Board Chair George Soule. If you know of anyone who wants information about our organization, I can provide copies of the brochure.

We look forward to seeing all of you at the Fall Meeting on Oct 23. Note that you can come to the CVEC meeting at 2:00 and have dessert first, then go to the Hog Roast Dinner at the Senior Center for the main course meal. We do not have to eat like Norwegians any more!!



CVEC at DJJD Celebration

Bill