

Depression and the Elderly

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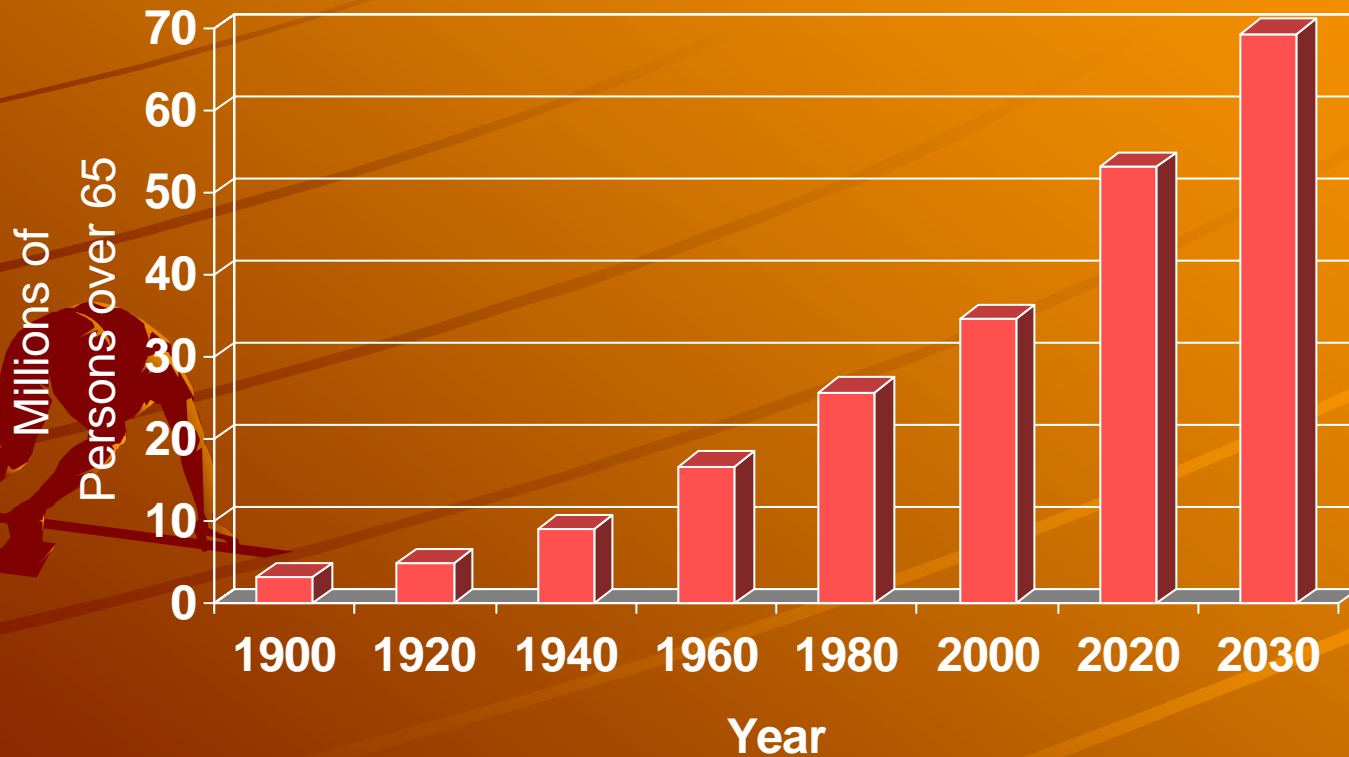
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Depression Awareness Exercise

- | | True | False |
|---|------|-------|
| 1) Depression is an expected part of aging. | | |
| 2) People who are depressed could "snap out of it" if they wanted. | True | |
| False | | |
| 3) Depression is rare among those older people who are healthy and financially secure. | True | |
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| 4) One cause of depression is a chemical imbalance in the brain. | True | |
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| 5) Depression is a major predictor of non-adherence to treatment. | True | |
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| 6) Patients who are in pain are at a high risk for depression. | True | |
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| 7) More than 25% of patients who have a CVA develop clinical depression. | True | False |
| 8) It is easy for patients to recognize the difference between normal grieving and clinical depression. | True | |
| False | | |
| 9) Patients who have dementia do not become depressed. | True | |
| False | | |
| 10) Over 60% of older adults who are suffering from depression find relief in psychosocial intervention, antidepressant medication or a combination of the two. | True | |
| False | | |
| 11) Most elderly suicide victims have visited their primary care practitioner within one month of committing suicide; 20% have done so within 24 hours. | True | |
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Estimated Number of U.S. Persons Age 65 and Over



US Census Bureau, Washington, DC

What is Depression?

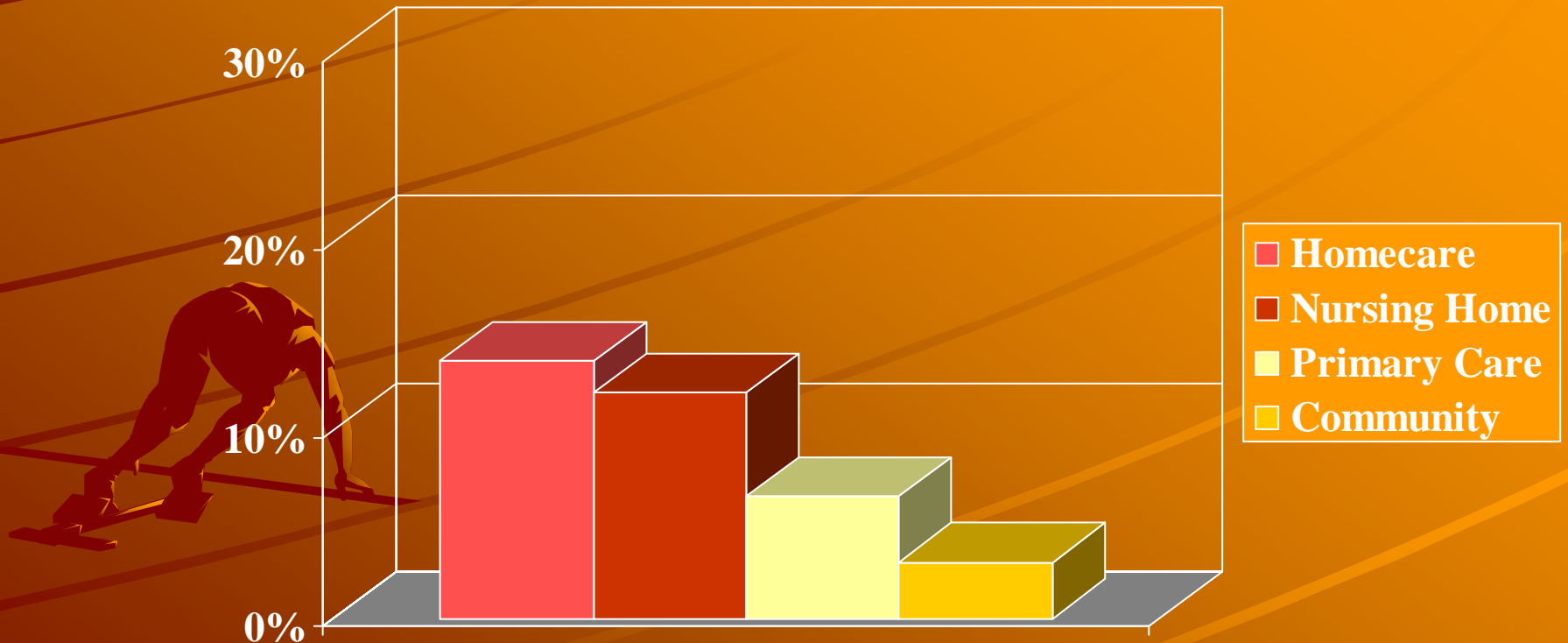
- ✦ A syndrome consisting of a number of symptoms

- ✦ A medical illness

- ✦ A significant public health problem



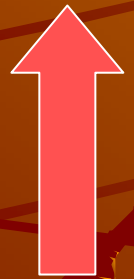
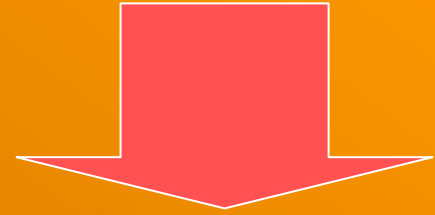
Prevalence of MDD in Older Adults by Setting



Bruce ML, McAvay GJ, Raue PJ, Brown EL, Meyers BS, Keohane DJ, Jagoda DR, Weber C (2002). Major Depression in elderly home health care patients. *American Journal of Psychiatry* 159, 1367-1374.

Consequences of Depression

Recovery from medical illness
Patient's quality of life, function, and mortality

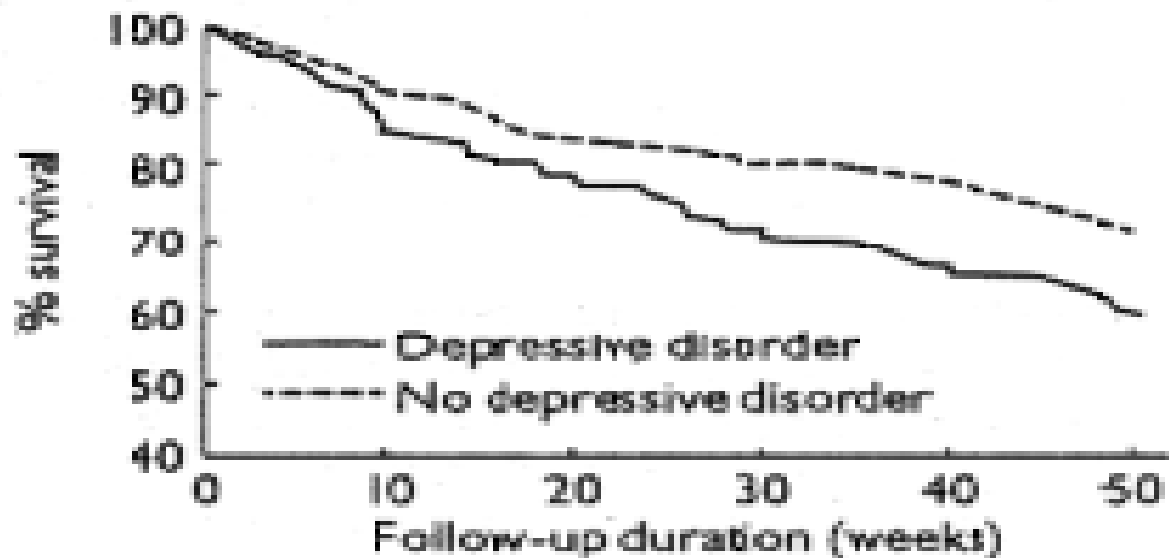


Poor adherence to medical treatment
Personal neglect
Risk of suicide
Irritability
Poor social relations



Mortality in Elderly Patients with Depression

One-year survival in 454 nursing home patients with and without depressive disorders



Romer BW²

Diagnostic Criteria DSM-IV

Criteria for Major Depressive Episode

- ✦ Five or more symptoms over a period of at least two weeks and representing a change in functioning;
- ✦ at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure

Symptoms

- ✦ Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g, feels sad or empty) or observation made by others
- ✦ Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

Symptoms

- ✦ Significant weight loss when not dieting or weight gain, or change in appetite
- ✦ Insomnia or hypersomnia nearly every day
- ✦ Psychomotor agitation or retardation (observable by others)
- ✦ Fatigue or loss of energy nearly every day
- ✦ Feelings of worthlessness or guilt

Symptoms

- ✦ Diminished ability to think or concentrate, or indecisiveness, nearly every day
- ✦ Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or suicidal attempt or a specific plan for committing suicide

Other Criteria

- ✦ The symptoms do not meet criteria for a Mixed Episode
- ✦ The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- ✦ The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism)
- ✦ The symptoms are not better accounted for by Bereavement, i.e. after the loss of a loved one

Diagnostic Issues

- ✦ Comorbid Medical Conditions
- ✦ Cognitive Deterioration (Early dementing disorder or depression?)
- ✦ Multiple Adverse Life Events
- ✦ Role transition
- ✦ Abnormal versus normal grief

Prevalence of Depression in Medical Illness



Stroke	26-61%
Cancer	18-39%
Myocardial infarct	15-19%
Rheumatoid Arthritis	13%
Parkinson's Disease	10-37%
Diabetes	5-11%

Categories of Medical Problems in elderly inpatients with Major Depression



Circulatory	69%
Digestive	61%
Endocrine, metabolic	45%
Other	25%
Genitourinary	24%

Mean # of medical problems = 5

Most at Risk

- ✦ Earlier episode
- ✦ First-degree relatives with depression
- ✦ Medical Condition/poor general health
- ✦ Grieving elderly with intense depressive symptoms after the loss
- ✦ In nursing homes: the cognitively intact patients who are the sickest, most disabled, and most independent

Most Likely not to be Diagnosed

- ✦ Elderly white males
- ✦ Married males or females
- ✦ People with medical disorder
- ✦ Elderly with dementia-like cognitive symptoms
- ✦ Grieving elderly

Utilization of psychiatric services by depressed elderly is low

Only 10% of the depressed elderly received adequate treatment

Minority Populations

- ✦ Older African Americans use fewer health-care services for heart disease, stroke and renal dialysis
- ✦ Older African Americans also use less mental health services

Steffens, et al. (1997)

Why Less Use?

- ✦ There could be lower rates (not likely)
- ✦ Lack of perceived or actual access to evaluation and treatment
- ✦ Embarrassment or concern about stigma
- ✦ Not recognized as a distinct medical illness:
 - ✦ Part of life's burden
 - ✦ Slowing down with age

Barriers to Assessment

- ✦ Anxiety, worry, disability, pain, cognitive impairment
- ✦ Physical illness and medication
- ✦ Stigma and language
- ✦ Time constraints/competing medical concerns



✦ Choose the best answer for how you have felt over the past week:

✦ 1. Are you basically satisfied with your life? YES / NO

✦ 2. Have you dropped many of your activities and interests? YES / NO

✦ 3. Do you feel that your life is empty? YES / NO

✦ 4. Do you often get bored? YES / NO

✦ 5. Are you in good spirits most of the time? YES / NO

✦ 6. Are you afraid that something bad is going to happen to you? YES / NO

✦ 7. Do you feel happy most of the time? YES / NO

✦ 8. Do you often feel helpless? YES / NO

✦ 9. Do you prefer to stay at home, rather than going out and doing new things? YES / NO

✦ 10. Do you feel you have more problems with memory than most? YES / NO

✦ 11. Do you think it is wonderful to be alive now? YES / NO

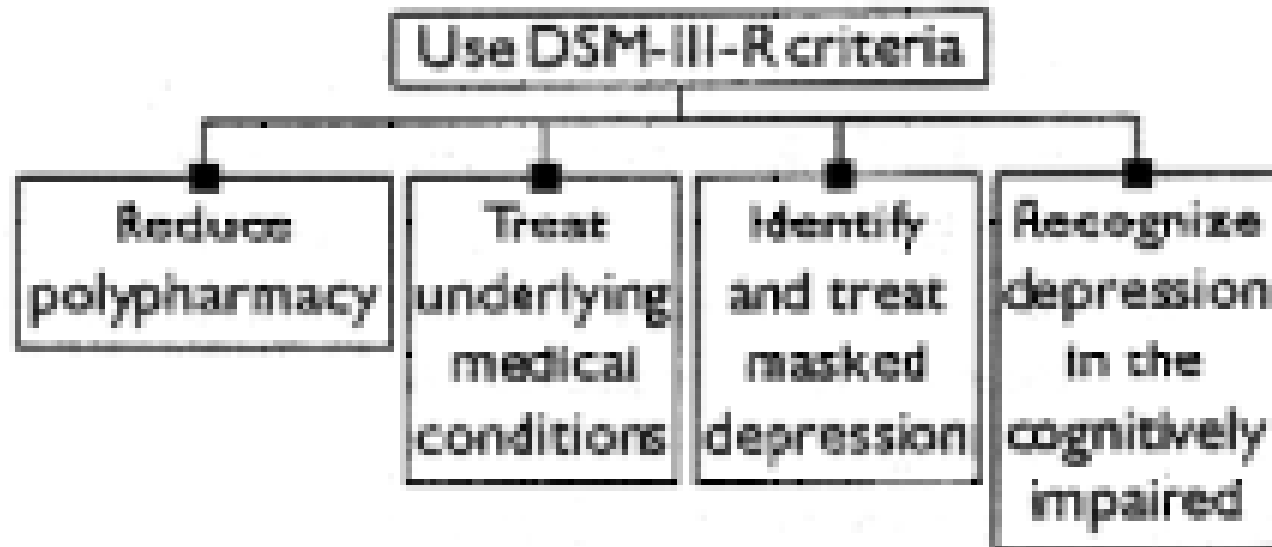
✦ 12. Do you feel pretty worthless the way you are now? YES / NO

✦ 13. Do you feel full of energy? YES / NO

✦ 14. Do you feel that your situation is hopeless? YES / NO

✦ 15. Do you think that most people are better off than you are? YES / NO

Recognizing Depression in the Elderly A Systematic Approach



Adapted from Small GW¹

When there is illness or a medical disorder

- ✦ Major depression is NOT a 'normal' response to medical illness
- ✦ Rule out Major depression due to medical condition
- ✦ Rule out substance-induced mood disorder
- ✦ Rule out adjustment disorder
- ✦ Emphasize psychological symptoms

Disorders that May Cause Depression

- ✦ AIDS
- ✦ Anemia
- ✦ Asthma
- ✦ Chronic Fatigue Syndrome
- ✦ Chronic infection
(mononucleosis, TB)
- ✦ Chronic Pain
- ✦ Congestive heart failure

Related Disorders

- ✦ **Diabetes**
- ✦ **Hyper- and Hypothyroidism**
- ✦ **Influenza**
- ✦ **Malignancies**
- ✦ **Malnutrition**
- ✦ **Multiple Sclerosis**
- ✦ **Rheumatoid Arthritis**

Common Secondary Causes of Depression in the Elderly

- ◆ Alzheimer's
- ◆ Vascular and other dementia
- ◆ Common infections (i.e. pneumonia or UTI)
- ◆ Substance abuse
- ◆ Endocrine disorders
- ◆ Electrolyte imbalance
- ◆ Tumor
- ◆ Endocrine
- ◆ Prescription meds

Drugs that may cause Depression

- ✦ **Antihypertensives**
- ✦ **Corticoids and other hormones**
- ✦ **Antiparkinson drugs**
- ✦ **Antianxiety drugs**
- ✦ **Birth Control pills**
- ✦ **Alcohol**

Differential Diagnosis – Biochemical dysfunction

- ✦ Sleep disturbance
- ✦ Appetite disturbance
- ✦ Fatigue
- ✦ Decreased sex drive
- ✦ Restlessness, agitation,
psychomotor retardation
- ✦ Diurnal variations in mood

Differential Diagnosis: Grief versus Depression

- ✦ Transient versus persistent depressed mood
- ✦ Overall functioning impaired or not
- ✦ Reactive sadness versus puzzlement where depressed mood is coming from
- ✦ Related to significant loss or not
- ✦ Significant loss of self-esteem or not
- ✦ (Even if grief, vegetative symptoms might need to be treated with medication)

Dementia and Depression

- ◆ Alzheimer's - 20-40%
- ◆ Similar rates with other dementia's
 - Vascular
 - Parkinson's
 - Huntington's
 - Brain injury
 - B12, folate
- ◆ Depression may precede other symptoms



Suicide

- ✦ 15% of severely depressed persons commit suicide
- ✦ Elderly white males are at greatest risk
- ✦ 80% consult physician in the month before death
- ✦ Elderly are less likely to have had previous attempts or to complain of suicidal thoughts--more likely to complete it.

Suicide, cont.

- ✦ 10 years after stroke
 - Mortality for non-depressed is 40%
 - Mortality for depressed is 70%



Psychotherapy

- ✦ Problem Solving

- ✦ Supportive

- ✦ Cognitive
Behavioral

- ✦ Reminiscent

- ✦ Pets

- ✦ Touching

- ✦ Education

- ✦ Family

- ✦ Groups

- ✦ Psychosocial
Intervention



Treatments: Cognitive Behavioral Therapy

- ✦ Underlying causal inference of negative schemas
- ✦ Negative Automatic Thoughts
- ✦ Negative Triad (Bad Me, Bad World, Bad Future)



CBT Techniques

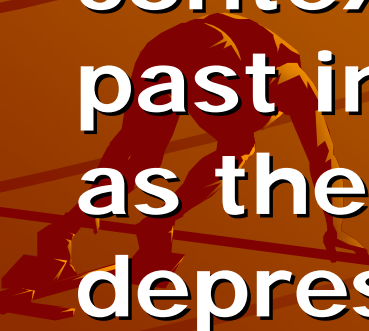
- ◆ **Activity Scheduling**
- ◆ **Mastery and Pleasure**
- ◆ **Rehearsal**
- ◆ **Assertiveness Training**



Techniques

- ✦ **Rationale**
- ✦ **Explanation of relation between cognition and emotion**
- ✦ **Collaborative Empiricism**
- ✦ **Automatic Thoughts**
- ✦ **Cognitive Distortions**
- ✦ **Assessment and reality testing**

Interventions: Interpersonal Theory

- ✦ **Based loosely on Attachment Theory**
 - ✦ **Depression in interpersonal context: Reviewing current and past interpersonal relationships as they relate to current depressive symptoms**
- 

Techniques

Determine:


- ✦ The nature of interaction with significant others
- ✦ Expectations of client and significant others
- ✦ Satisfying and unsatisfying aspects of the relationship
- ✦ Changes the client wants in relationships

Therapeutic Focus Areas

- ✦ **Abnormal Grief**
- ✦ **Interpersonal Role Transitions**
- ✦ **Interpersonal Role Disputes**
- ✦ **Interpersonal Deficits**



Principles of Pharmacologic Treatment

- ✦ Use medications with minimal Anticholinergic, cardiovascular and orthostatic effects
 - ✦ Begin with low dose
 - ✦ Monitor compliance
 - ✦ Monitor side effects
 - ✦ Increase dose slowly, but use adequate amounts
- 

Noncompliance in the Elderly

- ✦ 40-70% noncompliance
- ✦ 10% take drugs prescribed for others
- ✦ 20% take drugs not currently prescribed
- ✦ 40% stop drugs too soon



Electroconvulsive Therapy

- ✦ For depression which is:
 - Unresponsive to medication
 - With psychotic features
 - Putting the patient at risk due to poor oral intake or suicidality
- ✦ More cardiac risks in the elderly



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