

Depression among Older Adults

Prevalence & Intervention Strategies

Definition

Depression is a complex syndrome complex characterized by mood disturbance plus variety of cognitive, psychological, and vegetative disturbances

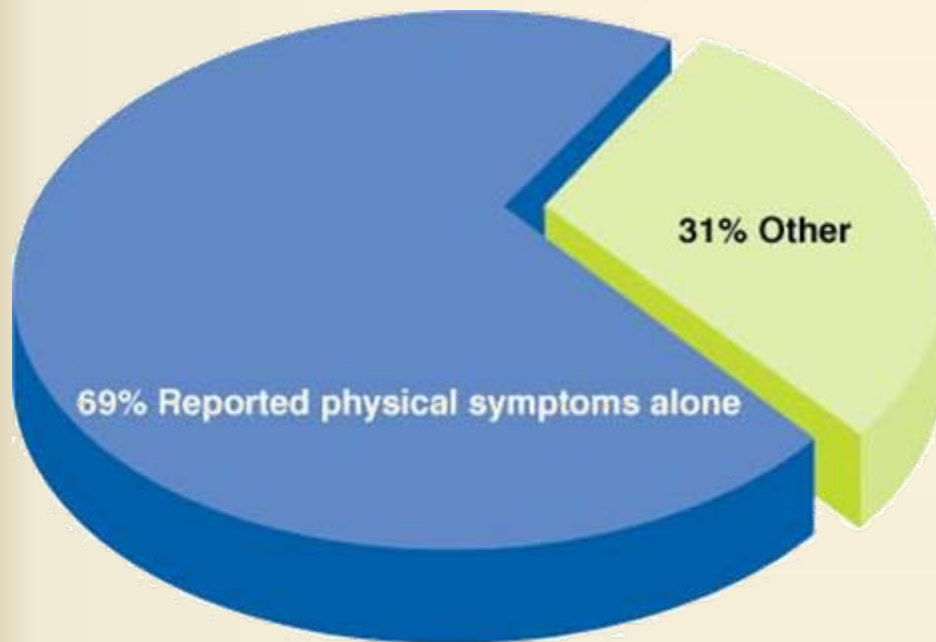
Epidemiology of Depression

- Men: 5-12%
- Women: 10-25%
- Prevalence 1-2% in elderly
 - 6-10% in Primary Care setting
 - 12-20% in Nursing home setting
 - 11-45% in Inpatient setting
 - **>40% of outpt. Psychiatry clinic and inpt. psychiatry**
- Peak age of onset 3rd decade
- Late-life depression: secondary to vascular etiology



Depression – the physical presentation

In primary care, physical symptoms are often the chief complaint in depressed patients



In a *New England Journal of Medicine* study, **69%** of diagnosed depressed patients reported **unexplained physical symptoms** as their chief complaint¹

N = 1146 Primary care patients with major depression

Depression in Elderly

- **NOT** a normal part of aging
- 2 million Americans over age 65 have depressive illness
- Sub-syndromal depression increases the risk of developing depression
 - Leads to early relapse and chronicity
- Often co-occurs with other serious illnesses
- Under-diagnosed and under-treated
- Suicide rates in the elderly are the highest of any age group.



Facts in Elderly



- Only 11 percent in community receive adequate antidepressant treatment
- The direct and indirect costs – \$43 billion each year
- Late life depression is particularly costly because of the excess disability that it causes and its deleterious interaction with physical health

Etiology

- Biological factors
- Social factors
- Psychological factors

Biological factors

- Genetic
 - High prevalence in first degree relatives
 - High concordance with monozygotic twins
 - Short allele of serotonin transported gene
- Medical Illness:
 - Parkinson's, Alzheimer's, cancer, diabetes or stroke
- Vascular changes in the brain
- Chronic or severe pain
- Previous history of depression
- Substance abuse

Social factors

- Loneliness, isolation
- Recent bereavement
- Lack of a supportive social network
- Decreased mobility
 - Due to illness or loss of driving privileges

Psychological factors

- Traumatic experiences
 - Abuse
- Damage to body image
- Fear of death
- Frustration with memory loss
- Role transitions

Common precipitants

- Arguments with friends/relatives
- Rejection or abandonment
- Death or major illness of loved one
- Loss of pet
- Anniversary of a (-) event
- Major medical illness or age-related deterioration
- Stressful event at work
- Medication Noncompliance
- Substance use



Assessment



Clinical Features

- DSM IV-TR criteria
 - Multiple criteria (≥ 5) should be present for at least two weeks
 - Must be a change from previous functioning
 - Presence of decreased interest or low/depressed mood is a must feature

Diagnostic Criteria

- **S**leep disturbance: decreased or increased
- **I**nterest or pleasure*: decreased
- **G**uilt or feeling worthless
- **M**ood* : sustained low or depressed
- **E**nergy loss or fatigue
- **C**oncentration problems or problems with memory
- **A**ppetite disturbance, weight loss or gain
- **P**sychemotor agitation or retardation
- **S**uicidal ideation, thoughts of death

Considerations in Elder Depression

- Unexplained or aggravated aches and pains
- Hopelessness
- Helplessness
- Anxiety and worries
- Memory problems
- Loss of feeling of pleasure
- Slowed movement
- Irritability
- Lack of interest in personal care (skipping meals, forgetting medications, neglecting personal hygiene)
- Social Withdrawal
- Increased use of alcohol or other drugs



MINOR Depression

- Also known as
 - subsyndromal depression
 - subclinical depression
 - mild depression
- 2 - 4 times more common than major depression
- Associated with:
 - subsequent major depression
 - greater use of health services
 - reduced physical, social functioning
 - loss of quality of life
- *Responds to same treatments!*

SUICIDE: DON'T FORGET

- Ask about
 - suicidal ideation
 - intent

Suicide risk in elderly

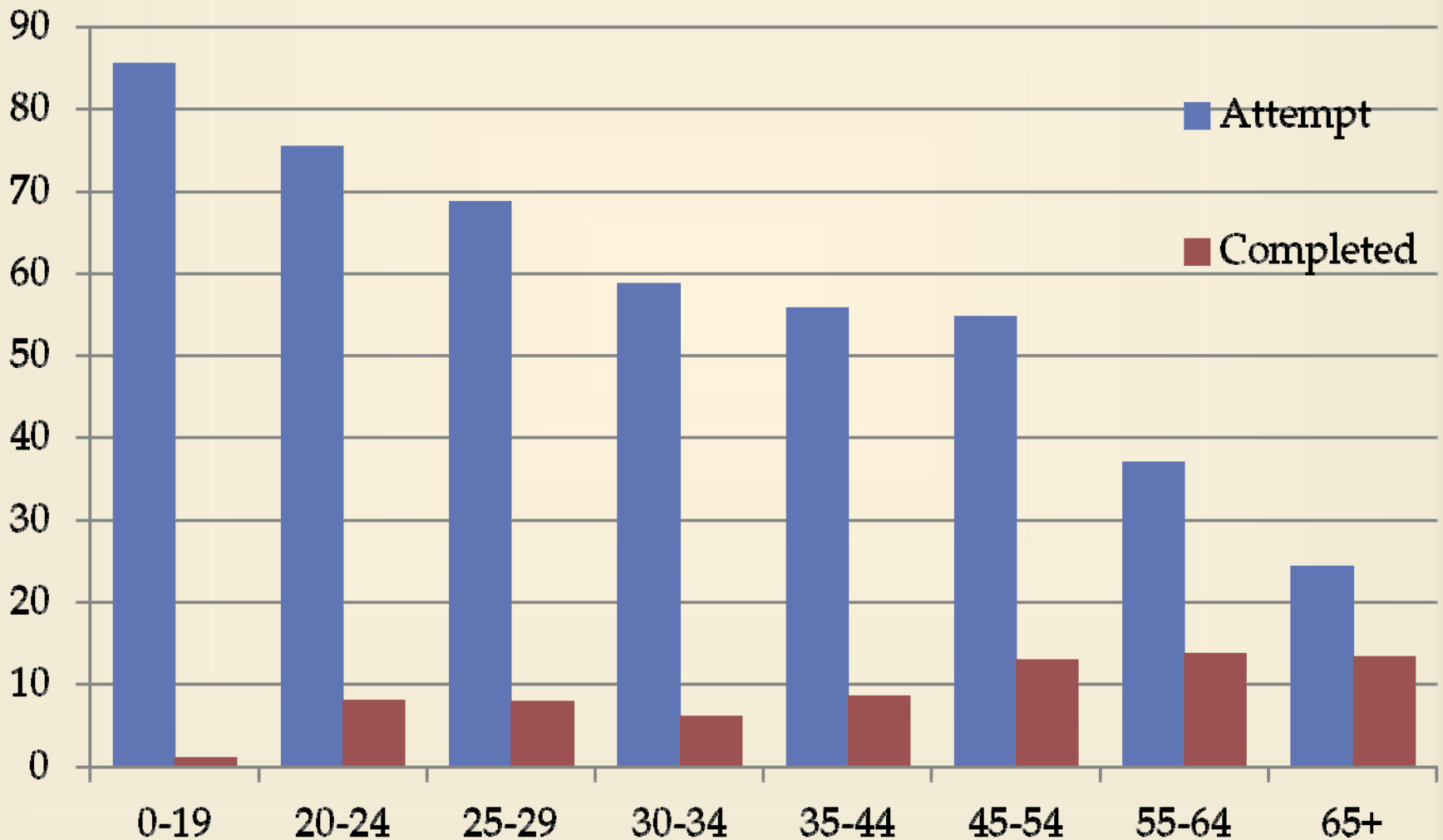
- Very Important, Easy to miss
- Always ask
- Firearms at home
- Many older adults who commit suicide have visited a primary care physician very close to the time of the suicide
 - 20 percent on the same day
 - 40 percent within one week – of the suicide

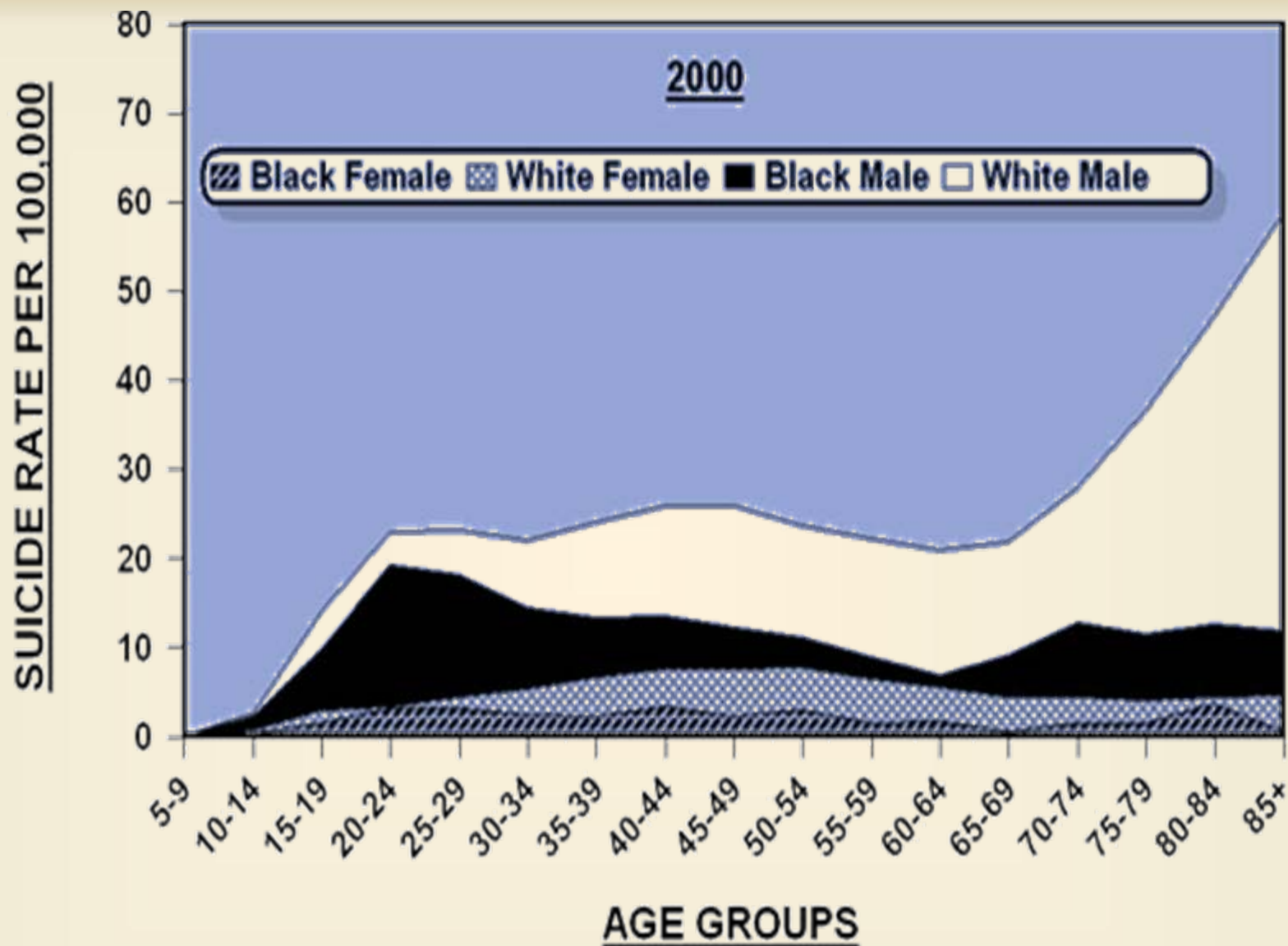
Suicide risk in elderly

- Suicides twice as common as homicides
- 12% of the population is elderly, they account for 20% of the 30,000 suicides/yr
- Older patients make 2 to 4 attempts per completed suicide, younger patients make 100 to 200 attempts per completion
- When they decide - they are serious

Los Angeles County Attempted and Completed Suicides, 2008

(rates per 100,000)





Source: National Institute of Mental Health
 Data: Centers for Disease Control And Prevention, National Center For Health Statistics

Assessment for suicide risk:

- S- Male Sex
- A- Age (young/elderly)
- D- Depression

- P- Previous attempts
- E- ETOH
- R- Reality testing (Impaired)
- S- Social support (lack of)
- O- Organized plan
- N- No spouse
- S- Sickness



Geriatric Depression Scale

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 home, rather than going out, 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

*Underlined items constitute the four item scale

Substance Use & Depressive Symptoms

- Intoxication and/or withdrawal from certain substances can lead to depressive symptoms.
- If symptoms are significant enough, they may be characterized as a substance-induced mood disorder.
- Drug-induced symptoms can last as long as substances are used and may or may not improve with abstinence.
- Depressive symptoms can linger for 3 to 6 months after abstinence and must be treated in counseling.



Substance Use & Depressive Symptoms

- Substance use, abuse, or dependence can cause depressive symptoms to worsen and complicate recovery from a depressive illness.
- These effects may also interfere with a client's response to medications or other therapeutic interventions.
- Depression and hopelessness, combined with alcohol and/or drug use, may also increase the risk for thinking about, planning, or acting on suicidal thoughts.

Substance Use & Depressive Symptoms

Substance	Associated Depressive Symptoms		
	Intoxication	Withdrawal	Chronic Use
Alcohol		Depressed mood, anxiety, poor appetite, poor concentration, insomnia, restlessness, paranoia and psychosis	Depressed mood and other depressive symptoms
Opioids	Low energy, low appetite, poor concentration	Depressed mood, fatigue, low appetite, irritability, anxiety, insomnia, poor concentration	Depressed mood and other depressive symptoms

Substance Use & Depressive Symptoms

Substance	Associated Depressive Symptoms		
	Intoxication	Withdrawal	Chronic Use
Cocaine and stimulants	Anxiety, low appetite, insomnia, paranoia and psychosis	Depressed mood, increased sleep, increased appetite, anhedonia, loss of interest, poor concentration suicidal thoughts	Depressed mood and other depressive symptoms
Cannabis	Anxiety, apathy, increased appetite	Anxiety, irritability	Low motivation, apathy
Sedative-hypnotics	Fatigue, increased sleep, apathy	Anxiety, low mood, restlessness, paranoia and psychosis	Depressed mood, poor memory

Psychotherapy

- Very helpful in mild to moderate depression
- Response time slower
- Relapse less frequent
- CBT
 - As effective as antidepressants
- IPT
 - more effective than antidepressants in treating mood suicidal ideations, and lack of interest, whereas antidepressants are more effective for appetite and sleep disturbances

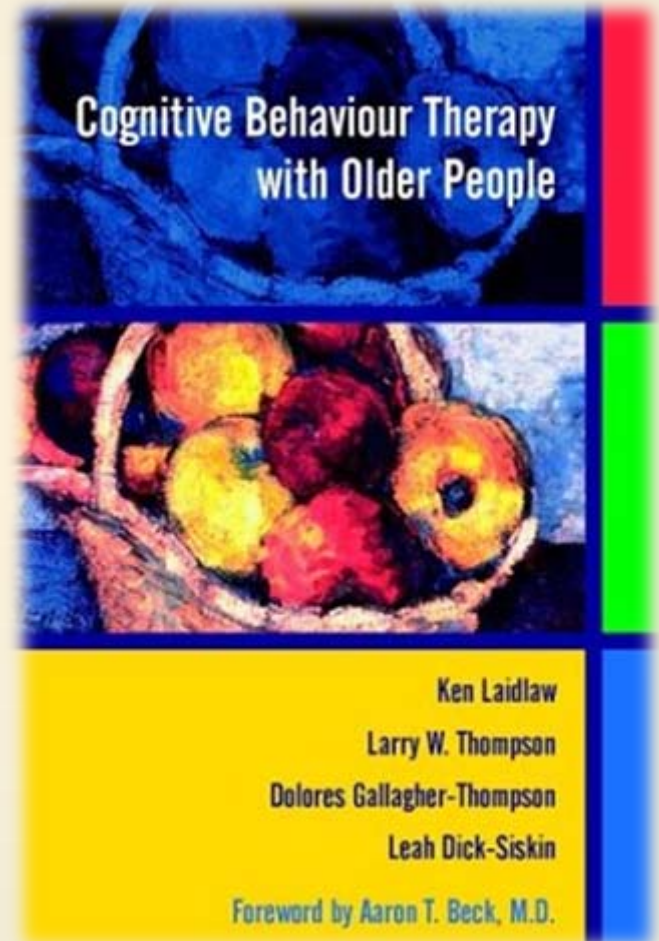


Empirical Review: CBT

Cognitive Behavior Therapy (CBT) is an active, directive time-limited and structured problem-solving treatment approach whose primary aim is symptom reduction (Laidlaw *et al.* 2003).

Empirical evidence suggests that CBT is an efficacious treatment for late life depression.

Recommended texts: Laidlaw et al, 2003 and Gallagher-Thompson, Steffen, & Thompson (2008) Handbook of Cognitive and Behavioural Therapies.

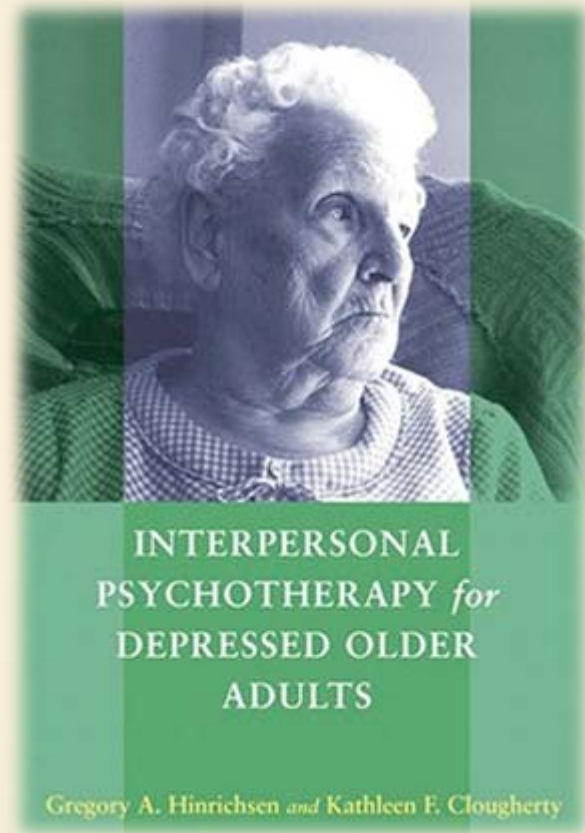


Empirical Review: IPT

Interpersonal psychotherapy (IPT) is a short-term focussed treatment program for depression (Hinrichsen & Emery, 2005).

IPT focuses on 4 main problem areas in its treatment approach to depression, these are: (i) grief; (ii) interpersonal disputes (iii) role transitions and (iv) interpersonal deficits (Karel & Hinrichsen, 2000)

Recommended text: Hinrichsen, G. & Clougherty, K. (2006) *Interpersonal Psychotherapy for depressed older adults.*



How is Psychotherapy Different with Older People?

- Chronicity and lifetime history of distress
- Decisions have been made and lived with
- Physical illnesses with Psychological Consequences
- Loss experiences and experiences of aging
- Different value systems
- Older people don't identify themselves as OP, so maybe sometimes its not different!

Sadavoy talks about the 5 Cs of psychogeriatrics:

- Chronicity,
- Complexity,
- Comorbidity,
- Continuity &
- Context

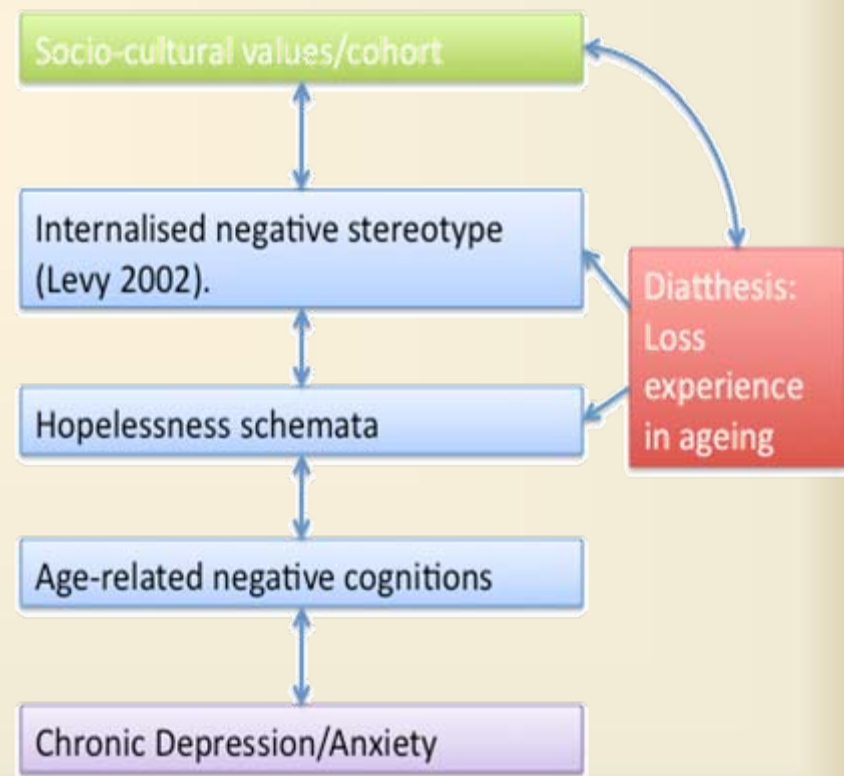
CBT and the Demographic Context

The current evidence base for CBT with Older People is reasonably strong and mature BUT

In psychological treatment models there are very few specific frameworks to characterize the experience of older people who develop depression

Maybe it is time to develop more age specific models of CBT for older people (Laidlaw & Pachana, 2009), and consider new targets for CBT such as attitudes to ageing and wisdom enhancement (Laidlaw, 2010)

Wisdom is one of the few positive attributes associated with ageing and may enhance outcome for chronic depression



IMPACT: Problem Solving Therapy

- 1. Clarifying and defining the problem
- 2. Establishing objective achievable goal
- 3. Solution alternatives: Brainstorming
- 4. Decision guidelines: Pros and Cons
- 5. Choosing the preferred solution(s)
- 6. Implementing the solution(s)
- 7. Evaluating the outcome

Importance of Pleasant Activities

- When people get depressed they don't feel up to doing the kinds of things they typically enjoy.
- By doing fewer enjoyable things they begin to feel even worse.
- As they feel worse, they do even less, and get caught up in a vicious cycle of doing less and less and feeling worse and worse.

Depressive Thought Patterns

- Look for particular thought patterns such as black and white thinking, overgeneralizing, catastrophizing and personalizing.
- Work on identifying counter thoughts to balance depressive thought patterns.

The Stages of Grief



(a) Stages of grief

(b) Tasks of grieving

1. Accepting the reality of the loss
2. Working through the pain of grief
3. Adjusting to an environment without the deceased
4. Emotionally relocating the deceased and moving on



Processing Grief

- *Recognize when a client has significant unresolved grief.*
- *Educate about grief.*
- *Explore the client's experience with grief.*
- *Create safety for expressing feelings.*
- *Facilitate grieving.*
- *Get closure on events that precipitated the grief.*

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