ASSESSING DEPRESSION IN THE OLDER ADULT POPULATION: Does It Present Differently?

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OBJECTIVES

- SILVER TSUNAMI
- DEPRESSION STATS
- DIAGNOSTIC CRITERIA
- ASSESSMENT OF GERIATRIC DEPRESSION
  - RISK FACTORS
- TREATMENT OPTIONS FOR GERIATRIC DEPRESSION
  - RELATED ISSUES/OBSTACLES

MEDICAL CONDITIONS THAT PRESENT DIFFERENTLY IN OLDER ADULTS

- Acute Bowel Infarction
- Appendicitis
- Bacteremia
- Biliary Disorders
- Heart Failure
- Hyperparathyroidism
- Hyperthyroidism
- Hypothyroidism
- Meningitis
- Myocardial Infarction
- Peptic Ulcer Disease
- Pneumonia
- Tuberculosis
- Urinary Tract Infection
WHY NOT DEPRESSION?

THE SILVER TSUNAMI
OUR OLDER POPULATION 65+

• 1 in 7 Americans
• Increased by 7.6 million over the last decade
• Centenarian (2010~80,000)

http://www.aoa.gov/Aging_Statistics/Profile/2013/5.aspx
Depression is the leading cause of disability worldwide (WHO 2012)

- 6M of the 40M geriatric population have significant depressive symptoms
- 2M have a diagnosable major depression within a given year
- 80% receive their care from PCP
  - Primary care doctors detect 40-50% of depression in older adults

Depression increases significantly in long term institutional placement (12–30%)

World Health Survey of 60 countries:
- 12 month prevalence
  - 3.2% without comorbid physical illness
  - 9.3% to 23.0% with chronic conditions.

Geriatric Depression

- Compliance issues
- More primary care visits
- Longer hospital stays
- Increased readmissions
- Longer recovery times
  - Higher mortality
GERIATRIC DEPRESSION

- Associated with ~60% geropsych admissions
- $43B associated with direct and indirect costs
- NIMH: major public health problem

GERIATRIC DEPRESSION & SUICIDE

- Aged 85+ have greater than 2X the rate of suicide compared to general population
- Elderly white men are greatest risk
- Fewer attempts but greater completion rate
- ~20% visit PCP on the same day
- ~40% visit PCP in the prior week

DIAGNOSTIC CRITERIA FOR MDD
DSM IV-TR

- 5 (or more) of the following symptoms present nearly everyday for the same 2 week (or longer) period
  - DEPRESSION
  - LOSS OF INTEREST or PLEASURE
  - Guilt
  - Sleep
  - Energy
  - Concentration
  - Appetite
  - Psychomotor activity
  - Thoughts of death
DIAGNOSTIC CRITERIA
DSM IV–TR

- These symptoms must cause significant impairment or distress in social, occupational or other important areas of life

- Must not be better accounted for by
  - Medical illness
  - Medication or substance induced
  - Bereaved within the last 2 months
- THIS HAS CHANGED IN DSM V

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ASSESSING LATE ONSET DEPRESSION

- LESS LIKELY TO REPORT:
  - DEPRESSED MOOD
  - DYSPHORIA
  - SADNESS

- MORE LIKELY TO REPORT:
  - FATIGUE
  - GUILT
  - APPETITE DISTURBANCE
### ASSESSING LATE ONSET DEPRESSION

- Unexplained somatic complaints
- Hopelessness
- Helplessness
- Anxiety
- Memory complaints
- Anhedonia
- Slowed down
- Irritability
- Apathy

### RISKS FACTORS FOR LATE ONSET DEPRESSION

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<tr>
<th>PSYCHOLOGICAL</th>
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<td>- SINGLE/DIVORCE/WIDOWED</td>
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<td>- LOWER SOCIOECONOMIC</td>
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<td>- PRIMARY CAREGIVER</td>
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<td>- MEDICAL</td>
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<td>- MEDICATION INDUCED</td>
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<td>- PRE-EXISTING DEPRESSION</td>
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<td>- SUBSTANCE USE/ABUSE</td>
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### BIOLOGICAL RISK FACTORS

- Stroke (30%)
- Cardiovascular disease (15%)
- CABG (20%)
- MI (17% increased risk of death w/ untreated depression)
- Chronic obstructive pulmonary disease (5%)
- Chronic & severe pain
- Dementia (30-50%)
- Diabetes Mellitus
- Parkinson’s Disease (70%)
- Substance abuse/dependence
**MEDICAL COMORBIDITIES**

**DEPRESSION**

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### PSYCHOLOGICAL RISK FACTORS

- Bereavement/grief
- Loss of independence
- Loss of dignity
- Change in residence
- Financial
- Ageism
- Abuse

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### ASSESSING LATE ONSET DEPRESSION

**RECENT LOSSES**

- DEATH OF A LOVED ONE
  - Spouse
  - Children
  - Friends
  - Pets
- SUDDEN OR EXPECTED
ASSESSING LATE ONSET DEPRESSION

- **Loss of Independence**
  - New living conditions – Rehab/ALFs/NF
  - Loss of senses (sight, hearing, taste, feeling, smell)
  - Loss of strength
  - Loss of ability to ambulate
  - Loss of ability to communicate effectively
  - Loss of memory

- **Frontal Cortex in MDD**
  - Hypofrontality in young and geriatric MDD
  - Geriatric depression includes executive dysfunction
  - Increased apathy
  - More profound psychomotor retardation
  - Poor insight
  - Less agitation
  - Less guilt
  - More disability
ASSESSING LATE ONSET DEPRESSION

- Traditional Assessments do not capture depression as well

- Geriatric Depression Scale
  - Simple 15 point self-report questionnaire
  - Assesses satisfaction/anhedonia

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 feel 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

COMMON DISTRACTORS

- “I CAN’T DO…”
- “THIS IS PART OF NORMAL AGING”
- “I DON’T WANT TO BURDEN…”
- “THAT IS TOO HARD/DIFFICULT”
- “I’M NOT NEEDED ANYMORE…”
- “IT WILL BE EASIER IF I DON’T…”
Pharmacological Treatment of LOD

- Clinical Trial Results To Date
  - Mixed
  - High Placebo Response Rate

- Medications
  - SSRIs (Dr. J Craig Nelson - "Harness the placebo effect")
    - citalopram
    - escitalopram
    - Sertraline
    - NNT = 4
  - SNRIs (depression & pain)
    - duloxetine
    - venlafaxine
    - Mirtazapine
    - Trazodone

Non-Pharmacological Treatment of LOD

- ECT/TMS
- Psychotherapy
  - Cognitive Behavioral Therapy (CBT)
  - Problem-Solving Therapy

Facts to Consider in Treatment

- Change in Body Mass
- Changes in Liver and Kidney Function
- Genetics
- Risk to Benefit of Treatment
FACTS TO CONSIDER IN TREATMENT

- More sensitive
- Benzodiazepines
- Anticholinergic drugs
- TCAs
- SSRIs
- Higher risk for drug-drug interactions
- Higher risk for delirium

SUBCLASSIFICATION OF LATE ONSET DEPRESSION

- Vascular depression
- Subcortical ischemic depression
- Depression-executive dysfunction syndrome
- Depression of dementia

SUMMARY

- Rapidly expanding elderly population with a high prevalence of depression
- Depression significantly contributes to morbidity and mortality
- More complex diagnosis in this age demographic
- More difficult to treat
WEB-BASED REFERENCES

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PUB MED REFERENCES


