Dealing with Depression in Community Dwelling Older Adults: A Broad Brush Stroke

Learning Objectives

- Examine myths and misconceptions about depression among older adults
- Recognize the clinical presentation of depression among older adults
- Prevalence, Course, Significance of depression among older adults
- Evidence-based treatment challenges and opportunities for providing care

DSM 5 criteria

Nearly every day for the preceding two weeks the individual has experienced five or more of:

A. Depressed mood*
B. Anhedonia*
C. Weight loss/gain
D. Insomnia/Hypersomnia
E. Psychomotor agitation or retardation
F. Fatigue
G. Worthlessness or excessive or inappropriate guilt
H. Diminished ability to think, concentrate or make decisions
I. Thoughts of death, suicide ideation, plan or attempt

Causes of depression

- Biological
  - HPA Axis
  - Pro-inflammatory cytokines
  - Genetic predisposition/epigenetics
  - Physical health (cardiovascular/dementia)

- Psychological
  - Learning
  - Memory
  - Personality
  - Thinking styles
  - Emotion reactivity/regulation

- Social
  - Socioeconomic status
  - Interpersonal relationships
  - Family background
  - Cultural traditions
  - Stressful life events

Is depression in late life symptomatically different from depression at younger ages?

OLDER ADULTS

- Agitation
- General and gastrointestinal somatic symptoms
- Hypochondriasis

IMPORTANT ADULTS

- Guilt
- Loss of sexual interest

Is depression more common in late life than at younger ages?
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Prevalence
- 3.0-4.5% meet criteria for a major depressive episode (Blazer 2003)
- 8-16% experience clinically significant depressive (Blazer, 2003)
- The prevalence and the incidence of major depression double after age 70–85 years

Is depression in older adulthood associated with a worsened course?

Depression in older adults:
- Is chronic and/or relapsing (Cole, 2014)
- A long term follow up study found 1/3 of older adults with a history of depression relapsed to depression (Luijendijk et al, 2008).
After a 6-year follow up of older adults with clinically significant depressive symptoms (Beekman et al, 2002):
  - 23% remitted
  - 44% tracked an unfavorable but fluctuating course
  - 33% tracked a severe chronic course

Impact of Depression Among Older Adults
- Increased morbidity and mortality (Gallo et al, 2005; Alexopoulos, 2005)
- Greater risk for hospitalization (Gildengers et al, 2005)
- Greater risk of death, compared with nondepressed older adults (Kato et al, 2013)
- High risk for suicide, as older adults are more likely to complete a suicide than any other age group (Kato et al, 2003)
- Depression is associated with increased risk for dementia (Kato & Lin, 2002)
- More disability leading to greater perceived burden on family members and loved ones (Kato et al, 2003; Blazer et al, 2003)

Economic Impact

Total health care costs for depressed older adults are approximately 50% higher than for non depressed older adults (Katon et al, 2003)

Assessment
- Geriatric depression scale (GDS-15)
- Cornell scale for depression in dementia (CSDD)
- Patient health questionnaire (PHQ)
- Hospital anxiety and depression scale (HADS)
### Geriatric Depression Scale
(Sheikh & Yesavage, 1986)

1. Are you basically satisfied with your life?
2. Have you dropped many of your activities and interests?
3. Do you feel that your life is empty?
4. Do you often get bored?
5. Are you in good spirits most of the time?
6. Are you afraid that something bad is going to happen to you?
7. Do you feel happy most of the time?
8. Do you often feel helpless?

### Is depression in late life more difficult to treat than depression at younger ages?

**Complex interacting factors:**
- Developmental issues specific to late life
- Cohort (generational) perspectives and beliefs
- Comorbid physical illnesses
- Potential for and effects of polypharmacy, cognitive or sensory impairments, history of medical or mental disorders

Treatment for depression is older adulthood is highly effective

### How is late life depression managed?

**Psychosocial/supportive interventions**
- Assistance in accessing local community events, day centers, or befriending services
- Structured exercise programs
- Psychoeducation/Bibliotherapy
- Promote self care

### Treatment Opportunities

**Psychological Interventions:**
- Cognitive Behavioral Therapy (CBT)
- Problem-Solving Therapy (PST)
- Interpersonal Therapy (IPT)

**Antidepressant medication:**
- Selective Serotonin Reuptake Inhibitors (SSRIs)

### Research/Practice Gap
(IOM Report: In Whose Hands 2013)

Adults with a Mental Health or Substance Use disorder receiving ANY treatment:
- 25% Age 18-65
- 10% Age 65+

Older adults (age 65+) in need less likely to receive specialty mental health services:
- 17% age 18-64
- 1% age 65+
Barriers to Addressing Depression in Older Adults

**Client**

**Provider**

**System**

What can we do?

As leaders:
- Focus on the issue within our setting
- Identify key partners to support action
- Determine effective approaches to implement with our strengths, knowledge and resources

As individual practitioners:
- Acquire knowledge/skills and apply it to identify and address depression and anxiety symptoms
- Support prevention and self-care approaches with clients and caregivers
- Help educate individuals, families, & colleagues

Concluding Remarks

Resources:

National Institute for Health and Care Excellence Guidelines; Depression in Adults
https://www.nice.org.uk/guidance/qs8


Centers for Disease Control and Prevention
http://www.cdc.gov/aging/mentalhealth/depression.htm

Resources:

National Council on Aging
https://www.ncoa.org/center-for-healthy-aging/behavioral-health/

http://doi.org/10.17226/13400

American Psychological Association

References:


References:


http://web.stanford.edu/~yesavage/GDS.html

Thank you!

QUESTIONS AND CLOSING THOUGHTS?

Emily Haigh, PhD
emily.a.haigh@maine.edu
207-581-2053

University of Maine
Department of Psychology
374 Little Hall
Orono, ME, 04469