

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

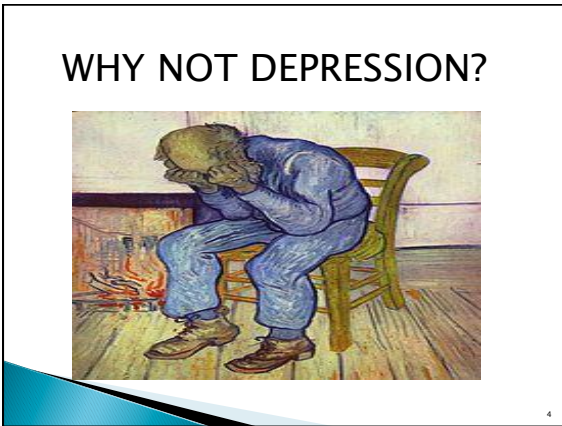
- ▶ SILVER TSUNAMI
- ▶ DEPRESSION STATS
- ▶ DIAGNOSTIC CRITERIA
- ▶ ASSESSMENT OF GERIATRIC DEPRESSION
 - RISK FACTORS
- ▶ TREATMENT OPTIONS FOR GERIATRIC DEPRESSION
 - RELATED ISSUES/OBSTACLES

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MEDICAL CONDITIONS THAT PRESENT
DIFFERENTLY IN OLDER ADULTS

Acute Bowel Infarction	Hypothyroidism
Appendicitis	Meningitis
Bacteremia	Myocardial Infarction
Biliary Disorders	Peptic Ulcer Disease
Heart Failure	Pneumonia
Hyperparathyroidism	Tuberculosis
Hyperthyroidism	Urinary Tract Infection

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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/2013/3.aspx

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1900 3.1M >>> 2012 43.1M >>> 2050 84M

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DEPRESSION STATS

- ▶ 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

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DEPRESSION STATS

- ▶ 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.

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GERIATRIC DEPRESSION

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

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GERIATRIC DEPRESSION

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

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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

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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

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**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**



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**ASSESSING LATE ONSET
DEPRESSION**

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

- MORE LIKELY TO REPORT:
 - FATIGUE
 - GUILT
 - APPETITE DISTURBANCE

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ASSESSING LATE ONSET DEPRESSION

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

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RISKS FACTORS FOR LATE ONSET DEPRESSION

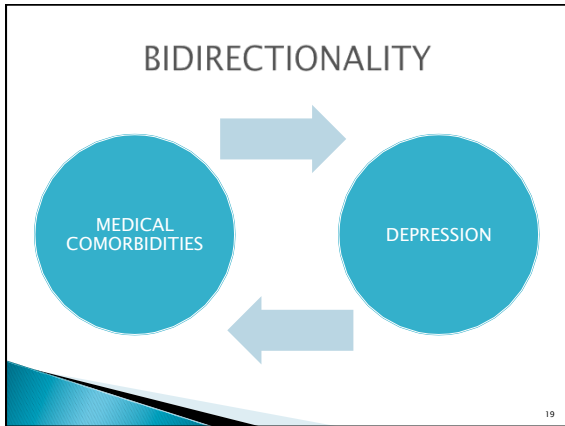
PSYCHOLOGICAL	BIOLOGICAL
<ul style="list-style-type: none">• SINGLE /DIVORCE /WIDOWED• LOWER SOCIOECONOMIC• LOWER EDUCATION• FINANCIAL• ISOLATION• HOUSING• TRAUMA/ABUSE• PRIMARY CAREGIVER	<ul style="list-style-type: none">• FEMALE• MEDICAL<ul style="list-style-type: none">• <i>physical</i>• <i>cognitive</i>• MEDICATION INDUCED• PRE-EXISTING DEPRESSION• SUBSTANCE USE/ABUSE

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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

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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
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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

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ASSESSING LATE ONSET DEPRESSION

- ▶ **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

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ASSESSING LATE ONSET DEPRESSION

- ▶ Traditional Assessments do not capture depression as well
- ▶ Geriatric Depression Scale
 - Simple 15 point self report questionnaire
 - Assesses satisfaction/anhedonia

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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 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

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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...."

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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

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Non-Pharmacological Treatment of LOD

- ECT/TMS
- Psychotherapy
 - Cognitive Behavioral Therapy (CBT)
 - Problem-Solving Therapy
- Physical Activity**
Socialization



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FACTS TO CONSIDER IN TREATMENT

- CHANGE IN BODY MASS
- CHANGES IN LIVER AND KIDNEY FUNCTION
- GENETICS
- RISK TO BENEFIT OF TREATMENT

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FACTS TO CONSIDER IN TREATMENT

- MORE SENSITIVE
 - BENZODIAZAPINES
 - ANTICHOLINERGIC DRUGS
 - TCAs
 - SSRIs
- HIGHER RISK FOR DRUG-DRUG INTERACTIONS
- HIGHER RISK FOR DELIRIUM

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SUBCLASSIFICATION OF LATE ONSET DEPRESSION

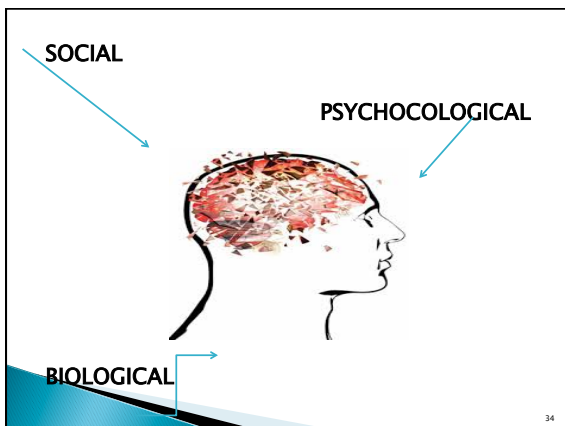
- VASCULAR DEPRESSION
- SUBCORTICAL ISCHEMIC DEPRESSION
- DEPRESSION-EXECUTIVE DYSFUNCTION SYNDROME
- DEPRESSION OF DEMENTIA

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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

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WEB-BASED REFERENCES

- <http://www.who.int/mediacentre/factsheets/fs369/en/>
- <http://www.bumc.bu.edu/centenarian/overview/>
- <http://www.reuters.com/article/2014/05/06/us-usa-aging-census-idUSKBN0DM1BS20140506>
- http://www.aaa.gov/Aging_Statistics/Profile/2013/3.aspx
- http://www.merckmanuals.com/professional/geriatrics/approach_to_the_geriatric_patient/unusual_presentations_of_illness_in_the_elderly.html
- http://www.qmhonline.org/qmh/consumer/factsheets/depression_latelife.html
- http://consultgerirn.org/uploads/File/trythis/try_this_4.pdf

PUB MED REFERENCES

- Kessler RC, Bromet EJ. The epidemiology of depression across cultures. *Annual Review of Public Health*. 2013 34:119-128
- Murray CJ, Lopez AD. Evidence-based health policy--lessons from the Global Burden of Disease Study. *Science*. 1996;274:740-743.
- Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. *Lancet*. 2007;370:851-858.
- Gallo JJ, Rabins PV. Depression Without Sadness: Alternative Presentations of Depression in Late Life. *Am Fam Physician*. 1999 Sep 1;60(3):820-826.
- Mezuk B, Edwards L, Lohman M, Choi M, Lapane K. Depression and frailty in later life: a synthetic review. *Int J Geriatr Psychiatry*. 2012 ;27 (9): 879-892.
- Alexopoulos GS, Kelly RE. Research Advances in Geriatric Depression. *World Psychiatry* 2009;8:140-149.
- Park M, Unutzer J. Geriatric depression in Primary Care. *Psychiatr Clin North Am*. 2011 June; 34(2) 469-485.

PUB MED REFERENCES

- Dybedal GS, Tanum L, Sundet K, Gaarden TL, Bjølseth TM. Neuropsychological functioning in late-life depression. *Front Psychol*. June 27;4:38.
- Mackin RS, Nelson JC, Delucci KL, ET AL. Association of Age at Depression Onset with Cognitive Functioning in Individuals with Late-Life Depression and Executive Dysfunction. *Am J Geriatr Psychiatry*. 2014 Feb 26.
- Kiosses DN, Alexopoulos GS. Problem-Solving Therapy in the Elderly. *Curr Treat Options Psychiatry*. 2014 Mar;1(1):15-26.
- Nelson JC1, Delucchi KL, Schneider LS. Moderators of outcome in late-life depression: a patient-level meta-analysis. *Am J Psychiatry*. 2013 Jun 1;170(6):651-9.
- Alexopoulos GS, Kiosses DN, Kirmstra S, Kalayam B, Bruce ML. Clinical Presentation of the "Depression-Executive Dysfunction Syndrome" of Late Life. *Am J Geriatr Psychiatry*. 2002 10 (1): 98-106

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