Recognizing Depression and Restoring Mood and Well-Being in the Older Patient

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Objectives

• Review late life depression symptoms
• Review effective treatments for late life depression
• Identify strategies for maintaining mental health with aging

Depression

• Biological factors
  – Genetic vulnerability (family history)
  – Medical illnesses
  – Medications
  – Alcohol, drugs
• Psychological factors
• Social stressors

Depression is a medical illness

• Late-onset linked to vascular factors
• Depression can be a prodrome/symptom of a medical illness
• “Masked” depression (presentation with physical symptoms; oldest old > 85 y.o.)
• Untreated depression may worsen medical illness and increase mortality risk

Major depressive episode

For at least 2 weeks, 5 of the following:
• Depressed mood (may be irritable)
• Lack of enjoyment of pleasurable activities
• Sleep: poor/excessive
• Appetite: poor/excessive, weight loss/gain
• Feeling guilty, worthless
• Slow movements and thinking (may be agitated)
• Poor concentration, memory (this is not dementia!)
• Low energy/fatigue (not due to medical illness)
• Suicidal thoughts

Depression syndromes

• Major depression (MDD): 1 or more MDEs
• Minor depression: >2 but <5 criteria
• Dysthymia (persistent depressive disorder): mild-moderate depression, 2 years or more
  • ≠ Bereavement
  • ≠ Bipolar depression (2 poles)
Epidemiology

- MDD: 1-4% of elderly (women = 2x men) vs. MDD in general population: 10-20%
- Minor depression: 4-13% of elderly
- Dysthymia: 2% of elderly

(Alexopoulos, 2005)

Medical illnesses ↔ depression

- Thyroid disease
- Strokes
- Alzheimer’s disease
- Parkinson’s disease
- Vitamin deficiencies
- Brain tumors
- Cancer (pancreas)
- After heart surgery, heart attacks

Medications can alter mood

- Steroids (asthma, inflammatory illness)
- Blood pressure medications
- Pain medications (opioids)
- Stomach antacid drugs
- Sedatives (valium class)

Alcohol, drugs

- Negative effects on:
  - Mood
  - Cognition
  - Sleep-wake cycle
  - Relationships
  - Ability to live independently
- Women drink alone, men drink socially

Loneliness & isolation

- English Longitudinal Study of Ageing (ELSA) 2004-2005
- 6,500 men and women 52 y.o. and older
- All-cause mortality up to March 2012
- Social isolation: measure of relationships
- Loneliness: self-report measure

Social isolation index

- 1 point: unmarried/living alone
- 1 point: < monthly contact (including face-to-face, phone, written/email) with children, other family members, friends
- 1 point: not participating in organizations
- Scores: 1-5, higher = greater isolation
Results

- Social isolation associated with ↑ mortality, remained significant after adjusting for baseline health and demographic factors
- Loneliness associated with ↑ mortality

(Stephens et al., PNAS 2013)

Suicide

Suicide is almost twice as frequent in the elderly than in the general population
1. White male > 65 y.o.
2. Physical illness (cancer)
3. Loss of significant other
4. Single/poor support
5. Substance abuse

Can we prevent depression?

- Positive aging strategies
- Meditation, mindfulness
- Relaxation techniques
- Sleep hygiene
- Healthy diet, exercise
- Reduce risk factors: high blood pressure, high cholesterol

Self-efficacy

- The belief that people have the ability act in a way that will result in achievement of their goals
- Problem solving skills
- Coping style: adjusting one’s goals to take situational constraints into account

Erikson’s stages

Identity
Intimacy
Generativity
Integrity

Erikson’s stages

- Erikson: “acceptance of one’s one and only life cycle as something that had to be and that, by necessity, permitted of no substitutions”
- Maintaining an integrity of experience in spite of the decline of bodily and mental function
- Wisdom

Integrity

(Valiant, 2002)
Gratitude

- Practicing gratitude (3-week journaling) → better sleep, more energy
- Helps improve physical and mental health

(Emmons, 2007)

Exercise

- Improves mood
- Improves sleep
- Aerobic exercise ↑ cardiorespiratory fitness and cognitive function in healthy people > age 55 (motor function, auditory attention, cognitive speed, visual attention)

(Angervaren et al., 2008)

Patient-doctor communication

- 17 seconds
- State your agenda clearly in the first 5 min.
- MD may be reluctant to ask or fail to recognize depression
- Most elderly patients receive mental health treatment in primary care
- Depression may go un/undertreated

How we treat depression

- Lifestyle changes: diet, exercise
- Rule out medical contributing factors
- Minimize polypharmacy
- Psychotherapy: mild-moderate depression
- Medications: moderate-severe depression
- ECT: very severe depression

Medications - principles

- “Start low, go slow”: starting dose half of usual adult dose to minimize side effects
- Final target dose: same as younger people
- Allow 4-6 weeks for benefit
- Promptly report side effects
- After remission achieved, maintenance treatment may be needed

Antidepressants

- Fluoxetine (prozac)
- Paroxetine (paxil)
- Sertraline (zoloft)
- Fluvoxamine
- Citalopram (celexa)*
- Escitalopram (lexapro)*
- Venlafaxine (effexor)
- Duloxetine (cymbalta)
- Desvenlafaxine (pristiq)
- Bupropion (wellbutrin)
- Mirtazapine (remeron)

*Least drug-drug interactions
Side effects
- Bleeding (SSRIs, rarely)
- Blurred vision (paroxetine)
- Constipation
- Urinary retention
- Sedation (possible with all)
- Agitation/anxiety
- Confusion
- Dizziness
- Sexual dysfunction
- Weight changes

Electroconvulsive therapy (ECT)
Indications:
- Medically ill
- Medication side effects
- Depression refractory to treatment
- Psychotic symptoms
- Vegetative signs (not eating/sleeping)
- Rapid deterioration, suicidal

Psychotherapies
- Supportive*
- Cognitive-behavioral (CBT)*
- Interpersonal (IPT)*
- Problem-solving (PST)*
- Psychodynamic
- Existential
- Reminiscence (life review)
*Best evidence

Other strategies
- Support groups for patients and caregivers (AA/Al Anon, NAMI, DBSA, Alzheimer's Association)
- Art, yoga, fitness classes
- Volunteering
- Resources for caregivers

Suggestions
- Stay physically active
- Minimize alcohol intake
- Stay connected & socialize

References
Resources

- Depression and Bipolar Support Alliance: http://www.dbsalliance.org
- Alzheimer's Association: http://www.alz.org
- Family Caregiver Alliance: http://www.caregiver.org/caregiver/jsp/home.jsp
- UC Davis Psychiatry Clinic: (916) 734-3574

THANK YOU!