Depression in the Elderly

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Overview

1. Epidemiology
2. Risk Factors
3. Diagnosis
4. Suicide
5. Management
6. Summary

Epidemiology

- **Prevalence:**
  - 1-10% of elderly in general population
  - Rate is higher in those who require HH (13.5%) and hospitalization (11.5%-36%)
- **Incidence:** 7 per 1000 person years
- **Demographics:**
  - Women > men
  - Higher severity of depression in minority groups, especially Black and Hispanic
    - Differences in most reported symptom on PHQ8 + treatment
      - Ex: Compared to non-Hispanic white participants - black participants = less likely to receive medication/counseling (black women = 80% less likely than non-Hispanic white women to receive tx); Asians = higher anhedonia and difficulty concentrating
  - Another study: OR higher in certain ethnicities (Cuban, Puerto Rican, Asian Indian, Native Hawaiian/Pacific Islander) as compared to non-Hispanic white group

Risk Factors

- If onset is later in life → less likely to have FHx, less of a role of genetics

- Risk factors

Female sex	Social isolation	Widowed/divorced/separated
Lower SES	Comorbidities	Uncontrolled pain
Insomnia	Functional/cognitive impairment	Living in a nursing home

Diagnosis

Primary DSM-V depression disorders, criteria for adults

Depressive Diagnosis	Symptoms
Major Depressive Episode	
• 5 or more of the 9 DSM-5 major depression symptoms to be present within a 2-week period and represent a change from previous	• Depressed most of the day, nearly every day • Markedly diminished interest or pleasure in all, or almost all, activities most of the day
physiological effects of a substance or to another medical condition • There has never been a manic episode or a hypomanic episode	inappropriate guilt nearly every day • Diminished ability to think or concentrate, or indecisiveness, nearly every day • Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Interpretation Table for the Patient Health Questionnaire–9 (PHQ-9)

Levels of depressive symptoms severity	PHQ-9 Score
• None	• 0-4
• Mild depression	• 5-9
• Moderate depression	• 10-14
• Moderately severe depression	• 15-19
• Severe depression	• 20-27

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Table 6. 15-Item 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

Reprinted with permission from Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. In: Brink TL, ed. Clinical Gerontology: A Guide to Assessment and Intervention. *London, United Kingdom: Taylor & Francis; 1986:170.*

Additional scoring information from http://www.stanford.edu/~yesavage/GDS.english.short.score.html: Answers in bold indicate depression. More than five of these answers suggests depression and warrants follow-up.

https://www.aafp.org/a

TABLE 2

Medications That May Cause Depression

Cardiovascular drugs	Antiparkinsonian drugs	Anti-inflammatory/anti-infective agents	Stimulants
Clonidine (Catapres) Digitalis Guanethidine (Ismelin) Hydralazine (Apresoline) Methyldopa (Aldomet) Procainamide (Pronestyl) Propranolol (Inderal) Reserpine (Serpasil) Thiazide diuretics **Chemotherapeutics** 6-Azauridine Asparaginase (Elspar) Azathioprine (Imuran) Bleomycin (Blenoxane) Cisplatin (Platinol) Cyclophosphamide (Cytoxan) Doxorubicin (Adriamycin) Mithramycin (Mithracin) Vinblastine (Velban) Vincristine	Amantadine (Symmetrel) Bromocriptine (Parlodel) Levodopa (Larodopa) **Antipsychotic drugs** Fluphenazine (Prolixin) Haloperidol (Haldol) **Sedatives and antianxiety drugs** Barbiturates Benzodiazepines Chloral hydrate Ethanol **Anticonvulsants** Carbamazepine (Tegretol) Ethosuximide (Zarontin) Phenobarbital Phenytoin (Dilantin) Primidone (Mysoline)	Ampicillin Cycloserine (Seromycin) Dapsone Ethambutol (Myambutol) Griseofulvin (Grisactin) Isoniazid (INH) Metoclopramide (Reglan) Metronidazole (Flagyl) Nalidixic acid (NegGram) Nitrofurantoin (Furadantin) Nonsteroidal anti-inflammatory agents Penicillin G procaine Streptomycin Sulfonamides Tetracycline	Amphetamines (withdrawal) Caffeine Cocaine (withdrawal) Methylphenidate (Ritalin) **Hormones** Adrenocorticotropin Anabolic steroids Glucocorticoids Oral contraceptives **Other drugs** Choline Cimetidine (Tagamet) Disulfiram (Antabuse) Lecithin Methysergide (Sansert) Phenylephrine (Neo-Synephrine) Physostigmine (Antilirium) Ranitidine (Zantac)

Suicide Assessment

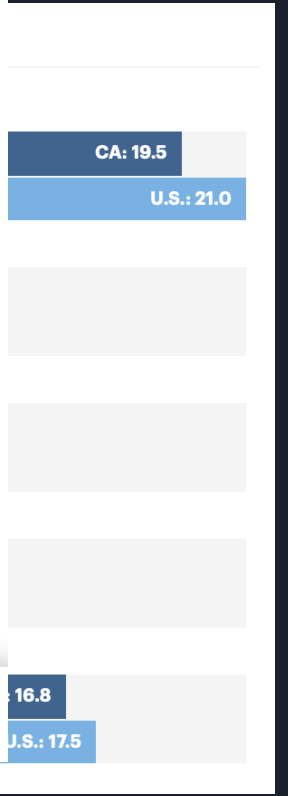
- **Demographic**
- Subpopulations: S
  - status, LGBT
  - **Other risk fac**

GDS Item No.	Item
3	Do you feel that your life is empty?
7	Do you feel happy most of the time?
11	Do you think it is wonderful to be alive?
12	Do you feel pretty worthless the way you are now?
14	Do you feel that your situation is hopeless?

*Scoring for the Geriatric Depression Scale (GDS) items involves assigning a response of "yes" or "no" to each item. These items were drawn from the GDS.[29]

Table 1. Geriatric Depression Scale-Suicide Ideation Screening Items*

2018 (all ages)



https://www.americashealthrankings.org/explore/annual/measure/Suicide/population/suicide_85plus/state/CA?edit
https://www.semanticscholar.org/paper/Screening-for-Suicide-Ideation-among-Older-Primary-Heisel-Duberstein/22

Suicide Hotlines in LA County

Asian Pacific Counseling and Treatment Centers
http://www.apctc.org
213-252-2100 (Multilingual)

Didi Hirsch – Suicide Prevention Hotline
http://www.didihirsch.org
877-7-CRISIS or 877-727-4747

National Suicide Prevention Lifeline
http://www.suicidepreventionlifeline.org
24 Hour – Local Referrals
1-800-273-TALK (8255)
1-888-628-9454 (En Espanol)
1-800-799-4TTY (4889)
VETERANS PRESS “1”

Los Angeles County Department of Mental Health
dmh.lacounty.gov
800-854-7771
24 Hour Bilingual

Suicide Risk Assessment Summary

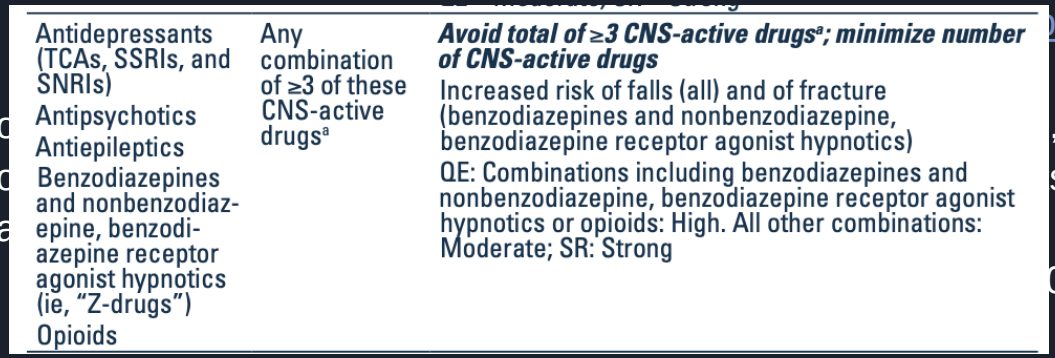
1. When screening for depression, be on the lookout for SI
2. If patient has SI - is it morbid, passive, or active?
3. Assess for:
    a. Previous attempts and methodology,, self-harm behaviors, rehearsal behaviorals
    b. Frequency, duration, and intensity of intent
    c. Ability to plan for the future
4. If active - call 911 or have family member take patient to ED
5. If passive - list coping strategies, personal support ppl (names and numbers), professional support people, hospital/911, “how will you know when you need support?”
    a. Safety Plans are NOT binding and might not change anything, BUT it shows that you are listening and that you care
6. DOCUMENT YOUR DISCUSSION
7. Remember: HIPAA; ask patient if you would be able to share this information with family/caregivers
8. When in doubt, call 911 for Welfare Check

Management

1. Non-pharmacologic treatment - refer to mental health specialist
    a. Order: Referral to Behavioral Health (UFHC)/Specialty Referral to BH (MV)
    b. Consider calling or providing information about GENESIS (213) 351-7284
    c. Lifestyle changes: support/socialising, exercise, diet, activities
2. Ensure proper tx of comorbidities, including thyroid dz, DM, pain
3. Pharmacologic treatment - next slide
4. If thinking of adding an agent or switching to an agent with a different MOA, consider Psychiatry referral
5. Can monitor with serial PHQ9s

Management: Pharmacologic

1. Review Beers Criteria:
   a. DOWNLOADABLE POCKET GUIDE:



Antidepressants (TCAs, SSRIs, and SNRIs) Antipsychotics Antiepileptics Benzodiazepines and nonbenzodiaz-epine, benzodi-azepine receptor agonist hypnotics (ie, "Z-drugs") Opioids	Any combination of ≥3 of these CNS-active drugs[a]	***Avoid total of ≥3 CNS-active drugs[a]; minimize number of CNS-active drugs*** Increased risk of falls (all) and of fracture (benzodiazepines and nonbenzodiazepine, benzodiazepine receptor agonist hypnotics) QE: Combinations including benzodiazepines and nonbenzodiazepine, benzodiazepine receptor agonist hypnotics or opioids: High. All other combinations: Moderate; SR: Strong

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2. Follo, adjust dose
3. Follo s
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   a. 0% risk of
   b. After 2nd episode: continue for 2 years
   c. After 3rd episode, there's a very high chance that they will get a 4th episode: lifelong therapy
5. Other tx options: ECT, adjunctive meds (Abilify, Seroquel)

Management: Pharmacologic

Antidepressant	Notes	Pros	Cons	Taper
SSRI	1st line, monitor for SI early in tx	Fewer side effects, **Paroxetine** - sedating, **fluoxetine/sertraline/esci/citalo** - non-sedating	Parkinsonism, anorexia, SB, hypoNa, QTc (Celexa)	Not needed w/ **fluoxetine** (long T1/2) though could still taper
SNRI	2nd line, take in AM or PM; **venlafaxine XR** = less GI s/e than IR	**Venlafaxine** - activating, comorbid pain, **Duloxetine** - sedating, comorbid pain	**Venlafaxine** - incr BP, HR, **Duloxetine** = drug interactions	Yes
Mirtazapine	2nd line, take in PM	Good for insomnia, those w/ low weight	**Mirtazapine** - dose adjust for renal/hepatic dysfxn, weight gain	Yes

Management: Pharmacologic

Antidepressant	Notes	Pros	Cons	Taper
Buproprion	Take in AM or mid-afternoon	Activating, DA action = can help pt w/ PD	Avoid in seizure disorders, pt w/ agitation, EtOH use, concurrent use of BZDs	Yes
Trazodone	Take in PM	Can help w/ insomnia	Orthostatic hypoTN, nausea; anti-depressant effects at higher doses which incr s/e	Yes
TCAs	Last line	May be useful in those who haven't responded to other tx	Anti-cholinergic, drug interactions, can be cardiotoxic, orthostatic hypoTN, arrhythmia	Yes

Summary

1. Depression is still an issue in the elderly, especially women and minority groups
2. Risk factors: low SES, isolation, comorbidities/uncontrolled pain
3. Administer PHQ2/9, GDS5/15
4. Evaluate mental status, consider obtaining labs to check for other causes of depression
5. Assess for SI - assess intent, plan, means
    a. Safety Planning is not binding but it allows the patient to be heard
    b. When in doubt, call 911
    c. DOCUMENT
6. Non-pharmacologic tx: Order a Referral to Behavioral Health + lifestyle mgmt
7. Pharmacologic: SSRIs > SNRIs/mirtazapine
    a. Taper meds

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Questions?