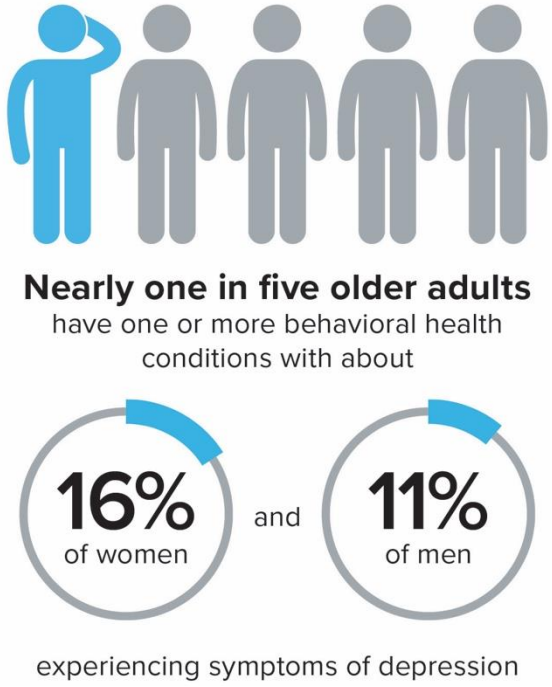
Geriatric Depression

Contrary to popular belief, depression is not a normal part of aging. Older adults are often underdiagnosed and untreated due to:[i] [ii]

- Reporting physical complaints rather than cognitive and mood complaints
- Symptomology overlap with other physical conditions
- Depression as a side effect of medications
- Depression mistaken for anxiety
- Symptom denial due to perceived stigma
- Insufficient practitioner mental health training
- Limited time to assess both physical health and mental health problems

By the Numbers

- Older adults in America currently make up 12 percent of the population and are anticipated to grow to 20 percent of population by 2030.[ii]
- Nearly one in five older adults have one or more behavioral health conditions with about 16 percent of women and 11 percent of men experiencing symptoms of depression.[ii]
- Rate of depression treatment in primary care settings for older adults ranges from 17-37 percent.[i]
- Depression in older adults is commonly comorbid with stroke (30-60 percent), coronary artery disease (up to 44 percent), cancer (up to 40 percent), Parkinson's disease (40 percent), Alzheimer's disease (20-40 percent), and dementia (17-31percent).[i] It can also be a predictor of the onset of stroke, diabetes, and heart disease, and raises the risk of developing coronary heart disease and dying from heart attack nearly threefold.[iii]
- Depression in older adults is associated with suicide more than any other age; ranging from 16[iv]-20 percent[iv] of all suicides, with white men having the highest rates of completed suicides.[v] It is common for older adults who complete suicide to visit a primary care practitioner close to the time of suicide:[ii] two-fifths visited a physician within the past week and three-quarters within the past month.[vi]



Risk Factors

Older adults may be at a higher risk for depression if they[vii]:

- Are female
- Have a chronic medical illness
- Have a disability
- Have a personal or family history of depression
- Are lonely or socially isolated
- Have a substance use disorder
- Have experienced stressful life events (e.g., loss of a spouse, divorce, etc.)

Signs and Symptoms

Depression in older adults often manifests in different ways from younger adults with depression. Just as with depression in younger adults, clinical presentation and degree of functional impairment vary from person to person.[viii]

Common signs[i] and symptoms[iii] of depression often present in older adults[x]:

- Depressed mood
- Unexplained somatic complaints (e.g., gastrointestinal, constipation, pain, headaches, fatigue)
- Sleep disorders and disturbances
- Agitation
- Change in appetite
- Concentration
- Memory loss
- Confusion
- Anxiety
- Worry
- Loss of pleasure

Symptoms of depression can overlap with symptoms of dementia, such as:

- Apathy
- Flat affect
- Social withdrawal
- Psychomotor slowing
- Cognitive complaints
- Sleep disturbances

As with any diagnosis of depression, a full evaluation must be completed to determine if symptoms are present for at least two weeks[ix] and to discern degree of functional impairment. Neuropsychological testing can be useful in distinguishing between depression and dementia.

Screening Tools

To recognize signs and symptoms of depression, Carelon Behavioral Health recommends using screening tools. Two common screening tools for depression are the Geriatric Depression Scale and the Patient Health Questionnaire. It is recommended to refer for a full diagnostic evaluation when scores are positive.[ii]

Geriatric Depression Scale (GDS):

- This screener was designed specifically for further evaluation of depression in older adults.[ix]
- Versions: Long Form[x] and Short Form[xi]
- Scoring:[iv]
  - Long Form:
    - Score of 0-9: Normal
    - Score of 10-19: Mild Depression
    - Score of 20-30: Severe Depression
  - Short Form:
    - Score of >5: Suggests depression
    - Score of >10: Depression highly likely
- Additional languages located here

Patient Health Questionnaire (PHQ):

- This screener designed specifically for depression.[xiii]
- Versions: PHQ-2 and PHQ-9[xii]
- Scoring:[xii]
  - PHQ-2:
    - Score of ≥3: positive depression screen
  - PHQ-9:
    - Score of 1-4: Minimal Depression
    - Score of 5-9: Mild Depression
    - Score of 10-14: Moderate Depression
    - Score of 15-19: Moderately Severe Depression
    - Score of 20-27: Severe Depression
- Additional languages located here[xiii]

Treatment Options

Treatment is possible and most effective when started early. Depression can be treated with medications, psychotherapy, or a combination of the two.[ix]

Medication:

- There are several classes of antidepressants available to treat depression in older adults:[xiv]
  - Monoamine Oxidase Inhibitors (MAOIs)
  - Tricyclic Antidepressants (TCAs)
  - Selective Serotonin Reuptake Inhibitors (SSRIs)
  - Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)
  - Other: several common antidepressants have unique mechanisms of action (e.g. mirtazapine, bupropion, vortioxetine, etc.)
- Some considerations to take into account when prescribing medication to older adults are:[vi]
  - "Start low and go slow"[xv]
  - In clinical practice, the therapeutic dose ranges of antidepressants for adults and geriatric patients are the same
  - Providers sometimes fail to recognize that antidepressant dosing may need to be increased over time
  - Use as few medications as possible due to complex care needs
  - SSRIs and SNRIs should be considered over MAOIs and TCAs (even if efficacy is similar[1]) due to risk of orthostatic hypotension and cholinergic blockage and associated side effects
  - Antidepressants can take anywhere from 6-8 weeks for symptom relief in older adults

Psychotherapy:

- There are a several therapeutic approaches that have been found effective in treating depression in older adults: [ix]
  - Cognitive-Behavioral Therapy (CBT)
  - Interpersonal Psychotherapy (IPT)
  - Problem-Solving Therapy
  - Transcranial Magnetic Stimulation (TMS)
  - Electroconvulsive Therapy (ECT)
- ECT is often the best treatment option for an older adult, because it is more effective than medication, and there is a rapid response.

Important Factors to Consider for Effective Care:[ii]

- Comorbid physical illness is the rule, not the exception
- Depression treatment is complicated when accompanied with comorbid anxiety
- Cognitive impairment is both a symptom of depression and a risk factor
- Older adults often take multiple medications, and due to normal metabolic changes, handle medications differently
- Serious problems can arise with even small amounts of substance use consumption
- Mental and physical functioning may vary drastically for individuals the same age
- Coordination and collaboration with all physical and mental health practitioners is essential
- Successful treatment includes involvement from consented family members and other social supports
- Older adults value maintaining a sense of independence and involvement in their treatment
- Stigma and cultural differences need to be factored in when formulating treatment and evaluating outcome
- By identifying and screening high-risk populations, prevention is possible
- As the highest rate of completed suicide occurs in older adult population, screening for suicide is essential

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