

Treatment Options for Depression in Older Adults

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Depression

Depression and other
mental illnesses are
physiological illnesses
which affect behavior

Mental Illnesses in Older Adults

- Dementia (30% of people >80yo)
- Depression (15 out of 100 people >65 yo)
- Manic Depression
- Schizophrenia
- Delirium (medical illness)

Prevalence of Depression

- Late-life depression affects some 6 million adults, most of them women
- 90% of these adults don't get treatment
- Persons 65 years and older account for 20% of all suicide deaths (only 13% of the population)

Criteria for Major Depression

- Depression and/or anhedonia
 - Loss of appetite or overeating
 - Insomnia or hypersomnia
 - Psychomotor agitation/retardation
 - Fatigue
 - Feelings of worthlessness or guilt
 - Difficulty thinking or making decisions
 - Recurrent thoughts of death or suicide
 - Feelings of anxiety/nervousness/irritability

Criteria for Major Depression in Older Adults

- 2-week period of:
 - Loss of interest and pleasure
 - Depressed mood
- Additional criteria
 - Anxiety
 - Somatic problems
 - Cognitive problems

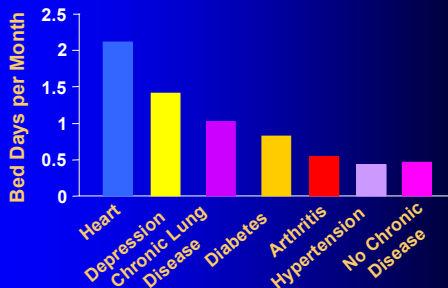
In the Community

- Major depression 1-3%
- Dysthymia 2%
- Depressive sx 13-27%
- TOTAL 16-32%

In Long-Term Care

- Major depression or dysthymia 5-25%
- Depressive symptoms 18 – 31%
- TOTAL 33 – 56%

Days in Bed Over Prior Month



Wells KB, Bumam MA. Psychiatr Med 1991;9:503-519

Barriers to Older Adults Obtaining Treatment

- Only 42 % of older adults would seek help from a health professional
- Less than 50% recognized by primary care doctors

Older Adult Mental Health Delivery

- Primary Care Providers
 - Depression is understandable in older adults ¹
 - < 25% of patients with moderate to severe dementia were identified by general practitioners as having dementia².

1. Gallo JJ, Ryan SD, Ford D. Arch Fam Med; 2. Callahan CM et al. Ann Intern Med. 1995;122:422-429

Depression Treatment in Primary Care

75% of depressed patients are treated by GP's
 < 50% are identified

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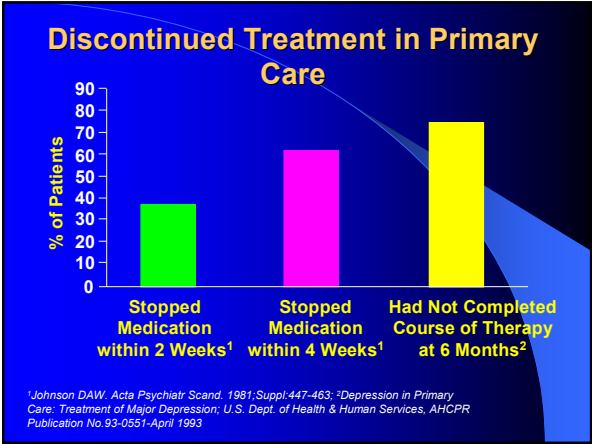
< 50% receive a trial of adequate dose and duration of antidepressant

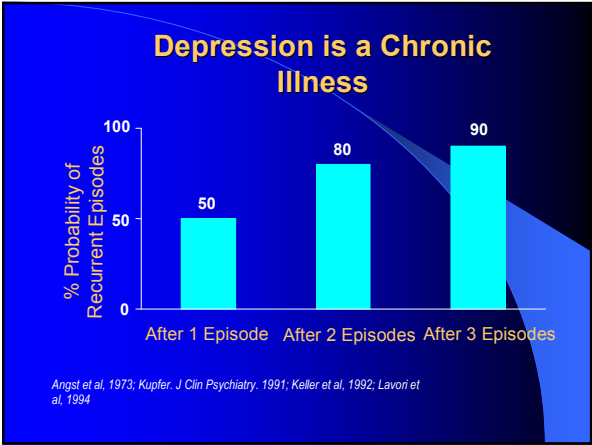
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Only a small percentage of those treated who respond receive adequate maintenance therapy

Mulsant et al., 1999

Mulsant et al., 1999





Mild Depression Expert Consensus Guidelines

Preferred Treatment	Alternate Treatment
<ul style="list-style-type: none"> • Antidepressant medication and psychotherapy • SSRI, Venlafaxine XR 	<ul style="list-style-type: none"> • Antidepressant alone or psychotherapy alone • Bupropion, Mirtazapine

Adapted from Alexopoulos et al 2001, A Postgraduate Medicine Special Report, Minneapolis, MN

Severe Depression Expert Consensus Guidelines

Preferred Treatment

- Antidepressant medication and psychotherapy OR antidepressant medication alone
- SSRI, Venlafaxine XR

Alternate Treatment

- Electroconvulsive Therapy
- Tricyclic antidepressants, Mirtazapine, Bupropion

Adapted from Alexopoulos et al, 2001, A Postgraduate Medicine Special Report, Minneapolis, MN

Marketed Antidepressants

• Tricyclics

- Nortriptyline (Pamelor)
- Amitriptyline (Elavil)
- Desipramine (Norpramin)
- Imipramine (Tofranil)

• MAOIs

- Isocarboxazid (Marplan)
- Phenazine (Nardil)
- Tranylcypromine (Parnate)
- Emsam patch

Marketed Antidepressants

– SSRIs

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluvoxamine (Luvox)

• Others

- Duloxetine (Cymbalta)
- Venlafaxine (Effexor)
- Mirtazapine (Remeron)
- Bupropion (Wellbutrin/SR, XL)
- Nefazodone (Serzone)
- Trazodone (Desyrel)

Tricyclics

- Should be used with caution:
 - slowed cardiac conduction
 - Anticholinergic
 - Sedation
 - Orthostatic hypotension
 - Often used as hypnotic, and in chronic pain

MAOIs

- Orthostatic hypotension
- Food restrictions: tyramine, many other medications (including over-the-counter medications)

SSRIs

- All have similar side effect profiles
 - GI
 - Sexual dysfunction
 - Jittery, buzzing
- Different pharmacological profile
 - Half-lives
 - Drug interactions/protein binding
 - Cost

Serotonin and Psychiatric Symptoms

- Mood
- Anxiety: OCD, GAD, PTSD, Social Phobia & Panic Disorder
- Impulsivity
- Aggression
- Eating Disorders: Bulimia, Anorexia

Pharmacotherapy in the Elderly

- < 10% of all patients enrolled in studies of antidepressants in the elderly were older than 75 years
- Most studies show that the SSRIs are better tolerated and have similar efficacy to the TCAs

Finkel, 1996

Bupropion (Wellbutrin)

- SSRI-like side effect profile
- Dose-related potential for seizures (lower in SR)
- No sexual dysfunction
- Often used to augment treatment
- “Cup of coffee”

Trazodone (Desyrel)

- Often used as a “sleeper”
- Orthostatic hypotension and sedation limit its usefulness as an antidepressant
- Nefazodone
 - No sexual dysfunction

Venlafaxine XR (Effexor XR)

- Low protein binding
- Dose – related hypertension

Mirtazapine (Remeron)

- Weight gain or sedation
- Sedating at very low doses

Medication Basics

- non addictive
- take 4 - 6 weeks to work
- may cause stomach upset but will go away in 7 - 10 days
- may cause some jitteriness but will usually go away
- may experience flu like symptoms when stop suddenly
- if on an antidepressant does not mean depression is adequately treated
- make other doctors aware that medication has been beneficial

Treatment of the Symptoms of Depression

- Makes the patient comfortable
- Helps with treatment compliance
- Temporary treatment

Benzodiazepines/ Anxiolytics

- Ativan(Lorazepam), Xanax(Alprazolam), Valium(Diazepam), Tranxene(Clrazepate dipotassium), Librium(Chlordiazepoxide)
- Short acting
 - Greater potential for abuse

Option for Treating Anxiety

- Klonopin (Clonazepam)
 - longer acting
 - goal is to minimize or stop use but must be weaned off medication

Treating Sleep Problems

- Trazadone (Desyrel)
- Newer hypnotics
 - Ambien, Sonata, Lunesta, Rozerem

Therapy / Psychosocial Interventions

- Behavioral Therapy – Changing behaviors
- Cognitive Therapy – changing “negative automatic thoughts”
- Supportive Therapy - GROUPS
- Exercise
- Structure and social interaction

Electroconvulsive Therapy

- Most effective treatment for depression
- 50-90% effective for complete remission of symptoms
- Right unilateral
- Cardiac modified

Transcranial Magnetic Stimulation

- Compared to ECT
 - Subconvulsive stimulus
 - No anesthesia
 - No memory problems
- Emory trial

Alternative Treatments

- St. John's Wort and sAME
 - Shown to be effective in mild to moderate depression
 - Should not be taken with FDA approved meds
 - Drug interactions
 - Dosing may vary depending on company that produced

What is Dementia?

- Impairment in short and long-term memory associated with
 - disturbance in language
 - inability to carry out motor activities despite intact motor function
 - inability to recognize objects despite intact sensory function
 - disturbance of ability to plan, organize or sequence

Treatment Failures: Dementia

- What is the MMSE?
- Partial response
 - Flat affect
 - Withdrawn
 - Apathetic
- Acetylcholinesterase Inhibitors augment antidepressants (Aricept, Exelon, Razadyne)

Treatment Failure: Psychosis

- Delusions
- Prefer use of atypical (vs. Haldol)
 - Quetiapine(Seroquel), Olanzapine (Zyprexa), Risperdone(Risperdal)
 - Fewer side effects: involuntary movements

Key to Success

- Follow 1999 Surgeon General's Report and 2003 President's New Freedom Commission Recommendations/Observations:
 - Address stigma through education of frontline staff
 - Take advantage of case management structure in dealing with fragmented services

Additional Information on Treatment Options

- Fuqua Center Information Line
 - 1-877-498-0096
- Fuqua Center Website
 - <http://fuqua.emoryhealthcare.org>
 - medications
 - therapy
 - ECT video
