

LATE LIFE DEPRESSION

Assessment: depression screening measures do not diagnose depression but provide an indication of the severity of symptoms and assess the severity within a given period.

Sample of tools specific to older adults

Geriatric Depression Scale (GDS) → if answered yes to 3, 8, 12, 14 →
CAGE (Cut; Annoyed; Guilty; Eye opener) → alcohol misuse suspected
Cornell Scale for Depression in Dementia (CSDD) → for patients with moderate to severe dementia

Treatment Options: can be used alone or in combination

Exercise: first line of strategy

Psychotherapy (delivered in 6 -12 sessions):

- Cognitive Behavioural Therapy (CBT);
- Problem Solving Therapy (PST);
- Interpersonal Psychotherapy (IPT);
- Brief Dynamic Therapy (BDT)
- Reminiscence Therapy (RT)

Pharmacological - following should be considered:

- Previous Response to Treatment
- Type of Depression
- Co-existing Medical Problems
- Other Medications
- Potential Risk for Overdose

ECT (Should be offered if suicide is imminent or if a major depressive episode occurs and the person is unresponsive to other treatments)

Suicide Risk: a complication of depression

Risk Factors for older adults:

- Male
- Widowed/divorced
- Accumulation of losses
- Previous attempts at self harm
- Social isolation
- Presence of chronic pain
- Abuse/misuse of alcohol
- Presence/severity of depression
- Hopelessness and suicidal ideation
- Access to firearms

Behaviours that may indicate suicide:

- Agitation
- Giving away personal possessions
- Preoccupation with death
- ↑ in alcohol consumption
- Non-compliance with medical treatment
- Taking unnecessary risks

LATE LIFE DEPRESSION

Goal: remission of depressive symptoms

Adjustment disorder with depressed mood

- Supportive psychosocial interventions
- Psychotherapy

Minor Depressive Disorder

↓ 4 weeks duration

- Supportive psychotherapy

↑ 4 weeks duration

- Pharmacological
- Evidence based psychotherapy

Dysthymic Disorder

- Pharmacological with or without psychotherapy
- Psychotherapy with periodic reassessment

Major Depressive Disorder

Major Depressive Disorder with single or recurrent Episodes

- Combination of antidepressant & antipsychotic medication
- If no improvement of at least some symptoms within 4-8 weeks, ECT should be offered

Treatment plans should take into consideration the person's

- Preferences
- Treatment history
- Coexisting medical and psychiatric conditions

Unützer, J. (2007)

Treatment Options

Medication used for treatment with older adults:

Start low and go slow BUT Go!

Changing dose: allow for a 2-6 week trial period

Changing medication : allow 8-12 week trial period

Bupropion (Wellbutrin)

Fluvoxamine (Luvox)

Nefaxodone (Serzone)

Sertraline (Zoloft)

Venlafaxine (Effexor XR)

Effective treatment of late-life depression has been associated with improved

- Emotional
- Social
- Physical functioning
- Better self care for chronic medical conditions
- Quality of life
- Reduced mortality

Unützer, J. (2007)