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*Cultivating a Culture
of Caring for Older Adults*

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Depression Among Older Adults

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I have no actual or potential conflict of interest to disclose

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Objectives

KNOW and UNDERSTAND

- Epidemiology
- Risk Factors
- Clinical Manifestations
- Assessment
- Depression Screening Instruments
- Diagnosis
- Non-Pharmacological Interventions

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Introduction

Depression (Unipolar)- late life

- Onset of symptoms at a younger age (genetic + psychosocial factors)
- Onset at of symptoms later in life for the first time (brain circuitry)

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Question # 1

Depression is a normal consequence of aging.

- a) True
- b) False

Epidemiology

- Life expectancy: 79 years old (2014)-increased from 47 years in 1900s
- By 2030: 70 million older adults in the US – 65 years and older (20% of total US population)
- By 2050: 2 billion older adults worldwide – 60 years and older (20% of total population)



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Epidemiology (continued)

- Prevalence of Depression

Minor depression (“other specified depressive disorder” in *DSM-5*): presence of persistent depressed mood with 2 or 3 additional symptoms of major depressive disorder

- 15% of older people (range 8% to >40%)
- Associated with ↑ use of health services, excess disability, poor health outcomes, including ↑ mortality
- Negative impact: physical and social functioning and QOL
- Increased risk for subsequent Major Depression

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Question # 2

- The rate of Major Depression among community dwelling older adults range from:
 - A) 6-10%
 - B) 12-20%
 - C) 11-45%

Epidemiology (continued)

- Prevalence of Depression
- Major depressive disorder
 - 6%–10% of older adults in primary care clinics
 - 12%–20% of nursing home residents
 - 11%–45% of hospitalized older adults

Risk Factors

- Female (2:1 ratio)
- Social Isolation/Living Alone
- Widowed, divorced or separated
- Loss of a loved one; Bereavement
- Insomnia **
- Functional and Cognitive Impairment
- Lower socio-economic status
- Co-morbid medical conditions (uncontrolled pain)

Risk Factors (continued)

- Caregiving
- Family History of Depression
- Previous History of Depression
- Medications
- Alcohol/Substance Abuse
- Admission to Long Term Care

Question # 3

- Depression is more common among older adult females.
- A) True
- B) False

Clinical Manifestations

- 1) Somatic Complaints- (GI complaints)
- 2) Memory Problems/Difficulty Concentrating
- 3) Agitation/Anxiety
- 4) Weight Loss/Lack of Appetite
- 5) Social Withdrawal
- 6) Chronic Pain

Clinical Manifestations

- 7) Decreased energy and motivation
- 8) Increased dependency (difficulty completing ADLs)
- 9) Increased pre-occupation with death

Case Study

- Ms X is 82-year-old female
- CC: worsening right hip, increased fatigue, lack of appetite – loss a total of 12 pounds in one year (first 6 pounds intentional wt. loss)
- Recent hospitalization: Severe Sepsis, Pyelonephritis, Transaminitis
- PMH: History of Depression (tapered off Lexapro back in May 2017)

Case Study (continued)

- SH: Lives alone, goes out with friends on occasion; husband died 2 years ago
- Medical History: Hyperlipidemia, Hypothyroidism
- Current Medications: Simvastatin, Levothyroxine

Case Study (continued)

Physical Examination:

Normal Vital Signs

Gen. Appearance: NAD

CV: WNL

Resp: WNL

Musculoskeletal: + TTP on SI joint (R)

Most recent labs from most recent hospitalization: Elevated White Count, Elevated BUN

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Case Study: QUESTION # 1

- What should we do next?
- A) Check CBC and CMP
- B) Order UA & C/S
- C) Order Hip x-ray
- D) Check CBC, CMP and order Hip X-ray

Case Study (continued)

- Findings:
- CMP and CBC -WNL
- Right Hip X-ray- moderate degenerative changes

Case Study (continued)

Plan:

- Continue to push fluids
- Small frequent meals
- Tylenol 500 mg every 4-5 hours as needed
- Diclofenac Gel
- RTC in 2 weeks

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Assessment

- Comprehensive and systematic
- Investigate somatic complaints
- Psychiatric and Medical History
- Laboratory Tests and Medication Review
- Functional and Cognitive Assessment
- Use Screening Tools

Depression Screening Instruments

- 2-Item Patient Health Questionnaire
- Yes or No Response
- Score of 3 or more – indicates possible clinically significant depression
- "During the past month, have you been bothered by feeling down, depressed or hopeless?"
- •"During the past month, have you been bothered by little interest or pleasure in doing things?"

Depression Screening Instrument

9-Item Patient Health Questionnaire (PHQ-9)

- 9 items cover diagnostic criteria for major depressive disorder
- Those who acknowledge thinking they would be “better off dead” or “hurting yourself” should be asked about presence of firearm in the home
- Initial 2 questions (PHQ-2) can be used for screening
- Serial administrations can be used to reliably assess response to treatment

Case Study

Ms. X returns to clinic

- CC: “foggy,” worsening increased fatigue x 3 weeks, worries about her grandchildren, denies insomnia, lack of appetite
- PMH: Hypothyroidism, Hyperlipidemia

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Question

What should we do next?

- a) Check TSH
- b) Check B12
- c) Administer PHQ-2 or PHQ-9
- d) All of the Above

Case Study

- TSH and B12 – WNL
- PHQ-2 Screen – 6 points!
- Denies SI/HI

Case Study

Is Ms. X clinically depressed?

A) Yes

B) No

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Case Study

- Ms X is 82-year-old **female**
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Case Study

Ms. X returns to clinic

- CC: “foggy,” **worsening increased fatigue x 3 weeks**, worries about her grandchildren, denies insomnia, lack of appetite
- PMH: Hypothyroidism, Hyperlipidemia

Case Study

What should we do next?

- a) Do nothing, she will get over it!
- b) Initiate antidepressant
- c) Offer counselling
- d) B and C

Case Study

- Offered Counselling –patient deferred
- Started on low dose Lexapro
- Contracts for Safety
- RTC in 4-6 weeks

Diagnosis

- Major Depression- insert DSM 5

Goals of Treatment

- 1) Decrease symptoms- if untreated it increases likelihood of death
- 2) Reduce relapse and recurrence
- 3) Improve QOL
- 4) Decrease mortality rates

Non-Pharmacological Treatments

- Psychotherapy –first line of treatment
- Most effective – pharmacological + psychotherapy/counselling
- Family and Social Support
- Grief Management
- Reminiscence

Conclusion

- Recognize non specific symptoms
- Rule out organic causes
- Use Screening Tools

Questions?



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