# SCREENING AND TREATMENT OF LATE LIFE DEPRESSION

Charlotte A. Paolini, D. O.
UNE Maine GEC
July 2014

# Complications of LLD

- Late Life Depression (LLD) carries additional risk for:
  - Medical comorbidity
  - Disability
  - Suicide
  - Family care giver burden

# Who gets LLD?

- Persons of advanced old age (>75)
- Individuals with medically complex diseases
- Individuals with psychosocial problems
- Persons residing in institutions

# Physical Risk Factors for LLD

- Chronic disease:  diabetes mellitus, ischemic heart disease, heart failure, stroke
- Acute myocardial infarction
- Organic brain disease:  dementia, stroke, cerebrovascular disease
- Endocrine/metabolic disorders:  thyroid disease, hypercalcemia, B12 & folate deficiencies
- Malignancy
- Chronic pain and disability

# Psychosocial Risk Factors for LLD

- Psychiatric disorders:  personality disorders, neuroticism, obsessional traits, history of depression, poor self-esteem
- Social isolation and loneliness
- Low income/educational status
- Being a care giver
- Bereavement and loss
- Poor adaptability to illness/pain/ disability
- Institutionalization

# Protective Factors for LLD

- Psychological resilience
- Higher educational status
- Higher socioeconomic status
- Engagement in valued activities
- Religious/spiritual involvement

# How is depression diagnosed in older adults?

- Clinical interview
- Observed behaviors
- Collateral history from family and/or care givers
- Identification of risk factors

# Medicare Annual Wellness Visit (AWV)

- PURPOSE:  to help Medicare patients in maintaining health and preventing or slowing chronic disease processes, along with encouraging healthy life-style habits.

# Components of the AWV

1. HISTORY
2. PATIENT ASSESSMENT
3. ORDERS/COUNSELING

# AWV: History: Health Risk Assessment (HRA)

- GOAL:  Improve health outcomes by identifying behaviors and modifiable health risks.
- Health Issues Addressed:
  - Mood
  - Social support
  - Pain
  - ADLs
  - Safety
  - Sleep
  - Nutrition
  - Tobacco/alcohol use
  - Exercise
  - Medication management

# AWV:  Health Risk Assessment (cont.)

- Personal Health Assessment:
  - Dental health
  - Neurological signs and symptoms
  - Problems with sexual  activity
  - Problems with eating
  - Problems with energy/fatigue
  - Blood pressure/serum cholesterol/blood glucose status

# AWV:  HISTORY Component (cont.)

- *Previous medical records*:  Vaccination records, hospital discharge paperwork, etc.
- *Family health history*:  Detailed history for parents, siblings, and children
- *Medication list*:  All prescription medications, vitamins, and supplements
- *Provider list*:  Names of all specialists and other medical providers, including home care providers

# AWV:  Patient Assessment/examination

- Required Components:
  - Height, weight, body mass index (or waist circumference if appropriate)
  - Blood pressure measurement
  - Cognitive evaluation (eg. MiniCog)
  - Depression screening
  - Functional ability assessment (hearing, activities of daily living, home safety, fall prevention, etc.)

# Initial Annual Wellness Visit

- HRA + Depression Screening:
  - Identify risk factors for LLD
  - Identify presence of LLD
  - Afford opportunity to begin treatment and counseling for LLD

# Support for Depression Screening

- The USPSTF supports depression screening with a Grade B recommendation:  “There is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.”

# Depression Screening Tools

- The “Whooley Questions”
- The Patient Health Questionnaire–2  (PHQ-2)

# Whooley Questions

- Questions to ask:
  1. *During the past month, have you felt down, depressed, or hopeless?*
  2. *During the past month, have you felt little interest or pleasure in doing things?*

- Scoring:
  - If the response is “yes” to either question, consider administering the longer PHQ-9 questionnaire or the Geriatric Depression Scale (GDS).
  - If the response to both questions is “no,” the screen is negative.

# Patient Health Questionnaire-2 (PHQ-2)

- Questions to ask:
  1. *Over the past 2 weeks, how often have you had little interest or pleasure in doing things*? (0-not at all, 1-several days, 2-more than half the days, 3-nearly every day)
  2. *Over the past 2 weeks, how often have you felt down, depressed, or hopeless*? (0-not at all, 1-several days, 2-more than half the days, 3-nearly every day)

- Scoring: A PHQ-2 score ranges from 0-6. The authors' identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** *(Use "✔" to indicate your answer)* | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
|---|---|---|---|---|
| **1.** Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| **2.** Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| **3.** Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| **4.** Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| **5.** Poor appetite or overeating | 0 | 1 | 2 | 3 |
| **6.** Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| **7.** Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| **8.** Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| **9.** Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

# Geriatric Depression Scale (GDS)

| No. | Question | Answer | Score |
|---|---|---|---|
| 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 people? | ***YES*** / NO | |
| 11. | Do you think it is wonderful to be alive? | 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 | |
| | | TOTAL | |

(Sheikh & Yesavage, 1986)

# Treatment Modalities for LLD

- Pharmacological Interventions
- Electroconvulsive Therapy  (ECT)
- Psychological Interventions
- Physical Activity

# Medications for Geriatric Depression

**Medications for Geriatric Depression**

| *Medication* | *Initial dosage* | *Maximal dosage* | *Risk of drug interaction* | *Adverse effects** |
|---|---|---|---|---|
| **Selective serotonin reuptake inhibitors** | | | | |
| Citalopram (Celexa) | 10 to 20 mg once per morning | 40 mg once per day | Low | Hyponatremia, GI symptoms, sexual dysfunction, weight gain, extrapyramidal symptoms |
| Escitalopram (Lexapro) | 10 mg once per day | 20 mg once per day | Low | GI symptoms, sexual dysfunction, weight gain |
| Fluoxetine (Prozac) | 10 to 20 mg once per day | 40 mg once per day | High | Insomnia, GI symptoms, sexual dysfunction, weight gain |
| Paroxetine (Paxil)† | 10 mg once per day | 40 mg once per day | Moderate | GI symptoms, sedation, weight gain, withdrawal symptoms |
| Sertraline (Zoloft) | 25 to 50 mg once per day | 200 mg once per day | Low | Sexual dysfunction, weight gain |
| **Serotonin-norepinephrine reuptake inhibitors** | | | | |
| Duloxetine (Cymbalta) | 20 mg once or twice per day | 60 mg once per day or 30 mg twice per day | Low | GI symptoms, xerostomia, urinary hesitancy |
| Venlafaxine (Effexor)† | 25 to 50 mg twice per day | 75 to 225 mg total twice per day | High | GI symptoms, headaches, hyponatremia, withdrawal symptoms, hypertension, extrapyramidal symptoms |
| **Other serotonergic agents** | | | | |
| Bupropion (Wellbutrin)† | 37.5 to 50 mg twice per day | 75 to 150 mg twice per day | Moderate | GI symptoms, sexual dysfunction, seizures, psychosis |
| Mirtazapine (Remeron) | 7.5 to 15 mg at bedtime | 45 mg once per day | Low | Sedation, sexual dysfunction, weight gain |
| **Tricyclic agents** | | | | |
| Desipramine (Norpramin) | 10 to 25 mg once at bedtime | 50 to 150 mg once per day | High | Hypotension, sedation, GI symptoms, weight gain |
| Nortriptyline (Pamelor) | 10 to 25 mg once at bedtime | 75 to 150 mg once per day | High | Hypotension, sedation, weight gain |

*GI = gastrointestinal.*

**—Adverse effects are similar within each class; more prominent symptoms listed for individual agents.*

*†—These agents are available in extended-release formulations at different dosages.*

*Adapted with permission from Pollock BG, Semla TP, Forsyth CE. Psychoactive drug therapy. In: Halter JB, et al., eds.* Hazzard's Geriatric Medicine and Gerontology. *6th ed. New York, NY: McGraw-Hill Medical; 2009:769.*

# Electroconvulsive Therapy (ECT)

- Indications:
  - Severe depressive illness that is refractory to pharmacological therapy
  - Adult failure to thrive
  - Suicide risk
  - Psychotic features
- Use with caution in patients with hypertension and cardiac arrhythmias
- Pre-medicate with a muscle relaxant
- Post-treatment side effects include confusion and memory loss

# Psychological Interventions

- Behavioral therapy
- Cognitive behavioral therapy
- Cognitive bibliotherapy
- Problem solving therapy
- Brief Psychodynamic therapy
- Life review therapy

- Clinical case management

# Physical Activity

- Indications:
  - Medication resistant depression
  - Post-stroke depression
  - Depressive symptoms
  - Major depression
- Can be used as complimentary/alternative treatment
- Forms:  aerobic and weight training
- As effective as sertraline
- Lower relapse rates with continued exercise

# Summary

1. Depression is less prevalent among older adults than younger adults, but merits special attention because it can have serious negative consequences.
2. The presentation of depression differs in older adults compared to younger adults.
3. The initial Annual Wellness Visit affords an appropriate and recommended opportunity to screen for depression.
4. Multiple depression screening tools are available.
5. Depression is late life is treatable, even among older adults with dementia.

# THANK YOU!