

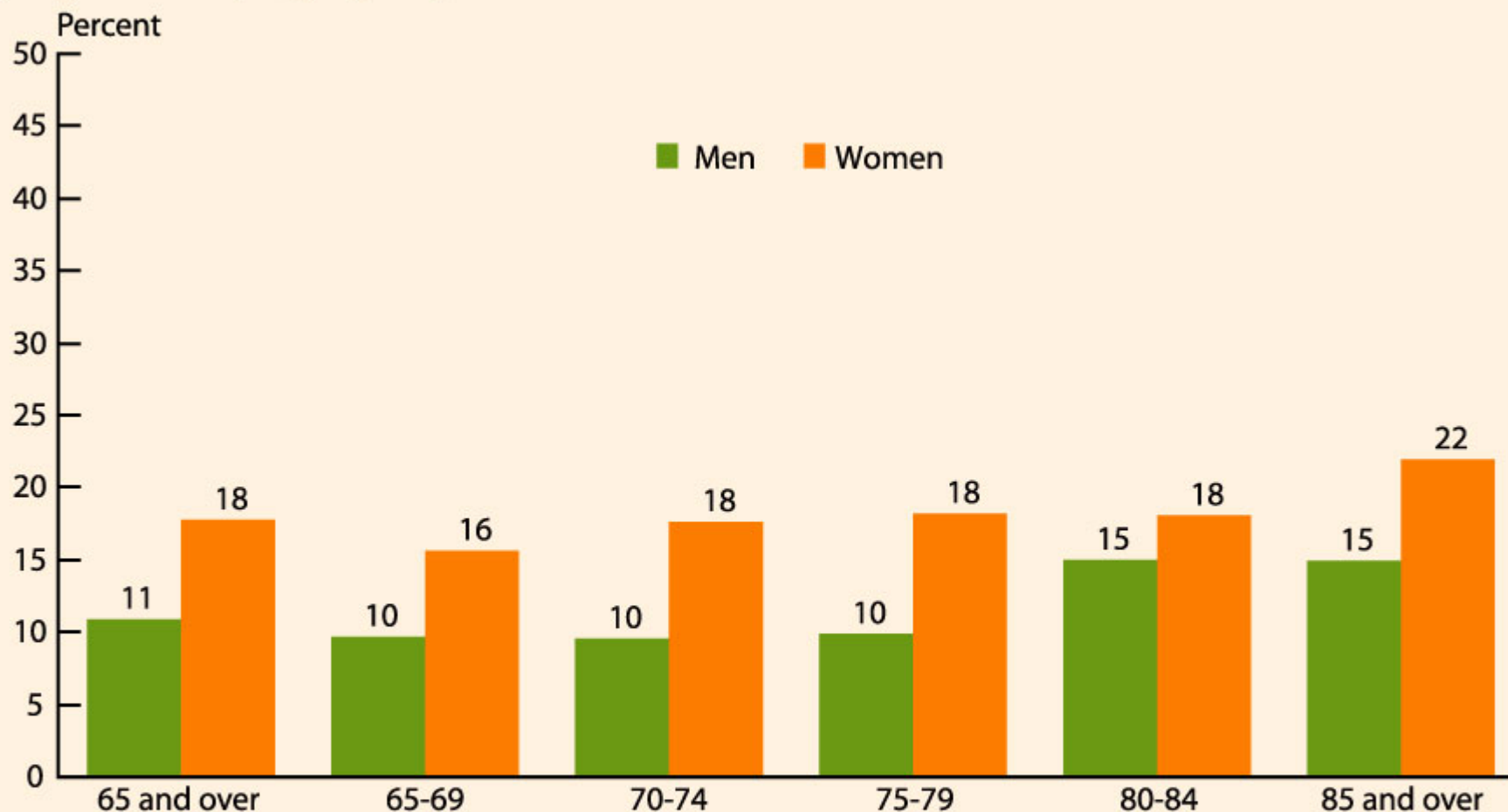
Depression at the Nursing Home

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Prevalence of Geriatric Depression in Medically Ill Patients

- Primary Care
 - Major 6-8%
 - Depressive Symptoms 17-37%
- Medical Inpatients
 - Major 11%
 - Depressive symptoms 25%
- Nursing home residents
 - Major 12%
 - Depressive symptoms 30%

Percentage of people age 65 and over with clinically relevant depressive symptoms, by age group and sex, 2002

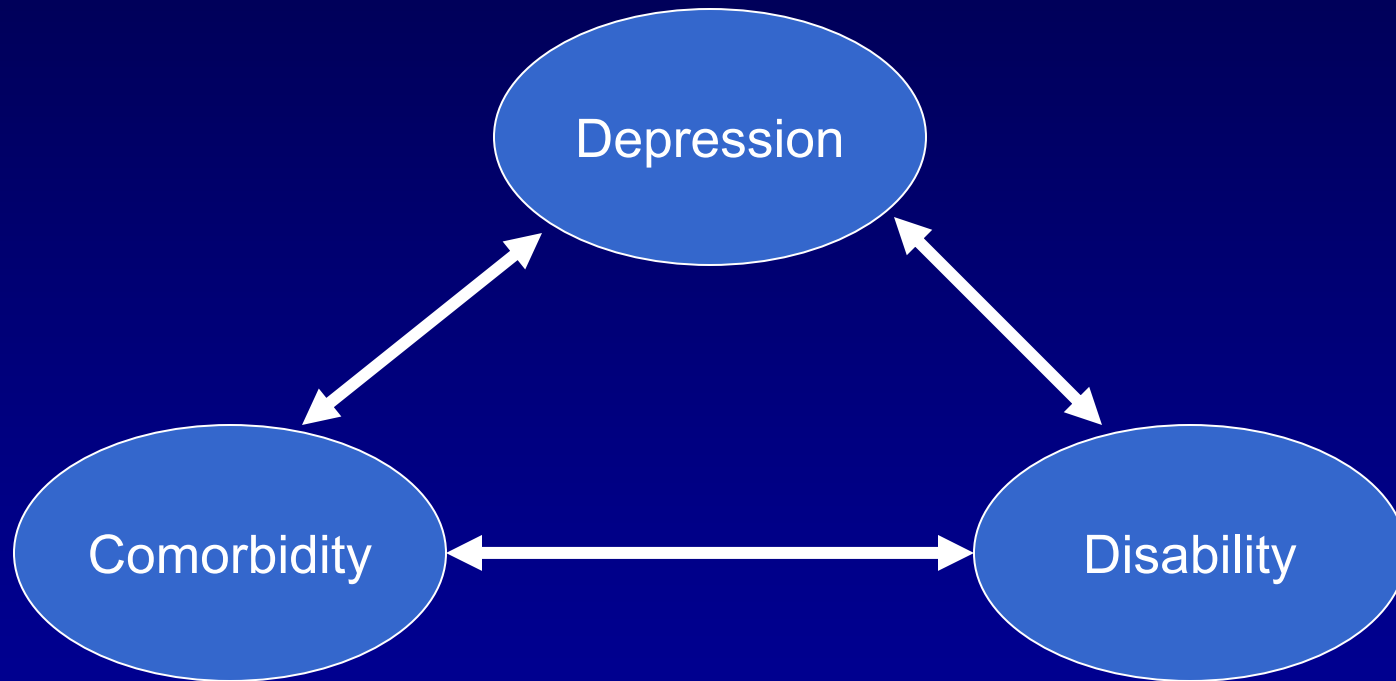


Note: The definition of "clinically relevant depressive symptoms" is four or more symptoms out of a list of eight depressive symptoms from an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D) adapted by the Health and Retirement Study. The CES-D scale is a measure of depressive symptoms and is not to be used as a diagnosis of clinical depression. A detailed explanation concerning the "4 or more symptoms" cut-off can be found in the following documentation, <http://hrsonline.isr.umich.edu/docs/userg/dr-005.pdf>.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Health and Retirement Study.

Problems in Assessment



Context of Depression in Late Life

- Physical illness including disability and cognitive impairment
- Bereavement
- Caregiver strain
- Interpersonal conflict
- Role transitions
- Social isolation

Major Depressive Disorder

DSM-IV-TR Criteria: 5 of the following symptoms must be present during the same *2 week period*.
Depressed mood or anhedonia must be present.

- ***Depressed Mood*** most of the day and nearly every day as described by patient or observed by others
- ***Anhedonia or markedly diminished interest*** in all activities nearly everyday expressed as subjective account or observed by others
- ***Unintentional weight loss or weight gain*** or a decrease or increase in appetite nearly every day
- ***Insomnia or Hypersomnia*** nearly every day
- ***Psychomotor agitation or retardation*** nearly every day and observable by others
- ***Fatigue or loss of energy*** nearly every day
- ***Feelings of worthlessness or excessive or inappropriate guilt*** (may be delusional) nearly every day
- ***Diminished ability to think or concentrate, or indecisiveness***, nearly every day either by subjective account or observed by others
- ***Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt***

DSM-IV-TR Symptoms of Depression

Psychological

- Depressed mood
- Anhedonia
- Feelings of worthlessness or guilt
- Problems with concentration
- Suicidal ideation or plans

Somatic

- Change in appetite or weight
- Change in sleep
- Loss of energy
- Psychomotor agitation or retardation

“The symptoms are not due to the direct physiological effects of a substance or a general medical condition”

Geriatric Depression Scale

- 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? YES / NO
- 11. Do you think it is wonderful to be alive now? 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

Greater than 5 indicates a high risk for depression

Depression – Differential Diagnosis

- Depression due to general medical condition
- Substance induced mood disorder
- Dysthymic Disorder
- Dementia
- Adjustment Disorder

Comorbid Medical Conditions

- Cardiac disease: 20-33% MDD
- Cancer: depressive symptoms 25-50%
 - MDD increases with severity of cancer
- Neurological disorders – MDD estimates:
 - Alzheimer's disease: 5-15%
 - Parkinson's disease: 15-20%
 - Stroke: 20-25%

Anorexia Independently Predicts Mortality

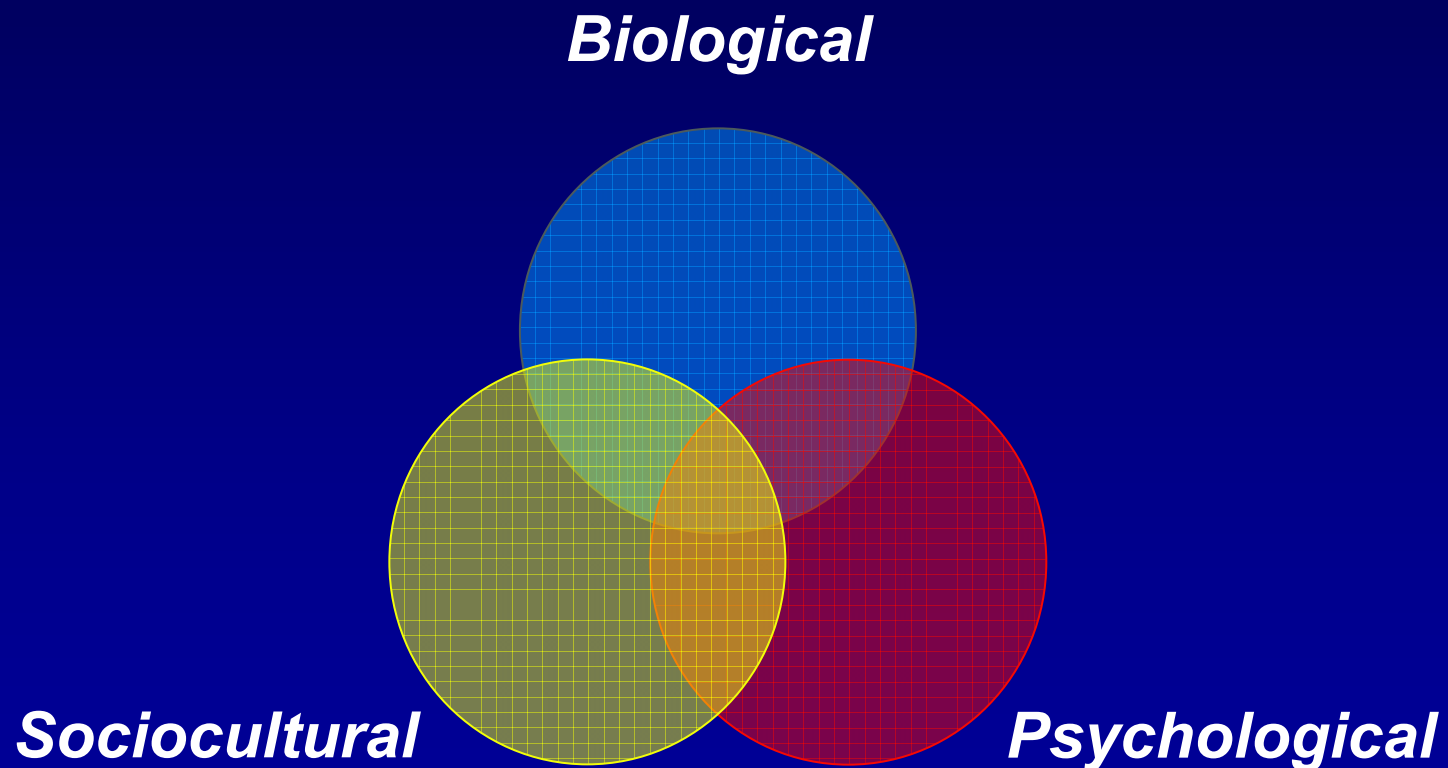
Hazard Ratio: 2.9

Cornali et al. JAGS. 2005

Causes of Weight Loss

- Medications
- ***DEPRESSION***
- Alcoholism
- Swallowing problems
- Dental / oral problems
- Infection
- Poverty
- Dementia
- Hyperthyroidism
- Feeding problem:
tremor, stroke
- Low salt, low
cholesterol diet

The Bio - psycho - social Model



Anxiety Comorbidity

Common comorbidities

- Generalized anxiety disorder
 - Key symptoms: worry
- Phobias
 - Key symptoms: restriction of mobility
 - *“I’ve fallen and I can’t get up”*
- Disorders that have received less attention
 - PTSD
 - Complicated grief: spouse, children

Suicide in Older Adults

- US Prevalence all ages: 11.3/100,000
- 30,000 deaths
- 8th leading cause of death
- 1.4% of all deaths
- Older adults: 20-60/100,000
- Highest risk group
 - white males over 85: Prevalence: 60/100,000
 - Men>>>Women

Antidepressant Indications

- Unipolar major depression
- Bipolar depression
- Melancholic depression
- Psychotic Depression
- Dysthymic disorder
- Panic disorder
- Generalized anxiety disorder
- PTSD
- Pain syndromes
- OCD
- others . . .

Selective Serotonin Reuptake Inhibitors

<i>Paxil</i> : paroxetine:	10 - 60 mg
<i>Prozac</i> : fluoxetine:	10 - 80 mg
<i>Celexa</i> : citalopram:	10 - 60 mg
<i>Lexapro</i> : s-citalopram:	5 – 20 mg
<i>Zoloft</i> : sertraline:	25 - 250 mg
<i>Luvox</i> : fluvoxamine:	25 -300 mg

Others . . .

venlafaxine (Effexor)

mirtazipine (Remeron): sedation

bupropion (Wellbutrin/Zyban)

trazadone (Desyrel): prominent sedation

nefazadone (Serzone): withdrawn from market

duloxetine (Cymbalta): helps with pain

Psychotherapy

- What is psychotherapy?
- Who gives psychotherapy?
- Does psychotherapy work?
- Are there elements of psychotherapy that I can include in my interactions?

