

Geriatric Depression

Contrary to popular belief, depression is not a normal part of aging which often results in older adults being underdiagnosed and untreated.ⁱ Other factors that contribute to this include (but are not limited to)ⁱⁱ:

- Reporting of physical complaints rather than cognitive and mood complaints
- Overlap of symptomology with other physical conditions
- Depression being a side effect of medications
- Depression being mistaken for anxiety
- Denial of symptoms due to perceived stigma
- Inadequate mental health training for practitioners which leads to uncertainty about diagnoses, treatment, or outcomes
- Impacted ability to assess both physical health and mental health problems due to time limitations



By the Numbers

- In the American population, older adults currently make up 12 percent of the population and are anticipated to grow to 20 percent of population by 2030.ⁱⁱ From 2003 to 2013, the number of older adults aged 65 or older increased by 25 percent and this is expected to increase by another 50 percent in the next 25 yearsⁱⁱⁱ.
- Nearly one in five older adults have one or more behavioral health conditions with about 16 percent of women and 11 percent of men experiencing symptoms of depression.ⁱⁱ
- Treatment in primary care settings for older adults ranges from 17 – 37 percent.ⁱ
- Depression in older adults is commonly comorbid with stroke (30 – 60 percent), coronary artery disease (up to 44 percent), cancer (up to 40 percent), Parkinson's disease (40 percent), Alzheimer's disease (20 – 40 percent), and dementia (17 – 31percent).ⁱ It can also be a predictor of the onset of stroke, diabetes, and heart disease, and it raises the risk of developing coronary heart disease and dying from heart attack nearly threefold.^{iv}
- Depression in older adults is associated with suicide more than any other age; ranging from 16^{iv}–20 percent^v of all suicides, with white men having the highest rates of completed suicides.^{vi} It is common for older adults who complete suicide to visit a primary care practitioner close to the time of suicide:ⁱⁱ two-fifths visited a physician within the past week and three-quarters within the past month.^{vii}



Risk Factors

Older adults may be at a higher risk for depression if they^{viii}:

- Are female
- Have a chronic medical illness
- Have a disability
- Are lonely or socially isolated
- Have a personal or family history of depression
- Have a substance use disorder
- Have experienced stressful life events (e.g. loss of a spouse, divorce, etc.)

Signs and Symptoms

Depression in older adults can often manifest in different ways from younger adults with depression. Just as with depression in younger adults, clinical presentation and degree of functional impairment will vary from person to person.^{ix}

Here are some common signsⁱ and symptomsⁱⁱⁱ of depression often present in older adults*:

- Depressed mood
- Unexplained somatic complaints (e.g. gastrointestinal, constipation, pain, headaches, fatigue)
- Sleep disorders and disturbances
- Agitation
- Change in appetite
- Concentration
- Memory loss
- Confusion
- Anxiety
- Worry
- Loss of pleasure

Symptoms of depression can overlap with symptoms of dementia. Here the symptoms that overlap:

- Apathy
- Flat affect
- Social withdrawal
- Psychomotor slowing
- Cognitive complaints
- Sleep disturbances

As with any diagnosis of depression, a full evaluation must be completed to determine if symptoms are present for at least two weeks^{ix} and to discern degree of functional impairment. Neuropsychological testing can be useful in distinguishing between depression and dementia.

Screening Tools

To improve recognition of the signs and symptoms of depression, use of screening tools is recommended. Two common screening tools for depression are the Geriatric Depression Scale and the Patient Health Questionnaire. It is recommended that a referral for a full diagnostic evaluation be completed when the scores are positive.ⁱⁱ

Geriatric Depression Scale (GDS):

- This screener was designed specifically for further evaluation of depression in older adults.^x
- Versions: [Long Form](#)^{xi} and [Short Form](#)^{xii}
- Scoring:^{iv}
 - Long Form:
 - Score of 0 – 9: Normal
 - Score of 10 – 19: Mild Depression
 - Score of 20 – 30: Severe Depression
 - Short Form:
 - Score of >5: Suggests depression
 - Score of >10: Indicated highly likely depression
- Additional languages located [here](#)

Patient Health Questionnaire (PHQ):

- This screener was designed specifically for depression.^{xiii}
- Versions: [PHQ-2](#) and [PHQ-9](#)^{xiii}
- Scoring:^{xii}
 - PHQ-2:
 - Score of ≥ 3 : positive screen for depression
 - PHQ-9:
 - Score of 1 – 4: Minimal Depression
 - Score of 5 – 9: Mild Depression
 - Score of 10 – 14: Moderate Depression
 - Score of 15 – 19: Moderately Severe Depression
 - Score of 20 – 27: Severe Depression
- Additional languages located [here](#)^{xiv}

Treatment Options

Treatment is possible and is the most effective when started early in the process. Depression can be treated with medications, psychotherapy, or a combination of the two.^{ix}



Medication:

- There are several classes of antidepressants available to treat depression in older adults:^{xv}
 - Monoamine Oxidase Inhibitors (MAOIs)
 - Tricyclic Antidepressants (TCAs)
 - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)
 - Other: several common antidepressants have unique mechanisms of action (e.g. mirtazapine, bupropion, vortioxetine, etc.)
- Some considerations to take into account when prescribing medication to older adults are:^{vi}
 - “Start low and go slow”^{xvi}
 - In clinical practice, the therapeutic dose ranges of antidepressants for adults and geriatric patients are the same
 - Providers often fail to adequately increase the dose of an antidepressant thinking that geriatric patients need a lower dose
 - Use as few medications as possible due to complex care
 - SSRIs and SNRIs should be considered over MAOIs and TCAs (even if efficacy is similar¹) due to risk of orthostatic hypotension and cholinergic blockage and associated side effects
 - Antidepressants can take anywhere from 6 – 8 weeks for symptom relief in older adults

Psychotherapy:

- There are a several therapeutic approaches that have been found effective in treating depression in older adults:^{ix}
 - Cognitive-Behavioral Therapy (CBT)
 - Interpersonal Psychotherapy (IPT)
 - Problem-Solving Therapy
 - Transcranial Magnetic Stimulation (TMS)
 - Electroconvulsive Therapy (ECT)
- ECT is often the best treatment option for an older adult, because it is more effective than medication, and there is a rapid response.

Important Factors to Consider for Effective Careⁱⁱ

- Comorbid physical illness is the rule, not the exception
- Depression treatment is complicated when accompanied with comorbid anxiety
- Cognitive impairment is both a symptom of depression and a risk factor
- Older adults often take multiple medications and due to normal metabolic changes handle the medications differently
- Serious problems can arise with even small amounts of substance use consumption
- Mental and physical functioning may vary drastically for individuals the same age
- Coordination and collaboration with all physical and mental health practitioners is essential
- Successful treatment includes involvement from consented family members and other social supports
- Older adults value maintaining a sense of independence and involvement in their treatment
- Stigma and cultural differences need to be factored in when formulating treatment and evaluating outcome
- By identifying and screening high-risk populations, prevention is possible
- As the highest rate of completed suicide occurs in older adult population, screening for suicide is essential

-
- ⁱ Trangle, M., Gursky, J., Haight, R., Hardwig, J., Hinnenkamp, T., Kessler, D., Mack, N., Myszkowski, M. (2016). *Health Care Guideline: Depression in Primary Care* [PDF file]. Institute for Clinical Systems Improvement. Retrieved from <https://www.beaconhealthoptions.com/providers/beacon/handbook/clinical-practice-guidelines/>
- ⁱⁱ U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. (2011). *Treatment of Depression in Older Adults: Practitioners' Guide for Working with Older Adults with Depression* [PDF file]. Retrieved from <https://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD>
- ⁱⁱⁱ U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. (2015). *Growing Older: Providing Integrated Care for An Aging Population* [PDF file]. Retrieved from <https://store.samhsa.gov/product/Growing-Older-Providing-Integrated-Care-for-An-Aging-Population/SMA16-4982>
- ^{iv} Agency for Healthcare Research and Quality. (2017). *Definition of Treatment-Resistant Depression in the Medicare Population* [PDF file]. Retrieved from <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id105TA.pdf>
- ^v Mental Health America. (2013). *Depression in Older Adults: More Facts* [PDF file]. Retrieved from <http://www.mentalhealthamerica.net/conditions/depression-older-adults-more-facts>
- ^{vi} American Psychiatric Association. (2010). *Practice Guideline for the Treatment of Patients with Major Depressive Disorder* (3rd ed.) [PDF file]. Retrieved from <https://www.beaconhealthoptions.com/providers/beacon/handbook/clinical-practice-guidelines/historical/>
- ^{vii} American Psychological Association. (n.d). *Psychology and Aging: Addressing Mental Health Needs of Older Adults...*[PDF file] Retrieved from <https://www.apa.org/pi/aging/resources/guides/psychology-and-aging>
- ^{viii} National Alliance on Mental Illness. (n.d). *Older Adults and Depression* [PDF file]. Retrieved from <https://www.nimh.nih.gov/health/publications/older-adults-and-depression/index.shtml>
- ^{ix} National Institute of Mental Illness. (2018). *Depression*. Retrieved from <https://www.nimh.nih.gov/health/topics/depression/index.shtml>
- ^x U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. (2011). *Treatment of Depression in Older Adults: Older Adult, Family, and Caregiver Guide on Depression* [PDF file]. Retrieved from <https://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD>
- ^{xi} Yesavage, J.A., Brink, T.L., Rose T.L., et al. (1983). *Development and Validation of a Geriatric Depression Screening Scale: A Preliminary Report* [PDF file].
- ^{xii} *Geriatric Depression Scale (Short Form)*. [PDF file].
- ^{xiii} Pfizer. (1999). *Patient Health Questionnaire (PHQ-9)* [PDF file]. Retrieved from <https://providertoolkit.beaconhealthoptions.com/depression/>
- ^{xiv} Pfizer. (n.d). *Patient Health Questionnaire (PHQ) Screeners*. Retrieved from <https://www.phqscreeners.com/>
- ^{xv} Ellison, J.M. (2018). *Medications to Treat Depression* [PDF file] Retrieved from <https://www.achievesolutions.net/achievesolutions/en/healthresources/Content.do?centerId=151&contentId=279&topicId=56>

^{xvi} Beck, B.J. (n.d). *Nuts and Bolts of Depression in the Primary Care Setting* [PDF file]. Retrieved from <https://providertoolkit.beaconhealthoptions.com/depression/>