

Depression in Older Adults

Vikrant Tambe, MBBS

Late-life depression remains underdiagnosed and inadequately treated. In the United States, older men, especially from the minority subgroups, are at even greater risk of unrecognized depression. Over 80 percent of mental health treatment for depressed older adults is delivered in the primary care setting where it is often undiagnosed or is often left untreated.



BACKGROUND

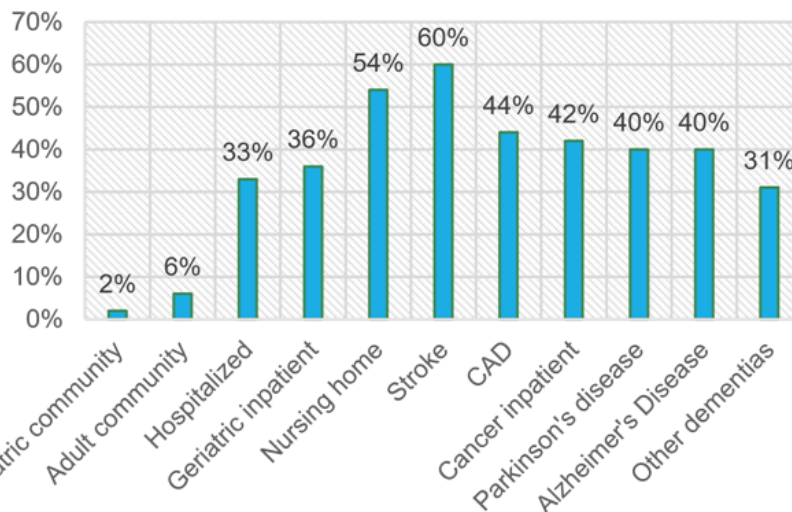
Depression is not a normal consequence of aging. Healthy independent older adults have a lower prevalence rate (2%) of major depression than the general population. Rates increase greatly with medical illness, particularly cancer, MI, and neurological disorders such as stroke and Parkinson's disease.

Demographic risk factors - Female sex, social isolation; widowed, divorced, or separated marital status; lower socioeconomic status, comorbid general medical conditions, uncontrolled pain, insomnia, functional and cognitive impairments.

Nursing home residence – 54% of nursing home residents are depressed.

Impact – Increases medical care and addiction rates along with increased mortality rates. Patients with stroke were 3.4 times more likely to have died over a 10-year follow-up.

Prevalance rates of depression



Suicide risk - Older men have the highest suicide rate: 28.9 per 100,000 in 2004. White men age 85+ have the highest rate of completed suicide, 55 per 100,000. Older adult suicide victims were in their first episode of depression and had seen a physician within the last month of life.

Subsequent dementia - the risk of all-cause dementia is increased by 70 percent.

SCREENING

Can help identify major depression, persistent depressive disorder (dysthymia), Minor depression, Psychotic depression, Vascular depression, and depression associated with Alzheimer's disease and other dementias.

Screening instruments	Sensitivity	Specificity
Two-question screen (PHQ 2)	97	67
Geriatric Depression Scale (5-item)	94	81
Patient Health Questionnaire-9 (9-item)	88	88
Cornell Scale for Depression in Dementia (19-item)	90	75
Center for Epidemiologic Studies - Scale (20-item)	93	73

TREATMENT

Psychotherapy - CBT is the most widely studied psychotherapy over 2-4 months. A meta-analysis found significant, clinically large effect favoring CBT over treatment as usual, or waiting.

Antidepressant medications – SSRIs, SNRIs, Atypical antidepressants, Serotonin modulators, Tricyclic and tetracyclic antidepressants. Among SSRIs; citalopram, escitalopram, and sertraline have been more successful for management based on anecdotal evidence. Duration of treatment is about 6-12 months but most require a long term maintenance regimen.

Electromodulation - Electroconvulsive therapy (ECT) is used in severe cases who fail medical management and direct neurostimulation is promising, but still undergoing trials.

Other supportive therapies – Exercise (30-45 min, 3 times per week for 4 months), bright light, collaborative medical care, use of Home-based care, and providing family support.

The Bottom Line

- Late-life depression often goes undetected and impacts healthcare utilization, and morbidity and mortality.
- Depression is not a part of normal aging.
- Suicide rates are almost twice as high in the older adults, with the rate highest for white men over 85 years of age. Most had seen a clinician within the previous month.
- Psychotherapy is effective in older adults, although pharmacotherapy or a combination of pharmacotherapy and psychotherapy is recommended.
- SSRIs are first-line antidepressants because of safety and tolerability and among them, citalopram, escitalopram, and sertraline are most effective.
- ECT is reserved for treatment-resistant cases and generally well-tolerated in older patients, although it causes transient memory loss.

Resources

- [National Institute of Mental Health Depression](#)
- [American Psychological Association's Depression and Suicide in Older Adults Resource Guide](#)
- [CDC's Prevention Research Centers Healthy Aging Research Network Depression Webinars – hosted by the](#)
- [National Council on Aging](#)
- [The Community Guide Mental Health Recommendations](#)
- [National Council on Aging Center for Healthy Aging Mental Health Resources SAMHSA National Registry of Evidence-Based Programs and Practices](#)

References

1. Clinical practice. Depression in the elderly. Taylor WD. N Engl J Med. 2014 Sep;371(13):1228-36
2. Diagnosis and treatment of depression in late life. Consensus statement update. Lebowitz BD, Pearson JL, Schneider LS, Reynolds CF 3rd, Alexopoulos GS, Bruce ML, Conwell Y, Katz IR, Meyers BS, Morrison MF, Mossey J, Niederehe G, Parmelee P JAMA. 1997;278(14):1186.
3. Epidemiology of late-life mental disorders. Hybels CF, Blazer DG. Clin Geriatr Med. 2003;19(4):663.
4. Clinical practice. Late-life depression. Unützer J. N Engl J Med. 2007;357(22):2269.
5. Late-life depression among black and white elderly homecare patients. Fyffe DC, Sirey JA, Heo M, Bruce ML.
6. Am J Geriatr Psychiatry. 2004;12(5):531
7. Diagnosis and treatment of depression in the elderly medicare population: predictors, disparities, and trends. Crystal S, Sambamoorthi U, Walkup JT, Akincigil A. J Am Geriatr Soc. 2003;51(12):1718.
8. Depression treatment in a sample of 1,801 depressed older adults in primary care. Unützer J, Katon W, Callahan CM, Williams JW Jr, Hunkeler E, Harpole L, Hoffing M, Della Penna RD, Noel PH, Lin EH, Tang L, Oishi S. J Am Geriatr Soc. 2003;51(4):505.