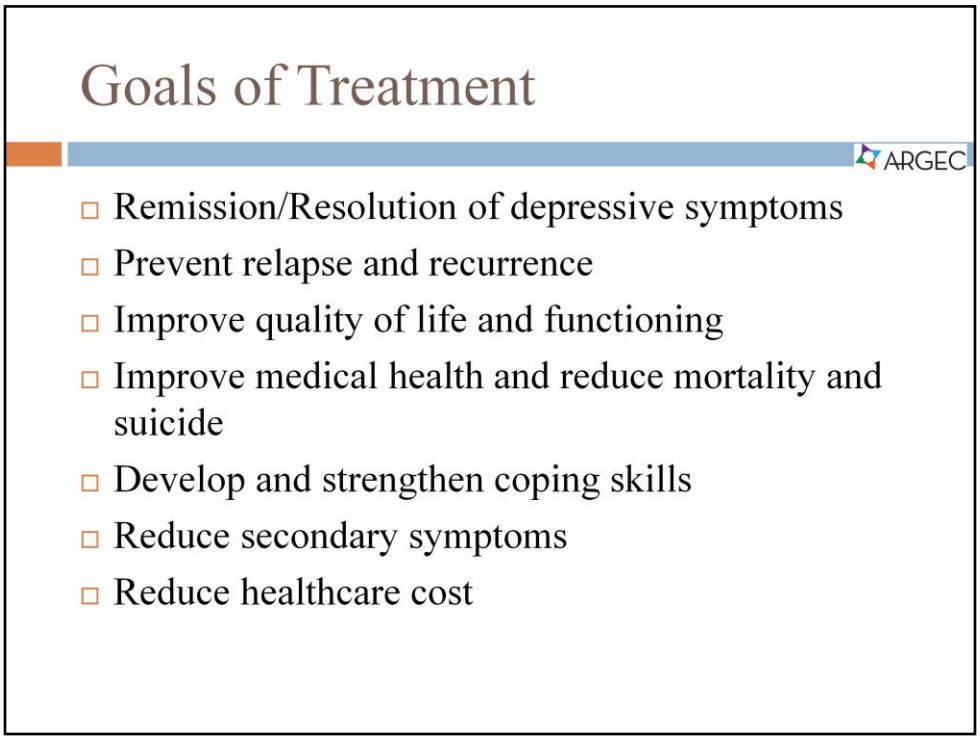
DEPRESSION: TREATMENT AND PROGRAMS: Acute Care to Wellness

ARGEC
Atlanta Regional Geriatric Education Center

Objectives: Depression in Older Adults

- List and discuss barriers to treatment
- Identify treatment goals
- Understand treatment preferences, provider and patient
- Describe the various treatments modalities



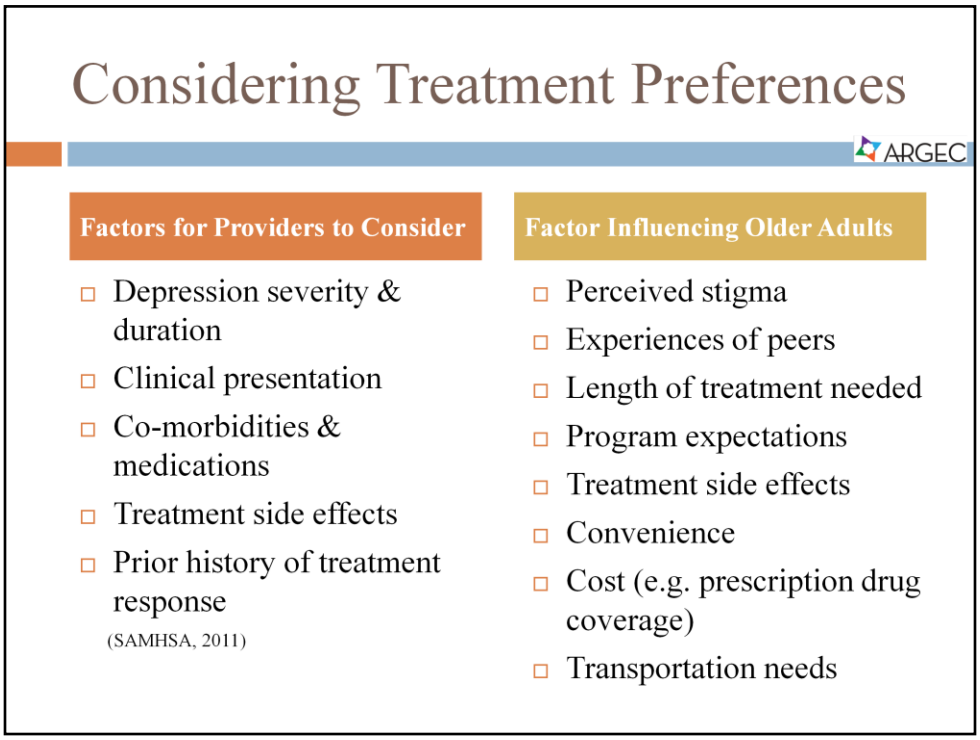
- Coping skills include problem solving, building resilience, and help-seeking (finding and using resources)
- Secondary symptoms of depression include pain and insomnia
- Health care costs are higher in depressed compared to non-depressed older adults, even after adjustment for chronic medical illness (Katon et al., 2003).

Barriers to Depression Care

- Inadequate treatment
- Medication adherence
- Lack of accessible, affordable, and age-appropriate care
- Limited use of specialty mental health care
- Lack of coordination and collaboration between providers

(Ell, 2006)

- Inadequate treatment includes improper dosing and treatment selection by providers. Older adults are less likely than younger people to receive appropriate medications or psychotherapy.
- Stigma has been associated with treatment discontinuation/non-adherence in older adults
- Greater than 1/3 of older adults rely solely on their primary care providers for management of depression



- In considering treatment approaches, both clinician and individual variables should be considered.

- For clinicians – some of the factors are length and severity of the depression, other health/mental health conditions along with medications, risk of side effects or other complications for treatment, history of treatment (psychopharmacologic, psychotherapeutic, etc).

- There are also factors related to older adults. Especially for the older cohort of aging individuals, there is still a stigma related to MH issues and treatment. With the baby boom population, this is changing as mental health is less of a taboo area. Several other issues relate to access to care (e.g., transportation, cost, convenience) among other factors.

Considering Treatment Preferences

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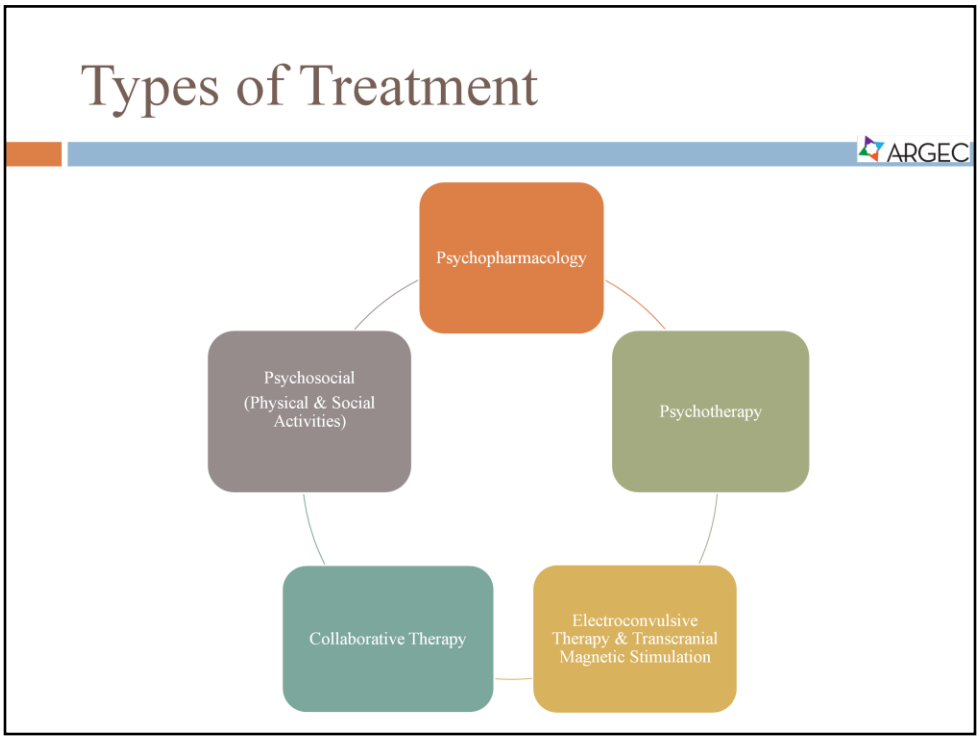
- Older adults may have clear preferences for receiving one type of treatment over another.
- Examples: doubting that medication is helpful or reluctance to attending group therapy
- African Americans and Latinos are less likely to accept treatment (antidepressants and/or psychotherapy) than are non-Hispanic Whites (Akincigil et al., 2012)
- Using shared decision-making is key

(SAMHSA, 2011)

- There are a variety of treatments that can be used to treat depression in older adults. Working closely with patients and their family is important for determining the best treatment approach.
- Culture factors are important to consider, as individuals from diverse racial, ethnic, and religious backgrounds may have different beliefs about various types of treatments. These socio-cultural dimensions need to be included in assessment and intervention decisions.



- Treatments include physical, social, and psychological options.
- The Cochrane Collaboration: http://www.cochrane.org/search/site/geriatric%20depression

  Has multiple reviews on effectiveness of different treatments for geriatric depression.

Psychopharmacology for Older Adults

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Commonly Prescribed Medications

Drug class
Selective serotonin reuptake inhibitors
Citalopram (Celexa)
Escitalopram (Lexapro)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Paroxetine (Paxil)
Sertraline (Zoloft)
Tricyclic antidepressants
Amitriptyline (Elavil)
Desipramine (Norpramin)
Doxepin (Sinequan)
Nortriptyline (Pamelor)
Atypical antidepressants
Bupropion (Wellbutrin)
Duloxetine (Cymbalta)
Mirtazapine (Remeron)
Trazodone (Desyrel)
Venlafaxine (Effexor)
Monoamine oxidase inhibitors
Phenelzine (Nardil)
Selegiline (Eldepryl; Emsam)
Tranylcypromine (Parnate)

Medication Tips

- Selective serotonin reuptake inhibitors (SSRIs) are first-line treatment because they are better tolerated
- Adverse effects are common, education and monitoring is essential
- Start low and go slow
- Simpler, less frequent dosing regimens are associated with improved adherence (Russell et al., 2006)
- Antidepressant therapy should continue for 6-12 months

- Guidelines for psychopharmacology and older adults. Since many individuals take multiple medications, a thorough understanding of their prescriptions, OTC, and vitamins/supplements is crucial

Evidence-Based Psychotherapies

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Therapy	Focus of Intervention	Specific Techniques
Cognitive Behavioral Therapy (CBT)	Maladaptive thoughts and behaviors	Self-monitoring, increasing participation in pleasant events, challenging negative thoughts and assumptions
Interpersonal Psychotherapy (IPT)	Unresolved grief, interpersonal disputes, role transitions, skills deficits	Exploration of affect, behavior change techniques, reality testing of perceptions
Problem-Solving Therapy (PST	Problem-solving skills	Identifying specific problems; brainstorming, evaluating, implementing and reviewing solutions

- Like younger adults, CBT is effective as a psychotherapeutic intervention. Other interventions are also effective with depressed older adults

ECT and TMS

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- ECT- *procedure in which electric currents are passed through the brain, to trigger a brief seizure. This seizure releases many chemicals in the brain which make the brain cells work better.* Click on or copy and paste the weblink below to access more information on ECT:
  - http://fuquacenter.org/TreatmentOptions#ect

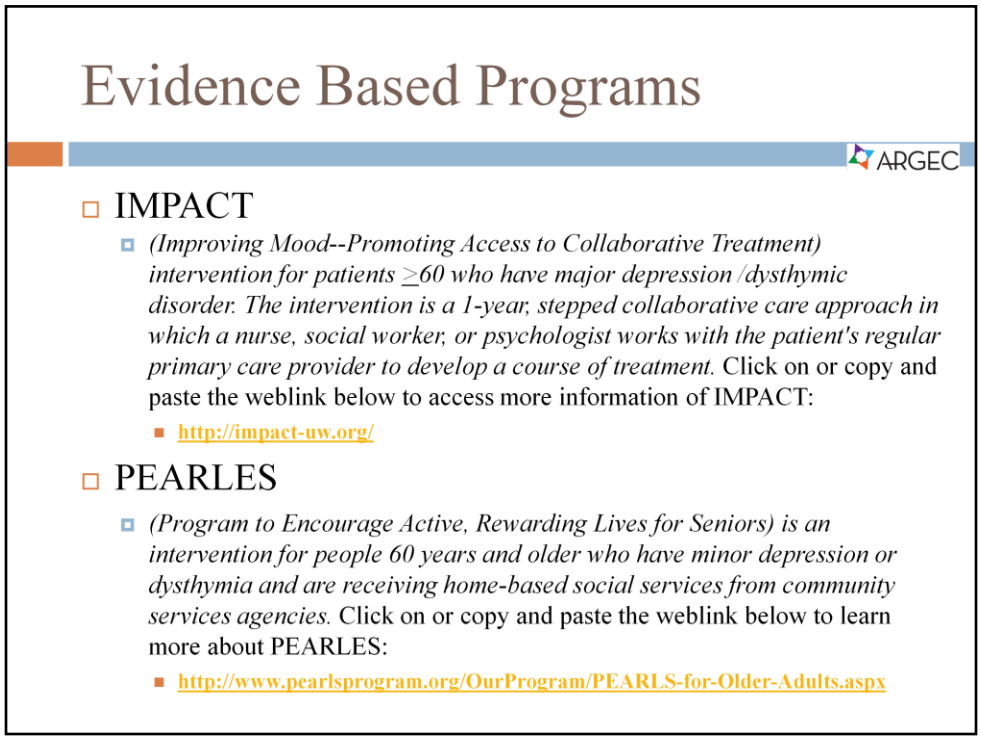
- TMS-*procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression.* Click on or copy and paste the weblink below to access a video that demonstrates TMS:
  - http://www.youtube.com/watch?v=sC_vGdAHMpE

Case Study

- Ms. G is a 75-year old female living alone in her apartment in New York City. Her husband died suddenly two years ago of a heart attack. Their two children are alive and living out-of-state. Both of her sons maintain weekly phone contact with Ms. G and visit usually once a year. Ms. G has been doing well until about 6 weeks ago when she fell in her apartment and sustained bruises but, did not require a hospital visit. Since then, she has been preoccupied with her failing eyesight and decreased ambulation. She does not go shopping as often, stating she doesn't enjoy going out anymore and feels "very sad and teary." Ms. G states that her shopping needs are less, since she is not as hungry as she used to be and she states, "I'm getting too old to cook for one person only".

Case Study Discussion Questions

- What type(s) of treatment/interventions would be beneficial for the depression Ms. G may be experiencing? Describe why you think this type of treatment/intervention may be an appropriate choice.
- What would be the goals of the intervention that you selected?
- What are some of the barriers to treatment you should consider for Ms. G?



- These are links to different programs for older adults who are depressed.

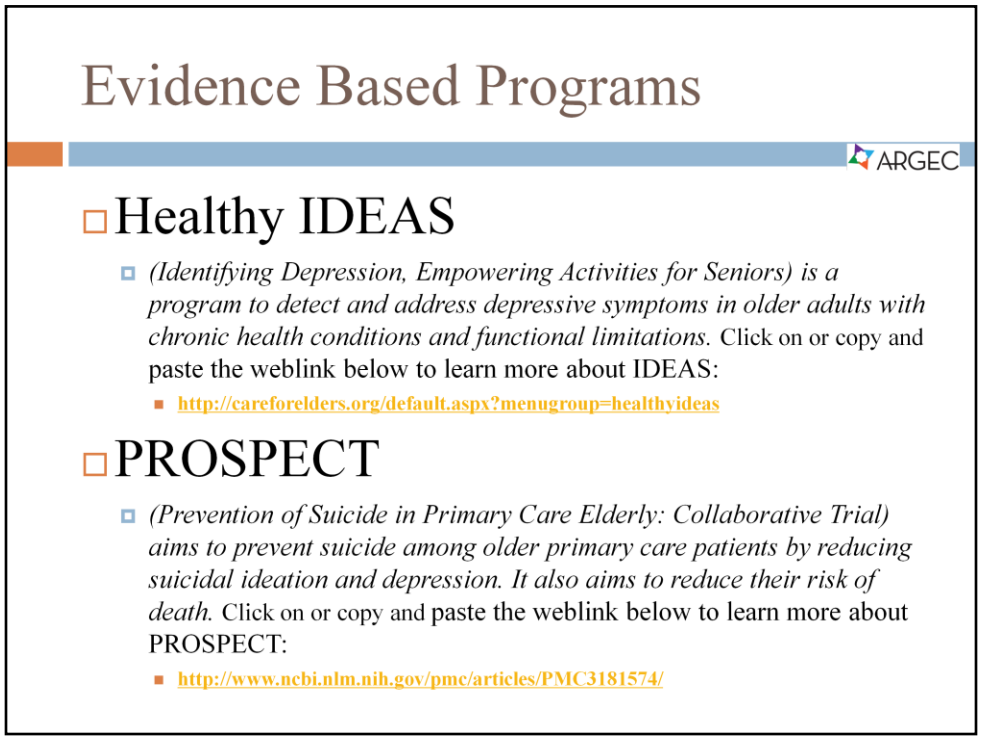


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Table 1: Factors to Consider in Selecting an EBP. Does the intervention fit with the needs and capacities of your organization?

	Type of Depression Included in Studies	Outcomes Affected[1]	Service Delivery Settings	Timeframe	Practitioner Qualifications and Requirements
Psychotherapy					
Cognitive Behavioral Therapy	Major depression Minor depression Dysthymia Depression symptoms Sub-clinical depression	Depression symptoms, Coping strategies, Quality of life	Home, Outpatient mental health, Primary care	Up to 20 sessions	Mental health practitioners with an advanced degree
Behavioral Therapy	Major depression Minor depression Depression symptoms	Depression symptoms, Coping strategies, Quality of life	Inpatient physical health, Outpatient mental health	Up to 18 sessions	Mental health practitioners with an advanced degree
Problem Solving Treatment	Major depression Minor depression Dysthymia Depression symptoms	Depression symptoms, Functional impairment, Quality of life, Problem-solving skills	Home, Nursing home, Outpatient mental health, Primary care	Up to 12 sessions	Mental health practitioners with a Bachelors degree or higher
Interpersonal Psychotherapy	Major depression Minor depression Sub-clinical depression	Depression symptoms	Outpatient mental health, Primary care	Up to 16 sessions	Mental health practitioners with an advanced degree
Reminiscence Therapy	Major depression Depression symptoms	Depression symptoms, Hopelessness, Functional impairment, Life satisfaction	Long-term care, Retirement apartments, Senior community center	Usually 3 to16 sessions	Physical or mental health practitioner with an advanced degree
Cognitive Bibliotherapy	Major depression Minor depression Dysthymia Depression symptoms	Depression symptoms	Home	Discretion of older adults	Self-administered, with at least minimal contact from a mental health practitioner with experience providing cognitive therapy
Antidepressant Medications	Major depression Minor depression Dysthymia	Depression symptoms, Prevention of relapse and recurrence of depression	Home, Inpatient mental or physical health, Outpatient mental or physical health	Acute treatment typically lasts 12-16 weeks	Physical or mental health practitioner with prescribing authority

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(SAMHSA, 2011)

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	Type of Depression Included in Studies	Outcomes Affected[1]	Service Delivery Settings	Timeframe	Practitioner Qualifications and Requirements
Multidisciplinary Geriatric Mental Health Outreach Programs[2]	PATCH: All types of depression	Depression symptoms, Psychiatric symptoms, Length of time living independently	Home / Senior public housing	Determined by treatment needs	Multiple practitioners involved, including: psychiatrist; nurse; case manager
	PEARLS: Minor depression Dysthymia	Depression symptoms, Functional and emotional well-being, Access to care	Home	Determined by treatment needs	Multiple practitioners involved, including: psychiatrist; primary care practitioner; social worker
Collaborative and Integrated Mental and Physical Health Care[3]	IMPACT: Major depression Dysthymia	Depression symptoms, Functional impairment, Quality of life, Access to care	Primary Care	Determined by treatment needs	Multiple practitioners involved, including: primary care practitioner, psychiatrist, depression care manager (e.g., nurse, social worker, psychologist)
	PROSPECT: Major depression Minor depression	Depression symptoms, Thoughts of suicide	Primary Care	Determined by treatment needs	Multiple practitioners involved, including: primary care practitioner, psychiatrist, depression care manager (e.g., nurse, social worker, psychologist)

1 The outcomes listed here have been identified in at least one randomized controlled trial. All studies show that these EBPs reduce the symptoms of depression in older adults.

2 This KIT describes two models of Multidisdpilinary Geriatric Mental Health Outreach. These include: PATCH (Psychogeriatric Assessment and Treatment In City Housing) and PEARLS (Program to Encourage Active, Rewarding Lives for Seniors).

3 This KIT describes two models of collaborative and integrated mental and physical health care. These include: IMPACT (Improving Mood, Promoting Access to Collaborative Treatment) and PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial).

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(SAMHSA, 2011)

- Click on or copy and paste the weblink below for more information
  - http://store.samhsa.gov/shin/content//SMA11-4631CD-DVD/SMA11-4631CD-DVD-Selecting.pdf

Additional Treatment Considerations

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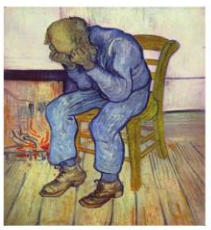
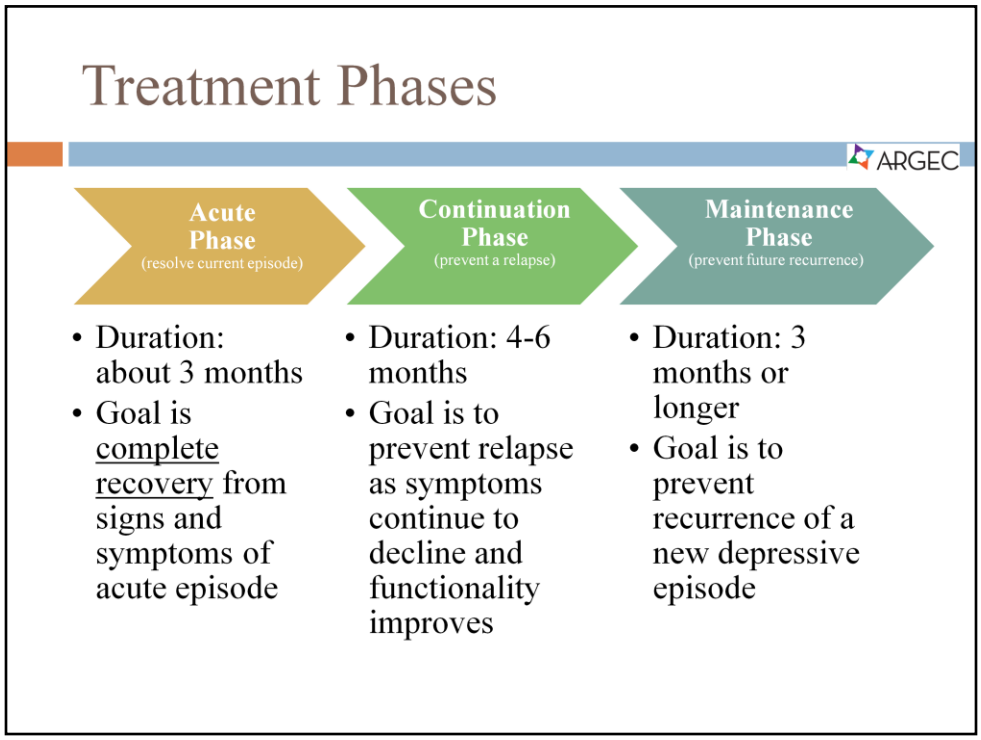
- Technology-Based Applications (e.g. Telemedicine, Videoconferencing and Computer Assisted Therapy)
- Use of religion or spirituality in therapy (Stanley et al., 2007)
- Bright light therapy (Seasonal Affective Disorders)
- Sensory Stimulation Therapies (e.g. pet therapy, massage therapy) (Gellis et al., 2009)
- Hypericum or St. John's Wort and S-adenyl-L-methionine or SAM-e
  - **Click on or copy and paste the weblink below for more information.**
  - http://fuquacenter.org/TreatmentOptions



- Some promising interventions for geriatric depression are also being evaluated for effectiveness.



- In treatment, the initial goal is to help relieve the experience of depression with the older adult. After this is achieved, the goal is to prevent relapses and assist the older adult gain or regain higher levels of functioning. Additionally, a maintenance phase has the goal of preventing additional depressive episodes from occurring.

Podcast

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Eve H. Byrd, MSN, MPH, APRN-BC

- Eve Byrd is a certified Family Nurse Practitioner and licensed Psychiatric Clinical Nurse Specialist. She is the Executive Director of the Fuqua Center for Late Life Depression in Atlanta, GA.
- Eve will talk about her experience
- Click on or copy and paste the weblink below to access the podcast:
  - https://gsu.sharestream.net/ssdcms/i.do?u=4fb8fd52d79545b

Final Thoughts

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- Depression in older adults is treatable in up to 80% of cases.
- Combination treatment, medication and psychotherapy, is the most effective for treating depression and preventing relapse.

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