DEPRESSION:
TREATMENT AND
PROGRAMS: Acute Care to
Wellness
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.
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.

Considering Treatment Preferences

- 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)
• 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.
Guidelines for psychopharmacology and older adults. Since many individuals take multiple medications, a thorough understanding of their prescriptions, OTC, and vitamins/supplements is crucial.
Like younger adults, CBT is effective as a psychotherapeutic intervention. Other interventions are also effective with depressed older adults.

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

- **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](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_vGdAHMpo](http://www.youtube.com/watch?v=sC_vGdAHMpo)
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?
Evidence Based Programs

- IMPACT
  - (Improving Mood--Promoting Access to Collaborative Treatment) intervention for patients ≥60 who have major depression/dysthymic disorder. The intervention is a 1-year, stepped collaborative care approach in which a nurse, social worker, or psychologist works with the patient's regular primary care provider to develop a course of treatment. Click on or copy and paste the weblink below to access more information of IMPACT:
    - http://impact-uw.org/

- PEARLES
  - (Program to Encourage Active, Rewarding Lives for Seniors) is an intervention for people 60 years and older who have minor depression or dysthymia and are receiving home-based social services from community services agencies. Click on or copy and paste the weblink below to learn more about PEARLES:
    - http://www.pearslprogram.org/OurProgram/PEARLS-for-Older-Adults.aspx

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

- **Healthy IDEAS**
  - (Identifying Depression, Empowering Activities for Seniors) is a program to detect and address depressive symptoms in older adults with chronic health conditions and functional limitations. Click on or copy and paste the weblink below to learn more about IDEAS:

- **PROSPECT**
  - (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. It also aims to reduce their risk of death. Click on or copy and paste the weblink below to learn more about PROSPECT:
    - [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181574/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181574/)

- These are links to different programs for older adults who are depressed.
### Table 1: Factors to Consider in Selecting an EBP, Does the intervention fit with the needs and capacities of your organization?

<table>
<thead>
<tr>
<th>Psychotherapy</th>
<th>Type of Depression Included in Studies</th>
<th>Outcomes Affected*</th>
<th>Service Delivery Settings</th>
<th>Timeframe</th>
<th>Practitioner Qualifications and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Therapy</td>
<td>Major depression, minor depression, dysthymia, depression symptoms</td>
<td>Depression symptoms, coping strategies, quality of life</td>
<td>Inpatient mental health, outpatient mental health</td>
<td>Up to 20 sessions</td>
<td>Mental health practitioners with an advanced degree</td>
</tr>
<tr>
<td>Behavioral Therapy</td>
<td>Major depression, minor depression, dysthymia, depression symptoms</td>
<td>Depression symptoms, coping strategies, quality of life</td>
<td>Inpatient physical health, outpatient physical health</td>
<td>Up to 18 sessions</td>
<td>Mental health practitioners with an advanced degree</td>
</tr>
<tr>
<td>Problem Solving Treatment</td>
<td>Major depression, minor depression, dysthymia, depression symptoms</td>
<td>Depression symptoms, functional impairment, quality of life, problem-solving skills</td>
<td>Home, nursing home, outpatient mental health, primary care</td>
<td>Up to 12 sessions</td>
<td>Mental health practitioners with a bachelor's degree or higher</td>
</tr>
<tr>
<td>Interpersonal Psychotherapy</td>
<td>Major depression, minor depression, dysthymia, depression symptoms</td>
<td>Depression symptoms</td>
<td>Outpatient mental health, primary care</td>
<td>Up to 16 sessions</td>
<td>Mental health practitioners with an advanced degree</td>
</tr>
<tr>
<td>Reinsurance Therapy</td>
<td>Major depression, dysthymia, depression symptoms</td>
<td>Depression symptoms, hopelessness, functional impairment, life satisfaction</td>
<td>Long-term care, retirement community, care center</td>
<td>Usually 3 to 6 sessions</td>
<td>Physical or mental health practitioner with an advanced degree</td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy</td>
<td>Major depression, minor depression, dysthymia, depression symptoms</td>
<td>Depression symptoms</td>
<td>Discharge of older adults</td>
<td>Self-administered, with at least minimal contact from a mental health practitioner with experience providing cognitive therapy</td>
<td></td>
</tr>
<tr>
<td>Antidepressant Medications</td>
<td>Major depression, minor depression, dysthymia</td>
<td>Depression symptoms, prevention of relapse and recurrence of depression</td>
<td>Inpatient mental or physical health, outpatient mental or physical health</td>
<td>Acute treatment typically lasts 12-16 weeks</td>
<td>Physical or mental health practitioner with prescribing authority</td>
</tr>
</tbody>
</table>

*SAMHSA, 2011
### Table 1: Factors to Consider in Selecting an EBP. Does the intervention fit with the needs and capacities of your organization?

<table>
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<tr>
<th>Multidisciplinary Geriatric Mental Health Outreach Programs¹</th>
<th>Type of Depression Included in Studies</th>
<th>Outcomes Affected¹</th>
<th>Service Delivery Settings</th>
<th>Timeframe</th>
<th>Practitioner Qualifications and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMOH</td>
<td>All types of depression</td>
<td>Depression symptoms, Psychiatric symptoms, length of time living independently</td>
<td>Home / Senior public housing</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including psychiatrist, nurse case manager</td>
</tr>
<tr>
<td>PEARLS</td>
<td>Minor depression</td>
<td>Depression symptoms, Functional and emotional well-being, Access to care</td>
<td>Home</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including psychiatrist, primary care practitioner, social worker</td>
</tr>
<tr>
<td>Collaborative and Integrated Mental and Physical Health Care²</td>
<td>IMPACT; Major depression</td>
<td>Depression symptoms, Functional impairment, Quality of life, Access to care</td>
<td>Primary Care</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including primary care practitioner, psychiatrist, depression care manager (e.g., nurse, social worker, psychologist)</td>
</tr>
<tr>
<td>PROSPECT</td>
<td>Major depression</td>
<td>Depression symptoms, Thoughts of suicide</td>
<td>Primary Care</td>
<td>Determined by treatment needs</td>
<td>Multiple practitioners involved, including primary care practitioner, psychiatrist, depression care manager (e.g., nurse, social worker, psychologist)</td>
</tr>
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</table>

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 Multidisciplinary Geriatric Mental Health Outreach. These include: FAMOH (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).

- Click on or copy and paste the weblink below for more information
Additional Treatment Considerations

- 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) (Gells 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://faucenter.org/TreatmentOptions](http://faucenter.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

- 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=4fb8d52d7954b](https://gsu.sharestream.net/ssdcms/i.do?u=4fb8d52d7954b)
Final Thoughts

- 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.
References


