

## **Depression in the Elderly How to Increase Quality of Life in Our Older Years**

**Satellite Conference and Live Webcast  
Wednesday, December 9, 2009  
2:00 - 4:00 p.m. Central Time**

Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division

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## **Emotional Well Being In Older Adults – Why Be Concerned?**

- Depression is not just part of the aging process
- The highest rate of suicide is among white males 65 years or older
- According to the National Institute of Health, 2 million adults have major depression

## **Emotional Well Being In Older Adults – Why Be Concerned?**

- An additional 5 million suffer from less severe forms of the illness

## **Why Be Concerned?**

- Emotional health impacts physical health
  - Close family ties and a cohesive community are strong predictors of health
  - Depression increases the incidence of coronary heart disease

## **Why Be Concerned?**

- The higher the level of health care, the higher the incidence of depression

### Why Be Concerned?

- Depression can cause a medical disorder to worsen
- Depression increases the likelihood of death from physical illnesses
- According to NIMH, many older adults who committed suicide visited their physician recently

### Why Be Concerned?

- 20% on the same day
- 40% within 1 week
- 70% within 1 month of suicide

### Why Be Concerned?

- The incidence of depression in the following conditions is
  - Strokes: 30 – 50%
  - Diabetes: 11 – 15%
  - Heart Disease: 15 – 20%
  - Multi Conditions: 23%
  - Chronic Pain: 20 – 40%

### Why Be Concerned?

- Untreated depression can interfere with a patient's ability to follow his treatment regimen
- Healthcare costs of elderly people with significant symptoms of depression are roughly 50% higher than those of non-depressed seniors
- Depression tends to last longer in the elderly

### Why Be Concerned?

- Depressed seniors are more likely to
  - Rate their health as poor
  - Visit an emergency room
  - Have more doctor's visits
- The assessment for depression will be on the OASIS C

### What's Wrong With Aunt Sally?



### **Why Is It So Hard To Diagnose In The Elderly?**

- Older people often do not seek help
  - They believe their depression is part of aging
  - Fewer than 10% of depressed older adults see a mental health professional

### **Why Is It So Hard To Diagnose In The Elderly?**

- Only 50% of depressed older adults follow through with mental health referrals
- Often masked by physical illness
- Mistaken for dementia

### **Why Is It So Hard To Diagnose?**

- Seniors are often isolated, so no one is present to recognize symptoms
- Doctors often focus on physical symptoms and not on depression
- Alcohol dependence as self-medication can mask signs of depression

### **Barriers To Treatment**

- There is an increase use of antidepressants but treatment is often not effective
- Lack of integration between primary care and mental health care
- Limited insurance coverage for mental health

### **Symptoms Of Depression**



### **Symptoms Of Major Depression**

- Depressed mood most of the day
- Lack of interest in usual activities
- Significant weight loss or gain
- Insomnia
- Motor retardation
- Loss of energy nearly every day

## **Symptoms Of Depression**

- Feelings of worthlessness or inappropriate guilt
- Unable to think, concentrate, or make decisions
- Thoughts of death or suicide

## **Depression Symptoms Specific to Seniors**

- Unexplained or aggravated aches and pains
- Feelings of hopelessness
- Anxieties and worries
- Memory problems
- Loss of feeling or pleasure
- Demanding behavior

## **Depression Symptoms Specific to Seniors**

- Poor hygiene
- Social withdrawal
- Sleep disturbances
  - Daytime sleepiness, difficulty falling asleep, multiple mid-night awakenings, early morning awakening

## **Depression Symptoms Specific to Seniors**

- Confusion, delusions, or hallucinations
- Prolonged grief after a loss

## **Causes Of Depression**

- Psychological factors
- Environmental factors
- Physical factors
- Personality traits
- Medications

## **Psychological Factors**

- Unresolved, repressed traumatic experiences from childhood or later life may surface when a senior slows down
- Previous history of depression
- Damage of body image
  - Amputation, cancer, surgery, or heart attack

### **Psychological Factors**

- Fear of death
- Frustration with memory loss
- Difficulty adjusting to stressful or changing conditions
  - Housing and living conditions, loss of loved ones or friends, loss of capabilities, etc.
- Substance abuse

### **Environmental Factors**

- Loneliness and isolation
- Retirement
- Being unmarried, especially widowed
- Recent bereavement
- Lack of friends or family
- Decreased mobility due to illness or loss of driving privileges

### **Physical Factors**

- Genetic disposition
- Co-occurring illness such as Parkinson's, Alzheimer's, cancer, diabetes or stroke
- Vascular changes in the brain

### **Physical Factors**

- A vitamin B-12 deficiency
  - As yet unclear if this is caused by poor eating habits or a result of depression
- Chronic or severe pain

### **Personality Traits**

- Low self-esteem
- Extreme dependency on others
- Pessimism
- Lack of coping skills

### **Medications**

- Some pain medications
- Some drugs for high blood pressure
- Hormones
  - Estrogen, Progesterone, Cortisol, Prednisone, anabolic steroids
- Some heart medications
  - Digitalis, Propanalol

### Medications

- Anticancer agents
  - Cycloserine, Tamoxifen, Nolvadex, Velban, Oncovin
- Some drugs for Parkinson's disease
  - Levadopa, Bromocriptine
- Some drugs for arthritis
  - Indomethacin

### Medications

- Some tranquilizers/anti-anxiety drugs
  - Valium, Halcyon
- Alcohol

### OASIS C and the PHQ-2

- The OASIS C will require an assessment of every patient admitted to home health for depression
- The PHQ-2 is included in the Admission OASIS
  - Only two questions to ask to all patients

### OASIS C and the PHQ-2

- The assessment is to determine POSSIBLE depression, not to diagnose

### PHQ-2

- Over the past 2 weeks, how often have you been bothered by any of the following problems?
  1. Little interest or pleasure in doing things.
    - Not at all (0 points)
    - Several Days (1 point)
    - More than half days (2 points)
    - Nearly every day (3 points)

### PHQ-2

- Over the past 2 weeks, how often have you been bothered by any of the following problems?
  2. Feeling down, depressed or hopeless.
    - Not at all (0 points)
    - Several Days (1 point)
    - More than half days (2 points)
    - Nearly every day (3 points)

### **Scoring**

- If the patient scores a three or higher, there is a possibility of depression
  - Continue with the PHQ-9 for a more in depth assessment
- PHQ-9 uses the same format and scoring, but includes 9 questions including the two from the PHQ-2

### **Scoring**

- Again, this is for assessment of possible depression, not a definitive diagnosis

### **PHQ-9 Questions**

1. Little interest or pleasure in doing things.
2. Feeling down, depressed, or hopeless.
3. Trouble falling or staying asleep, or sleeping too much.
4. Feeling tired or having little energy.

### **PHQ-9 Questions**

5. Poor appetite or overeating.
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching television.

### **PHQ-9 Questions**

8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts that you would be better off dead or of hurting yourself in some way.

### **PHQ-9**

- If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
  - Not difficult at all
  - Somewhat difficult
  - Very difficult
  - Extremely difficult

### **PHQ-9: Scoring**

- Either question one or two must be checked for a consideration of depression

| Total Score | Depression Severity |
|-------------|---------------------|
| 0-4         | None                |
| 5-9         | Mild                |
| 10-14       | Moderate            |
| 15-19       | Moderately severe   |
| 20-27       | Severe              |

### **What's Next?**

- The RN will
  - Contact physician regarding assessment and discuss treatment plans
  - Inform patient the assessment indicates they may be depressed and the physician wants to consider treatment options

### **What's Next?**

- Develop a treatment plan with the physician and patient regarding medication or alternative treatment to relieve symptoms of depression

### **Medicare and Patient 1st Patients**

- The RN will make a referral to the Social Worker to assess for emotional and social factors impeding health or medical treatment
- The Social Worker will reassess symptoms of depression monthly by utilizing the PHQ-9 and report findings to the RN

### **Medicare and Patient 1st Patients**

- If the score remains the same or increases, the RN will report findings to the Physician for further treatment considerations
- The patient will continue to be assessed monthly by the Social Worker until depressive symptoms subside

### **Medicaid Patients**

- The RN will reassess symptoms of depression monthly by utilizing the PHQ-9
- If the score remains the same or increases, the RN will report findings to the Physician for further treatment considerations
- The patient will continue to be assessed monthly until depressive symptoms subside



## Treatment with Medications

- There are several different types of antidepressant medications available
  - They differ in side effects and, to some extent, in their level of effectiveness

## Treatment with Medications

- The most common anti-depressants include, but are not limited to
  - Prozac, Celexa, Paxil, Effexor, Zoloft, Lexapro, and Cymbalta

## Medications

| Trade name | Generic name  |
|------------|---------------|
| Adapin     | Doxepin       |
| Anafranil  | Clomipramine  |
| Asendin    | Amoxapine     |
| Aventyl    | Nortriptyline |
| Desyrel    | Trazodone     |
| Effexor    | Venlafaxine   |
| Elavil     | Amitriptyline |
| Ludiomil   | Maprotiline   |

## Medications

| Trade name     | Generic name    |
|----------------|-----------------|
| Luvox (SSRI)   | Fluvoxamine     |
| Marplan (MAOI) | Isocarboxazid   |
| Nardil (MAOI)  | Phenelzine      |
| Norpramin      | Desipramine     |
| Pamelor        | Nortriptyline   |
| Parnate (MAOI) | Tranlycypromine |
| Paxil (SSRI)   | Paroxetine      |
| Pertofrane     | Desipramine     |

## Medications

| Trade name    | Generic name  |
|---------------|---------------|
| Prozac        | Fluoxetine    |
| Remeron       | Mirtazapine   |
| Serzone       | Nefazodone    |
| Sinequan      | Doxepin       |
| Surmontin     | Trimipramine  |
| Trofranil**   | Imipramine    |
| Vivactil      | Protriptyline |
| Wellbutrin    | Bupropion     |
| Zoloft (SSRI) | Sertraline    |

## Precautions

- Persons over the age of 65 make up 12 percent of the population of the United States, yet they receive 30 percent of prescriptions filled
- Because the elderly often take more medications (prescribed, over-the-counter drugs, and home or natural remedies), the possibility of negative drug interactions is higher

### **Precautions**

- The elderly generally have more medical problems and often are taking medications for more than one of these problems
- In addition, they tend to be more sensitive to medications

### **Patient Instructions**

- Instruct the patient that the medication may take two or more weeks to become effective
- Instruct the patient to take the medication as ordered, not only when they are feeling “down” or “blue”

### **Patient Instructions**

- Instruct the patient of possible side effects and to notify the RN if any side effects occur

### **How Do I Help My Patients?**

- Emotional well being depends on a well rounded lifestyle
  - Taking care of the mind, body and spirit

### **Suspecting Suicide Ideations?**

- Questions to ask patient
  - Are you thinking about hurting yourself?
  - What specifically have you thought about doing?
  - Have you ever tried to hurt yourself in the past?

### **Suspecting Suicide Ideations?**

- Has anyone in your family committed suicide?
- What do you see in your future?

### **When Patient Expresses Suicidal Ideations**

- **Assess for risks of suicide and eliminate any dangers, such as weapons, knives, easy access to medications**
- **Notify family/ caregiver of your concerns and develop a safety plan for patient**

### **When Patient Expresses Suicidal Ideations**

- **Contact the attending physician**
- **Notify your supervisor**

### **Factors That Protect Against Suicide**

- **Religious beliefs prohibiting suicide**
- **A sense of responsibility to others**
- **The absence of psychosis**
- **Positive social support**
- **Positive therapeutic relationships**
- **A sense of life satisfaction**

### **How Can I Help?**

- **Listening is the most important thing you can do**
  - **Give your full attention to the patient at each visit**
- **Encourage the patient to talk about the past**

### **How Can I Help?**

- **Reminiscing can help people learn and grow from their experience, can be a reminder of how much they are loved, and how they have helped others**

### **How Can I Help?**

- **Allow patient to discuss their faith and/or spirituality**
  - **Spirituality is a key factor in a person's mental well being**
- **Don't change the subject when the patient pauses**

### **How Can I Help?**

- Depression often slows a patient's responses
- They need additional time to gather their thoughts
- Acknowledge the sadness, irritability, or withdrawal

### **How Can I Help?**

- Do not judge the patient
- Do not give advice
- Praise every accomplishment no matter how small
- Be honest and promote realistic expectations
- Encourage patient to maintain a healthy diet

### **How Can I Help?**

- Encourage the patient's interests, such as
  - Gardening
  - Music
  - Pets
  - Books

### **How Can I Help?**

- Encourage patient to relax to clear the mind of their worries and anxieties
- Encourage exercise at the level they can accomplish
  - Physical activity decreases symptoms of depression