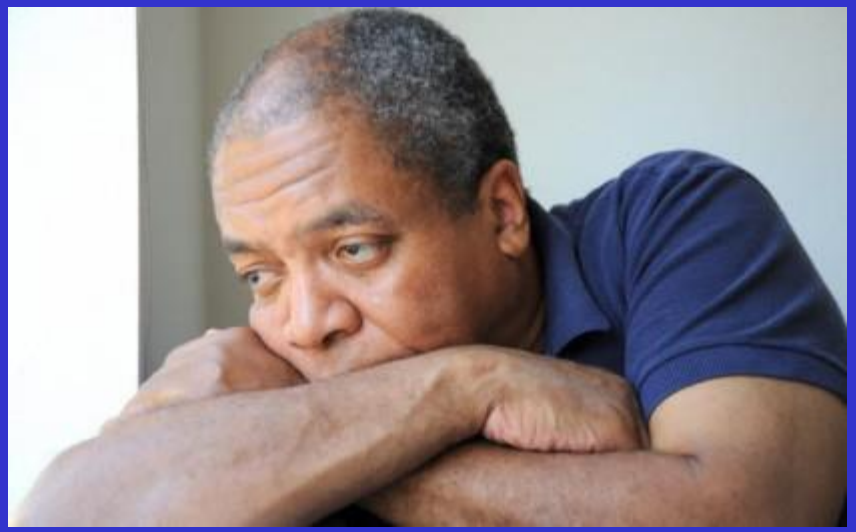
Depression and Suicide in Older Adults



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What is depression in older adults like?

- A syndrome in people ≥ 65 years that involves changes in mood, energy, motivation, and thinking.
- The classic syndrome is major depression, but a number of depression syndromes can come under this heading.
- Spectrum:

Major Depression ⟷ Dysthymia / Minor depression

Major depression diagnosis features

- At least five of the following symptoms are present during the same time period, and at least one of the first two symptoms must be present for at least 2 weeks.

1. Depressed mood most of the day, nearly every day.
2. Markedly decreased interest or pleasure in almost all activities most of the day, nearly every day .
3. Significant weight loss/gain.
4. Sleeping problems.
5. Agitation or slowing down.
6. Loss of energy
7. Feelings of worthlessness or guilt.
8. Problems concentrating or making decisions
9. Persistent thoughts of death or suicide.

These symptoms result in significant impairment in social or occupational function

What is special about depression in older adults?

Age-related biologic changes can lead to depression:

--heart disease
--brain disease and stroke
--diabetes
--low thyroid
--low Vitamin B12 level

Age-related life events can lead to depression :

--loss of spouse
--loss of friends
--retirement
--loss of self-esteem

Problems with memory and communication

Other factors:

--Medications
--Medication interactions

Depression is often undetected in the elderly

- Depression often goes with with other medical illnesses such as cardiovascular disease, stroke, diabetes, and cancer.
- Health care professionals often mistakenly conclude that depression is a normal consequence of these problems—an attitude often shared by patients themselves.
- These factors conspire to make the illness under-diagnosed and under-treated.

How common is depression in older adults?

- Depends on how depression is defined.
- Depressive symptoms and minor depression are usually more common than major depression.
- Depends on which population is studied.
- Increases steadily with medical problems.
- Prevalence increases from Community (about 3%) → Hospital (up to 28%)

Assessment

- Thorough history (from caregiver as needed)
- Medication review
- Review of systems
- Depression rating scale
- Ask about suicide
- Cognitive or memory screen
- Physical exam

Labs:

- Blood test for other medical problems like diabetes
- Thyroid tests
- Vitamin B_{12} level
- Folate level

Risk Factors for depression

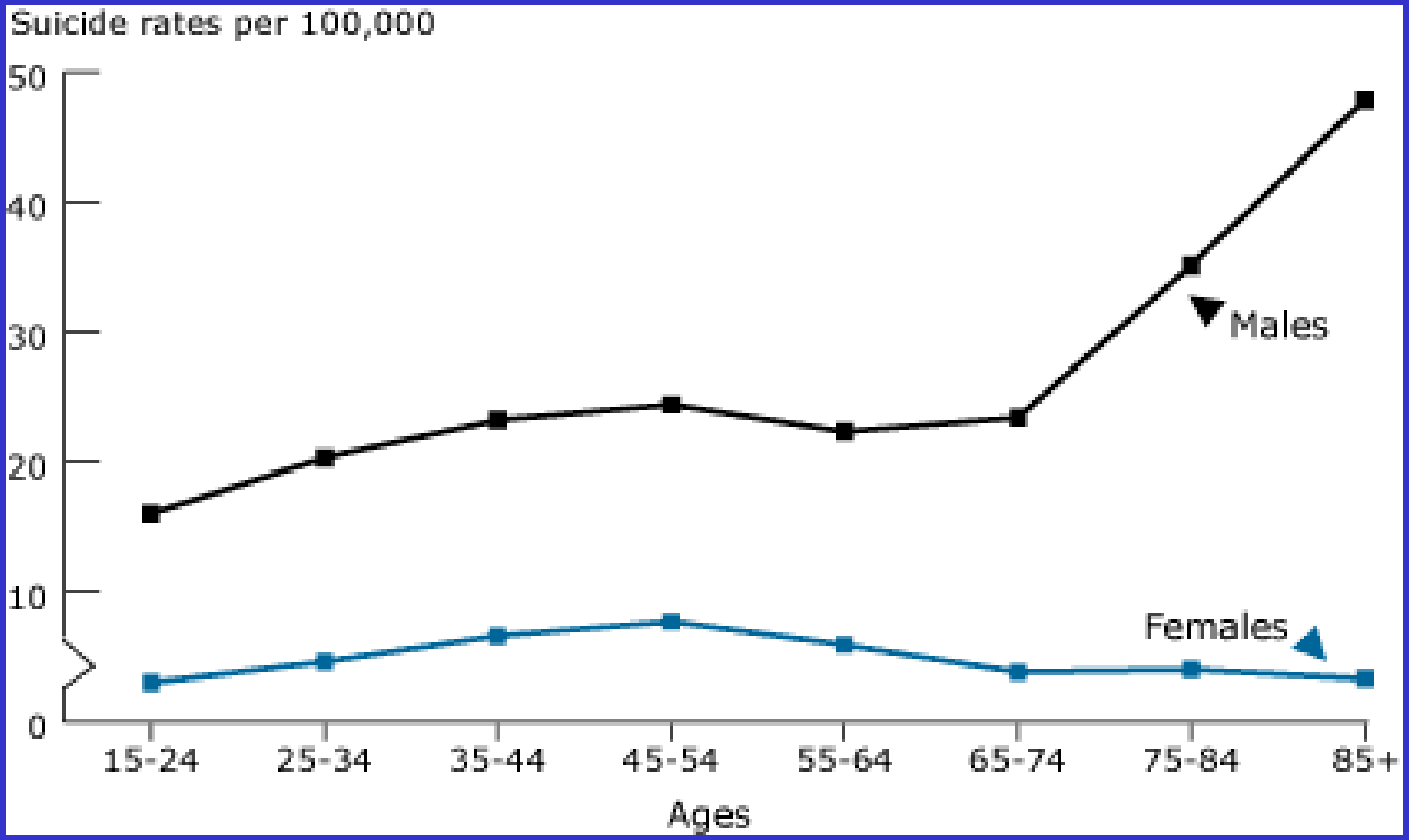
- Medical illness
- Female gender
- Family and personal history of depression
- Social isolation
- Bereavement (e.g. loss of spouse)
- Unmarried
- Geographic (West greater than rest of US)
- Functional disability

Consequences

- Decreased quality of life
- Greater disability
- Shorter life
- Suicide

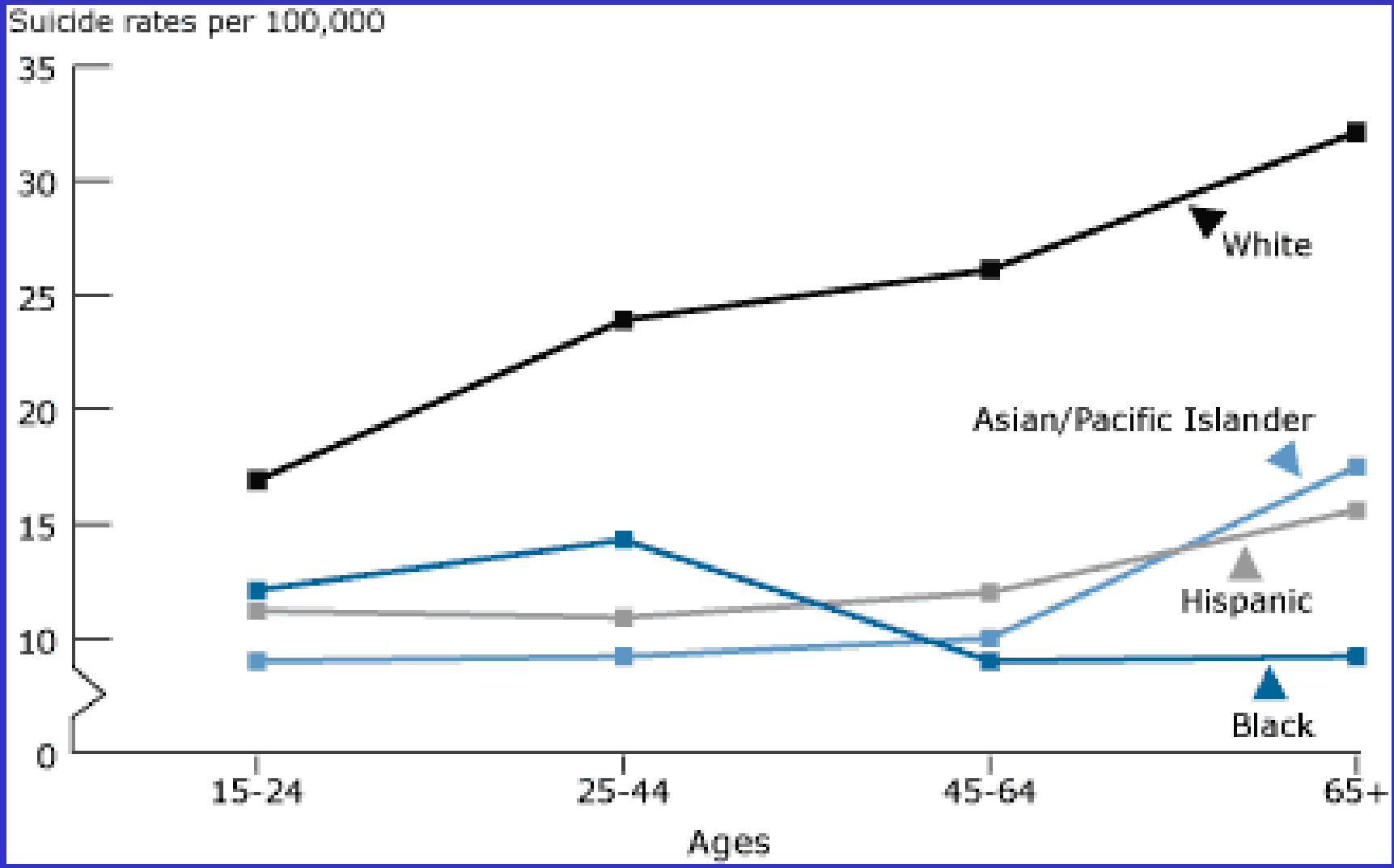
The Elderly and Suicide

- Older Americans are more likely to commit suicide than younger adults. Comprising 13 percent of the U.S. population, individuals ages 65 and older accounted for 16 percent of all suicides.
- Elderly complete suicides much more often than younger individuals: 1/4 compared to 1/200.
- More likely to have depression at time of suicide.
- 5-fold increase in those with psychotic depression
- Suicide varies considerably by gender and race.



Death Rates for Suicide by Age and Sex, 2003

Source: National Center for Health Statistics, *Health, United States, 2005.*



Male Death Rates for Suicide, by Race, Hispanic Origin, and Age, 2003

Source: National Center for Health Statistics, *Health, United States, 2005.*

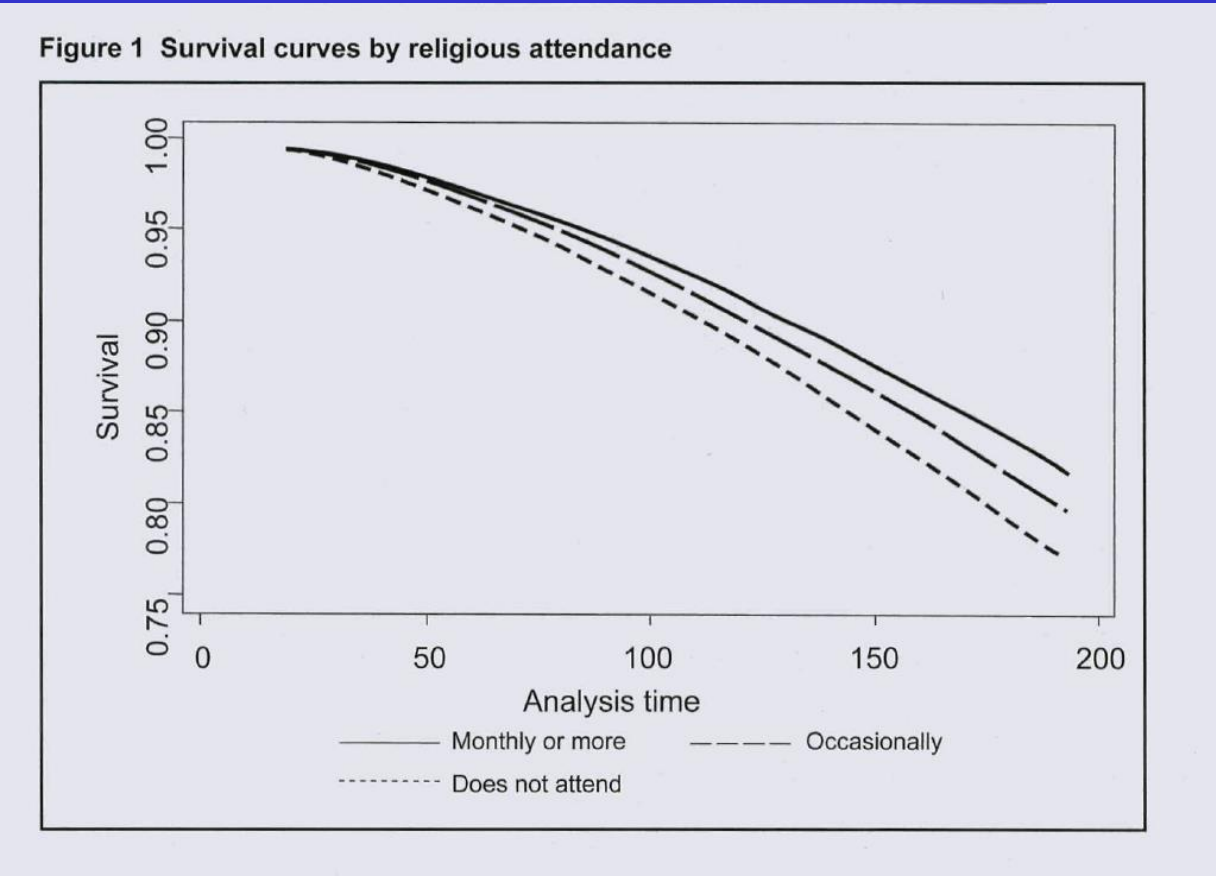
Warning signs of suicide

- failure to care for oneself
- new interest in firearms
- stockpiling medication
- statements about suicide or death
- statements of hopelessness
- lengthy goodbyes
- hurried changes in a will

Prevention of depression and suicide

- Social Engagement
- Attending religious services
- Recognizing the warning signs of depression and suicide and getting someone to professional help from clergy, primary care doctor or mental health professional

Religion



22% lower risk of depression for monthly attenders of religious services.

Balbeuna et al, Religious Attendance, Spirituality, and Major Depression in Canada: A 14-Year Follow-up Study. Canadian Journal of Psychiatry, Apr2013, Vol. 58 Issue 4, p225-232

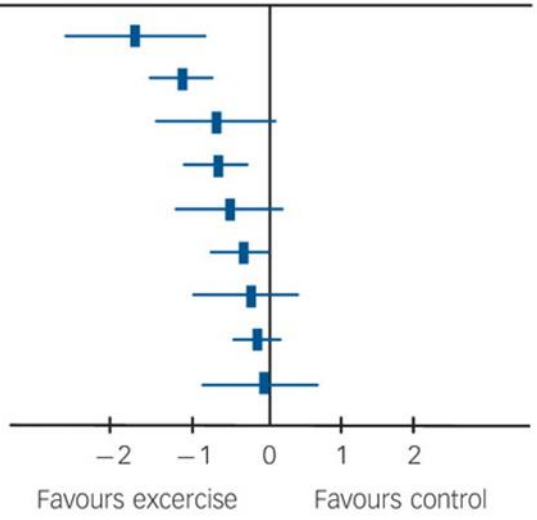
Treatment

- Exercise
- Treating medical problems causing depression: low thyroid, low vitamin B12
- Psychotherapy or counseling
- Medication
- Electroconvulsive therapy (ECT)

Exercise

Exercise reduces the severity of depression in the elderly.

	Excercise			Control			SMD	SMD
Study or subgroup	Mean	s.d.	Total	Mean	s.d.	Total	IV, Random, 95% CI	IV, Random, 95% CI
Chou (2004)[23]	15.3	9.8	7	39.1	9.7	7	−2.29 (−3.73 to −0.84)	
Tsang (2006)[24]	3.4	2.5	48	5.7	1.5	34	−1.06 (−1.53 to −0.59)	
Singh (2001)[18]	9.2	2.8	15	11	2.36	14	−0.67 (−1.43 to 0.08)	
Mather (2002)[20]	11.5	3.3	42	13.7	3.3	43	−0.66 (−1.10 to −0.22)	
Brenes (2007)[16]	4.5	2.9	14	6.3	3.5	12	−0.55 (−1.33 to 0.24)	
Clechanowski (2004)[17]	0.82	0.62	72	1.01	0.46	66	−0.34 (−0.68 to −0.01)	
Williams (2008)[19]	9.7	6.6	16	11.8	8.1	12	−0.28 (−1.03 to 0.47)	
Kerse (2010)[22]	2.4	2.2	94	2.8	2.2	87	−0.18 (−0.47 to 0.11)	
Sims (2006)[21]	11.5	6.7	14	11.9	4.9	18	−0.07 (−0.77 to 0.63)	



Bridle C et al. Effect of exercise on depression severity in older people: systematic review and meta-analysis of randomised controlled trials BJP 2012;201:180-185

Psychotherapy or Counseling

- Can be used alone as an initial approach in dysthymia and minor depression
- Effective often in combination with medication in major depression

Medication

Drug	Starting daily dosage (usual therapeutic range)	Side effect profile (patient characteristics)
SSRIs		
Escitalopram	5 mg (10 to 20 mg)	Nausea, headaches, GI upset, insomnia, anxiety
Fluoxetine	10 mg (10 to 60 mg)	
Paroxetine	10 mg (10 to 30 mg)	
Sertraline	25 mg (50 to 150 mg)	
Others		
Bupropion	75 mg (75 to 300 mg)	GI upset, anxiety (may be useful for patients with high apathy)
Mirtazapine	7.5 mg (15 to 45 mg)	Sedation, weight gain (may be useful for patients with severe insomnia or anorexia)
Venlafaxine	37.5 mg (75 to 300 mg)	Nausea, headaches, anxiety, blood pressure elevation, insomnia (may be useful for patients with chronic pain)
Duloxetine	20 mg (30 to 120 mg)	

*Avoid medications that could worsen cognition or motor functioning, such as tricyclic antidepressants or neuroleptics
GI: gastrointestinal; SSRIs: selective serotonin reuptake inhibitors

Lavretsky and Meeks, *Current Psychiatry*, December 2009

Continue treatment to remission and for at least 6 months thereafter.

"Start low, go slow—
but don't stop too soon."

Electroconvulsive therapy (ECT)

- For the severely depressed older adult with significant weight loss or psychosis, or both, or high suicide risk, the treatment of choice is ECT.
- ECT works faster than medication and is safe even in elderly with medical problems.
- Side effects: memory problems that improve after treatment is stopped.

ECT is used more frequently in the elderly

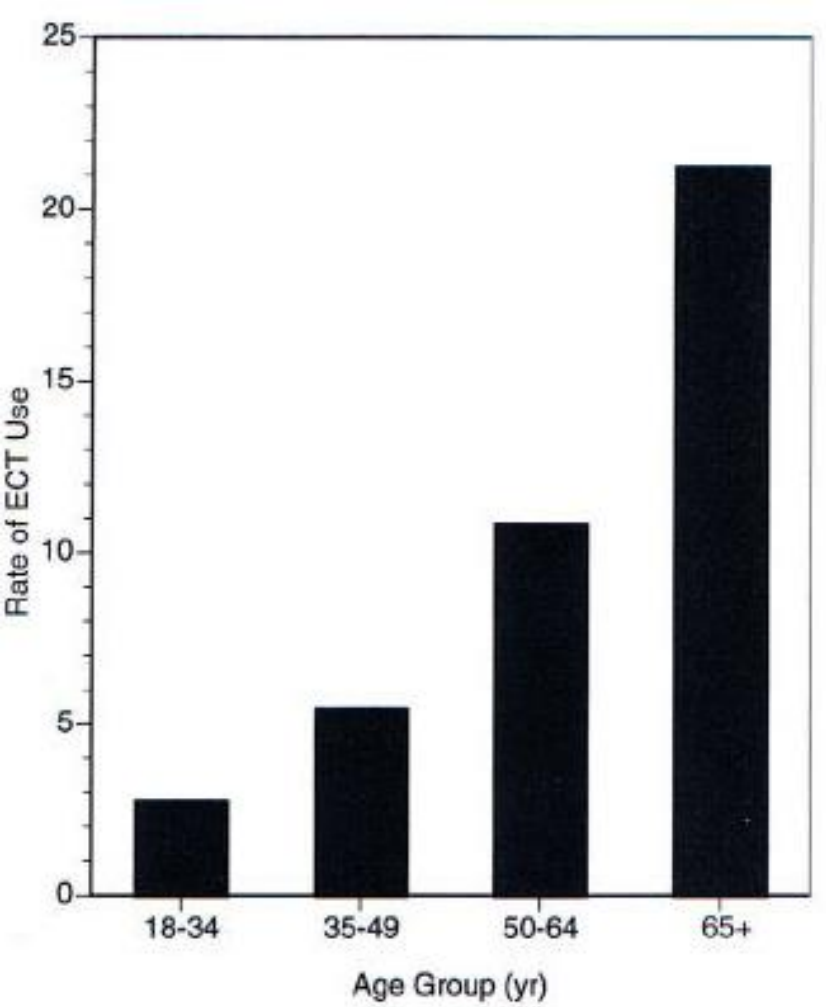
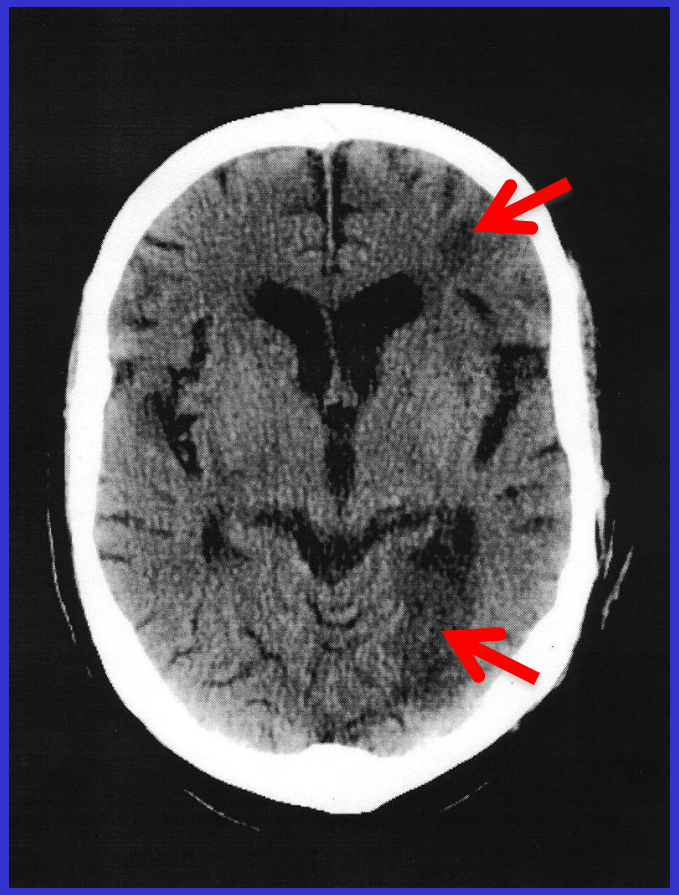


FIGURE 21.3 Rate of electroconvulsive therapy use in a sample of representative inpatients in the United States in 1993 with a diagnosis of recurrent major depression. (After Olfson et al., 1998)

Case: post-stroke major depression

- 77 year old married man had his first hospitalization for major depression with psychosis several months after a stroke.

- Had yearly hospitalizations for several years for electroconvulsive therapy (ECT) because counseling and medication did not help. He would stop eating and drinking and become very weak. He eventually was well for several years straight with monthly outpatient maintenance ECT.



Questions and Comments

NOT ALL WOUNDS ARE VISIBLE | A Community Conversation About Mental Health and Substance Abuse

Elderly Mental Health

Geriatric Outpatient Clinic
701 W. Pratt Street
Baltimore, MD 21201

Older Adult Clinic

- Serves patients aged 60 and older
- Provides individual, family, group therapy
- Provides medication management services
- Contact 410-328-8415 for appointments.

Senior Outreach Service

- Serves patients aged 65 and older
- Must be a resident of Baltimore City
- Provides individual and/or family therapy
- Provides medication management services
- Contact 410-328-3437 for information

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Elderly Mental Health

MEMORY AND AGING

WHAT IS NORMAL AND WHAT IS NOT

Causes of age-related memory loss

- Hippocampus
- Hormones and proteins
- Blood flow

Memory loss

Memory lapses

Mild Cognitive Impairment

Dementia

Risk Factors

When to see a professional

Reversible causes

DEPRESSION AND SUICIDE IN OLDER ADULTS

Depression

- Defining depression
- The special case of depression in older adults
- Changes in the body and brain with aging that can lead to depression
- Changes in life situation that can lead to depression
- Treating and preventing depression

Suicide

- The reasons older adults consider suicide
- The features of older adults who are most likely to commit suicide
- How we can prevent suicide in older adults

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