The Chinese University of Hong Kong
The Nethersole School of Nursing

Cadenza Training Programme

CTP002: Psychosocial and Spiritual Care

Chapter 6 :
Depression in later life:
Assessment and interventions

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Lecture Outline

- Ø Definition of depression
- Ø Prevalence of depression among older people
- Ø Etiology of depression
- Ø Signs and symptoms of depression
- Ø Impacts of depression
- Ø Assessment of depression
- Ø Interventions for depression
- Ø Preventive measures

Definition of depression

What is depression?

According to World Health Organisation (WHO 2003)

> "*Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities.*"

What is depression?

- Depression happens to people of all genders, ages, and backgrounds.
- Depression differs from normal mood changes by the severity, the symptoms and the duration of the disorder.

(WHO, 2002; WHO, 2003)

What is depression?

Depression can be categorised into:

- mild
- moderate
- severe
- depression involving psychosis

Depression and Older People

- Depression has been found to be the most frequent psychiatric diagnosis in the elderly population.

(Lebowitz, Person, Schneider, Reynolds, Alexopoulos, Bruce, Conwell, et al., 1997)

Myths about depression in older people

Myth: Depression is a normal part of the ageing process.

Fact: ~ Many symptoms of depression, such as fatigue, loss of libido, reduced sleep, are often considered normal signs of ageing.

~ Older people may experience depressed mood regarding their loss. Depressed mood is in the realm of normal emotional experience, which is different from depression.

(Benek-Higgins, McReynolds, Hogan & Savickas, 2008; Waugh, 2006); (Buffum & Buffum, 2005; WHO, 2002)

Myths about depression in older people

Myth: Older people with depression cannot benefit from psychotherapy.

Fact: Depression in older people can often be treated effectively by using medication, electroconvulsive therapy and psychotherapy.

(Benek-Higgins, et al., 2008); (Harvard Medical School, 2008)

Prevalence of Depression in Older People

Some facts about depression

According to World Health Organisation (WHO 2003):

Depression:

- is common, affecting about 340 million people worldwide
- is among the leading causes of disability worldwide
- is projected to be the leading cause of disability and the second leading contributor to the global burden of disease by the year 2020

Prevalence of depression in older people

Studies show in America show the prevalence of depression to be:

Community dwelling	1-5%
Hospitalised	12%
Health assistance required	14%
Nursing Homes	29-52%

(Harvard Medical School, 2008)

Prevalence of depression in older people

- In the U.K.
  - In a study of 2640 older people, with 340 residing in institutions, the prevalence of depression among aged 65 or above is

Institutionalised	27.1%
Community dwelling	9.3%

(McDougall, Matthew, Kvaal, Dewey & Brayne, 2007)

Prevalence of depression in older people

- In Hong Kong
  - In a study of 1903 community dwelling Chinese elderly aged 60 or above in HK, the prevalence of depression is

The oldest- old (80 or above)	31.1%
The old-old (70-79)	22.4%
The young-old (60-69)	19.1%

(Chou & Chi, 2005)

Prevalence of depression in older people

- In Hong Kong
  - Another study of 734 Chinese elderly with High Old Age Allowance aged 70 or above showed that the prevalence of depression is

Men	29.2%
Women	41.1%

(Woo, Lau, Yuen, Chiu, Lee & Chi, 1994)

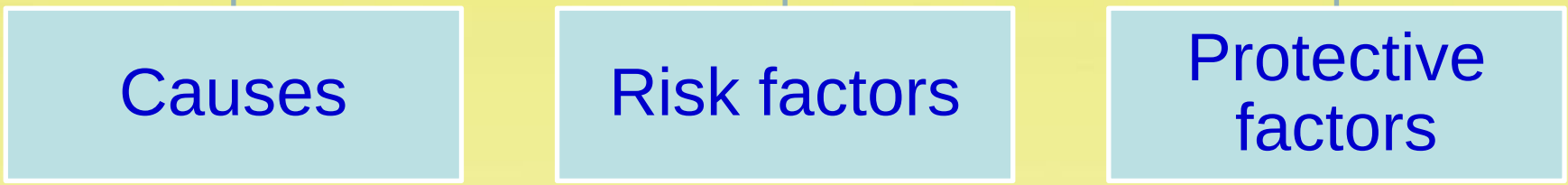
The Impact of depression

The impact of depression

- Poor physical health
  - amplifies physical problems
- Poor quality of life
  - decreases social interactions and hinders active ageing
- Increased mortality risks
  - poor physical and mental health, and shortening of one's life
- Decreased physical functions
  - increases dependency and disability
- Increased risk of committing suicide
  - the prevalence of suicide ideation of depressed older people is 14%

(Chi, 2003; WHO, 2003)

Causes and risk factors of depression in older people



Etiology of depression

- Cognitive Model
  - Negative attributional style of thinking.
- Neurotransmitters Imbalance
  - Imbalance of neurotransmitters, dopamine, norepinephrine, serotonin. Neurotransmitters are chemical messengers that transmit electrical signals between brain cells.
- Genetic predisposition
  - Family history, personal history.

(Langlieb & DePaulo, 2008)

Causes of depression in older people

In ageing brain

- ↓ of neurotransmitters serotonin and noradrenalin → ↑ depression in older people.
- Enlargement of the lateral ventricles, cortical atrophy, perivascular spaces, white-matter lesions, basal ganglia lesions, and smaller caudate and putamen → vascular depression, a new subtype of late-life and late onset depression.

Causes of depression in older people

- An inborn genetic predisposition to depression may be triggered by the challenges of old age, such as
  - loss of a spouse and close friends
  - co-existing medical problems
  - physical disability
  - cognitive impairment
  - social isolation

(Harvard Medical School, 2008)

Risk factors associated with depression in older people

- Female
- Widowed, or divorced
- Retired
- Oldest old
- Positive history of depression
- Low socio-economic situation
- Low self-esteem
- Polypharmacy
- Dependence on alcohol
- Physical impairment
- Chronic illness
- Pain
- Loneliness
- Bereavement
- Relocation

(Waugh, 2006)

Protective factors

- ü High self-esteem
- ü High feelings and experience of mastery
- ü The presence of a confidant
- ü High quality of social support
- ü Control over life
- ü Social responsibility, involvement and reciprocity
- ü Engagement in social and community life
- ü Positive adjustment to ill-health and self-management

(Waugh, 2006)

Signs and Symptoms of depression

Signs and symptoms of depression

Emotional symptoms

- depressed mood, sad, miserable, meaningless, anxious
- feeling angry, dismal, agitated, humiliated.
- often melancholy to the point of tears
- feeling of hopelessness, helplessness, and worthlessness

Signs and symptoms of depression

Emotional symptoms (cont'd)

- excessive feeling of guilt
- gaining little pleasure from almost any activity

Signs and symptoms of depression

Motivational symptoms

- loss of drive to pursue any activity
- “paralysis of will”, also known as apathy
- refuse to eat, work, or even talk
- loss of interest in normal sexual activities
- suicidal thoughts

Signs and symptoms of depression

Behavioural symptoms

- stooped posture
- lack of vigor, slowed speech and movement, increased time in bed
- picking of skin
- pacing

Signs and symptoms of depression

Cognitive symptoms

- extremely negative view of self, loss of confidence or self-esteem
- decline in intellectual abilities, difficulty in making decisions
- poor concentration
- memory difficulties
- decrease in cognitive processing speed and mental functioning
- confusion

Signs and symptoms of depression

Physical symptoms

- weight loss
- reduced appetite
- fatigue
- sleep disturbance, including early morning waking
- changes in bowel functioning, such as constipation, indigestion
- headaches, dizziness, generalised pain, palpitation

(Benek-Higgins, et al., 2008; Waugh, 2008; Harvard Medical School, 2008)

Atypical presentation of depression in older people

- Depression is often manifested in an atypical manner in older people.
- Often presents with somatic symptoms and with poorer outcomes.
- May not meet criteria for major depression.

(Ahmed, Yaffe & Thornton, 2006; Waugh, 2008; Benek-Higgins, et al., 2008)

Atypical presentation of depression in older people

- Irritability is a frequent sign of depression in older men.
- Rather than complain of unhappiness, they are more likely to withdraw and become apathetic, with sleep and appetite disturbances.
- Rather than experience feelings of guilt and failure, older people experience feelings of worthlessness and loss of self-esteem.

(Burkhart, 2000)

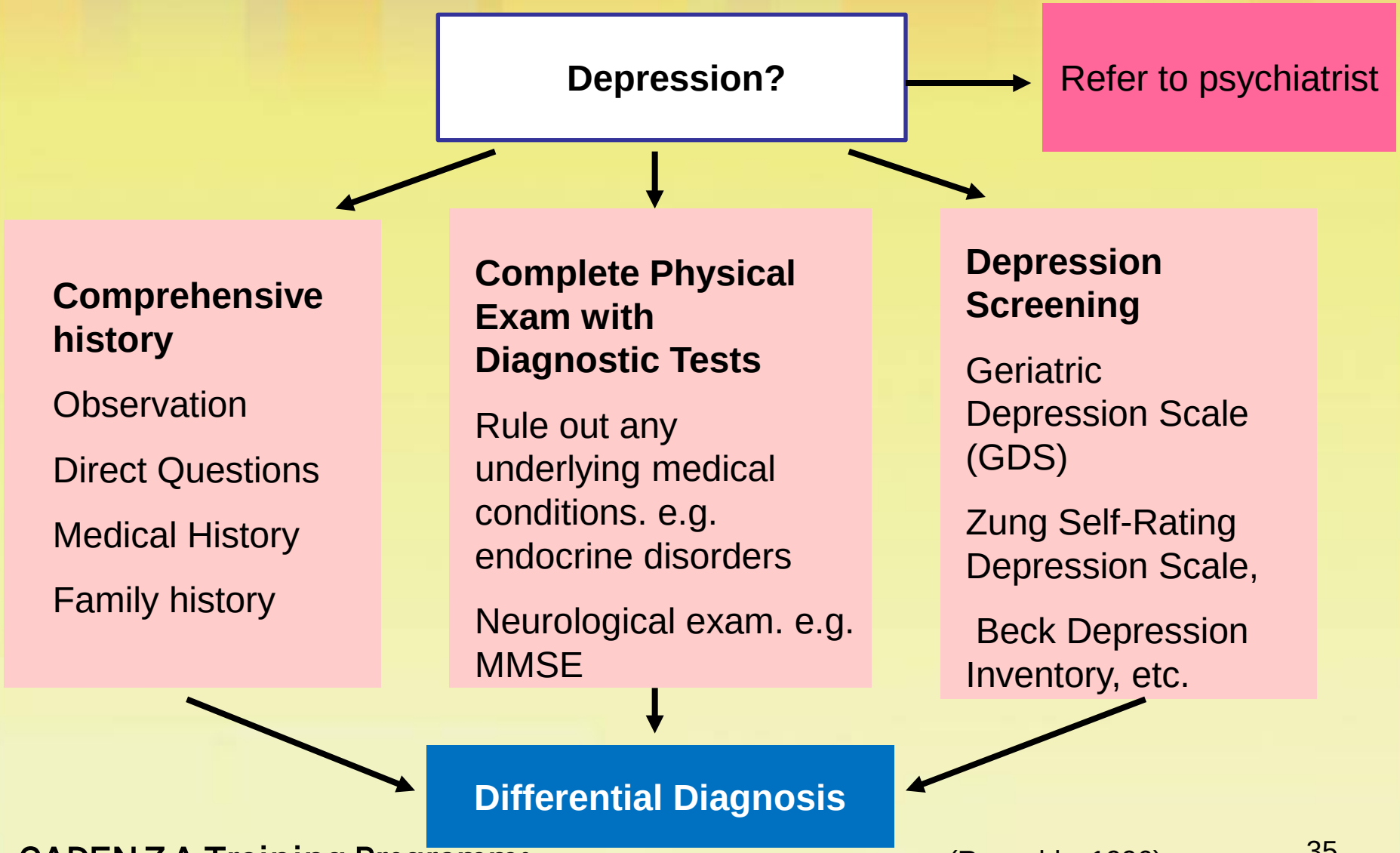
Atypical presentation of depression in older people

- Four common atypical presentations in older people are:
  - alcohol and substance abuse
  - pain
  - hypochondriasis
  - pseudodementia

(Burkhart, 2000)

Assessment of Depression

Screening and Assessment



(Reynolds, 1996)

Screening and Assessment

Observation

- Begin with observing the older person for symptoms of depression.
- Changes in mood and motivation over a relatively short period of time can also be indicative of serious stress or an early sign of depression.

(Hegadoren & Goldbreg, 2004)

Screening and Assessment

Direct questions

- Many older people will not mention depression or any depressed mood unless asked directly. It is very effective to ask older people directly questions which are related to depression.

Screening and Assessment

Direct questions

- Questions that may be asked:
  - Do you often feel sad or depressed?
  - Are you basically satisfied with your life?
  - How would you describe your mood?
  - Is there anything you are more interested in now?
  - How are your usual activities going?

 (Waugh, 2008; Benek-Higgins, et al., 2008)

Screening and Assessment

Complete physical examination

- One “rule of thumb” is to consider the diagnosis of depression when a thorough physical examination and laboratory results are unremarkable and inconsistent with the complaints.

(Ahmed, Yaffe & Thornton, 2006)

Screening and Assessment

Depression Screening

- Geriatric Depression Scale (GDS) is a common screening tool for geriatric depression.
- The Chinese version of GDS (CGDS-15) has been validated and shown to be applicable to the Chinese elderly population.

Chinese Geriatric Depression Scale-15 (CGDS-15)

Purpose:

- CGDS is a widely used self-reporting instrument for measuring depression in the elderly

Structure:

- Self-reporting measures comprise 15 questions scored in a dichotomous ‘yes’/’no’ format in response to symptom markers of depression.
- Participants choose the best answer for how they have felt over the past week.

Chinese Geriatric Depression Scale-15 (CGDS-15)

Scoring method:

- 'yes'=1, 'no'=0,
- except for Qn no. 1, 5, 7, 11, and 13, 'yes'=0, 'no'=1

Sensitivity and specificity:

- for CGDS-15, a cut-off score, 7/8, of the scale was established in a group of depressed and non-depressed Chinese elderly
- yielded a high rate of sensitivity of 96% and specificity of 90% on this cut-off score

(Chiu, Lee, Wing, Kwong, Leung, & Chung, 1994)

DSM-IV criteria for the diagnosis of Major Depression

- *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is a manual published by the American Psychiatric Association listing the official diagnostic classifications of mental disorders.
- Each mental disorder contains a code that provides a reference to the WHO *International Classification of Disease (ICD)* and offers such useful diagnostic criteria as essential and associated features of the disorder, age at onset, course, impairment, complications, predisposing factors, prevalence, sex ratio, familial patterns, and differential diagnoses.

(Mosby's medical, nursing, & allied health dictionary, 1998)

DSM-IV criteria for the diagnosis of major depression

- In the same 2 weeks the client has had 5 or more of the following symptoms, which are a definite change from usual functioning.
- Either depressed mood or decreased interest or pleasure must be one of the five.

DSM-IV criteria for the diagnosis of major depression

- Mood
  - For most of nearly every day, the patient reports depressed mood or appears depressed to others.
- Interests
  - For most of nearly every day, interest or pleasure is markedly decreased in nearly all activities (noted by the patient or by others).
- Eating and weight
  - Although not dieting, there is a marked loss or gain of weight (such as five percent in one month) or appetite is markedly decreased or increased nearly every day.

DSM-IV criteria for the diagnosis of major depression

- Sleep
  - Nearly every day the patient sleeps excessively or not enough.
- Motor activity
  - Nearly every day others can see that the patient's activity is agitated or retarded.
- Fatigue
  - Nearly every day there is fatigue or loss of energy.

DSM-IV criteria for the diagnosis of major depression

- Self-worth
  - Nearly every day the patient feels worthless or inappropriately guilty. These feelings are not just about being sick; they may be delusional.
- Concentration
  - Noted by the patient or by others, nearly every day the patient is indecisive or has trouble thinking or concentrating.
- Suicidal thoughts
  - The patient has had repeated thoughts about death (other than the fear of dying), suicide (with or without a plan) or has made a suicide attempt

Obstacles to recognition in older people

- Normal physiological changes of ageing, such as changes in sleep patterns, slowing of the GI tract, slow reflexes, can be confused, associated with, or directly related to depression.

- Nonspecific somatic symptoms such as fatigue, weakness, anorexia or pain may represent other medical conditions as well as depression.
- Polypharmacy, is major problem with older people, can induce symptoms of depression.

(Burkhart, 2000)

Obstacles to recognition in older people

- Older people are reluctant to seek assistance because of the stigma attached to mental health problems. They do not want others to think of them as “crazy” and fear losing their independence.
- Ageism among health care professionals also leads to under-diagnosis and under-treatment of geriatric depression.

(Benek-Higgins, et al., 2008);
(Fischer, Wei, Solberg, Rush, & Heinrich, 2003)

Interventions of Depression

Interventions for depression

- Once the diagnosis of depression is made, prompt treatment should be instituted. Delaying treatment may cause prolonged suffering, disability and increased morbidity and mortality.

(Burkhart, 2000)

Interventions for depression

- Research has shown that 47% of clients of depression, who received treatment, completely recovered within one year and did not relapse.
- Fewer than 25 % of those affected have access to effective treatments.

(Elderly Health Services, 2003; WHO, 2003)

Interventions for depression

- The goals of the treatment are to
  - decrease symptoms
  - reduce the risk of relapse and recurrence
  - increase quality of life
  - improve medical health status
  - decrease mortality

(Burkhart, 2000)

Interventions for depression

- Common interventions for depression are:
  - Pharmacology therapy
  - Electroconvulsive therapy
  - Psychotherapy

(Harvard medical school, 2008)

Interventions for depression

Pharmacologic Therapy

- Antidepressants can bring about significant changes in older people and are just as effective as with younger patients.
- More care must be taken with older people due to the potential side effects of antidepressants related to age-related metabolic functioning.

(Buffum & Buffum, 2005; Benek-Higgins, et al., 2008)

Interventions for depression

Pharmacologic therapy

- For older people, Selective Serotonin Reuptake Inhibitors (SSRIs) are a first-line medication,
  - Fluoxetine
  - Citalopram
  - Paroxetine
  - Escitalopram
- These drugs have relatively less dangerous side effects than other antidepressants and less interaction with other medications.

(Buffum & Buffum, 2005; Harvard medical school, 2008)

Interventions for depression

Pharmacologic therapy

- SSRIs are the medications of choice rather than tricyclic antidepressants (TCA) because older people are more sensitive to the side-effects of TCA.
- TCA should be taken in a split dose up to four times daily. This dosing schedule can be more difficult for older people to manage than single-dose SSRIs.

Interventions for depression

Pharmacologic therapy

- When using antidepressants for older people, the following principles are advised.
  - Start with low dosage
    - Because age affects drug metabolism and excretion, older people are more at risk of drug interactions compared with younger people.
    - Start with a low dosage - generally about half the normal starting dose for adults - and increase to recommended dose gradually.

Interventions for depression

Pharmacologic Therapy

- *Consider alternatives*
  - Takes 2 to 4 weeks for the medication to start having an effect.
  - If symptoms do not subside, or the side effects are bothersome, another medication should be considered.
- *Maintain treatment*
  - Evidence shows that about 38% of older people who experience an initial bout of depression will relapse in three to six years.
  - Maintenance therapy is vital. The recommended period is from six months to two years, or even indefinitely, depending on the condition of the older person.

(National Alliance on Mental Illness, 2006; Harvard medical school, 2008)

Interventions for depression

Electroconvulsive therapy (ECT)

Indications:

- severe depression
- depression accompanied by psychosis
- antidepressants are not effective
- poor drug compliance

Interventions for depression

Electroconvulsive therapy (ECT)

Method of administration:

- is the induction of a brief convulsion by passing an electric current through the brain
- 6 to 12 treatments, given two to three times per week, may bring the depression under control
- maintenance therapy is important to prevent recurrence

Interventions for depression

Electroconvulsive therapy (ECT)

- Older people may quit or repeatedly miss doses because of the side effects, memory problems.
- ECT can be used safely in older people including those with cardiac pacemakers and implanted defibrillators.

Interventions for depression

Psychotherapy

Indications:

- This alone may be used for older people with mild depression or depression that has occurred because of stressful life events, e.g., retirement or spousal bereavement.
- This, combined with medication, may be helpful for more severe depression.

Interventions for depression

Psychotherapy

- There are several types of psychotherapy that have been shown to be effective for depression, including
  - Cognitive-behavioural therapy (CBT)
  - Interpersonal therapy (IPT)
- These can be done in group or individually.
- Through talking with the client, discover his/her feelings and find out the cause and consequences of the problems, the ventilating method, and solution to the problems.
- Give emotional support to the client.

Interventions for depression

Psychotherapy

- Cognitive behavioural therapy (CBT)
  - Aims to correct ingrained pattern of negative thoughts and behaviours.
  - Enables the client to learn how to cope better with problems and change harmful ways of thinking.

Interventions for depression

Psychotherapy

- Cognitive behavioural therapy (CBT)
  - The client is taught to recognise distorted, self-critical thoughts.
  - Works together with the therapist to transform the negative thinking into positive thinking.

Interventions for depression

Psychotherapy

- Interpersonal therapy (IPT)
  - Focuses on identifying and practicing ways to cope with recurring conflicts and improving troubled personal relationships. For example, the client may learn how to deal with grief over a recent loss.

(Harvard Medical School, 2008)

Interventions for depression

Psychotherapy

- Interpersonal therapy (IPT)
  - Focuses on adapting to new life roles and handling major life events.

(Elderly Health Services, 2003; Harvard Medical School, 2008)

Suggestions for carers

- Encourage older people to have prompt treatment
  - if older people present with s & s of depression, encourage them to have prompt treatment
- Physical support
  - stay with the older people
  - encourage the older people to have enjoyable activities
- Psychological support
  - show love and concern
  - be patient and listen to what the older people require
- Beware of suicidal ideation

(Elderly Health Services, 2003)

Suggestions for older people

- Practice good sleeping habits
- Have a balanced diet
- Do exercise
- Maintain social participation
- Develop interests
- Participate in art activities
- Be positive and optimistic
- Share views and feelings
- Seek help when necessary

(Elderly Health Services, 2003)

Conclusion

Depression is not a part of the aging process and older people can benefit from therapeutic interventions. The atypical presentations of depression in older people make recognition difficult and at its worst, depression can lead to suicide.

In order to increase the rate of recovery and to improve the quality of life of older people who are suffering from depression, it is crucial for health care professionals to be aware of the risk factors and possible signs and symptoms of depression in older people and provide prompt intervention whenever necessary.

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