Mrs. D and the Dwindles

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- Mrs. D is a 78 y/o woman with a 3 year history of Alzheimer's disease. She has lived in the nursing home for the past 2 years. Over the past 3 weeks you have noted a decline in her cognition and her MMSE has dropped from 16 down to 12. She has also had problems with sleep, and decreased appetite associated with a 5# wt. loss. She has been more tired during the day and is more irritable with peers and staff.

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- Some staff have noted that she has been crying more lately. When questioned she is variable in her level of sadness. She does state that she is lonely. She is more apathetic and will no longer go to activities. Staff has needed to provide more assistance with ADLs.

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- Her PMH is notable for Hypertension, Peripheral vascular disease with edema, hyperlipidemia, hypothyroidism, recurrent UTI's and she is s/p TKA several years ago. She has no history of depression or anxiety. Her current mediations are Aricept, namenda, metoprolol, KCl, Lasix, Simvastatin, Synthroid.

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- Metabolic work up for delerium is negative.
- UA negative, CBC normal, BMP normal.

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- What would you like to do next?

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- Is it Medication?
- Is it a medical condition?
- Is it due to dementia?

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- Mrs. D has changes in appetite and sleep, fatigue, loss of interest, apathy and increased confusion. In addition, she has displayed frequent episodes of crying, sadness and irritability. With a negative delirium/metabolic workup and the rapid speed of these changes she is diagnosed as having depression secondary to her dementia.

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How to Choose an Antidepressant

- Approach to the patient
  - Fatigue, insomnia, poor appetite
  - Pain, HTN, heart disease, renal disease, liver disease, diabetes
  - Anxiety, psychosis, cognition
- Approach to the drug
  - How metabolized
    - CYP450 system and drug interactions

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- Treatment began with the addition of Mirtazipine, chosen because of the patients difficulties with sleep and appetite. Intiail dose was 7.5mg/d for one week, then to increased to 15mg/d after that point as she tolerated the medication well without daytime somulence.

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- After two weeks the patient appeared less fatigued and began eating more readily. At six weeks much improvement was noted, although occasional day or two bouts of sadness and irritability were still noted. She had returned to performing most of her ADL cares as before. By twelve weeks her symptoms were nearly resolved. Though she did become less confused as time wore on, Mrs. D. did not seem to recover cognitively to the same level she was at prior to onset of depression.

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