Depression Spectrum in the Elderly

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Goals and Objectives

• Discuss the biopsychosocial theories of depression
• Examine the differential diagnosis of depressive symptoms
• Review depressive syndromes related to aged population
• Explore the treatment approach for elders with psychotic depression
Psychosocial Well-Being

- Back pain---chronic
- COPD
- Coronary artery disease--advanced
- Degenerative joint disease
- Depressive disorder
- Diabetes
- Hypertension
- Inflammatory bowel disease
Rank In Each of the Following

• Bodily pain
• Days in bed
• Social activity
• Physical Activity
• General well-being
Biological Changes in Aging

- Decreased concentrations of “depression-related” neurotransmitters (psychopharmacology)
- Damaged brain circuitry
- Medical morbidity
Psychological Aspects of Aging

- Personality traits tend to remain stable
- Adaptability persists but shifts
- Self image changes
Social Changes in Aging

• Increasing percentage of females
• Decreasing income
• Diminished social network
Impediments to Adaptability

- Poor social support
- Overwhelming losses
- Unexpected changes
- Cognitive decline
You’d Be Depressed, Too

“I’d rather be dead than singing Satisfaction when I’m forty-five”

Mick Jagger
What Is Depression?

• Normal
• DSM-4 Depression
  – Adjustment disorder
  – Depression due to medical conditions/medications
  – Bipolar, depressed phase
  – Major depression
  – Dysthymic disorder
GERIATRIC DEPRESSION SCALE

Circle the best answer for how YOU have felt in the last week

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>ARE YOU BASICALLY SATISFIED WITH YOUR LIFE?</td>
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<tr>
<td>HAVE YOU DROPPED MANY OF YOUR ACTIVITIES AND INTERESTS?</td>
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<tr>
<td>DO YOU FEEL THAT YOUR LIFE IS EMPTY?</td>
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<td>DO YOU OFTEN GET BORED?</td>
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<td>ARE YOU IN GOOD SPIRITS MOST OF THE TIME?</td>
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<tr>
<td>ARE YOU AFRAID THAT SOMETHING BAD IS GOING TO HAPPEN TO YOU?</td>
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<tr>
<td>DO YOU FEEL HAPPY MOST OF THE TIME?</td>
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<td>DO YOU FEEL HELPLESS?</td>
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<tr>
<td>DO YOU PREFER TO STAY AT HOME RATHER THAN GOING OUT AND DOING NEW THINGS?</td>
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<tr>
<td>DO YOU FEEL YOU HAVE MORE PROBLEMS WITH MEMORY THAN MOST?</td>
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<tr>
<td>DO YOU THINK IT IS WONDERFUL TO BE ALIVE NOW?</td>
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<tr>
<td>DO YOU FEEL PRETTY WORTHLESS THE WAY YOU ARE NOW?</td>
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<tr>
<td>DO YOU FEEL FULL OF ENERGY?</td>
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<tr>
<td>DO YOU FEEL THAT YOUR SITUATION IS HOPELESS?</td>
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<tr>
<td>DO YOU THINK THAT MOST PEOPLE ARE BETTER OFF THAN YOU ARE?</td>
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**Scoring:**
Assign one point for each endorsed item that is red.
A score of 0 to 5 is normal. A score above 5 suggests depressive disorder. A score above 10 is usually associated with a depressive disorder.

**Source:**
Major Depression

• At least **2 weeks** of persistently depressed mood or loss of interest and **4 or more** of:
  – **S**leep disturbance*
  – **I**nterests diminished
  – **G**uilt
  – **E**nergy drained*
  – **C**oncentration poor
  – **A**ppetite*
  – **P**sychomotor changes*
  – **S**uicidal ideas
Psychotic Depression

• Comprise 10-15% of those with major depression

• Delusions
  – Somatic
  – Guilt
  – Impoverished

• Hallucinations

• Outcome worse than non-psychotic depression

• Treat with antidepressants and antipsychotics

• Responds well to ECT
Dysthymic Disorder

“Blue Cheese Disease”

• Duration > 2 years
• Depressed more days than not
• Problems with at least 2 of:
  – Concentration
  – Hopeless/helplessness
  – Eating abnormalities*
  – Energy drained*
  – Sleep disturbed*
  – Esteem slips
The Experts’ Surprise Findings

Prevalence of Depression (ECA Study)

• In adult population
  – Major depression 3-7%
  – Dysthymia 3-4%

• In geriatric population
  – Major depression 1-2%
  – Dysthymia 1-2%

Regier DA, MyersJK, Kramer M, Robins LN, Blazer DG, Hough RL, Eaton WW, Locke BZ: The NIMH Epidemiologic Catchment Area program: historical context, major objectives, and study population characteristics. Arch Gen Psychiatry 1984; 41:934-41
How Could That Be?

- Underreporting of symptoms
- Overlap of depressive symptoms and medically-related ones.
- Depressed people die disproportionately young
- Depressed elderly are more likely to be “sequestered”
- Elderly are less depressed than younger people
Sequestering the Depressed

• Rates of depression in:
  – Community – 1-4%
  – Primary Care office – 6-9%
  – Nursing Home – 10-15%
  – General hospital – 10-15%
Depression in Dementia

- Rates in studies vary from 5-30%
- Overlapping symptoms:
  - Motor changes
  - Interests diminish
  - Concentration declines
  - Energy diminished
Diagnosing Depression in Dementia
Provisional Criteria

• Depressed mood or decrease positive affect
• 3 or more clinically significant depressive symptoms (similar to MDD symptoms)
• Clear change for 2 or more weeks
• Presence of rather sudden symptom onset, marked motor symptoms, suicidal ideas point towards concomitant depression
“Pseudodementia”

• Significant cognitive impairment during an episode of depression
• Cognition recovers as depression resolves
• Risk to become demented within 3 years is 4-5 times the control group
Ranking of Discomfort in Depression

- Pain – 2\textsuperscript{nd} worse
- Days in bed – 2\textsuperscript{nd} worse
- Social activity - worst
- Physical activity – 3\textsuperscript{rd} worst
- General well-being - worst
Conclusions

• Depressive disorders in aging may not be rampant
• Diagnosing depressive disorders in the face of medical morbidity can be challenging.
• Depressive disorders cause substantial discomfort and dysfunction.
• When in doubt, treat as if a depressive disorder is present.