



Geriatric Syndrome

Depression



Learning Objectives

Depression

At the conclusion of the module on depression and the older adult, the learner should:

KNOW

- Different clinical presentations of depression
- Risk factors of depression

DO

- Utilize a tool for the screening and assessment of depression
- Develop a multidisciplinary intervention plan once depression has been identified.



Case 1

Mr. Hutchins

Mr. Hutchins is a 72-year-old white male that has been seen at your local clinic for many years. He has a medical history significant for hypertension which is controlled with lisinopril 20mg. At his last visit, 6 months ago, Mr. Hutchins was busy caring for his wife who had metastatic breast cancer. He was also very involved with his church. On his visit today he states “My son said I had to come see you. I have lost some weight since my wife passed away three months ago, but that is just because she isn’t cooking for me anymore. I am actually fine, but my son really wanted me to come see you.” He denies any pain or other concerns. His affect is somewhat flat, he appears unkempt and he has lost 15 lbs. since his last visit. Otherwise, his exam is unremarkable.

The medical provider states, “Ok, let’s check some labs to look into that weight loss! That should satisfy your son.”



Definitions

-  **Geriatric Syndrome**
-  **Screenings**
-  **Assessments**
-  **Treatment**
-  **Malnutrition**



Definitions

! Geriatric Syndrome

- A multifactorial condition that is prevalent in older adults and develops when an individual experiences accumulated impairment in multiple systems that compromise their compensatory abilities.
- Common geriatric syndromes include Cognitive Impairment, Chronic/Persistent Pain, **Delirium**, Depression, Falls, Frailty, Incontinence, Malnutrition, Polypharmacy, Pressure Injury(ies), and Sleep Disturbance.



Definitions

Screenings

- Screening tools are tests or measures to evaluate for diseases and health conditions before symptoms appear.
- Screenings allow for earlier management and referral to appropriate providers.
- An age-friendly provider conducts screenings for conditions that are prevalent in older adults.



Definitions

Assessments

- Assessment tools are tests and measures used to evaluate the patient's presenting problem, confirm a diagnosis, determine its severity, and aid in identifying specific treatment options.
- An age-friendly provider uses appropriate assessments, makes referrals, and communicates with the patient's care providers.



Definitions

Treatment

- An age-friendly care provider considers the 4Ms when making treatment recommendations so that what matters to the patient is always part of the plan of care.
- An age-friendly provider communicates with the patient, family, and interdisciplinary team.



Definitions

★ Depression

- A common but serious mood disorder that affects how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working. Depression is characterized by a combination of depressed mood, loss of interest or pleasure, changes in weight and sleep, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, difficulty concentrating, and recurrent thoughts of suicide or death. To be diagnosed with depression, the symptoms must be present for at least two weeks.



Depression Epidemiology

Prevalence of Depression¹

2-10%

Of Community
Dwelling Older Adults

>30%

Of Hospitalized
Older Adults

≥50%

of older adults w/
comorbid stroke, MI,
or cancer

50%

Of Nursing Home
Residents



Depression Epidemiology

- Depression is NOT a normal consequence of aging.
- Depression amplifies debility and decreases quality of life.
- Late-life depression is associated with increased emergency room visits, increased length of inpatient stays and overall increased healthcare costs.



Depression Epidemiology

Suicide Risk²

- Depression increases risk of suicide.
- Older adults account for 24% of completed suicides, but only represent 13% of the US population.
- Older adults are more successful at completing suicide than younger adults that attempt suicide.
- White men 85 years and older have the highest rate of completed suicide.



Physiology of Depression

Etiology

- Serotonergic System (Serotonin)
 - Imbalance of serotonin may lead to depression
- Catecholamine System (Norepinephrine, Dopamine)
 - Depression may be associated with a decrease in catecholamines.



Physiology of Depression

Etiology

- **Neurotransmitter System**
 - Gamma-Aminobutyric Acid (GABA) - low levels may be linked to anxiety/depression, epilepsy and chronic pain
 - Glutamate- amino acid
 - the major excitatory neurotransmitter in the brain, alterations in glutamate level may lead to depression



Types of Depression in Older Adults

Major Depression

- If develops in later life, more likely to become chronic
- Older adults may also develop cognitive impairment that develops after mood changes

Persistent Depressive Disorder

- Depressive symptoms that occur most days for two years
- Older Adults with late onset have increased rates of CVD
- These patients at increased risk of developing major depression

Adjustment Disorder

- Short-term condition when an individual is unable to adjust/cope with source of stress such as a major life change, event or loss.
- Goes away once an individual adapts to the change. Sometimes referred to as “situational depression”.



Types of Depression in Older Adults

Vascular Depression

- May develop after an acute cerebrovascular event (post-stroke depression) or develop concurrently with chronic ischemic changes in the brain
- Peak prevalence of post-stroke depression is 3-6 months following stroke

Grief

- Occurs after a significant loss (death of a loved one, loss of a job or home etc.)
- Fades in intensity over time, usually within 6 months.

Complicated Grief

- Grief that lasts longer than is typical and does not fade with time as expected.



Late Life Depression

Risk Factors

- Female sex
- Widowed, divorced or separated marital status
- Lower SES
- Comorbid medical conditions
- Cognitive Impairment
- Uncontrolled pain
- Insomnia
- Functional impairment
- Social isolation





Screening



Assessment



Treatment



PHQ-2³

TABLE 2

PHQ-2 Screening Instrument for Depression

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Scoring: A score of 3 or more is considered a positive result. The PHQ-9 (Table 3) or a clinical interview should be completed for patients who screen positive.

PHQ = Patient Health Questionnaire.

Adapted from Patient Health Questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed February 8, 2018.

Scoring: A score of 3 or more is considered a positive result. The PHQ-9 (Table 3) or a clinical interview should be completed for patients who screen positive.

PHQ = Patient Health Questionnaire.

Adapted from Patient Health Questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed February 8, 2018.





GERIATRIC DEPRESSION SCALE (GDS)⁴

- 30 question yes/no questionnaire
- 3 available forms:
 - long-form GDS (30 questions)
 - short-form GDS (15 questions)
 - 5 question
- Positive results should always trigger a more extensive investigation.






GDS⁴

Question	Answer
Are you basically satisfied with your life?	YES / NO
Have you dropped many of your activities and interests?	YES / NO
Do you feel that your life is empty?	YES / NO
Do you often get bored?	YES / NO
Are you hopeful about the future?	YES / NO
Are you bothered by thoughts you can't get out of your head?	YES / NO
Are you in good spirits most of the time?	YES / NO
Are you afraid that something bad is going to happen to you?	YES / NO
Do you feel happy most of the time?	YES / NO
Do you often feel helpless?	YES / NO
Do you often get restless and fidgety?	YES / NO
Do you prefer to stay at home, rather than going out and doing new things?	YES / NO
Do you frequently worry about the future?	YES / NO
Do you feel you have more problems with memory than most?	YES / NO
Do you think it is wonderful to be alive now?	YES / NO
Do you often feel downhearted and blue?	YES / NO
Do you feel pretty worthless the way you are now?	YES / NO
Do you worry a lot about the past?	YES / NO
Do you find life very exciting?	YES / NO
Is it hard for you to get started on new projects?	YES / NO
Do you feel full of energy?	YES / NO
Do you feel that your situation is hopeless?	YES / NO
Do you think that most people are better off than you are?	YES / NO
Do you frequently get upset over little things?	YES / NO
Do you frequently feel like crying?	YES / NO
Do you have trouble concentrating?	YES / NO
Do you enjoy getting up in the morning?	YES / NO
Do you prefer to avoid social gatherings?	YES / NO
Is it easy for you to make decisions?	YES / NO
Is your mind as clear as it used to be?	YES / NO





GDS Short Form ⁴

1. Are you basically satisfied with your life? **YES** / NO
2. Have you dropped many of your activities and interests? **YES** / NO
3. Do you feel that your life is empty? **YES** / NO
4. Do you often get bored? **YES** / NO
5. Are you in good spirits most of the time? **YES** / NO
6. Are you afraid that something bad is going to happen to you? **YES** / NO
7. Do you feel happy most of the time? **YES** / NO
8. Do you often feel helpless? **YES** / NO
9. Do you prefer to stay  home, rather than going out and doing new things? **YES** / NO
10. Do you feel you have more problems with memory than most? **YES** / NO
11. Do you think it is wonderful to be alive now? **YES** / NO
12. Do you feel pretty worthless the way you are now? **YES** / NO
13. Do you feel full of energy? **YES** / NO
14. Do you feel that your situation is hopeless? **YES** / NO
15. Do you think that most people are better off than you are? **YES** / NO

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score ≥ 10 points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.





PHQ-9³

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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



DSM-5 Diagnostic Criteria for Depression¹

- Must be experiencing 5 of the following symptoms during the same 2-week period & at least 1 symptom must be depressed mood or loss of interest or pleasure.
 - Depressed mood most of the day, nearly every day.
 - Diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
 - Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
 - A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
 - Fatigue or loss of energy nearly every day.
 - Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
 - Diminished ability to think or concentrate nearly every day.
 - Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.



DSM-5 Diagnostic Criteria for Depression¹

- These symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The symptoms must not be a result of substance abuse or other medical condition.





Depression in Older Adults⁷⁻⁸

- Requires addressing the issue from an Age-Friendly perspective.
- Successful treatment requires:
 - Assessment for possible suicidality
 - Addressing comorbid conditions
 - Tailoring interventions (pharmacologic and otherwise) to the individual
 - Monitoring therapy for effectiveness and possible side effects
 - Assuring close follow up



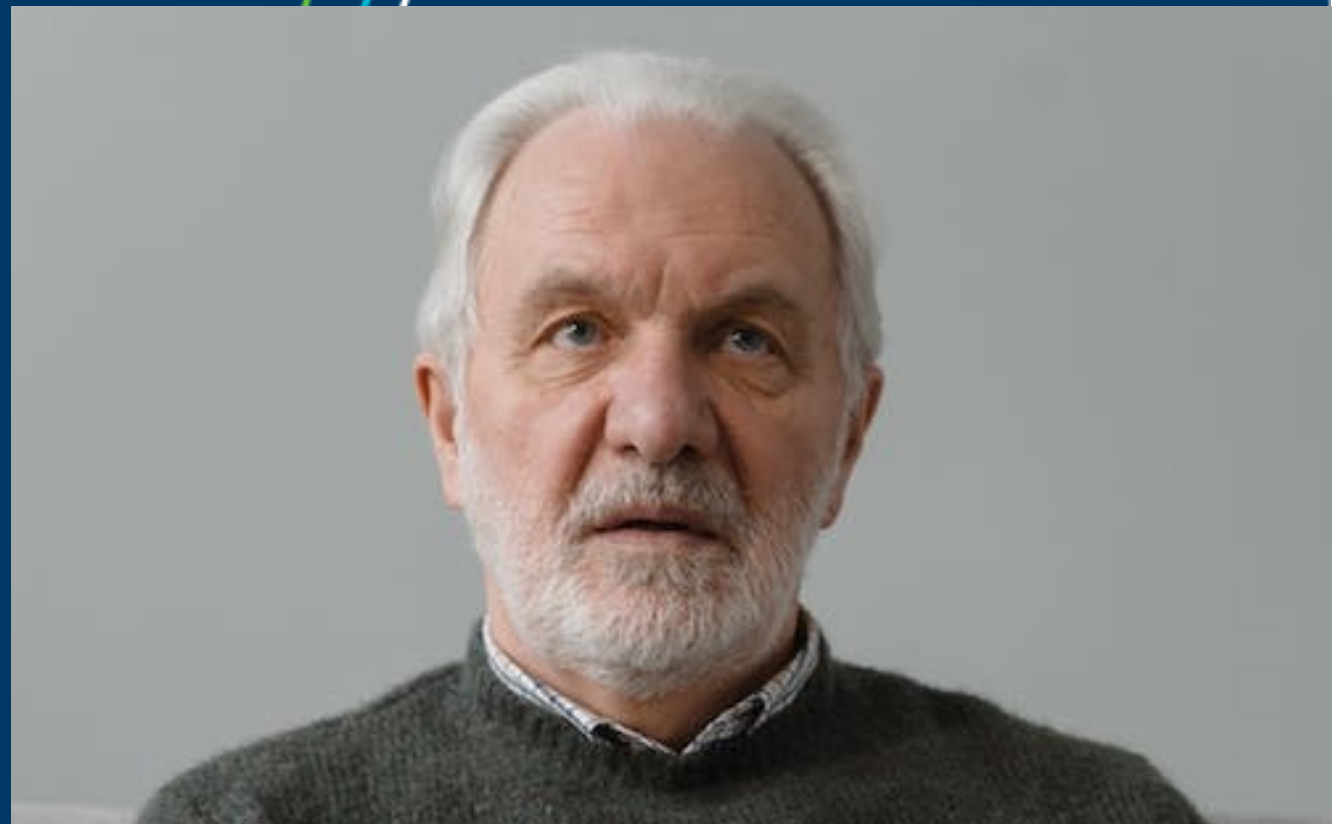


Depression in Older Adults⁷⁻⁸

- With the permission of the patient, involve the family or caregiver in this treatment plan so that they are on the same page.
- Psychotherapy - Cognitive Behavioral Therapy
- Exercise - supervised exercise programs 3x a week 45 minutes to 1 hour
- Pharmacotherapy - should be tailored to the specific symptoms and preferences of the patient
 - Monotherapy is preferred to decrease risk of adverse effects
 - Selective serotonin reuptake inhibitors (SSRIs) are first line.
 - Serotonin-norepinephrine reuptake inhibitors (SNRIs) are second line.
 - Other acceptable second line choices:
 - Bupropion- considered an “activating” agent, may be appropriate in patients with lethargy/fatigue
 - Mirtazepine- may be helpful in individuals with insomnia, anorexia and weight loss



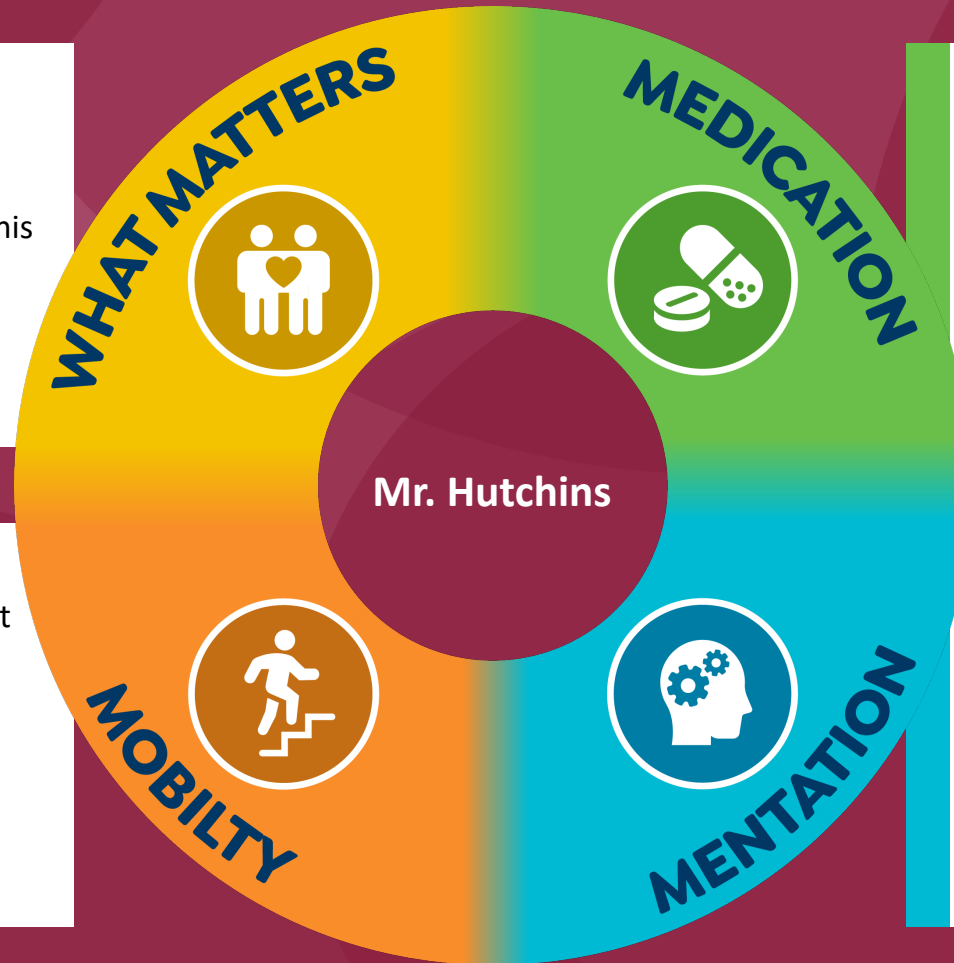
Remember Mr. Hutchins?



Unfriendly Care (4Ms)

- Provider does not ask follow up questions about his life now after his recent loss.
- Provider does not further investigate his eating and weight loss.

- No review for any recent change in mobility, overall activity level or recent falls, his engagement with enjoyable activities.
- No engagement with prior interests.



- Medications are not reviewed

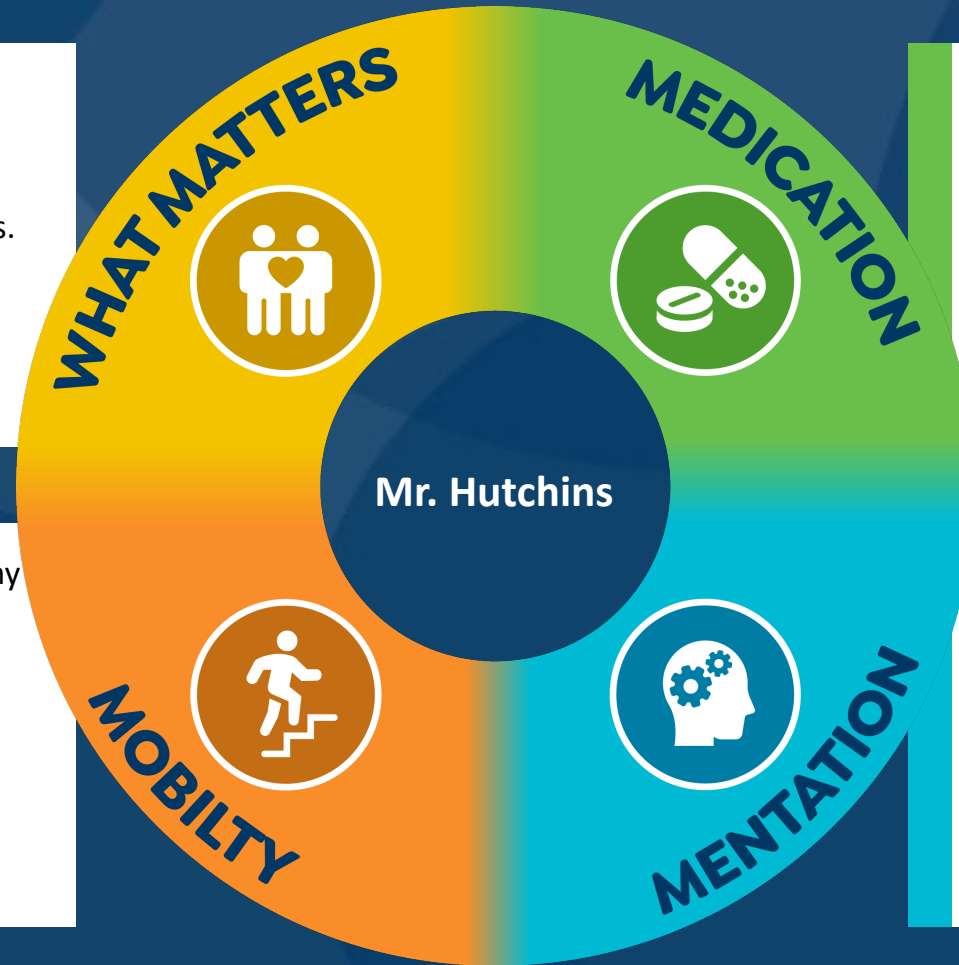
- No depression or dementia screening.
- Provider did not refer patient to other resources for support (senior center, services etc,)



Age-Friendly Care (4Ms)

- Utilize a depression screening tool
- Determine what, if anything, is bothering the patient and empathetically discuss these concerns.
- Call patient's son (if patient gives permission) to discuss his concerns.

- Provider inquires if patient has had any recent falls or challenges/changes to his mobility and how have these changes impacted his life



- Review medications for possible polypharmacy / etiology of depression.

- Depression significantly alters mentation
- Screen for depression and dementia



Depression Prevention

Prevention Strategies

- Consume a healthy diet
- Participate in regular exercise
- Practice good sleep hygiene
- Maintain connections with family, and friends.
- Participate in enjoyable activities.
- Let friends, family and your medical provider know when you are having symptoms of depression



Depression

Clinical Pearls

Evaluating Depression

- Depression is not a normal part of aging.
- Screen patients. You won't know unless you ask!

Managing Depression

- Treatment should be individualized to the particular patient and multidisciplinary.



About Engage



Engage is part of Georgia Gear, a multi-institute partnership whose goal is to improve clinical care and quality of life for older adults and their families.

Work of the Georgia GWEP is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of Award Number U1QHP33070 totaling \$3.75M with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Presentation design by Reckon Branding.



References

1. Fiske A, Wetherell JL, Gatz M. Depression in older adults. *Annu Rev Clin Psychol.* 2009;5:363-389. doi:10.1146/annurev.clinpsy.032408.153621
2. Waern M, Runeson BS, Allebeck P, et al. Mental disorder in elderly suicides: a case-control study. *Am J Psychiatry* 2002; 159:450.
3. Anand P, Bhurji N, Williams N, Desai N. Comparison of PHQ-9 and PHQ-2 as Screening Tools for Depression and School Related Stress in Inner City Adolescents. *J Prim Care Community Health.* 2021;12:21501327211053750. doi:10.1177/21501327211053750
4. Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M., & Leirer, V.O. (1982-1983). Development and validation of a Geriatric Depression Screening Scale: A preliminary report. *Journal of Psychiatric Research*, 17(1), 37-49. [http://dx.doi.org/10.1016/0022-3956\(82\)90033-4](http://dx.doi.org/10.1016/0022-3956(82)90033-4)
5. Lopez, M.N., Quan, N.M., & Carvajal, P.M. (2010). A psychometric study of the Geriatric Depression Scale. *European Journal of Psychological Assessment*, 26(1), 55-60. <http://dx.doi.org/10.1027/1015-5759/a000008>
6. *JAMA*, 268, 1018-1024. Sheikh, R.L. & Yesavage, J.A. (1986). Geriatric Depression Scale (GDS). Recent Evidence and Development of a Shorter Version. *Clinical Gerontologist*, 5, 165-173.
7. <https://www.nia.nih.gov/health/depression-and-older-adults#prevented>
8. Mura G, Carta MG. Physical activity in depressed elderly. A systematic review. *Clin Pract Epidemiol Ment Health.* 2013;9:125-135. Published 2013 Jul 12. doi:10.2174/1745017901309010125