



Depression in Older Adults

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Mental Health Commission of Canada

A focus on older adults

“The goal for older adults at every stage is to ensure that they attain the best possible quality of life, are treated with dignity and respect, and receive the best possible treatment for mental health problems and illnesses that may emerge as they pass through important transitions associated with aging—such as retirement, alterations in income level, physical decline, and changing social support networks, including spousal bereavement and increased social isolation.”



Objectives

- Symptoms of depression
- Differences in depression between young and old
- Risk factors for depression in the elderly
- A novel approach to treating depression in the elderly



What is depression?

- Changes in mood are common—frustration, happiness, tension regarding daily events
- Strong reactions to significant life events are normal and to be expected—grief following death, stress related to change
- A sustained change in mood can become a problem—sadness, irritability, anxiety that does not go away and impacts functioning
- Whether the change in mood is due to a stressor or seems to come from “nowhere”, it is important to pay attention to difficulties “rebounding”



Symptoms of a depressive episode

Presence of 5 or more sustained symptoms for a two week period that represents a change in previous functioning:

- Sadness most of the day, nearly every day
- Diminished interest or pleasure in all or most activities
- Significant change in weight
- Change in sleep (insomnia or hypersomnia)
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Difficulties concentrating or indecisiveness
- Recurrent thoughts of death or suicidal ideation



Early- vs. late-onset depression

- Prevalence of depression different: 15-17% overall, 1-5% in older adults—is there less depression in old age?
- Different prevalence may be due to reporting different symptoms (Fiske)
 - Less likely to report affective symptoms
 - Less likely to endorse feelings of worthlessness/guilt
 - More likely to report somatic symptoms such as fatigue, insomnia and loss of appetite/loss of weight
 - More likely to report memory loss and cognitive impairment
 - **More likely to present with anxiety symptoms**



Late-onset depression

- Depressive disorders may be under-diagnosed in older adults
 - A diagnosis of depression cannot be made when symptoms are the direct physiological result of a medical condition (common in older adults)
 - Some symptoms of existing medical conditions may be confused by depressive symptoms
- Sub-syndromal depression may be present
 - Requiring only 2-4 symptoms
 - Symptoms lasting less than 2 weeks
 - May be a recurring pattern



Risk factors for depression in old age

- Psychological factors
 - History of mental health issues
 - Neuroticism
 - Rumination
 - Avoidance
- Medical burden and disability
 - Cardiovascular disease—40-50% with heart disease
 - Dementia—10-15% with Alzheimer's Disease (Huang)
 - Diabetes—20%
 - Stroke—20-25%
 - Parkinson's Disease—15-20%



Risk factors for depression in old age

- Stressful life events
 - Financial status
 - Bereavement (lasting longer than 2 months)
 - Disability of a family member (caregiving)
 - Change in living situation
 - New physical illnesses
- Decreased social support (quality not quantity)
- Female gender (2X as likely to suffer from depression)
- Sleep disturbance

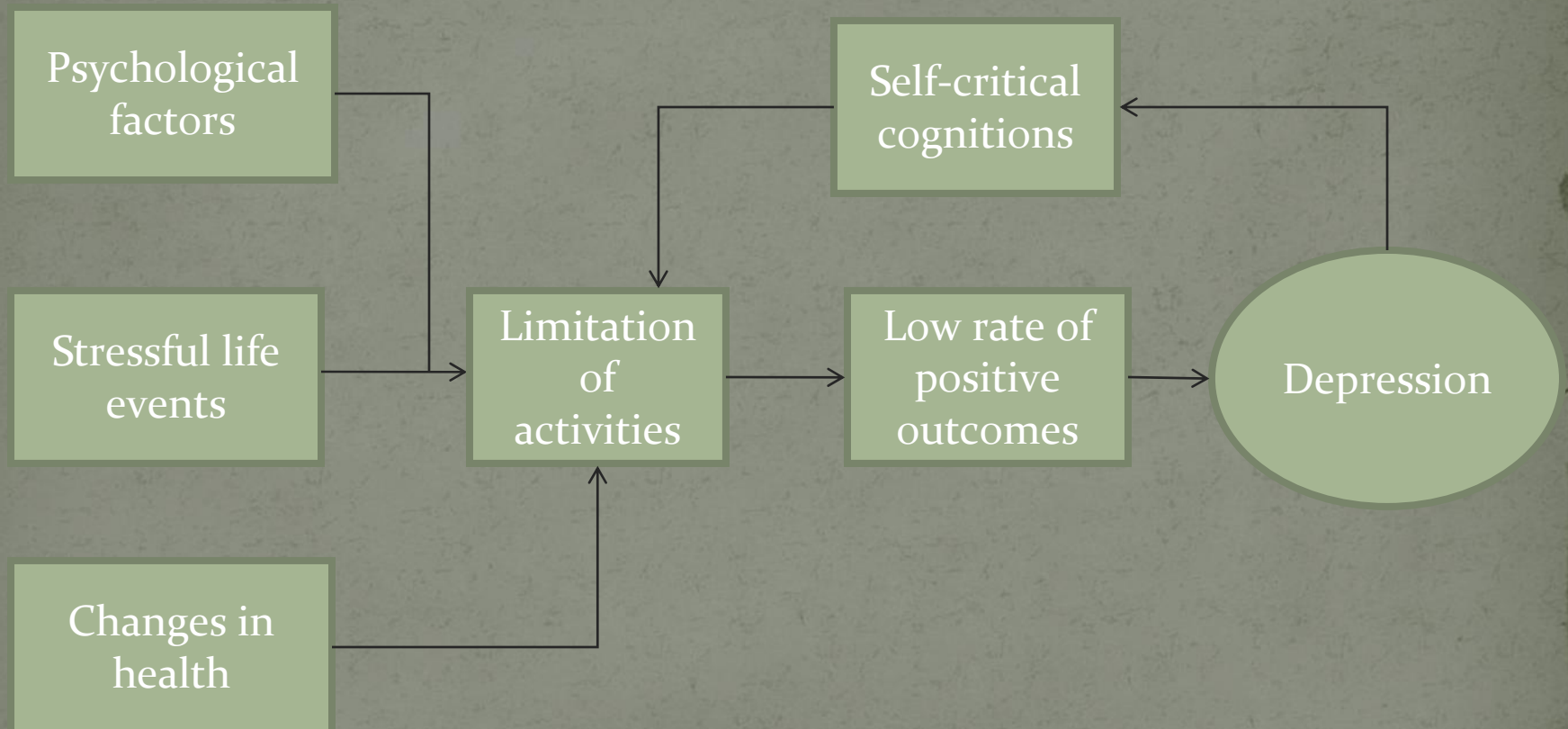


Who is at risk?

- Aging is often accompanied by changes in health and life circumstances, yet not everyone experiences depressive symptoms
- Impact of changes to health and life circumstances mediated by:
 - Threats to competence (functional or cognitive limitations)
 - Role changes (taking on household or social tasks)
 - Negative stereotypes about aging
- Need for control or inflexible approaches may increase risk



A model for depression in older adults





Geriatric Mental Health Day Treatment Service

Program focusing on behavioural activation and cognitive restructuring in the treatment of depression and anxiety

10-week program providing intensive treatment in a community setting—3 days per week

Three levels of treatment addressing psycho-social features of depression and anxiety:

- Psychiatric assessment (Psychiatry)
- Group/individual therapy (Nursing, Social Work, Psychology)
- Community connection (Recreational Therapy, Outreach)



Geriatric Mental Health Day Treatment Service

Group-based interventions focus on central themes related to aging:

- Loss of significant relationship, physical and cognitive capacities
- Loneliness and isolation
- Depression and demoralized
- Dependency on others
- Coping with stress
- Interpersonal conflicts with spouse, family
- Sense of purpose—self-worth and self-esteem



Geriatric Mental Health Day Treatment Service

The group therapy process creates a supportive environment for seniors to share their problems with others who have similar stresses, which promotes:

- A sense of belonging and esteem
- Sharing and to learning more effective ways of handling emotional reactions (emotional expression)
- Counteracting unrealistic expectations (social reality)
- Reduced feelings of isolation
- Increased ability to share problem solving and coping strategies



Geriatric Mental Health Day Treatment Service

Day Treatment is part of the Geriatric Mental Health program, and referrals can be faxed to the main program, at **955-6169**

The Day Treatment program is located at the Alberta Health Services Bridgeland site, **1070 McDougall Road NE**

Any questions regarding this program or other mental health services provided by Geriatric Mental Health can be directed to the Intake Coordinator, at **955-6128**