

A Healthy Outlook



**Recognizing the
Signs &
Getting Help
for Late-life
Depression**
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Professor UCSF

What We'll Talk About Today

- Depression in older adults: some facts and some myths
- Why late-life depression is difficult to recognize
- Treatment options
- Getting help



Depression in Older Adults: Some Facts

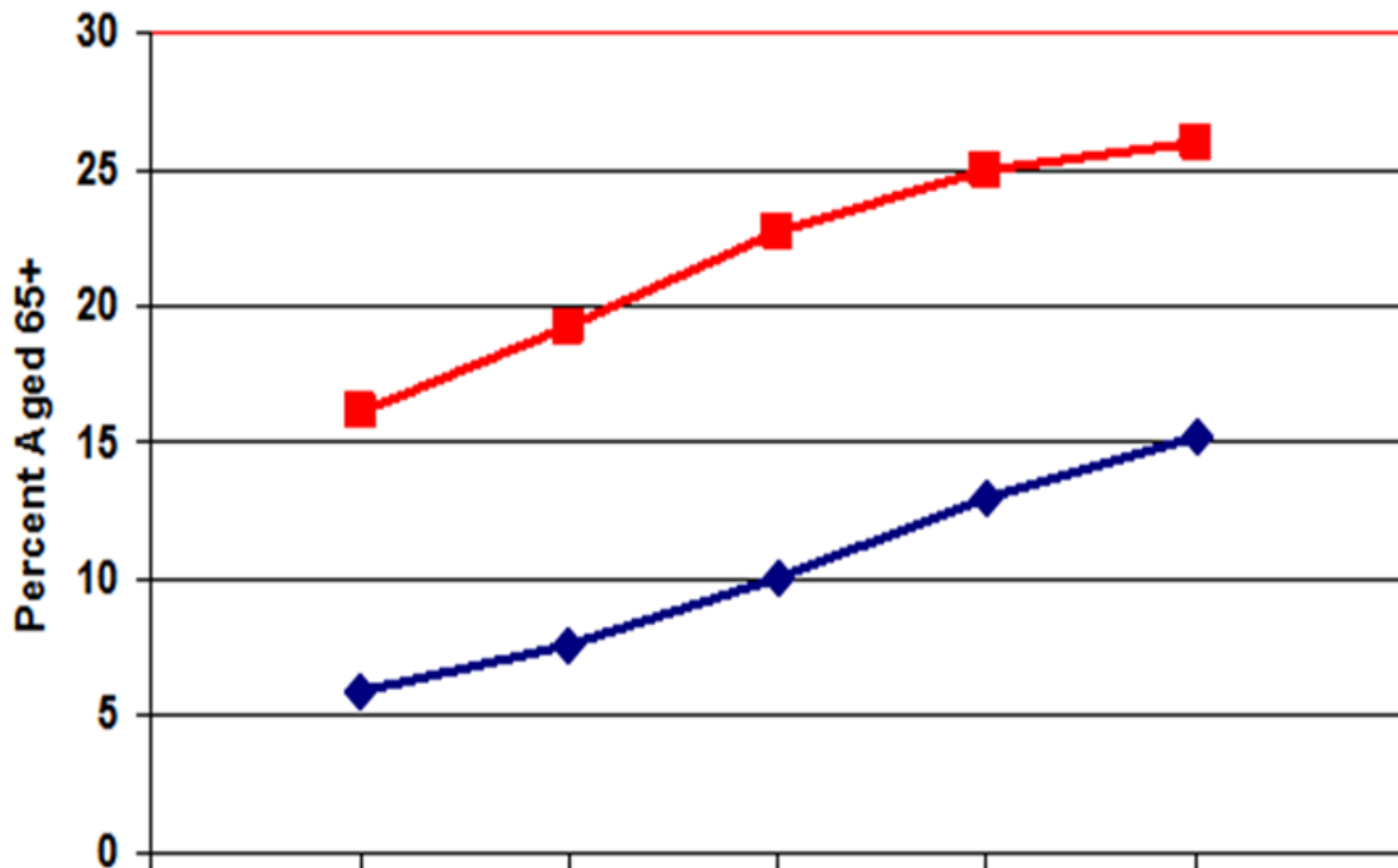


Our world is aging...



UN Projections via US Census Bureau

◆ Less Developed Countries ■ More Developed Countries



Rates are across all ethnic groups

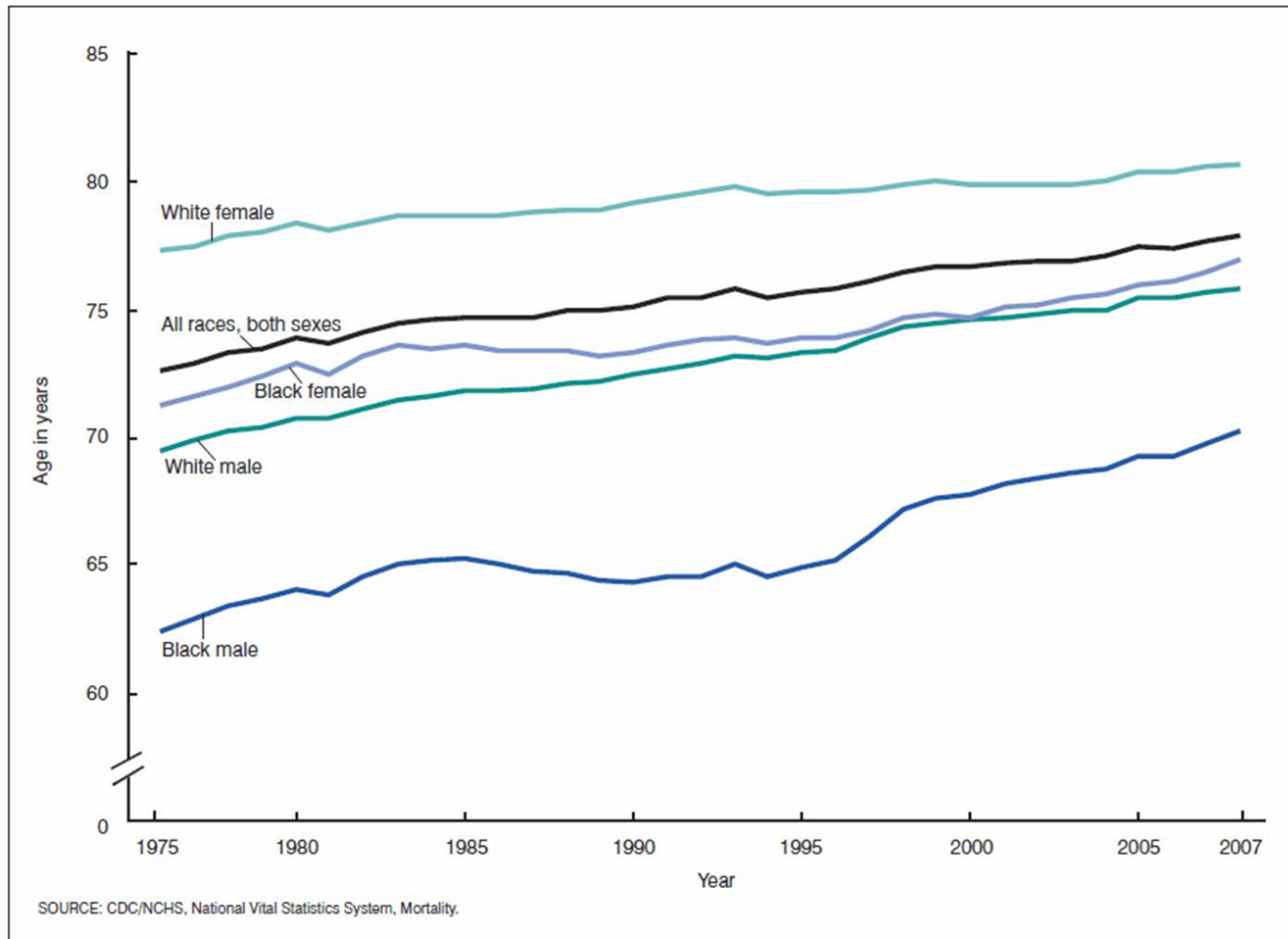
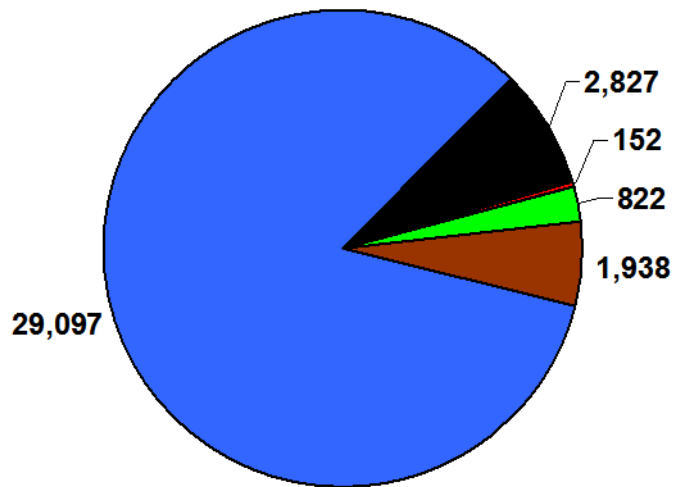


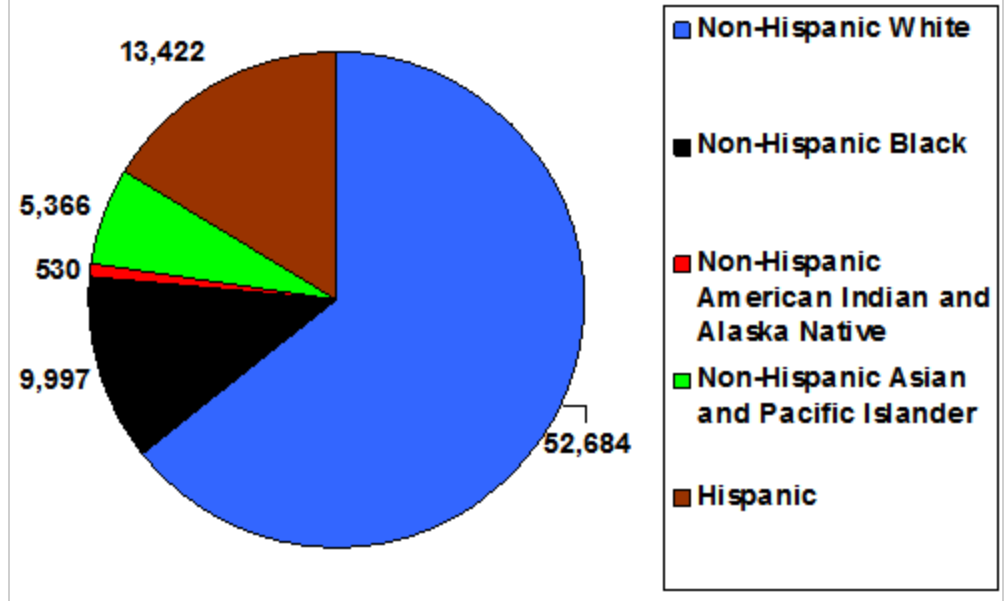
Figure 2. Life expectancy at birth, by race and sex: United States, 1975–2006 final and 2007 preliminary

Ethnicity Trends

2000 US Population 65+ (Thousands)



2050 US Population 65+ (Thousands)



The non-Hispanic White population increase: ~80%

Black increase: 3x

Hispanics, Asians, and American Indians: 7x

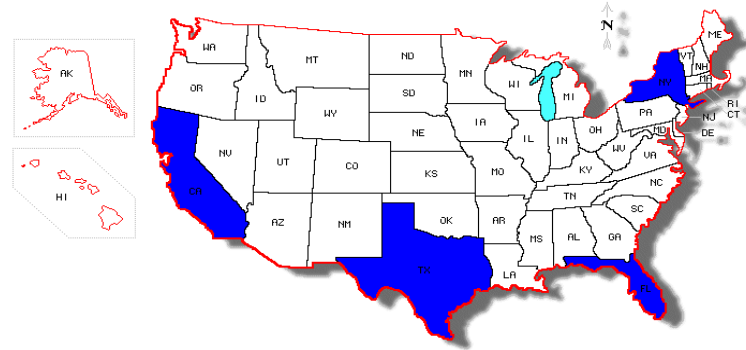
Variations by Region

- Oldest states are:

- California
- Florida
- New York
- Texas

AGE

• - Older states



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- Most older adults live in metropolitan areas
- But older adults are the largest demographic in rural areas.

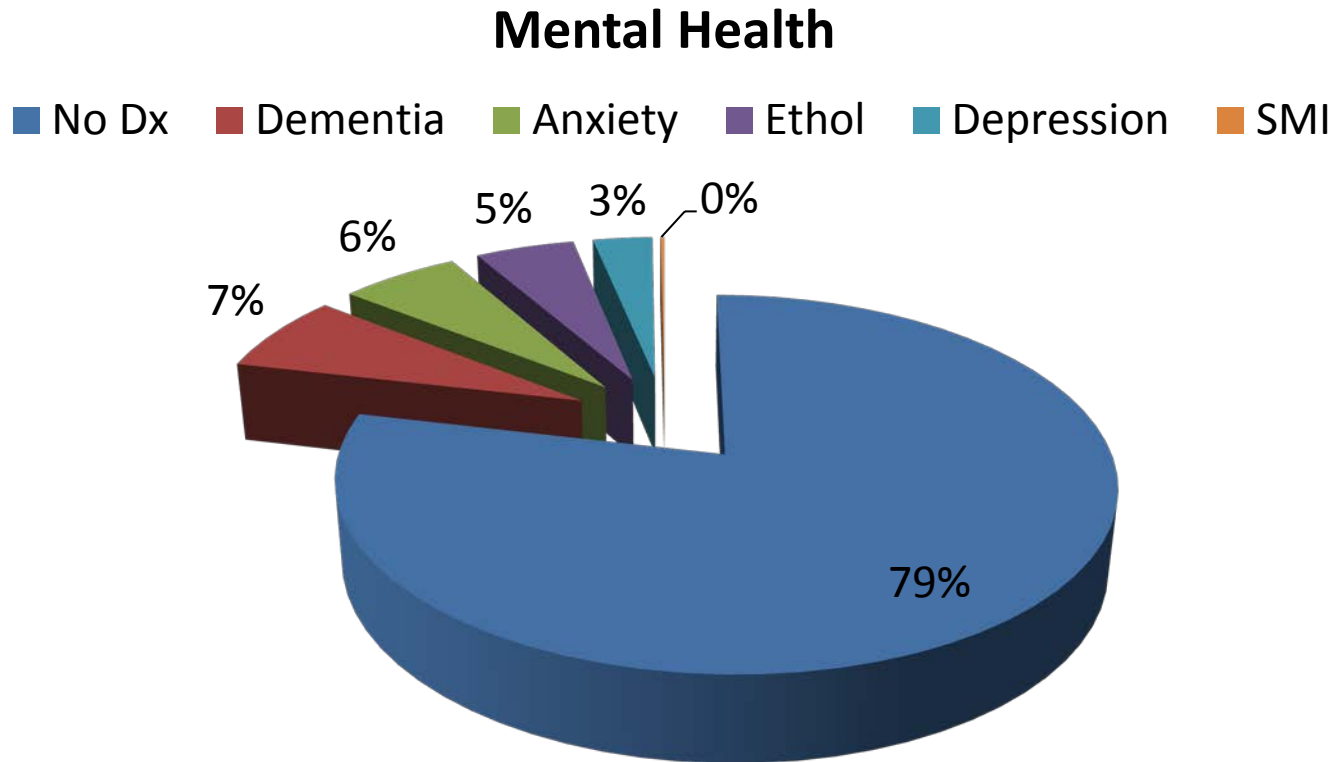


Mental Health...

A Hidden & Considerable Problem

- 10-20% of older adults suffer from a mental health disorder
- These disorders are widely
 - *under-estimated*
 - *under-diagnosed*
 - *under-treated*

Proportion with one year prevalence



What does depression feel like?



Possible Signs of Depression

- **Do you feel:**

- sad or empty
- guilty or worthless
- very tired
- restless or irritable
- like no one loves you
- like ending your life

- **Are you:**

- sleeping more or less than usual
- eating more or less than usual
- having trouble concentrating, remembering
- having pains that won't go away

What is Depression?

- **What it is:**

- Feeling down, empty, hopeless
- Things don't interest you anymore
- Goes on and on
- Thoughts of suicide

- **What it's not:**

- Not just a passing "down" mood
- Not just grief or mourning a loved one
- Not a sign of weakness

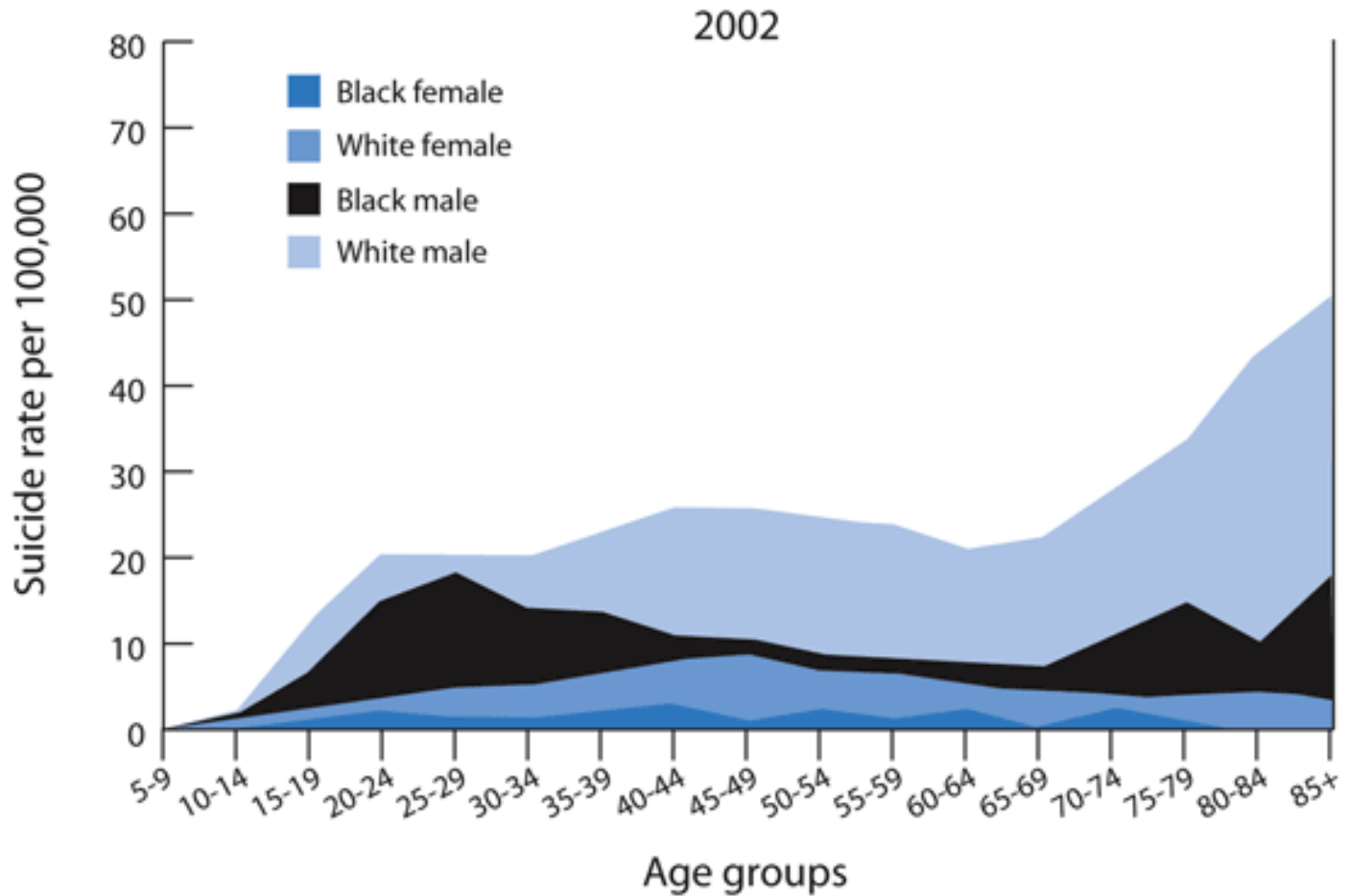
Depression, Older Adults & Suicide

- Depression is a major predictor of suicide in older adults
- Older adults accounted for 20% of all suicides in 1997
 - about *6 times* more than the national U.S. rate

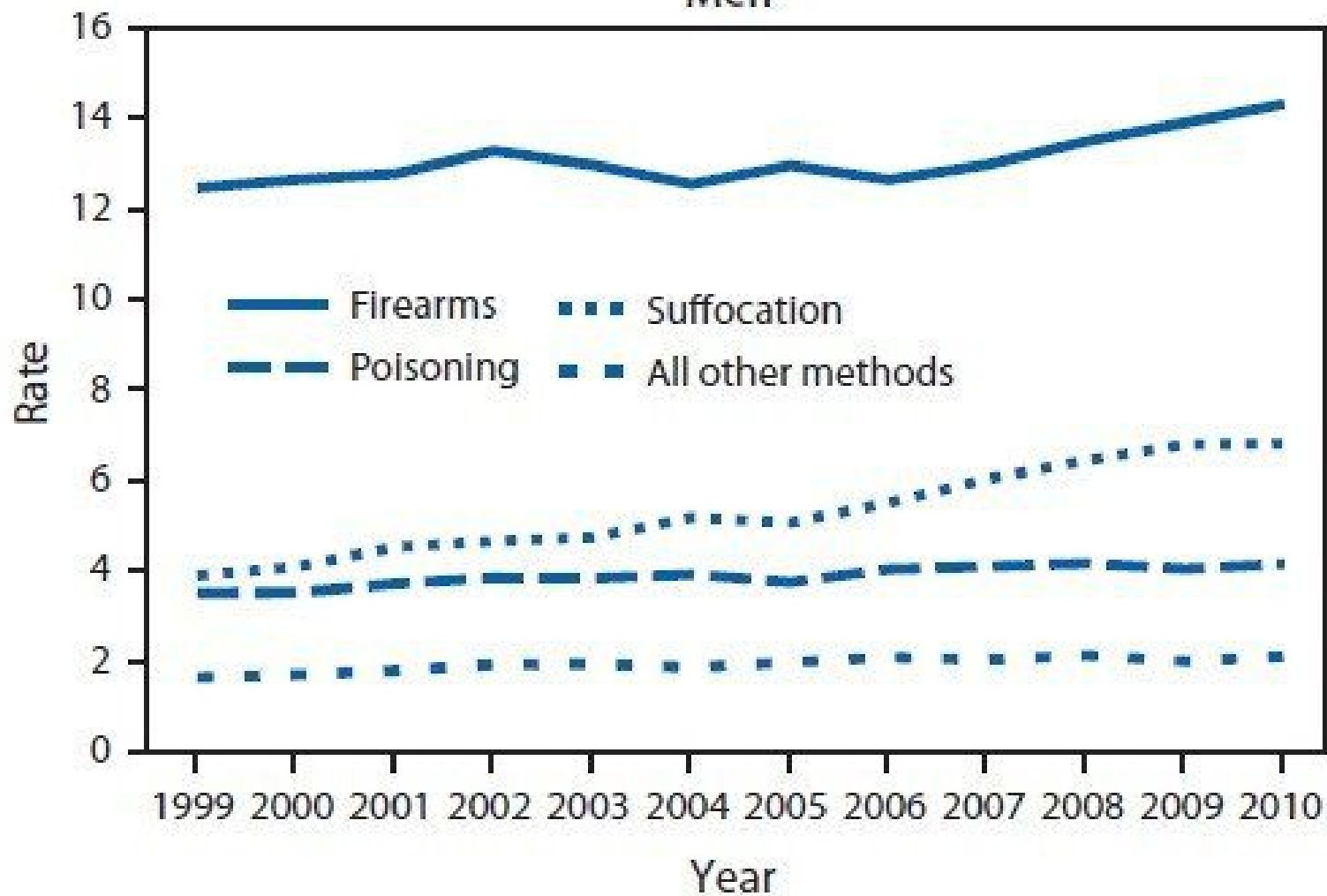


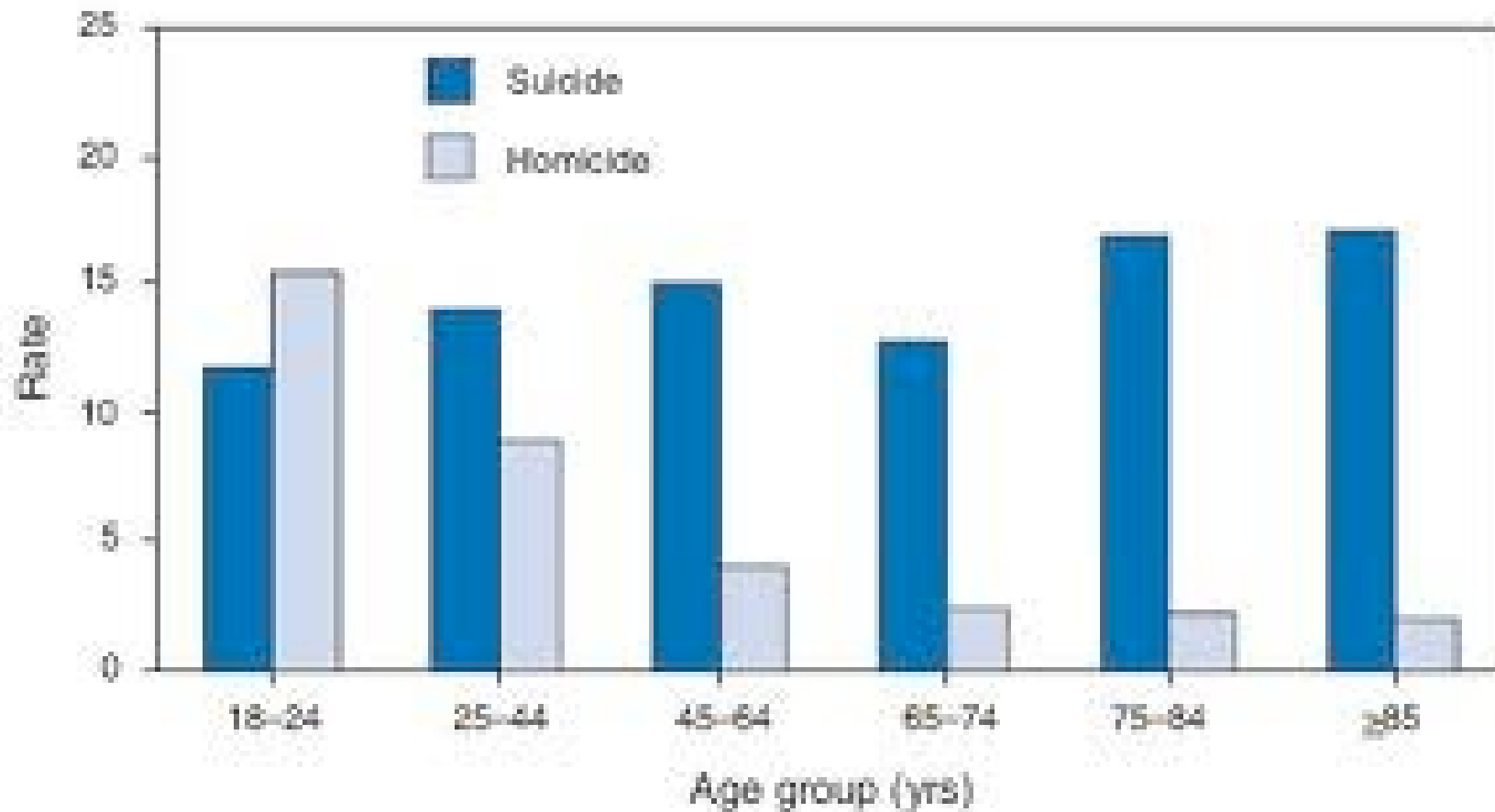
Figure

US suicide rates by age, sex, and racial group



Men





Factors That Can Lead to Late-Life Depression and Suicidal Thoughts

- Retirement
- Illnesses
- Disability
- Loss of loved ones
- Loss of independence
- Loss of social role e.g. as parent, as wife/husband
- Financial problems

Other Factors That Lead to Late-Life Depression

- Genetics and family history
 - depression may run in families
- Brain chemistry
 - bio-chemical make up more vulnerable to depression
- Medications
 - depressive symptoms as side-effects

The Difficulty of Recognizing Late-Life Depression



Why Late-Life Depression is Hard to Recognize

- Medically related reasons
 - Share symptoms with other conditions
 - Masked by other conditions
- Society related reasons
 - Stigma
 - Health care system falls short

It Shares Symptoms with Other Conditions

- Medication side-effects
 - fatigue, poor concentration
- Diabetes & heart disease
 - weight loss, low energy
- Parkinson's and Alzheimer's
 - apathy, memory loss

It Can Be Masked by Other Conditions

- Medical Conditions
 - Heart attack, post-stroke
- Psychiatric Conditions
 - Anxiety, post-traumatic stress disorder
- Substance Abuse Disorders
 - Alcohol, prescription drugs



It's Often Hidden by Stigma and Attitudes

- Stigma
 - belief that mental health problems reflect negatively on individual, family, community
- Ageism
 - belief that older adults require less care and attention

How Health Care Systems Fall Short

- Few doctors are trained in mental health care
- Many primary care facilities have no mental health services at all
- Average doctor visit is **15 minutes!**
- Mental health insurance coverage is limited



**Why is it important to treat
depression in late life?**

Importance...

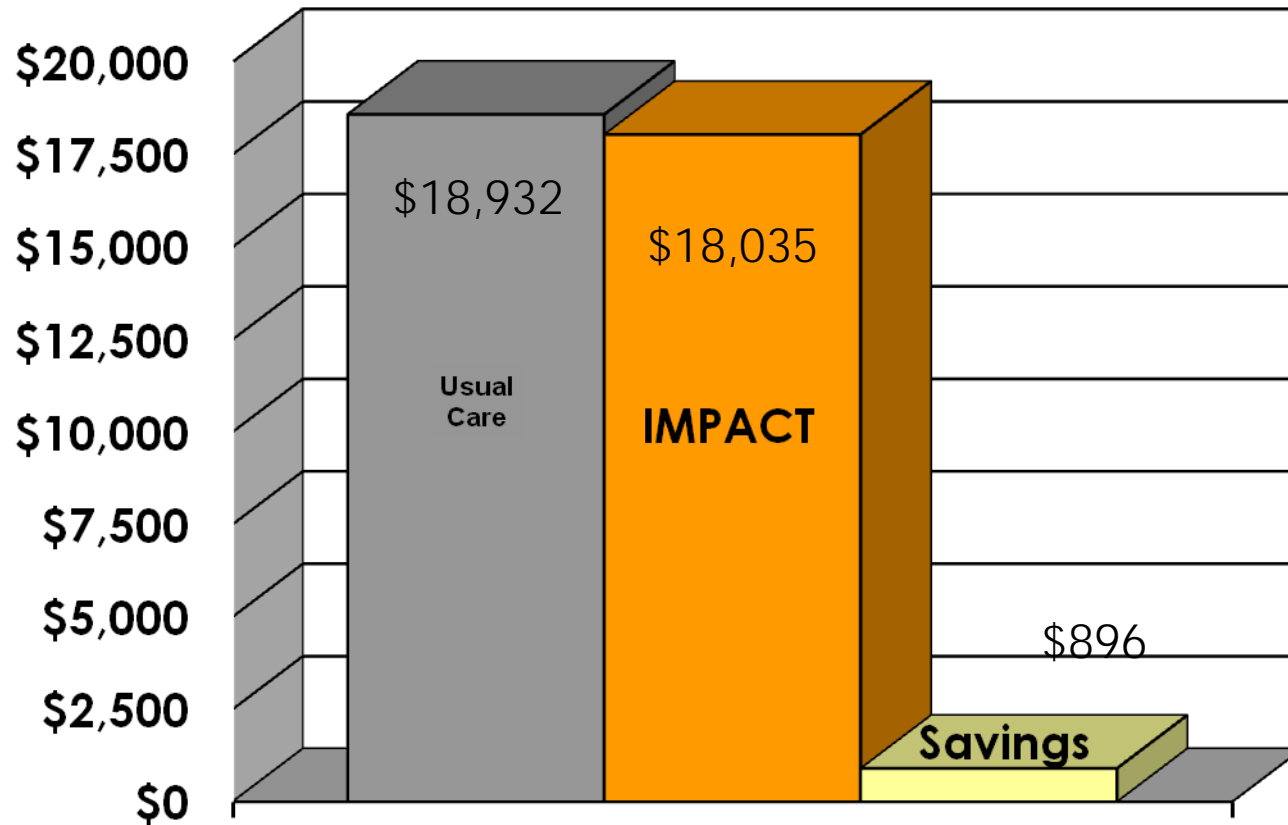
- Greater health care costs;
- Greater likelihood of hospitalization and nursing home placement;
- While understandable, it is not normal.



**Treatment can reduce costs of
care**

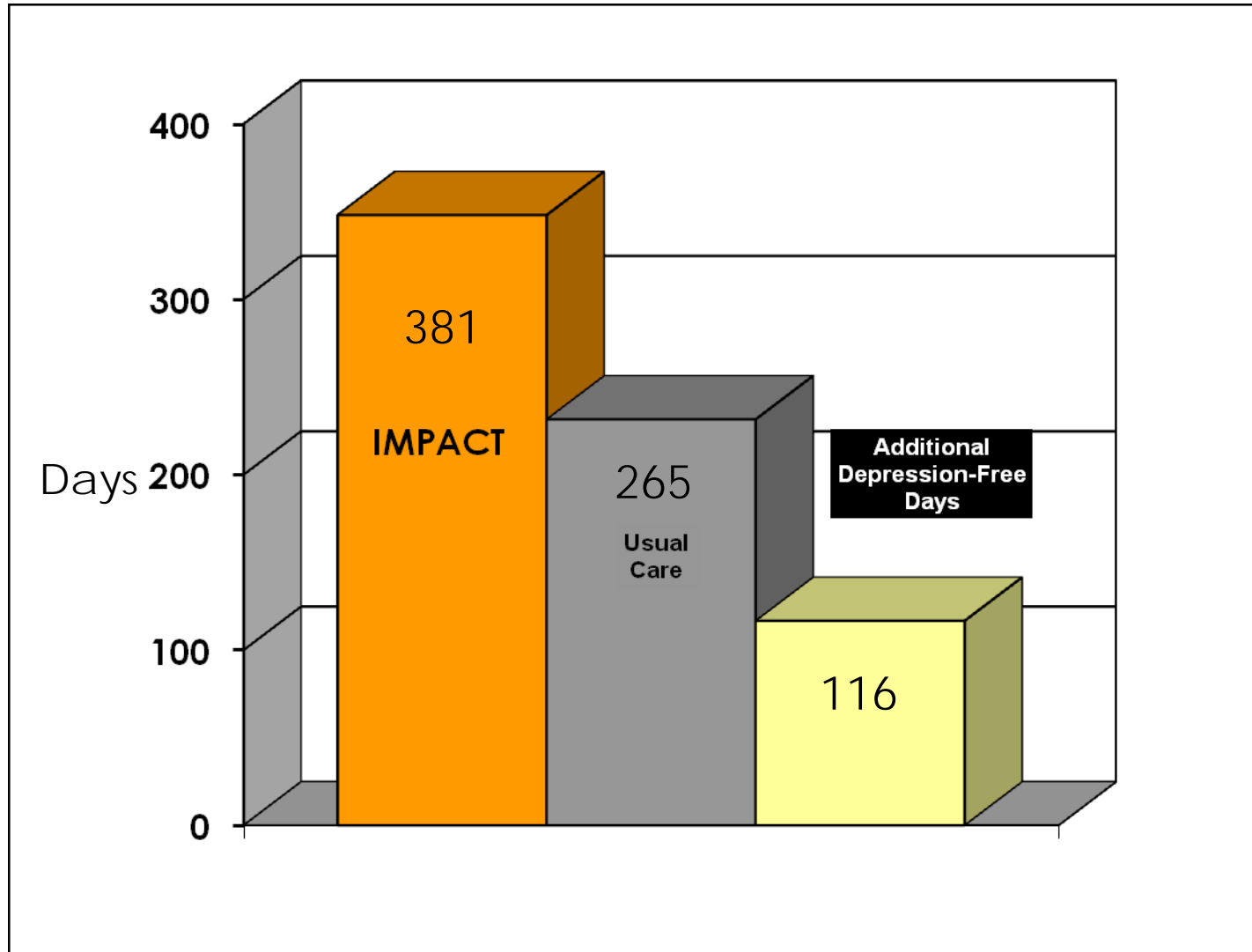
IMPACT in Diabetes

Lower Health Care Costs



IMPACT in Diabetes

116 more Depression-Free Days over 2 Years

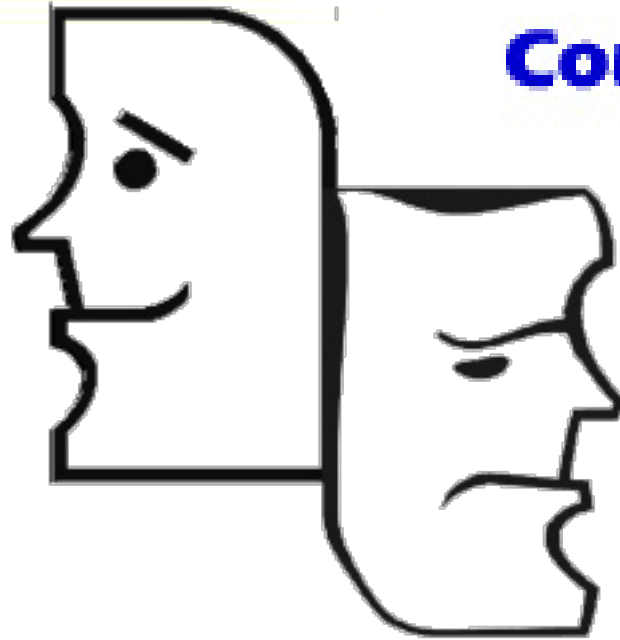


Treatment Options



support

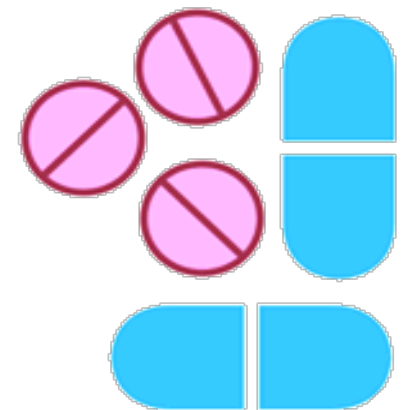
Counseling



Antidepressants



Health Services



Common Treatments

- Antidepressant medications
- Therapy or counseling
- Support and self-help groups





Medication...

Using Antidepressants

- **Key principles**

- Use antidepressants, not minor tranquilizers
- Use adequate doses for an adequate amount of time
- Start slow and work with side effects but titrate to an effective dose as needed
- *Change medication* if not effective after 8-12 weeks.

FDA Approved Antidepressants

•Serotonin Reuptake Inhibitors (SSRIs)

- Fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), sertraline (Zoloft), fluvoxamine (Luvox)

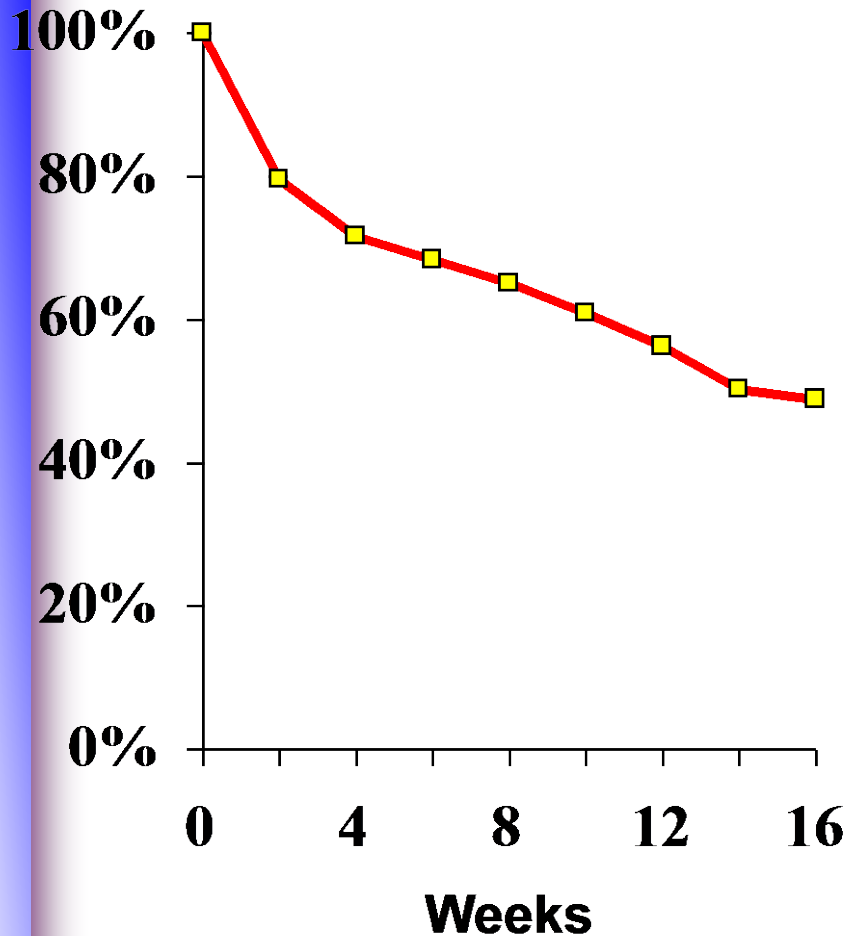
•Newer Antidepressants (atypical)

- Bupropion SR (Wellbutrin), mirtazapine (Remeron), venlafaxine XR (Effexor), duloxetine (Cymbalta)

•Tricyclics (TCAs)

- Secondary amines: nortriptyline, desipramine
- Tertiary amines: imipramine, doxepin, amitriptyline
 - not recommended for older adults

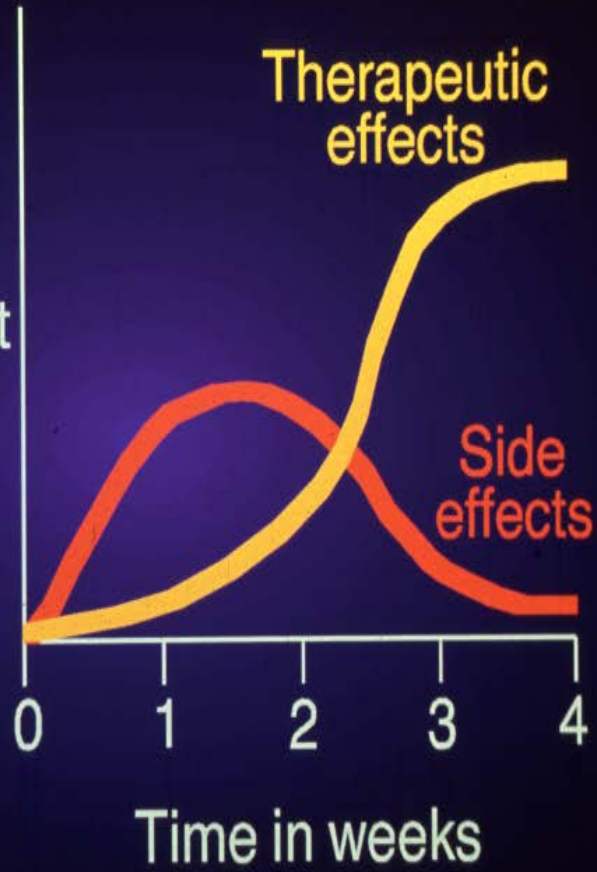
Antidepressant Adherence



Key messages:

- Take medication daily
- Wait 2-4 weeks for effect
- Side effects can occur, but often resolve in 1-2 weeks
- Keep taking medication even if better
- Check with MD before stopping
- Not addicting

Effects of antidepressant treatment



Psychotherapy

- Many different kinds;
- Very good for late life depression and suicide prevention.





Why psychotherapy in
particular?

Preference data

- 50% state a preference for counseling services (*Cooper-Patrick, 1999*);
- 75% of low-income elderly say they would use individual counseling (*Areán and Alvidrez, 2002*);
- 56% of older, minority primary care patients prefer psychotherapy (*Areán, Gum, Tang, Unutzer, 2008*).

Psychotherapy for late-life depression

- + 45 RCTs to date;
- + Cognitive Behavioral Therapy;
- + Interpersonal Therapy;
- + Problem Solving Therapy;
- + Brief Dynamic Therapy;
- + Reminiscence Therapy;
- + Bibliotherapy.



Younger versus older adults?

- No clear differences in treatment outcomes by age;
- Effect sizes are moderate for older adults ($d = .71$);
- Effect sizes for younger adults also moderate ($d = .67$).

*Cuijpers, Van Straten, Smit, Andersson (2009)
International Psychogeriatrics.*



Cognitive Behavioral Therapy

The theory....

- + People, environment, social situations trigger cognitive reaction;
- + Cognitive reaction, thoughts, trigger an emotional and behavioral response;
- + How we respond depends on past experience and the skills we have to cope and react;
- + These thoughts and plans can change with new experiences.

The strategies....

- Educational principles;
- Skill building;
- Socratic questioning and inductive reasoning;
- Behavioral activation;
- Collaborative frame.

Cognitive Behavioral Therapy for Older Adults

(Thompson & Gallagher-Thompson)

- 12-16 weekly sessions;
- Perceptions and appraisals;
- Activity level;
- Time management;
- Assertiveness;
- Safety.

Perceptions and Appraisals

- Balanced view of the world;
- Using depression as a signal;
- Weighing the evidence



thought record

What am I feeling?	What happened?	What am I telling myself?	Evidence for thoughts?	Another way to see the situation?

Activity Level

- Pleasant activities;
- Getting the “musts” done;
- Socialization;



Activity	Predicted Enjoyment ?	Past Enjoyment ?	Actual Enjoyment ?
<i>Ballroom Dancing.</i>	<i>0%</i>	<i>50%</i>	<i>95%</i>

Time Management

- Scheduling have-tos and want-tos;
- Balancing day with both activities;
- Planning around difficult days;
- Scheduling homework



Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<i>Church</i>						
<i>Garden</i>	<i>Dr. J</i>	<i>hospice</i>		<i>Dr. V</i>		
<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>
<i>rest</i>	<i>Bills</i>					
<i>Call Bill</i>	<i>Tea and TV</i>	<i>Ballroom dancing</i>				
<i>dinner</i>	<i>dinner</i>	<i>dinner</i>	<i>dinner</i>	<i>dinner</i>	<i>dinner</i>	<i>dinner</i>

Assertiveness

- Expressing needs;
- Moving from passive to active;
- Asking for help;
- Asking for more information.



Safety

- Planning outings;
- Home security;
- Preventing financial abuse;
- Self defense.





Problem Solving Therapy

The theory...

- Based in neuroscience.
- All psychotherapies implicitly teach problem solving.
- Depression is a function of either insufficient problem solving skill, abandonment of skill, or perceived complexity of problems.

The strategies...

- Use of a problem solving form to tackle complex problems;
- Creation of an action plan to begin solving problems;
- Stop and think methods;
- Behavioral Activation.

Problem Solving Therapy

Seven steps

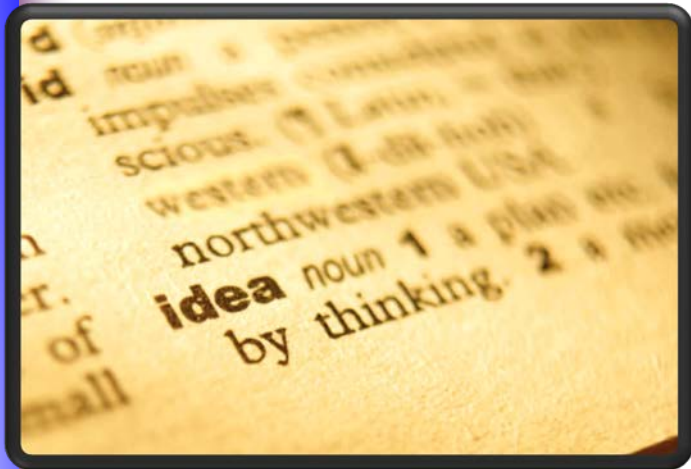
- Problem Orientation
- Definition
- Brain storming
- Decision making
- Planning
- Implementation
- Evaluation

Process

- 6-10 sessions;
- Initial session is education about PST;
- Follow up sessions are to coach patients in use of PST, with eventually self-reliance on the model;
- Final sessions are in relapse prevention.

Problem Definition

A problem well-stated is a problem half solved. – Kettering



- Concrete and specific terms
- Assumptions versus facts
- Details
- Breaking down problems

Goal Setting

Goals are dreams we convert to plans and take action to fulfill. – Zig Ziglar

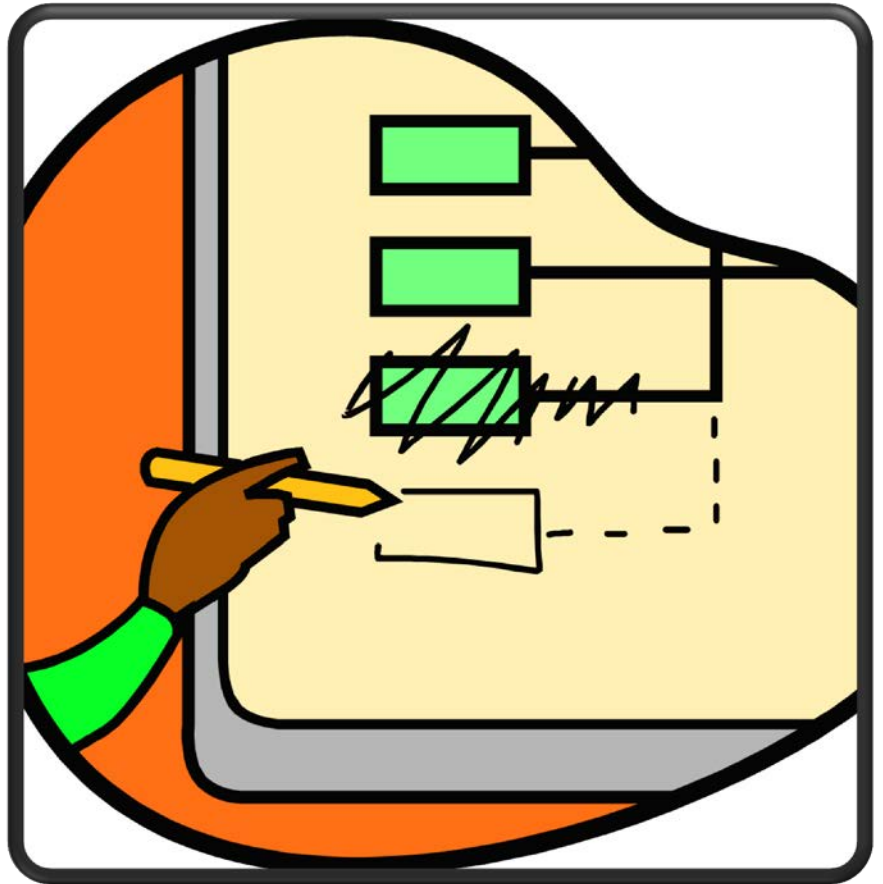


- Specific
- Attainable
- Realistic
- Measureable

Brainstorming

Don't put all your eggs in one basket – anon.

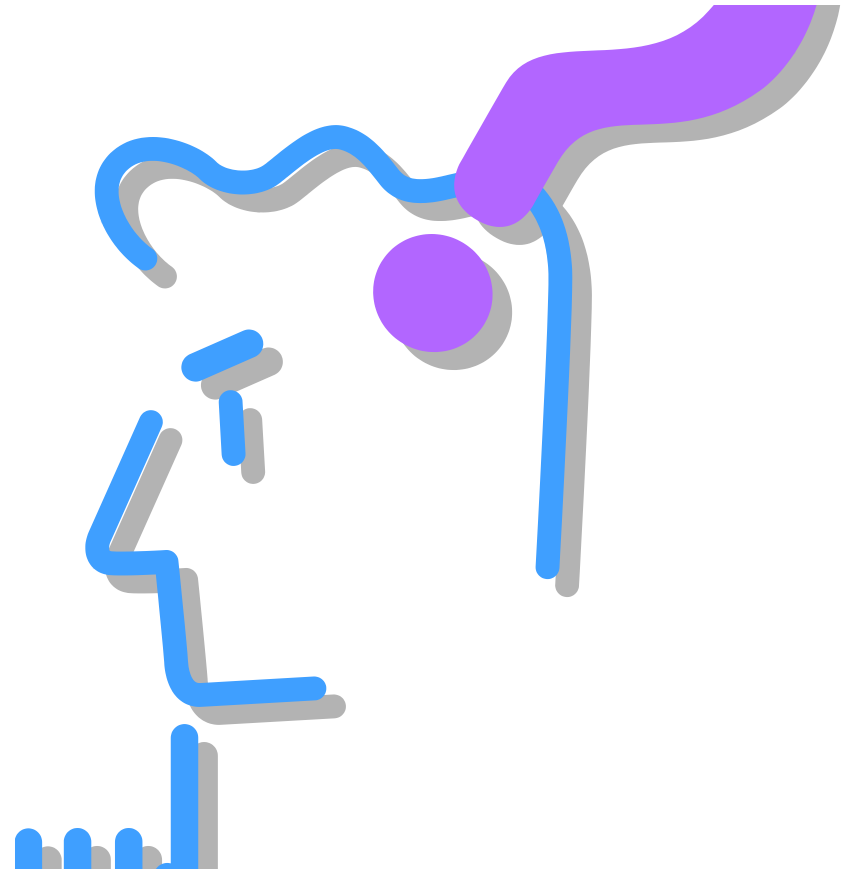
- All ideas that come to mind
- Withhold judgment
- Be detailed
- Generate five



Decision Making

Again and again, the impossible problem is solved when we see that the problem is only a tough decision waiting to be made. – Robert H. Schuller

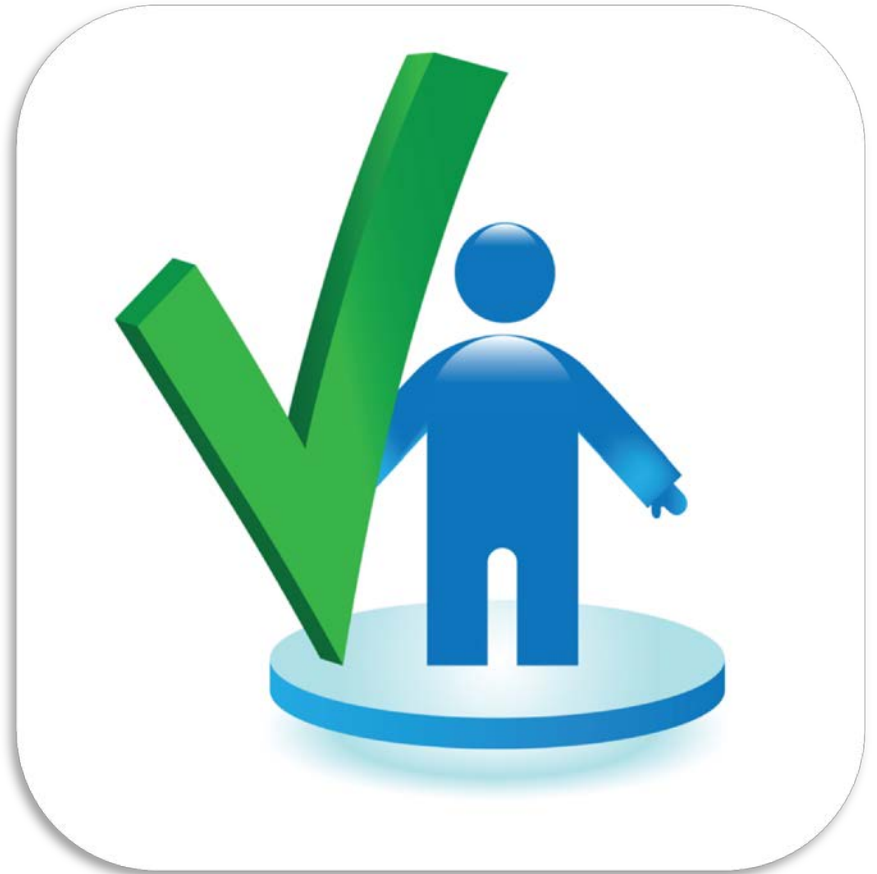
- Weighing the pros and cons
- Does it meet immediate goal?
- Does it meet long term goal?
- Does it create other problems?
- Is it feasible?



Selecting the Solution

You are the sum total of all your choices up to now. – Dr. Wayne Dyer

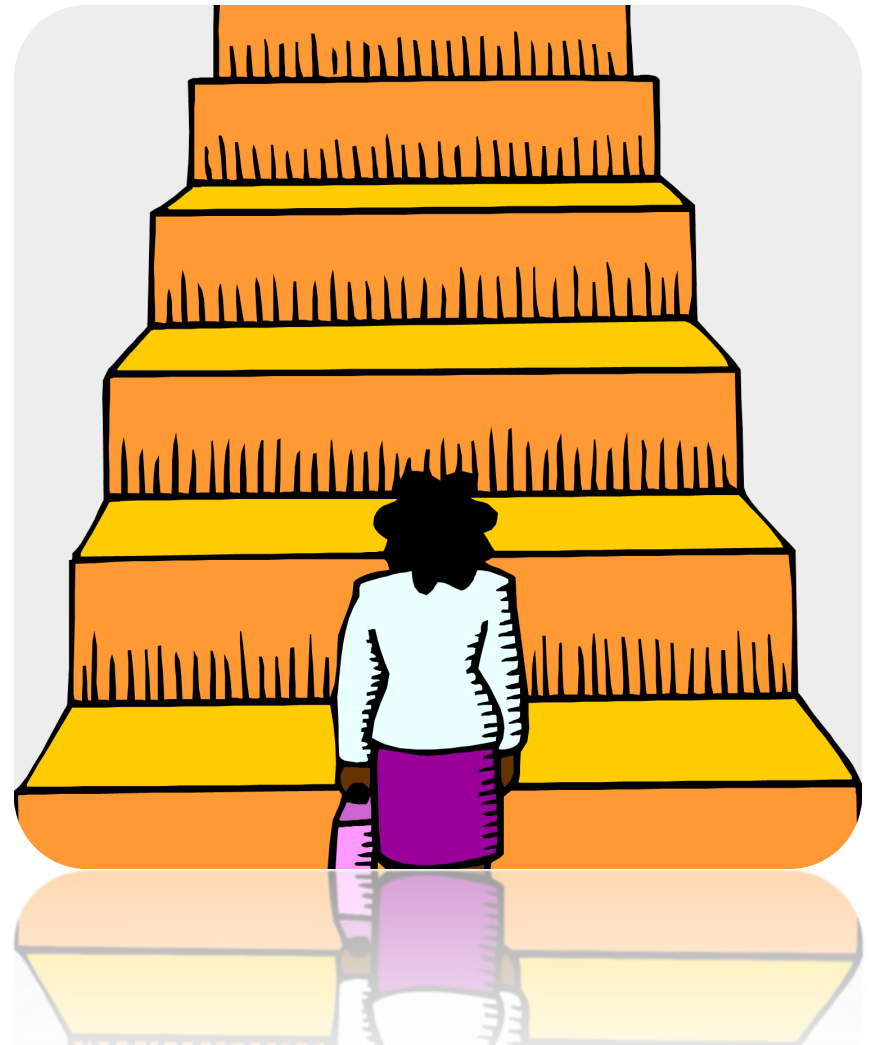
- One with the most pros and least cons
- Most feasible
- Less amount of effort



Solution Implementation

Even if you are on the right track, you'll get run over if you just sit there. – Will Rogers

- Steps to implementation
- Specify when will do (earlier the better)
- Delegate
- When to check in
- Do you need other people to help?



Solution Evaluation

When you lose, do not lose the lesson. – The 14th Dalai Lama

- Did it work?
 - If so, why?
 - Would you do anything differently?
 - Will you use this solution again?
- If not why?
 - What did you learn?
 - Does the problem need to be redefined?



Rewards and Activities

One joy scatters a hundred griefs. – Chinese proverb

- Make sure includes pleasant activities
- Include a reward for hard work
- Reinforce patient efforts at change



Action Plan

1. What is bothering me: _____

2. What I'd like to see change: _____

3. How I can get there:

4. My plan is:

a. _____

b. _____

c. _____

5. My plan:

- worked
- sort of worked
- didn't work (why)

Self-guided PST Project

(PI: Brooke Hollister, PhD NIA)

- Strong evidence for effects of self-guided treatments;
- Recruit 200 older, rural adults with depression;
- Will train peer counselors in PST principles;
- Patient will meet with LCSW once to learn PST, receive materials;
- Peers check in by phone with patients, to offer assistance.



Barriers to Treatment: False Ideas

- Depression will go away by itself
- Getting help is a sign of weakness
- Getting help is shameful
- I'm too old to get help
- I won't be in control if I get help
- I can't tell my doctor how I really feel

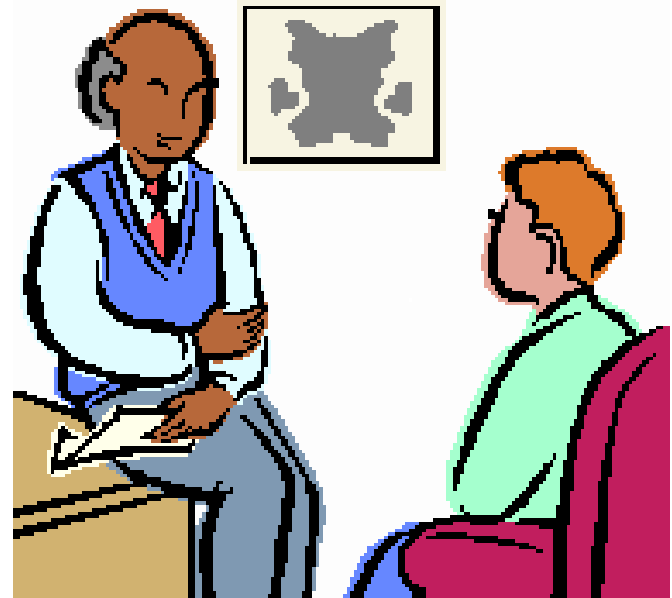


Getting Help For Depression



Where To Seek Help

- Your primary care doctor
- Mental health specialists
- Community mental health centers
- Hospitals
- Senior centers
- Places of worship



Questions To Ask Your Doctor/ Therapist

- Does doctor/ therapist regularly treat older adults?
- Does doctor/ therapist regularly treat older adults with mental health problems?
- How much time is spent talking to the patient?

Your Visit with the Doctor

- **Before the visit:**
 - Make a list of your concerns
 - Consider bringing a friend or relative
- **During the visit:**
 - Make sure your doctor takes your concerns seriously
 - Be honest. Your doctor can only help you if you say what you really feel

The Good News!

Depression is a treatable medical condition;

Up to 80% of people with depression can be treated successfully with

antidepressants, therapy, or both;

With treatment, people can start feeling better even within a few weeks.



Taking care of yourself



- Get exercise
- Get involved
- See your doctor regularly
- Recognize symptoms when you are feeling down
- Ask for help



Thank you!

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