



Depression in Older Adults

Rasha Nakhleh, MD, AGSF, FACP

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Learning Objectives

- DSM-5 criteria for diagnosis
- Screening tools
- Treatment options and efficacy
- Treatment-Resistant depression
- Case studies

OHSU

- No financial disclosure

CPD

◦ **Major Depression
Disorder – DSM-5
Criteria**

Table 1. DSM-5 Diagnostic Criteria for Major Depressive Disorder.*

Five or more of the following symptoms must be present nearly every day during a 2-wk period:

Core symptoms (≥1 required for diagnosis)

Depressed mood most of the day

Anhedonia or markedly decreased interest or pleasure in almost all activities

Additional symptoms

Clinically significant weight loss or increase or decrease in appetite

Insomnia or hypersomnia

Psychomotor agitation or retardation

Fatigue or loss of energy

Feelings of worthlessness or excessive or inappropriate guilt

Diminished ability to think or concentrate, or indecisiveness

Dysthymic Disorder – persistent depression disorder PDD

- **Two (or more) of the following symptoms are present while depressed:**
 - Poor appetite or overeating.
 - Insomnia or hypersomnia.
 - Low energy or fatigue.
 - Low self-esteem.
 - Poor concentration or difficulty making decisions.
 - Feelings of hopelessness.
- Duration: 2 years adult (1 year for children and adolescents)
- Symptoms are less severe than MDD
- Persistent and pervasive

Subsyndromal Depression- minor depression

- Sadness or anhedonia plus 2 of the following symptoms for 2 weeks
 - Change in appetite or weight
 - Sleep disturbances
 - Restlessness or sluggishness
 - Fatigue or energy loss
 - Lack of concentration
 - Worthlessness or excessive guilt
 - Thoughts of death or suicide

Major Depressive Disorder with Psychotic Features

- requires that the psychotic symptoms are directly related to the depressive episode and that they occur during the episode. The presence of psychotic features can significantly impact the severity and treatment of the depressive disorder.
- Fixed delusion
- Less often hallucination

Depression and Suicide Screening Tools.

A Patient Health Questionnaire 2

Over the past 2 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

B Ask Suicide-Screening Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. In the past few weeks, have you wished you were dead? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past week, have you been having thoughts about killing yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried to kill yourself?
If yes, how?_____ When?_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you having thoughts of killing yourself right now?
If yes, please describe:_____ | <input type="checkbox"/> | <input type="checkbox"/> |

Other screening tools

PHQ-9

- Multiple choice questions
- Better to monitor response for treatment
- Cut off more than 10 gives 88% sensitivity and specificity

GDS (15-30)- Geriatric Depression Scale

- YES/NO questions
- Easier for patients with cognitive impairment
- Cut off more than 5 (GDS15, more than 10 for GDS30 suggestive for depression)

Cornell Scale for Depression in Dementia CSDD

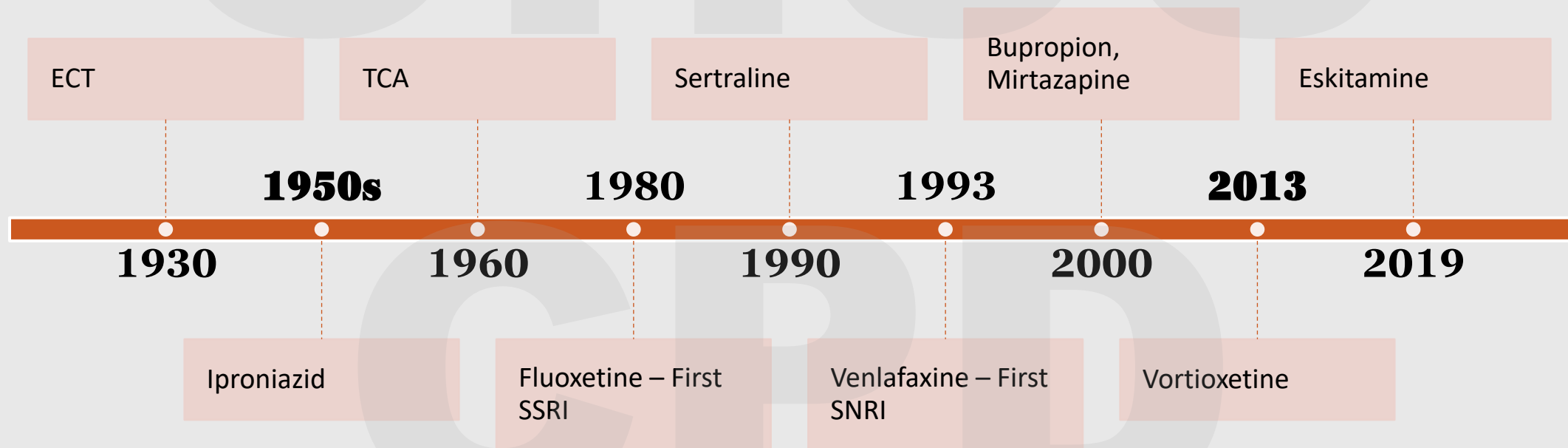
- Cut off 8 or higher is indicative of significant depressive symptoms
- Involve both patient and their caregiver/family

Do not forget: mania symptoms

- Flight of ideas
- Risky behaviors
- Irritability
- Hypersexuality
- Loss of sleep
- Rapid speech



Evolution of Anti-depressants



Consideration for treatment

- No medication is superior to other medication in treatment of depression.
- First line therapy is SSRI
- Patients' preference
- Physician's knowledge and comfort level
- Drug – Drug interaction
- Side effects profile of the medication

SSRI

Drug	Initial Dose	Optimal dose	Side Effects
Citalopram	10 mg	20 mg	QTC prolongation with doses higher than 20
Escitalopram	10 mg	10-20 mg	GI side effects, reduce dose in renal insufficiency
Sertraline	25 mg	100-200 mg	GI side effects, tremor, insomnia

SNRI

Drug	Initial Dose	Optimal dose	Side Effects
Duloxetine	20-30mg	60 mg	Drug interaction (CYP1A2, can increase LFTs, reduce dose in renal disease)
Venlafaxine XR	37.5-75 mg	75-225 mg	Mild hypertension, do not stop abruptly, reduce dose in renal disease
Vortioxetine	5mg	10-20 mg	GI side effects. Not much data on doses more than 5 mg in older adults

Side effects of antidepressant

Drug	Anticholinergic	Drowsiness	Insomnia/agitation	Orthostatic hypotension	QTc prolongation*	Gastrointestinal toxicity	Weight gain	Sexual dysfunction
Selective serotonin reuptake inhibitors[¶]								
Citalopram	0	0	1+	1+	3+ ^Δ	1+ [¶]	1+	3+
Escitalopram	0	0	1+	1+	2+	1+ [¶]	1+	3+
Fluoxetine	0	0	2+	1+	1+	1+ [¶]	0	3+
Fluvoxamine	0	1+	1+	1+	1+	1+ [¶]	1+	3+
Paroxetine	1+	1+	1+	2+	0 to 1+	1+ [¶]	2+	4+
Sertraline	0	0	2+	1+	1 to 2+	2+ [¶] ◇	1+	3+
Atypical agents								
Agomelatine [§] (not available in United States)	0	1+	1+	0	0	1+	0	0 to 1+
Bupropion	0	0	2+ (immediate release) 1+ (sustained release)	0	1+	1+	0	0
Mirtazapine	1+	4+	0	0	1+	0	4+	1+

Follow up

- HOPE and Support is important
- Quantitative data for follow up, prefer PHQ-9
- Physical activity and exercise
- Psychotherapy
- Frequent follow up to check in - adherence and side effects
- START LOW, GO SLOW BUT GO ALL THE WAY.



Treatment-Resistant Depression

lack of improvement despite adequate trials of two different classes of antidepressants for at least 8 weeks.



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CLINICAL PRACTICE

Patrick G. O'Malley, M.D., M.P.H., *Editor*

Treatment-Resistant Depression in Older Adults

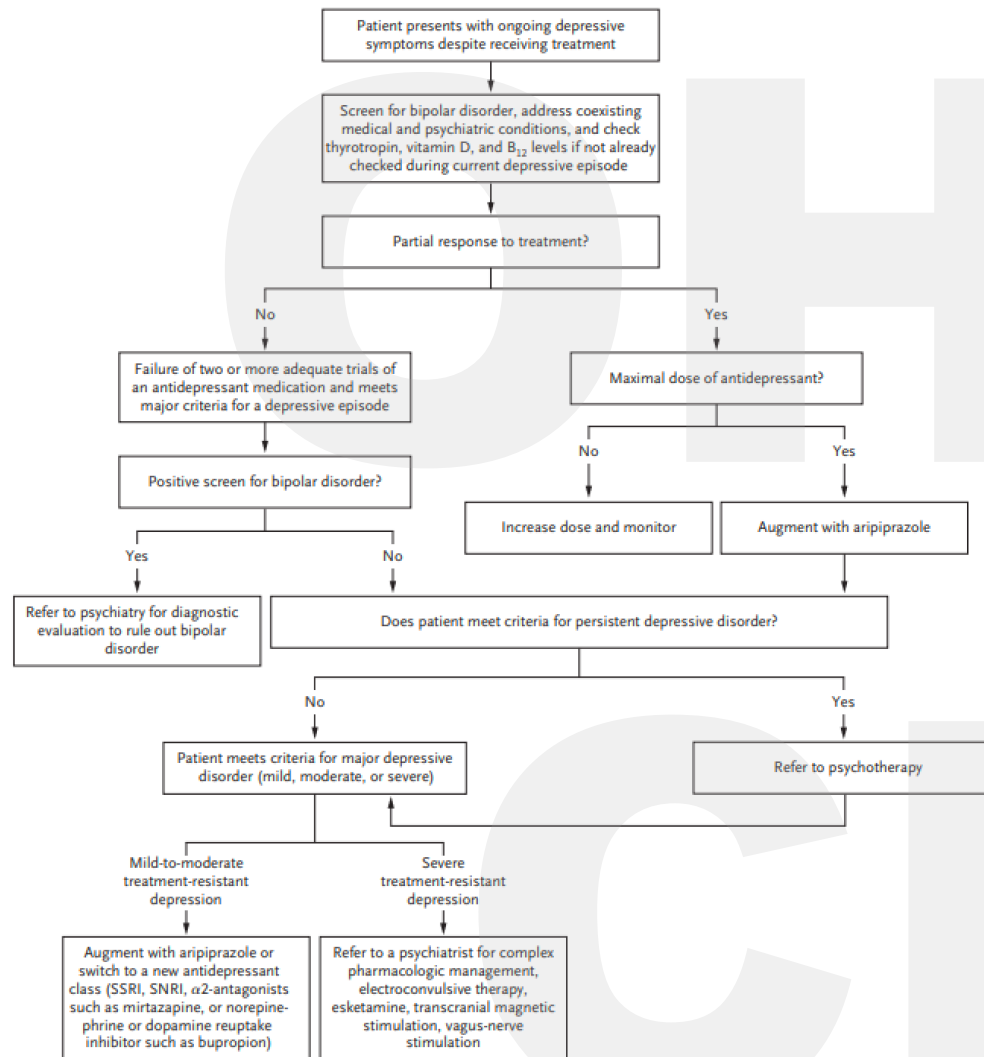


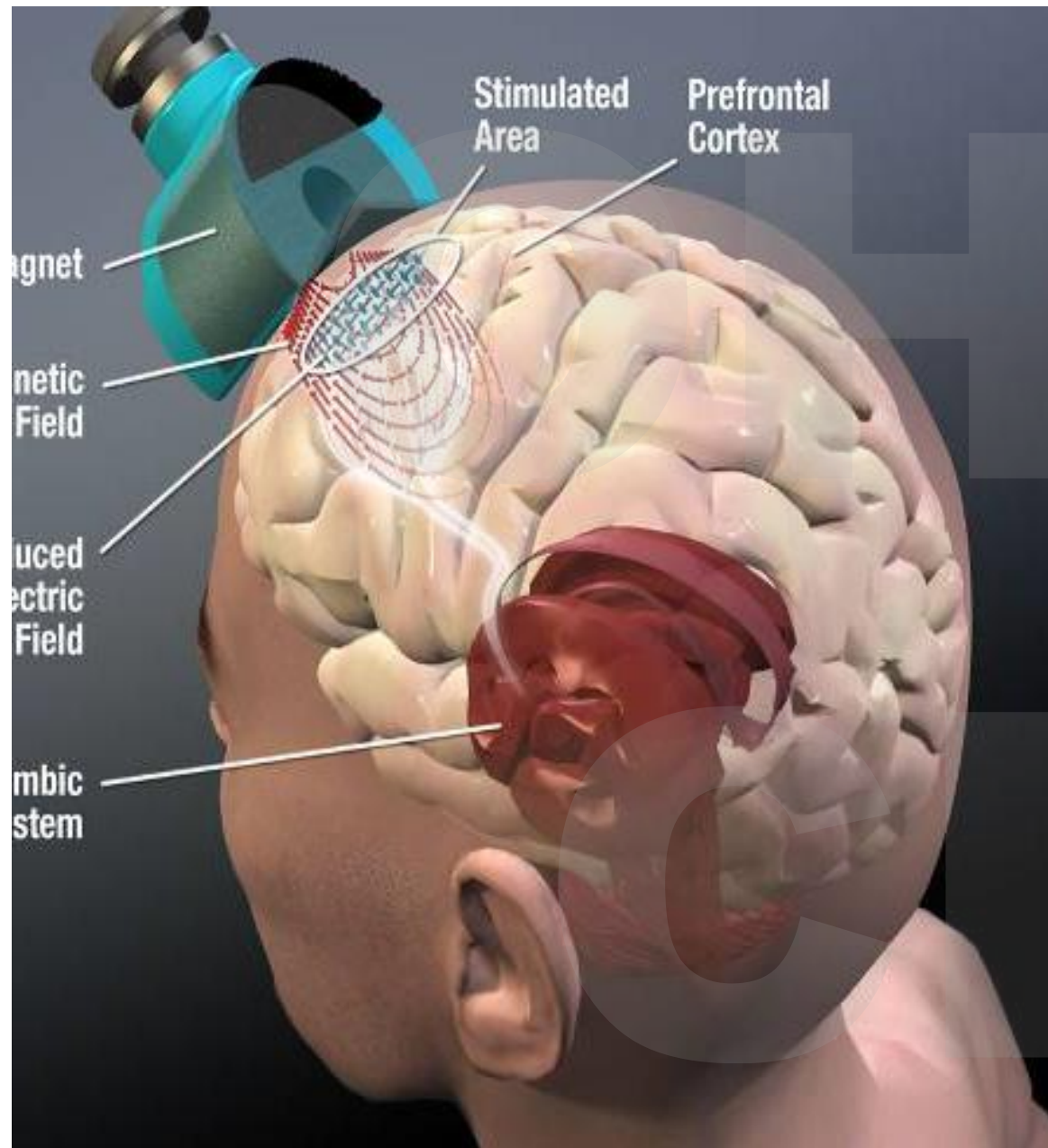
Figure 1. Management of Treatment-Resistant Depression in Older Adults.

SNRI denotes serotonin–norepinephrine reuptake inhibitors, and SSRI selective serotonin-reuptake inhibitors.



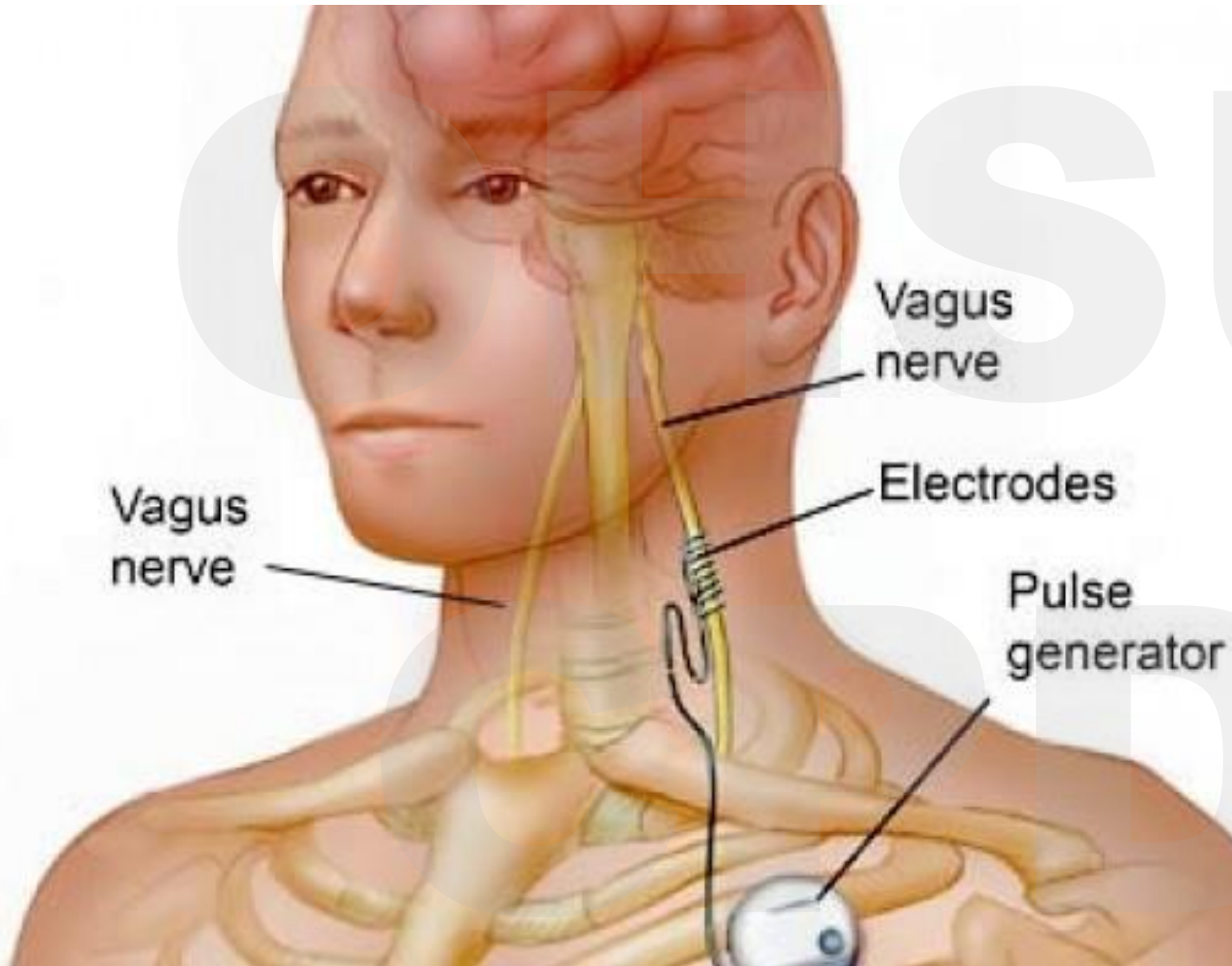
ECT

Dec 2018 - FDA
reclassified ECT
from class III
(higher risk) to class
II (moderate risk)
for treatment of
severe depression



Repetitive Transcranial Magnetic Stimulation

- FDA approved for treatment of MDD in 2008
- Response not as robust as younger adults



Vagal Nerve Stimulation (VNS)

- FDA approved VNS for treatment of resistant depression (lasting more than 2 years) in 2005
- CMS declined coverage



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journal homepage: www.ajgp-online.org



Regular Research Article

Investigating the Effectiveness and Tolerability of Intranasal Esketamine Among Older Adults With Treatment-Resistant Depression (TRD): A Post-hoc Analysis from the REAL-ESK Study Group

Giacomo d'Andrea, MD, Stefania Cbiappini, PhD, Roger S. McIntyre, PhD, Giulia Stefanelli, MD, Rosalba Carullo, MD, Ileana Andriola, MD, Raffaella Zanardi, MD, Vassilis Martiadis, PhD, Stefano L. Sensi, PhD, Gabriele Sani, MD, Massimo Clerici, MD, Giorgio Di Lorenzo, PhD, Antonio Vita, PhD, Mauro Pettorruso, PhD, Giovanni Martinotti, PhD

Original Contribution

FREE

December 11, 2002

Collaborative Care Management of Late-Life Depression in the Primary Care Setting

A Randomized Controlled Trial

Jürgen Unützer, MD, MPH; Wayne Katon, MD; Christopher M. Callahan, MD; [et al](#)

» [Author Affiliations](#)

JAMA. 2002;288(22):2836-2845. doi:10.1001/jama.288.22.2836

Pharmacogenomic testing and antidepressant response

- Pharmacokinetics of the medication
- Does not test efficacy or effectiveness of the medication

Antidepressant Discontinuation Syndrome

F

- Flu-like symptoms

I

- Insomnia

N

- Nausea

I

- Imbalance

S

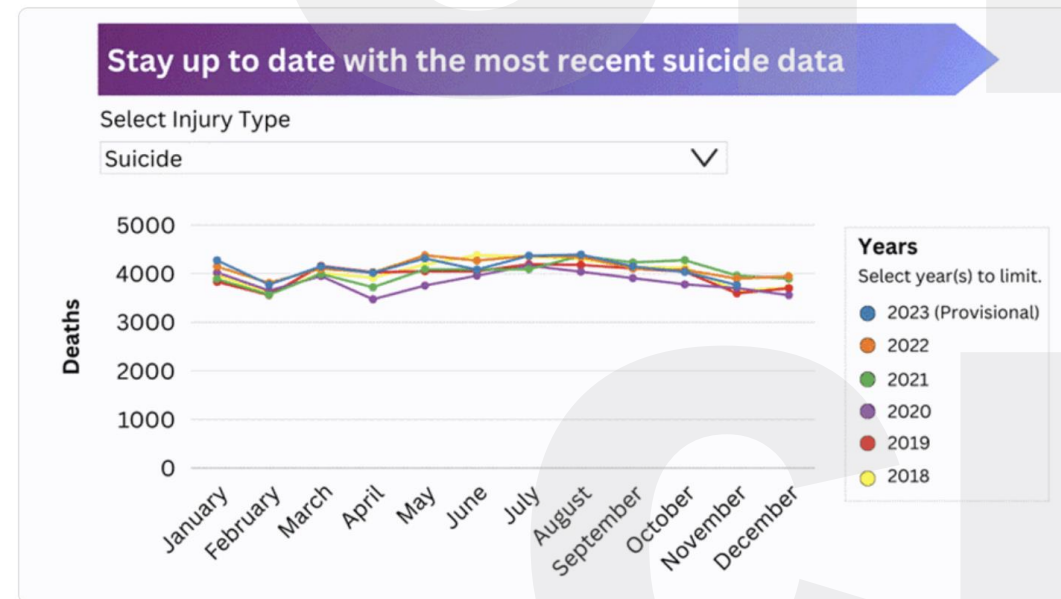
- Sensory disturbances

H

- Hyperarousal (anxiety/agitation)

Suicide trends interactive chart

Suicide is one of the leading causes of death in the United States. Use our [interactive chart](#) to track the number of suicide deaths by month and year.



Over
49,000
people died by
suicide in 2022



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

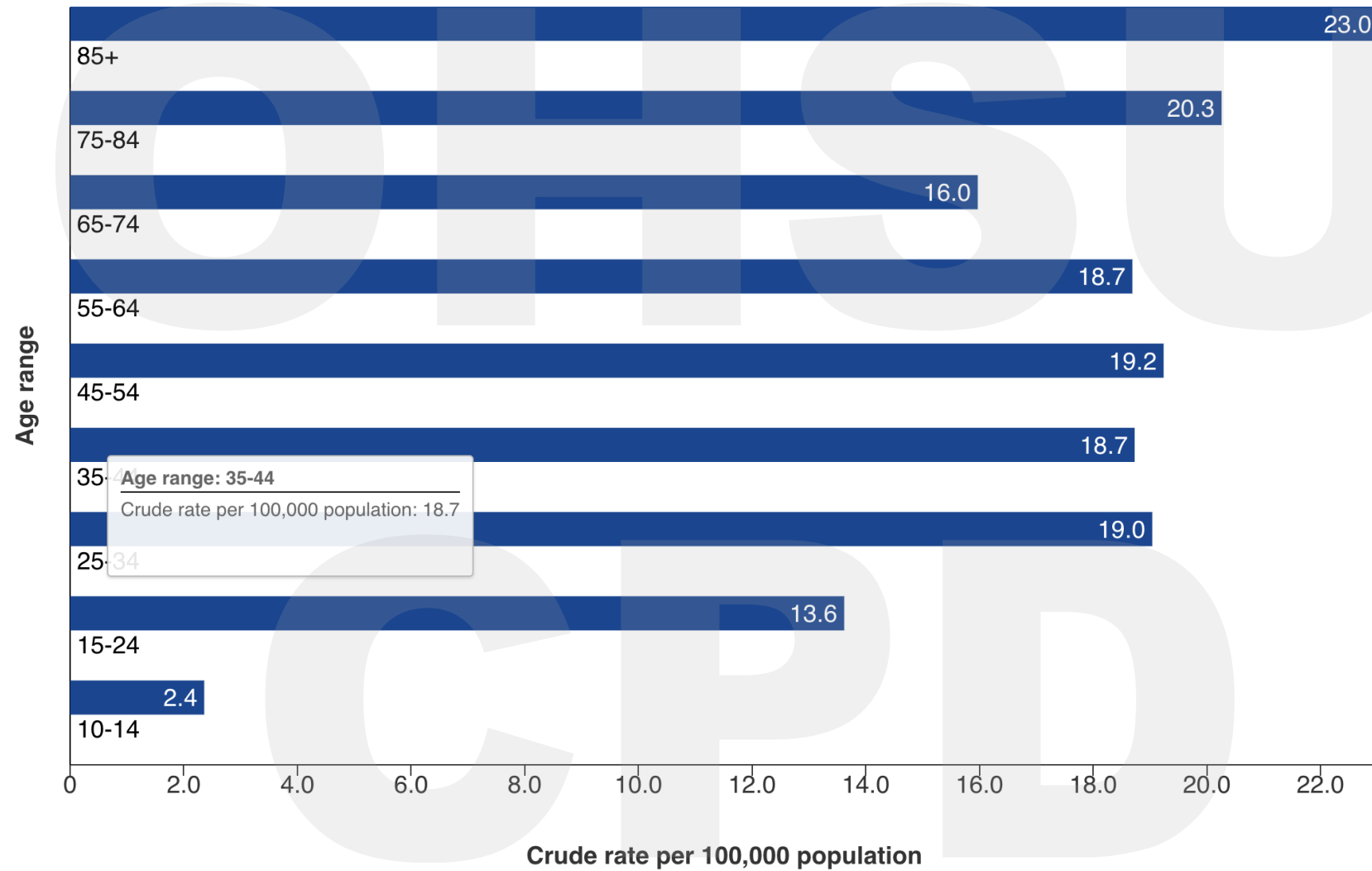
13.2 million
Seriously thought about suicide

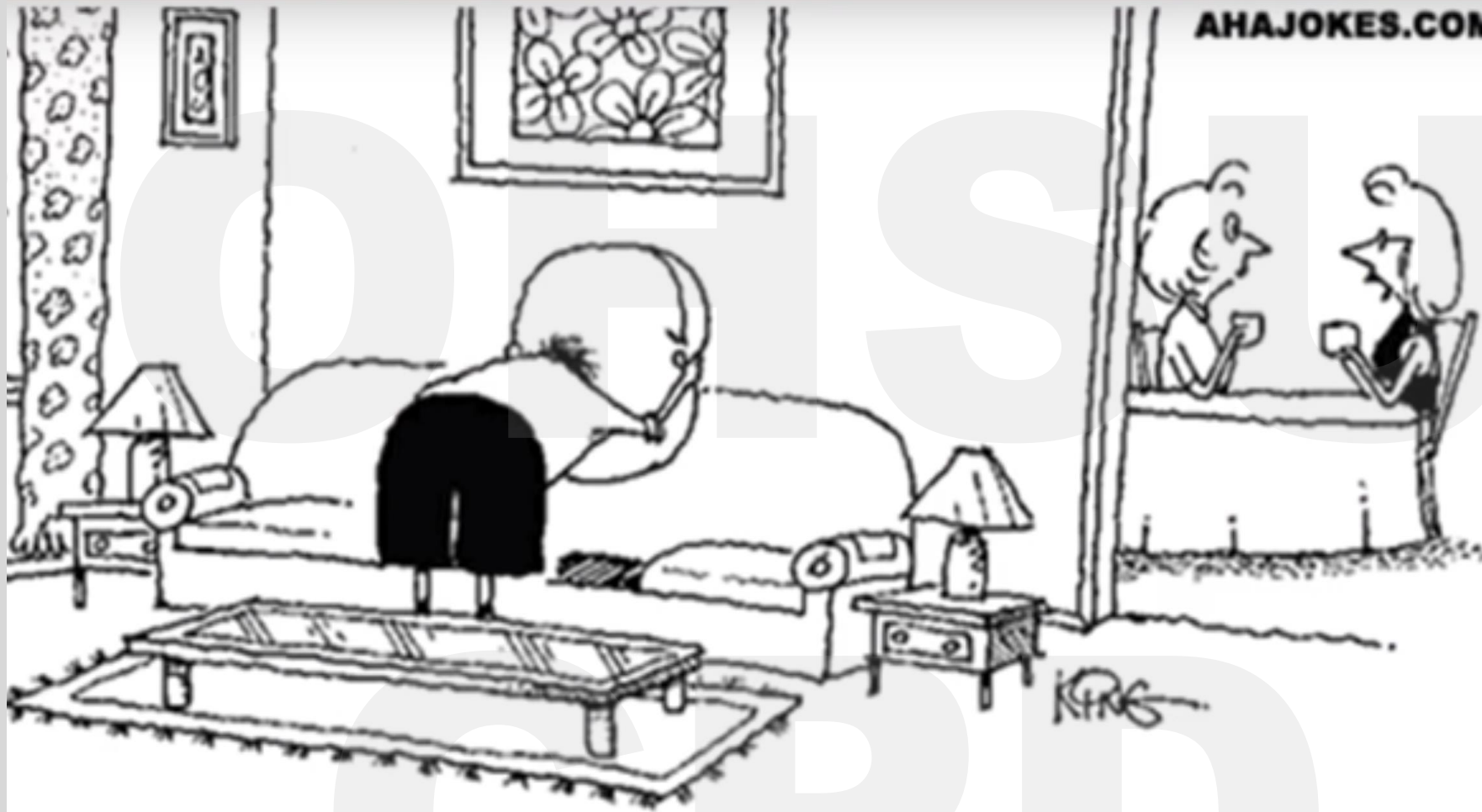
3.8 million
Made a plan for suicide

1.6 million
Attempted suicide

<https://www.cdc.gov/suicide/facts/data.html>

People ages 85 and older had the highest rates of suicide in 2022.





The doctor said he needed more activity. So I hide his T.V. remote three times a week.

