DEPRESSION: TREATMENT AND PROGRAMS: Acute Care to Wellness

Objectives: Depression in Older Adults
- List and discuss barriers to treatment
- Identify treatment goals
- Understand treatment preferences, provider and patient
- Describe the various treatments modalities

Goals of Treatment
- Remission/Resolution of depressive symptoms
- Prevent relapse and recurrence
- Improve quality of life and functioning
- Improve medical health and reduce mortality and suicide
- Develop and strengthen coping skills
- Reduce secondary symptoms
- Reduce healthcare cost
Barriers to Depression Care

- Inadequate treatment
- Medication adherence
- Lack of accessible, affordable, and age-appropriate care
- Limited use of specialty mental health care
- Lack of coordination and collaboration between providers

(Coll, 2006)

Considering Treatment Preferences

Factors for Providers to Consider

- Depression severity & duration
- Clinical presentation
- Co-morbidities & medications
- Treatment side effects
- Prior history of treatment response

(SAMHSA, 2011)

Factor Influencing Older Adults

- Perceived stigma
- Experiences of peers
- Co-payments
- Length of treatment needed
- Program expectations
- Treatment side effects
- Convenience
- Cost (e.g. prescription drug coverage)
- Transportation needs

Considering Treatment Preferences

- Older adults may have clear preferences for receiving one type of treatment over another.
- Examples: doubting that medication is helpful or reluctance to attending group therapy
- African Americans and Latinos are less likely to accept treatment (antidepressants and/psychotherapy), than are non-Hispanic Whites (Akinbogun et al., 2012)
- Using shared decision-making is key

(SAMHSA, 2011)
Types of Treatment

- Psychopharmacology
- Psychotherapy
- Electroconvulsive Therapy & Transcranial Magnetic Stimulation
- Collaborative Therapy

Psychopharmacology for Older Adults

Commonly Prescribed Medications

- Selective serotonin reuptake inhibitors (SSRIs) are first-line treatment because they are better tolerated
- Adverse effects are common, education and monitoring is essential
- Start low and go slow
- Simpler, less frequent dosing regimens are associated with improved adherence (Russell et al., 2006)
- Antidepressant therapy should continue for 6-12 months

Medication Tips

- Evidence-Based Psychotherapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Focus of Intervention</th>
<th>Specific Techniques</th>
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</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Therapy (CBT)</td>
<td>Maladaptive thoughts and behaviors</td>
<td>Self-monitoring, increasing participation in pleasant events, challenging negative thoughts and assumptions</td>
</tr>
<tr>
<td>Interpersonal Psychotherapy (IPT)</td>
<td>Unresolved grief, interpersonal disputes, role transitions, skills deficits</td>
<td>Exploration of affect, behavior change techniques, reality testing of perceptions</td>
</tr>
<tr>
<td>Problem-Solving Therapy (PST)</td>
<td>Problem-solving skills</td>
<td>Identifying specific problems, brainstorming, evaluating, implementing and reviewing solutions</td>
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ECT and TMS

ECT - procedure in which electric currents are passed through the brain, to trigger a brief seizure. This seizure releases many chemicals in the brain which make the brain cells work better. Click on or copy and paste the weblink below to access more information on ECT:

http://fuquacenter.org/TreatmentOptions#ect

TMS - procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. Click on or copy and paste the weblink below to access a video that demonstrates TMS:

http://www.youtube.com/watch?v=sC_vGdAHMpE

Case Study

Ms. G is a 75-year old female living alone in her apartment in New York City. Her husband died suddenly two years ago of a heart attack. Their two children are alive and living out-of-state. Both of her sons maintain weekly phone contact with Ms. G and visit usually once a year. Ms. G has been doing well until about 6 weeks ago when she fell in her apartment and sustained bruises but, did not require a hospital visit. Since then, she has been preoccupied with her failing eyesight and decreased ambulation. She does not go shopping as often, stating she doesn’t enjoy going out anymore and feels “very sad and teary.” Ms. G states that her shopping needs are less, since she is not as hungry as she used to be and she states, “I’m getting too old to cook for one person only.”

Case Study Discussion Questions

What type(s) of treatment/interventions would be beneficial for the depression Ms. G may be experiencing? Describe why you think this type of treatment/intervention may be an appropriate choice.

What would be the goals of the intervention that you selected?

What are some of the barriers to treatment you should consider for Ms. G?
Evidence Based Programs

**IMPACT**
- (Improving Mood—Promoting Access to Collaborative Treatment) intervention for patients ≥60 who have major depression/dysthymic disorder. The intervention is a 1-year, stepped collaborative care approach in which a nurse, social worker, or psychologist works with the patient's regular primary care provider to develop a course of treatment. Click on or copy and paste the weblink below to access more information of IMPACT:
  - [http://impact.uw.org/](http://impact.uw.org/)

**PEARLES**
- (Program to Encourage Active, Rewarding Lives for Seniors) is an intervention for people 60 years and older who have minor depression or dysthymia and are receiving home-based social services from community services agencies. Click on or copy and paste the weblink below to learn more about PEARLES:
  - [http://www.pearlprogram.org/OurProgram/PEARLES-for-Older-Adults.aspx](http://www.pearlprogram.org/OurProgram/PEARLES-for-Older-Adults.aspx)

**Healthy IDEAS**
- (Identifying Depression, Empowering Activities for Seniors) is a program to detect and address depressive symptoms in older adults with chronic health conditions and functional limitations. Click on or copy and paste the weblink below to learn more about IDEAS:

**PROSPECT**
- (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. It also aims to reduce their risk of death. Click on or copy and paste the weblink below to learn more about PROSPECT:
  - [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181574/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181574/)

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**Table 1: Factors to Consider in Selecting an EBP From the Intervention to with the week and support of patient implementation.**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Year of Implementing Interventions</th>
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</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>1 year before intervention</td>
<td>1 year before intervention</td>
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<td>Methods</td>
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<td>Reports</td>
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(SAMHSA, 2011)
Additional Treatment Considerations

- Technology-Based Applications (e.g. Telemedicine, Videoconferencing and Computer Assisted Therapy)

- Use of religion or spirituality in therapy (Stanley et al., 2007)

- Bright light therapy (Seasonal Affective Disorders)

- Sensory Stimulation Therapies (e.g. pet therapy, massage therapy) (Sacke, et al., 2009)
  - Hypericum or St. John's Wort and S-adenyl-L-methionine or SAM-e
  - Click on or copy and paste the weblink below for more information.
  - http://fuquacenter.org/TreatmentOptions

Treatment Phases

- Acute Phase (focus on current episode)
  - Duration: about 3 months
  - Goal is complete recovery from signs and symptoms of acute episode

- Continuation Phase (post-episode support)
  - Duration: 4-6 months
  - Goal is to prevent relapse as symptoms continue to decline and functionality improves

- Maintenance Phase (generalized prevention)
  - Duration: 3 months or longer
  - Goal is to prevent recurrence of a new depressive episode
Podcast

Eve Byrd is a certified Family Nurse Practitioner and licensed Psychiatric Clinical Nurse Specialist. She is the Executive Director of the Fuqua Center for Late Life Depression in Atlanta, GA.

Eve will talk about her experience

Click on or copy and paste the weblink below to access the podcast:

https://gsu.sharestream.net/ssdcms/i.do?u=4fb8fd52d79545b

Final Thoughts

- Depression in older adults is treatable in up to 80% of cases.

- Combination treatment, medication and psychotherapy, is the most effective for treating depression and preventing relapse.

References