Part 2: WHEN TO TREAT, REFER & MONITORING & LONG TERM TREATMENT

Commonly Used Anti-Depressant Medications - National Guidelines for Seniors Mental Health: Part 5.

Generic Name SSRI	Trade Name	Starting Dose (mg/day)	Average Dose	Maximum recommended dose (CrCl)	Comments/caution
Citalopram	Celexa	10	20-40	40 mg	
Escitalopram	Cipralex	5	10-20	20 mg	
Sertraline	Zoloft	25	50-150	200 mg	
Other agents					
Bupropion	Wellbutrin	100	100 mg BID	150 mg BID	May cause seizures
Mirtazapine	Remeron	15	30-45	45 mg	
Moclobemide	Manerix	150	150-300 BID	300 mg BID	Do not combine with MAO-B inhibitors or Tricyclics
Venlafaxine	Effexor	37.5	75-225	*375 mg	*For severe depression, may increase blood pressure
Tricyclic antidepressants					
desipramine	Norpramin	10-25	50-150	300 mg	Anticholinergic properties; cardio-vascular side effects: monitor blood levels
Nortriptyline	Aventyl	10-25	40-100	200 mg	Anticholinergic properties; cardio-vascular side effects: monitor blood levels

5 WHEN TO TREAT

National Guidelines for Seniors Mental Health: Part 2: 2.1.1

Following a positive screen for depression a complete bio-psycho-social assessment should be conducted including:

- A review of diagnostic criteria in the DSM IV-TR or ICD 10 manuals
- An estimate of severity, including presence of psychotic or catatonic symptoms
- Risk of suicide, by directly asking patients about suicidal ideation, intent and plan
- Personal or family history of mood disorder
- Medication use and substance abuse
- Review of current stressors and life situation
- Level of functioning/disability
- Family situation, social integration/support
- Mental status exam, plus assessment of cognitive function
- Physical exam and lab tests to determine if medical issues contribute or mimic depressive symptoms

Treatment can be divided into 3 main phases

- Acute treatment phase: to achieve remission of symptoms
- Continuation phase: to prevent recurrence or relapse of same episode of illness
- Maintenance or prophylaxis phase: to prevent future episodes or recurrence

6 GUIDELINES FOR TREATMENT

National Guidelines for Seniors Mental Health: Part 4 & 5

Psychotherapies & Psychosocial Interventions

- Supportive care should be offered to all patients who are depressed
- Psychotherapy is a first line of treatment or in combination with antidepressant medication
  - Based on type of depression, coping style, level of cognitive functioning
  - Psychotherapy – provided by trained mental health professionals

Pharmacological Treatment

- Medications are used in combination with psycho social or psychotherapy treatments
- Part of overall treatment of depressed older adults
  - See table for commonly used antidepressants
  - See full guideline for details of prescribing and monitoring

7 WHEN TO REFER

National Guidelines for Seniors Mental Health: Part 3: 3.5

Recommendations for clinicians to refer for Psychiatric Care at Time of Diagnosis

- Psychotic depression
- Bipolar disorder
- Depression with suicidal ideation

8 MONITORING AND LONG TERM TREATEMENT

National Guidelines for Seniors Mental Health: Part 6: 3

Health care providers should monitor the older adult for re-occurrence of depression for the first 2 years after treatment

- Ongoing monitoring should focus on depressive symptoms present during initial episode
- Older adults in remission of their first episode should be treated for a minimum of one year and up to 2 years from time of improvement
- Older adults with recurrent episodes should receive indefinite maintenance therapy
- In LTC homes, response to therapy should be evaluated monthly after initial improvement and then every three months, as well as annual assessment after remission of symptoms

Tool on **Depression: Assessment and Treatment**

For Older Adults

Based on:
National Guidelines for Seniors' Mental Health: the Assessment and Treatment of Depression
Available on line: www.ccsmh.ca

www.nicenet.ca

NICE
National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées
We care together
Ensemble pour le bien-être des aînés

Canadian Coalition for Seniors' Mental Health
To promote seniors' mental health by connecting people, ideas and resources.
Coalition Canadienne pour la Santé Mentale des Personnes Âgées
Promouvoir la santé mentale des personnes âgées en reliant les personnes, les idées et les ressources.

1 IS MY PATIENT AT RISK FOR DEPRESSION?

National Guidelines for Seniors Mental Health: Part 2: 2.1.1

PREDISPOSING FACTORS

- Female
- Widowed or divorced
- Previous depression history
- Brain changes due to vascular problems
- Major physical and chronic disabling illnesses
- Medications or Polypharmacy
- Excessive alcohol use
- Social disadvantage & low social support
- Caregiver for person with a major disease (e.g., dementia)
- Personality type (e.g., relationship or dependence problems)

PRECIPITATING FACTORS

- Recent bereavement
- Move from home to other places (e.g., nursing home)
- Adverse life events (e.g., losses, separation, financial crisis)
- Chronic stress with declining health, family or marital problems
- Social isolation
- Persistent sleep difficulties

2 RECOMMENDED ASSESSMENT OPTIONS

National Guidelines for Seniors Mental Health: Part 2: 2.1.2

A structured interview using one of the following tools:

TOOLS DEVELOPED TO REFLECT DEPRESSION IN OLDER ADULTS

In general medical practice, nursing/residential homes or inpatient settings

- SIG E CAPS-(http://webmedia.unmc.edu/intmed/geriatics/reynolds/pearlcards/depression/depressionindex.htm)
- The Geriatric Depression Scale (http://www.stanford.edu/~yesavage/GDS.html)
- Brief Assessment Schedule for the Elderly (BASDEC) (http://www.medalreg.com/www/sheets/ch18/depression%20Koenig%20scale.xls)

In community surveys

- Center for Epidemiological Studies – Depression Scale
- The Geriatric Mental State Schedule (GMSS)

For depression in the presence of dementia or significant cognitive difficulties

- The Cornell Scale for Depression in Dementia (http://www.emoryhealthcare.org/departments/fuqua/CornellScale.pdf)

3 DIAGNOSTIC CRITERIA

National Guidelines for Seniors Mental Health: Part 2: 2.2

DIAGNOSTIC CRITERIA FOR DEPRESSION - DSM IV

A cluster of symptoms present on most days, most of the time, for at least 2 weeks

- Depressed mood
- Loss of interest or pleasure in normal, previously enjoyed activities
- Decreased energy and increased fatigue
- Sleep disturbance
- Inappropriate feelings of guilt
- Diminished ability to think or concentrate
- Appetite change (i.e., usually loss of appetite in the elderly)
- Psychomotor agitation or retardation
- Suicidal ideation or recurrent thoughts of death

DSM IV-TR CLASSIFICATION (APA, 2000)

Make a clear DSM-IV diagnosis & document
Different types of depressive disorders

- Major depressive episodes (i.e., part of unipolar, bipolar mood disorder or secondary to a medical condition)
- Dysthymic disorder
- Depressive disorders not otherwise specified: A group of disorders including minor depressive disorder, post psychotic depressive disorder of schizophrenia and depressive disorders of unclear etiology (e.g., may be primary or secondary to a medical condition or substance induced)

4 SUICIDE RISK

National Guidelines for Seniors Mental Health: Part 2: 2.1

Non-modifiable risk factors

- Old age
- Male gender
- Being widowed or divorced
- Previous attempt at self-harm
- Losses (e.g., health status, role, independence, significant relations)

Potentially modifiable risk factors

- Social isolation
- Presence of chronic pain
- Abuse/misuse of alcohol or other medications
- Presence & severity of depression
- Presence of hopelessness and suicidal ideation
- Access to means, especially firearms

Behaviors to alert clinicians to potential suicide

- Agitation
- Giving personal possessions away
- Reviewing one's will
- Increase in alcohol use
- Non-compliance with medical treatment
- Taking unnecessary risk
- Preoccupation with death