


Slide 1

Click here to start the module.

## Depression and Older Adults

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or the **Exit** button to leave the module.*


*Use the forward arrow to continue.*




## Depression and Older Adults

*At any time, feel free to select the **CC** button to see captions text or the **Exit** button to leave the module.*

*Use the forward arrow to continue.*






## Learning Objectives


After completing this module, learners will be able to:

- Define older adult depressive disorders
- Describe unique presentation of depression in older adults
- Assess older adults for depression using standardized assessment tools
- Understand evidence-based depression treatments for older adults
- Recognize barriers to treatment and intervention strategies for treatment resistant depression

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2






## Background

Untreated depression in older adults has serious negative emotional and physical consequences, including the highest rates of completed suicide in this age group.

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3



## Depressive Disorders


- Major Depressive Disorder
- Minor Depression / Unspecified Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Bipolar Disorder
- Adjustment Disorder with Depressed Mood



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4





# Major Depressive Disorder

## SYMPTOMS


- Depressed mood
- **Anhedonia**
- Appetite changes
- **Sleep changes**
- **Psychomotor changes**
- **Fatigue**
- Guilt or worthlessness
- Concentration
- Suicidal ideation

*Use the forward arrow to continue.*

## CRITERIA

- Minimum two weeks
- Clinically significant distress or impairment
- Not caused by substance use or medical condition

5



## Major Depressive Disorder in Older Adults

- Mixed research on unique presentation
- Less likely to report depressed mood and feelings of guilt
- More likely to report
  - Memory problems
  - Physical pain all over
  - Decreased physical function
- Higher relapse rate related to medical comorbidity



*Use the forward arrow to continue.*

6



## Minor Depression

- DSM-5: Unspecified Depressive Disorder
  - $\geq 2$  symptoms for 2+ weeks causing impairment
  - Depressive symptoms cause clinically significant distress or impairment
- Minor or subsyndromal depression
  - 10-50% among older adults
  - Associated with decreased function and suicidal ideation



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7





## Early vs. Late Onset



### EARLY ONSET DEPRESSION

- First episode as a teen or young adult
- Higher prevalence of:
  - Family history of depression
  - Personality disorder

### LATE ONSET DEPRESSION

- First episode after age 65
- Higher prevalence of:
  - Vascular risk factors
  - Cognitive deficits, particularly executive dysfunction

*Use the forward arrow to continue.*

8



## Depression & Health Behavior

- Higher mortality rates due suicide and medical conditions
- Poor self-care
- Non-adherence with medication regimens
- Decreased levels of physical activity
- Poor dietary habits
- Causes medical conditions
- Makes existing medical condition and depression symptoms worse



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9



## Implications

- Implications for untreated depression
- Decline in quality of life and functioning
- Higher risk for substance use and suicide
- Increased health care costs, medical morbidity, and death



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10



## Take Home Message

- Older adults present with unique symptom patterns compared to younger adults
- Significant emotional and physical implications for untreated depression



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11






## Prevalence & Risk Factors

- Rates of depressive disorders
- Psychosocial, medical and environmental risk factors

12



## Rates of Depression in Older Adults

- Experience lower rates of major depression than younger adults
- Older adults from LGBTQ and minority communities may have higher rates
- 5-12% in older adults with medical problems that result in frequent doctor's visits or hospitalization
- 5-25% among older adults in long term care
- Depression is NOT a normal part of aging

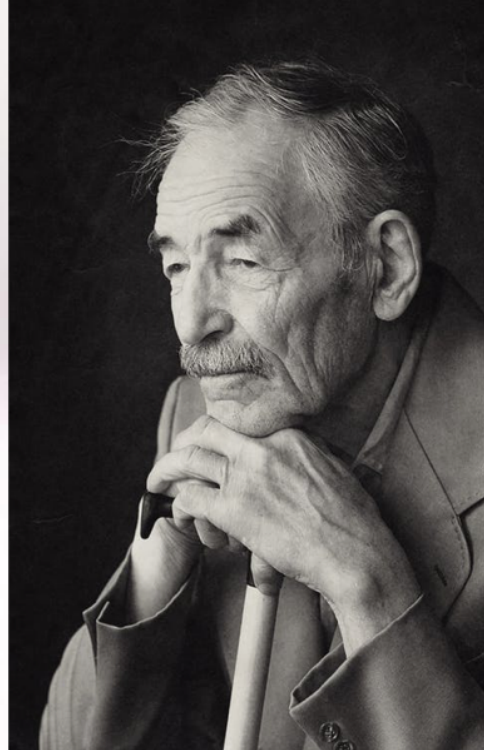
**Depression is NOT  
a normal part of aging**

13



## Risk Factors: Psychosocial

- Stressful life events
  - Loss
  - Role changes
  - Finances
  - Interpersonal conflict
  - Lost of function
- Social isolation and loneliness
- Personality traits
  - Neuroticism
  - Rumination
  - Avoidance



14



## Risk Factors: Medical

- Medical issues
  - Cardiovascular disease
  - Stroke
  - Dementia
  - Parkinson's disease
  - Insomnia
  - Certain medications
- Bi-directional relationship
  - Diabetes
  - Dementia



15





## Risk Factors: Environmental

- Low socioeconomic status (SES)
  - Chronic financial burden, crime and violence exposure, and instability in housing environments
- Depression in minority communities
  - Often underdiagnosed and undertreated
  - Lack of access to appropriate mental health care



16



## Protective Factors

- Physical activity
- Social support
- Life satisfaction
- Self-esteem
- Purpose in life

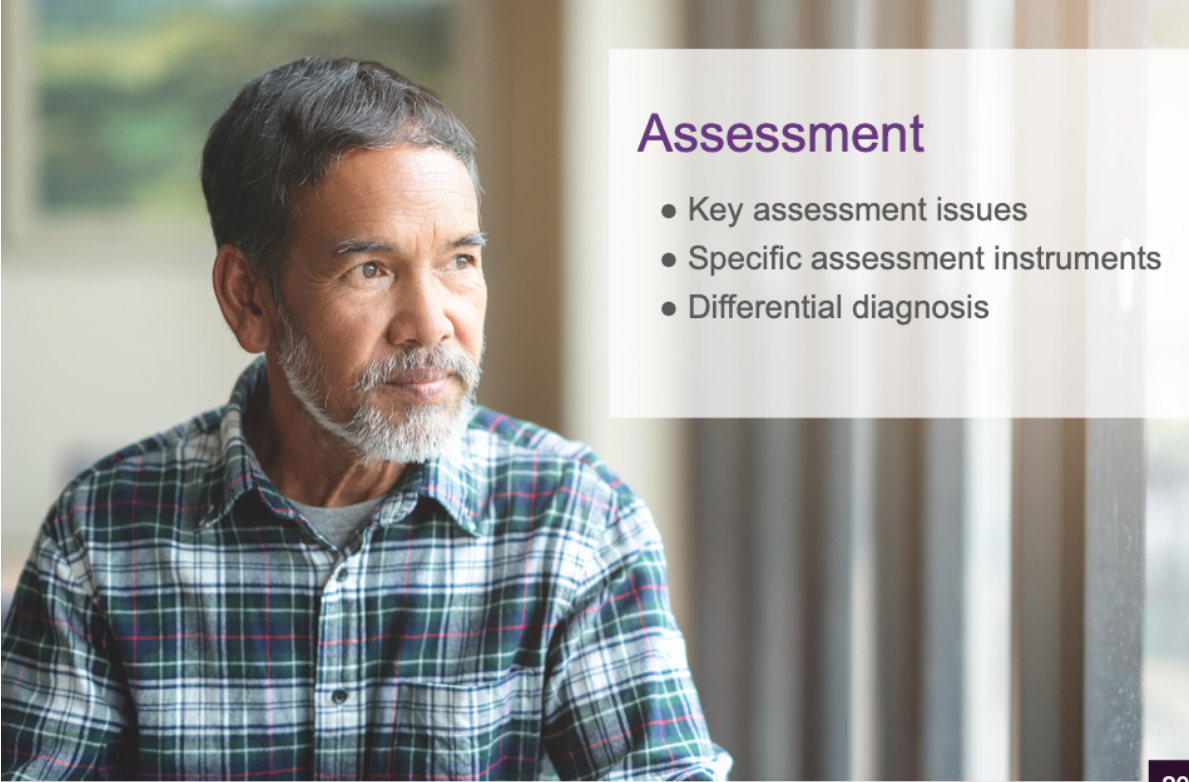




## Take Home Message

- Depression is NOT a normal part of aging
- Older adults have lower rates of depressive disorders than younger adults
- Mrs. Martinez illustrated some of the unique psychosocial, medical, and environmental risk factors for depression






## Assessment

- Key assessment issues
- Specific assessment instruments
- Differential diagnosis

20



## Assessment of Depression in Older Adults

- Comprehensive assessment for depression
  - Clinical interview
  - Self-report measures
  - Interviewer administered measures
  - Family or caregiver report, as appropriate

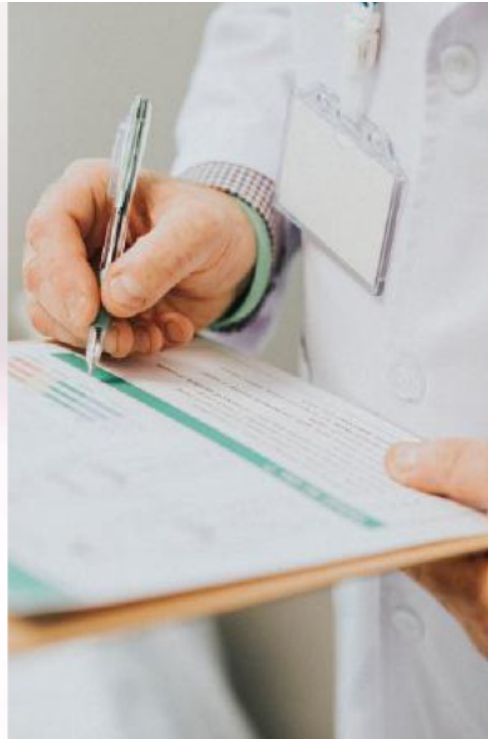


21



## Issues to Consider During Assessment

- Reciprocal relationships of depression, physical illness, cognitive impairment
- Depression can impact cognitive screening measures
  - Attention, executive function, working memory
- Marked impairment on a cognitive screening measure likely not due to depression alone



22



## Self-Report Measures for Older Adults

- Factors influencing validity
  - Under-reporting
  - Literacy
  - English as a second language
  - Poor eye-sight
  - Response style
  - Somatic and non-somatic items





## Geriatric Depression Scale (GDS)

- Self report, designed for older adults
  - 30 item and 15 item versions; yes/no response
  - Short form (GDS-15) scores:
    - 0-4 no-minimal depression; 5-8 mild; 9-11 moderate; 12-15 severe depression
- Reliable and valid in studies of older adults
  - Community dwelling
  - Physically ill
  - Medical inpatients
  - Persons with mild dementia
  - Utility declines with dementia severity
- In public domain, available in many languages



## Patient Health Questionnaire-9 (PHQ-9)

- Designed for adults in primary care
- Reliable and valid for older adults
- Corresponds to DSM-5 symptoms of major depression
- 9 items
- Likert style symptom frequency in past two weeks
  - 0-4 minimal depression
  - 5-9 mild depression
  - 10-14 moderate depression
  - 15-19 moderately severe depression
  - 20+ severe depression
- Dependent on recall
- Part of Minimum Data Set in long term care settings
- Public domain



## Beck Depression Inventory - II (BDI-II)

- Reliable and valid with older adults
- Based on DSM-IV
- 21 Likert style items reflecting symptom severity
- Scores 0-13 minimal depression; 14-19 mild depression; 20-28 moderate depression; 29-63 severe depression
- Cognitively impaired may have difficulty with multiple choice format
- Available for purchase

26




## Cornell Scale for Depression in Dementia

- 19 item semi-structured interview with older adult and informant using same items for each
- Likert based scoring: unable to evaluate, 0=absent; 1=mild or intermittent, 2=severe
- Scores > 10 likely depression; scores >18 major depressive episode
- Fails to discriminate in mild range

27



## Differential Diagnosis: Cognitive Impairment




- Sleep disturbance
- Anhedonia
- Poor attention / concentration / memory impairment
- Appetite change
- Agitation / irritability

- Loss of energy
- Feelings of guilt or regret
- Thoughts of suicide

- Difficulty organizing thoughts
- Language deficits
- Incontinence in later stages

28



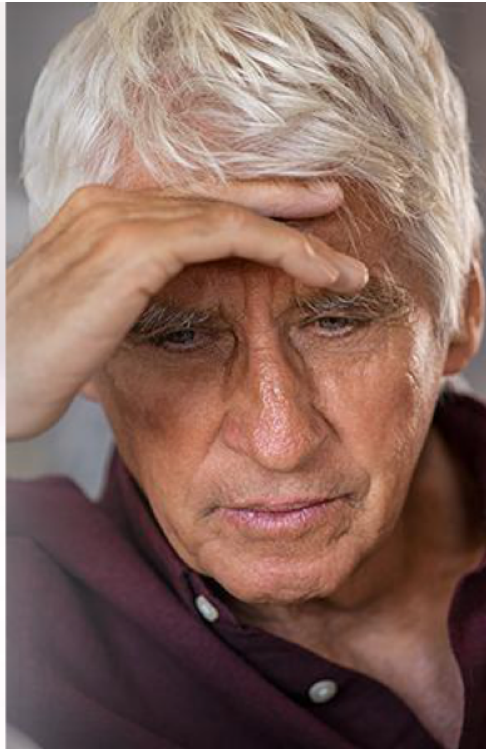
## Differential Diagnosis: Sleep Disorders

- Increased risk for sleep disorders
  - Obstructive sleep apnea
  - Chronic insomnia
- Symptoms similar to depression
  - Fatigue
  - Poor sleep
  - Feelings of worthlessness
  - Low mood
- Measures
  - Epworth Sleepiness Scale
  - Insomnia Severity Index



## Differential Diagnosis: Grief and Mental Health Issues

- Normal Grief
- Prolonged Grief Disorder
- Post-Traumatic Stress Disorder
  - PTSD Checklist (PCL)



30



## Differential Diagnosis: Medical Comorbidities

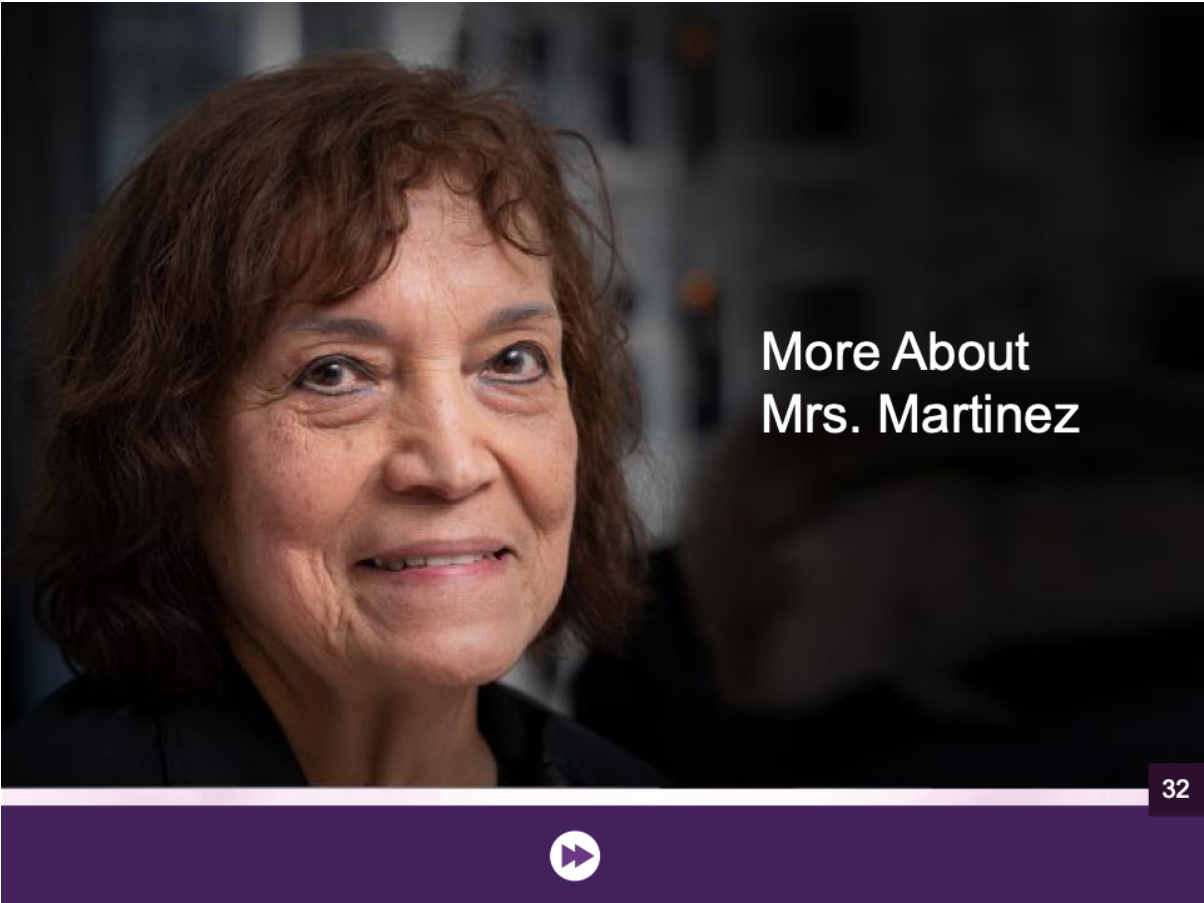
- Hypothyroidism
- Vitamin deficiency (e.g., B-12)
- Medication interactions and side effects



31







## Learning Check

*When assessing older adults for depression, which measure is not necessary?*

- A. Epworth Sleepiness Scale
- B. Patient Health Questionnaire
- C. Minnesota Multiphasic Personality Inventory
- D. Montreal Cognitive Assessment



## Learning Check

*When assessing older adults for depression, which measure is not necessary?*

**A. Epworth Sleepiness Scale**

B. Patient Health Questionnaire

C. Minnesota Multiphasic Personality Inventory

D. Montreal Cognitive Assessment

**Sorry, that's incorrect.**

Please select again.

## Learning Check

*When assessing older adults for depression, which measure is not necessary?*

A. Epworth Sleepiness Scale

**B. Patient Health Questionnaire**

C. Minnesota Multiphasic Personality Inventory

D. Montreal Cognitive Assessment

**Sorry, that's incorrect.**

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## Learning Check

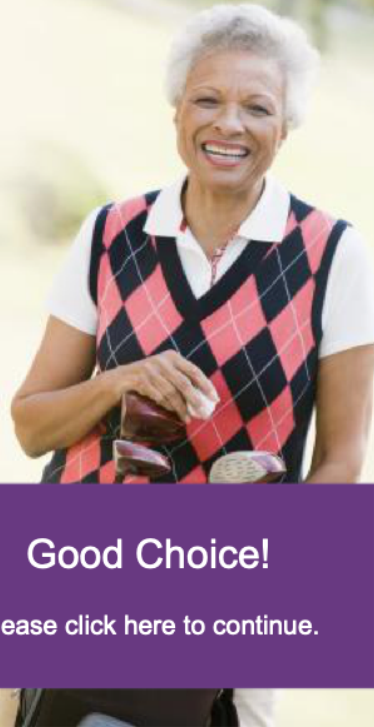
*When assessing older adults for depression, which measure is not necessary?*

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B. Patient Health Questionnaire

**C. Minnesota Multiphasic Personality Inventory**

D. Montreal Cognitive Assessment



**Good Choice!**

Please click here to continue.



## Learning Check

*When assessing older adults for depression, which measure is not necessary?*

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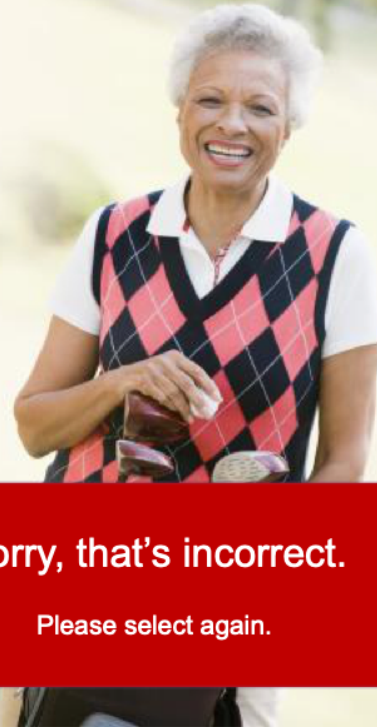
B. Patient Health Questionnaire

C. Minnesota Multiphasic Personality Inventory

**D. Montreal Cognitive Assessment**

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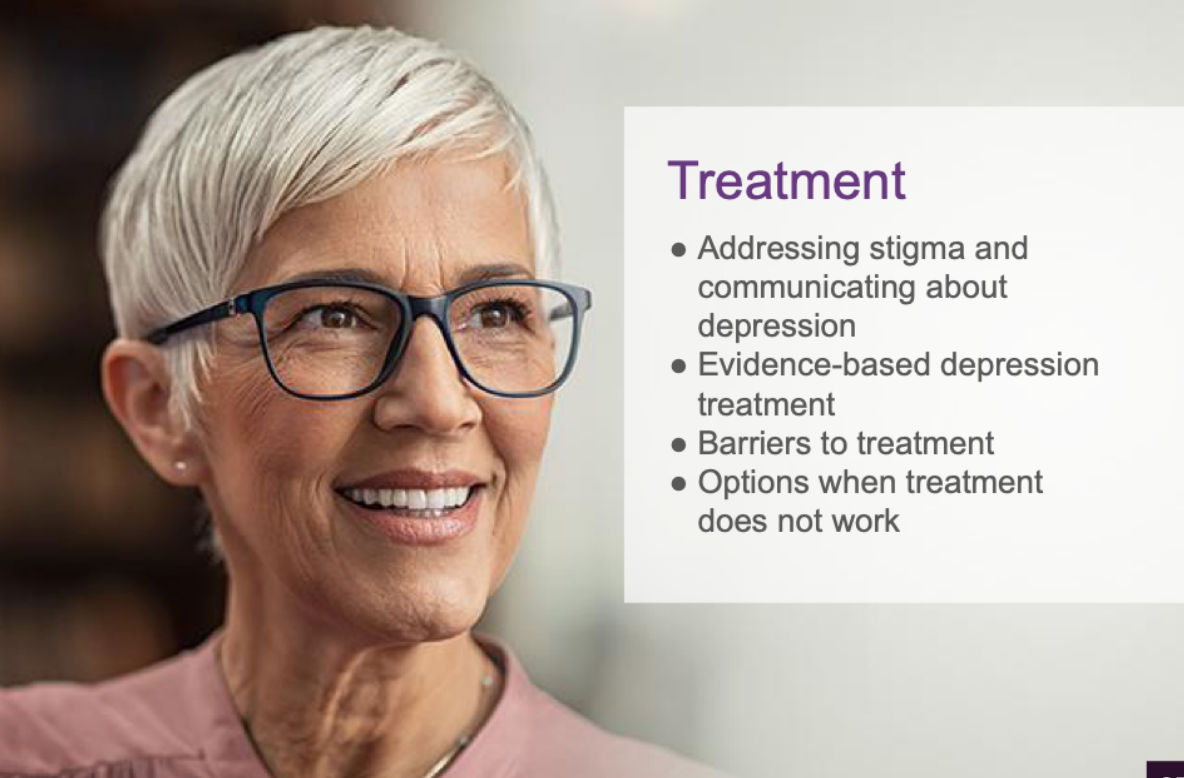
## Take Home Message

- Assessing older adults for depression includes using measures validated with, or designed specifically for this population
- Mrs. Martinez illustrated inclusion of cognitive assessment, along with differential diagnosis of common late life issues



34






## Treatment

- Addressing stigma and communicating about depression
- Evidence-based depression treatment
- Barriers to treatment
- Options when treatment does not work

35





## Addressing Depression Stigma

- Recognize and address stigma
- Use language that is understandable and reduces stigma
- Normalize depression as a medical condition



36



## Communicating About Depression Treatment

- Dispel myth that depression is a normal part of aging
- Discuss the importance of treating depression
- Explain treatment options using acceptable terms
- Address fears and misconceptions
- Reassure that you are available for questions and concerns throughout treatment



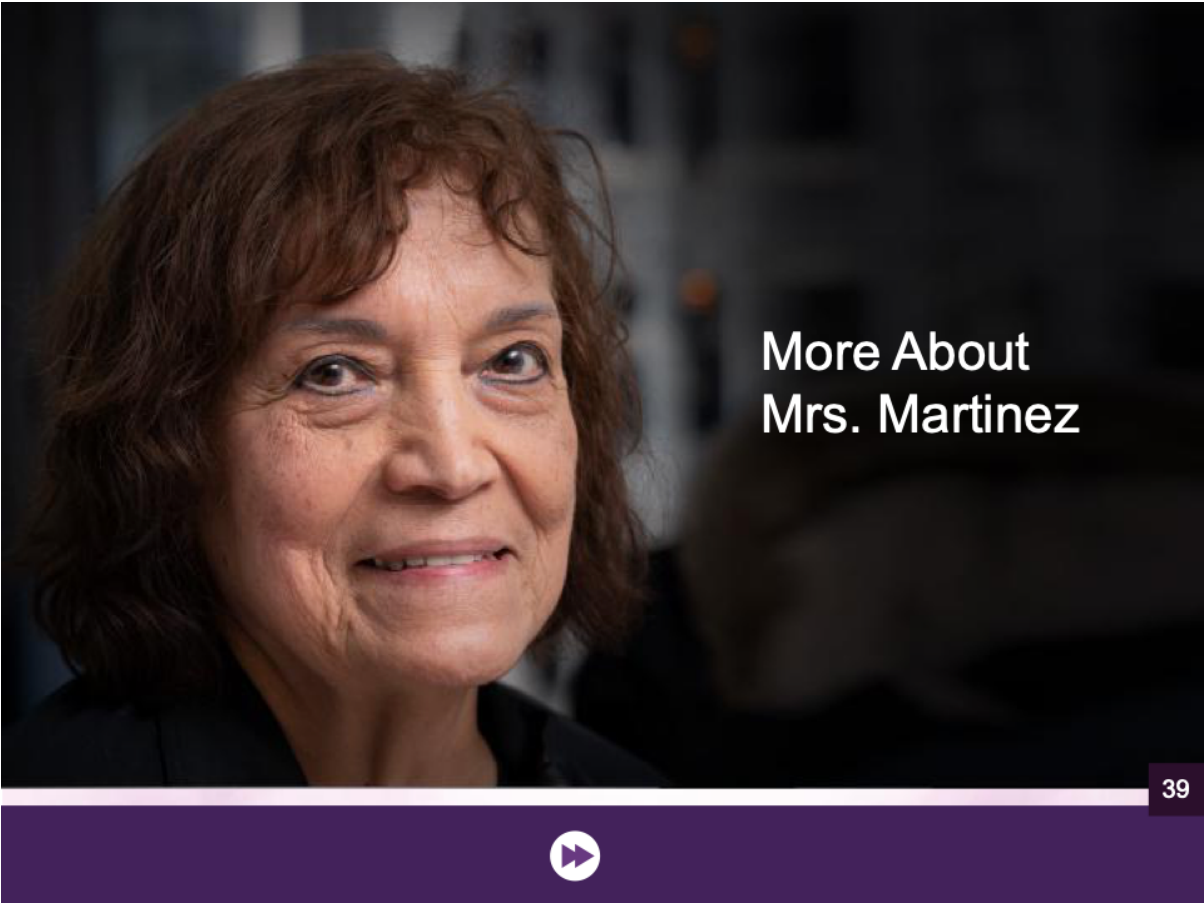
37



## Treatment Options

- Ask What Matters to the older adult
- Most prefer psychotherapy
- Treatment often involves one or more approaches
  - Psychotherapy
  - Antidepressant medications
    - More appropriate for severe depression
    - Medication adherence challenges





## Psychotherapy for Depression in Older Adults

Psychotherapy is effective for older adults

- Cognitive Behavioral Therapy (CBT)
- Behavioral Therapy (BT)
- Interpersonal Psychotherapy (IPT)
- Problem-Solving Therapy (PST)

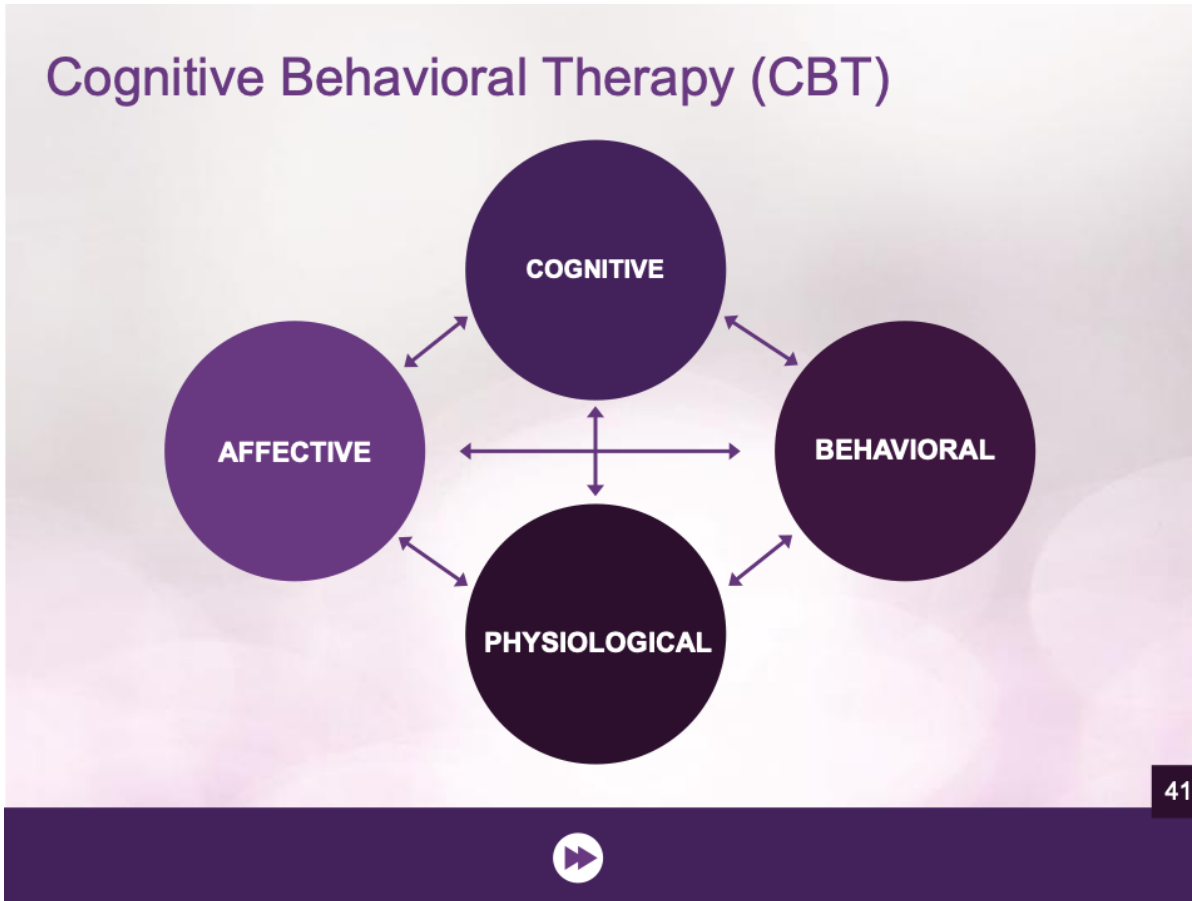
Limited support for:

- Acceptance and Commitment Therapy (ACT)
- Reminiscence/Life Review
- Brief Psychodynamic Therapy



40





## CBT: Behavioral Activation

- Identify pleasurable activities
- Establish routine
- Helpful for older adults with cognitive impairment



42



## CBT: Cognitive Restructuring

- Identify and reframe unhelpful thoughts and core beliefs
- Consider sources and validity of thoughts and beliefs
- Discuss how thoughts impacts behavior and emotions
- Requires adequate executive functioning



43





## CBT: Relapse Prevention and Termination

### Prepare for termination

- Use taper scheduling and space the final sessions apart by 2-4 weeks
- Offer “booster sessions” over the course of the year after termination
- Discuss how to reengage with therapy in the future

### Build relapse prevention skills

- Create list of skills learned
- Discuss how to use skills in the future independently
- Identify situations that could lead to depressed mood and how to apply learned skills



44



## CBT Outcomes with Older Adults

- Meta-analyses of CBT with older adults show
  - Larger effect sizes compared to wait-list controls
  - Smaller to no effect sizes when compared to active treatment control groups
  - Internet delivered CBT is effective



45



## Interpersonal Psychotherapy (IPT)

- IPT focuses on four areas of interpersonal issues related to depression
  - Grief
  - Interpersonal conflict
  - Interpersonal deficits
  - Role transitions
- Treatment goals are to improve the quality of interpersonal relationships and social functioning to reduce distress
- Time-limited treatment: 12-16 sessions



## Conducting IPT with Older Adults

### INITIAL PHASE

(Sessions 1-3)

- Diagnosis of depression
- Depression is medical illness
- “Sick role” allows others to help
- Tie depression & problem

### MIDDLE PHASE

(Sessions 4 -16)

- Role transitions
- Interpersonal disputes
- Grief
- Interpersonal deficits

### TERMINATION PHASE

(Sessions 14 -16)

- Discussion of termination
- Termination and grief
- Move toward independence

47



## IPT Outcomes with Older Adults

- Effective for adults with depression
- Less research on the effectiveness of IPT for older adults with depression
  - Uncontrolled study showed reduction in depression symptoms and suicidal ideation
  - RCT in primary care showed reduction of patients who met criteria for MDD
  - Study of older adult caregivers showed significant decreases in caregiver burden



48



## Problem Solving Therapy (PST)

- Focused on adaptive problem-solving skills
- Multi-stepped approach to build problem-solving skills
  - Defining problem and setting goals
  - Generating new solutions
  - Selecting solutions
  - Solution implementation
  - Evaluation of solution implementation
- Contemporary PST has an emotion-centered focus
- PST is delivered over the course of 6-12 sessions



## PST Adaptations

- Tailored for specific sub-populations
  - PST-ED: For older adults with executive dysfunction
  - PATH: For depressed older adults with dementia
  - PST-HBPC: Problem Solving Training for Home Based Primary Care
    - Used in VA home-based primary care and nursing home settings
    - Well suited for older adults with a range of life stressors due to complex comorbidity
    - 6-session intervention reduces treatment burden

50



## PST Outcomes with Older Adults

- More effective for older adults than younger
- Effective in a range of settings
  - Primary care
  - Home-based settings
- Effective in range of older adult populations
  - Medically ill
  - Cognitively impaired



51





Slide 57

Ann Steffen, PhD, ABPP



## Care Management

- Addressing areas of psychosocial needs can:
  - Promote engagement in mental health treatment
  - Alleviate depression symptoms and improve overall wellness
- Providers should become familiar with community services available to older adults



52



## When Treatments Don't Work

- Ask about What Matters to the older adult
- Verify engagement in the treatment plan
  - Evaluate treatment engagement barriers
- Re-assess medical and mental health factors that may interfere with successful treatment
- Consider augmentation strategies
- Consult with a geriatric specialist



53



## Neuromodulation

- Electrical stimulation to alter nerve activity for the purpose of treating psychiatric symptoms
- Multiple modalities
  - Electroconvulsive Therapy (ECT)
  - Vagal Nerve Stimulation (VNS)
  - Transcranial Magnetic Stimulation (TMS)
- Indicated for severe depression unresponsive to other treatments
- Be aware of safety issues specific to older adults

**Be aware of safety issues  
specific to older adults**

54



## Learning Check

*When treating depression in older adults, only medication treatment options should be considered.*

A. True

B. False



## Learning Check

*When treating depression in older adults, only medication treatment options should be considered.*

**A. True**

B. False

**Sorry, that's incorrect.**

Please select again.

## Learning Check

*When treating depression in older adults, only medication treatment options should be considered.*

A. True

**B. False**

**Good Choice!**

Please click here to continue.

55



Slide 64

Greg Hinrichsen, PhD, ABPP





## Depression Prevention

- Maintain physical, cognitive and emotional health
- Self-care activities
  - Taking medications as prescribed
  - Increasing physical activity
  - Improving sleep
  - Eating a healthy diet
  - Participating in social activities
- Self-care may prevent depression and be part of formal psychotherapy treatment

**Maintain physical, cognitive,  
and emotional health**

56



## Depression Community Resources

- Area Agencies on Aging
- Local Senior or Community Centers
  - Adult Day Services
  - Respite care for caregivers
  - Educational or meal programs
- Religious establishments
- Local volunteer agencies



57



## Depression Community Resources for Homebound Older Adults

- Friendly visitor programs
- Friendly responder and crisis support lines for older adults
- In-home counseling/psychotherapy
- In-home services through Department on Aging
  - Meals on Wheels
  - Homemaker services
  - Emergency alert system

58



## Take Home Message

- Stigma about mental health issues is particularly strong for older adults and can limit access to treatment
- Important to reduce stigma so that older adults can engage in treatment
- Effective depression treatments for older adults include psychotherapy and medication
- Depression prevention strategies and community resources are important



## In Summary

In this module, we discussed:

- ✓ Depression is not a normal part of aging
- ✓ Older adults experience depression differently than younger adults
- ✓ Several commonly used standardized assessment tools
- ✓ Evidence-based depression treatments include psychotherapy and psychopharmacology
- ✓ Barriers to treatment
- ✓ Prevention and community resources



## Next Steps

- Please see the reference guide for more information about Depression and older adults
- If you would like to learn more about topics related to older adult mental health, please see our other online modules

[Click here to end presentation](#)

**Then click the close button to proceed to the post test**

