DEPRESSION IN THE ELDERLY

Dr Robyn Fried

75year old Mrs D, new patient to the practice
Accompanied by daughter

Presenting with 8 weeks of no energy, depression, reduced appetite and weight loss, initial insomnia, anhedonia.
Struggling to function

Usually vivacious, life of the party. No past mental health problems.
Wife of Australian Defence Force GP

Multiple recent major stressors

Holmes and Rahe stress scale

Life event	Life change units
Death of a spouse	100
Divorce	73
Marital separation	65
Imprisonment	63
Death of a close family member	63
Personal injury or illness	53
Marriage	50
Dismissal from work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sexual difficulties	39
Gain a new family member	39
Business readjustment	39
Change in financial state	38
Death of a close friend	37
Change to different line of work	36
Change in frequency of arguments	35
Major mortgage	32
Foreclosure of mortgage or loan	30
Change in responsibilities at work	29
Child leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Spouse starts or stops work	26
Beginning or end of school	26
Change in living conditions	25
Revision of personal habits	24
Trouble with boss	23
Change in working hours or conditions	20
Change in residence	20
Change in schools	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Minor mortgage or loan	17
Change in sleeping habits	16
Change in number of family reunions	15
Change in eating habits	15
Vacation	13
Major Holiday	12
Minor violation of law	11

Score of 300+: At risk of illness.

Score of 150-299: Risk of illness is moderate (reduced by 30% from the above risk).

Score <150: Only have a slight risk of illness.

No evidence of cognitive impairment
Generally well, but taking meloxicam for her knees

Examination unremarkable

MMSE. Well presented, no animation, weeping at times, no abnormal thoughts, wants to go to sleep and not awake, but no active plans of self harm

GERIATRIC DEPRESSION SCALE

Choose the best answer for how you have felt over the past week:

		YES	NO	Score 1 if	Score
1	Are you basically satisfied with your life?		X	No	1
2	Have you dropped many of your activities and interests?	X		Yes	1
3	Do you feel that your life is empty?	X		Yes	1
4	Do you often get bored?		X	Yes	
5	Are you in good spirits most of the time?		X	No	1
6	Are you afraid that something bad is going to happen to you?		X	Yes	
7	Do you feel happy most of the time?		X	No	1
8	Do you often feel helpless?	X		Yes	1
9	Do you prefer to stay at home, rather than going out and doing new things?	X		Yes	1
10	Do you feel you have more problems with memory than most?		X	Yes	
11	Do you think it is wonderful to be alive now?		X	No	1
12	Do you feel pretty worthless the way you are now?	X		Yes	1
13	Do you feel full of energy?		X	No	1
14	Do you feel that your situation is hopeless?	X		Yes	1
15	Do you think that most people are better off than you are?	X		Yes	1
				TOTAL	12

Scores >5 is suggestive of depression. Scores> 10 are almost always depression.

Diagnosis – depression, probably reactive, but NSAID could be contributing, and need to exclude medical cause.

Brief discussion with Mrs D and daughter - “What is depression?”

PLAN

Pathology – UECs, LFTs, TSH, FBC, Ca2+, active B12, folate

Stop meloxicam. Paracetamol + rubs, knee guards etc instead

30 minutes of walking daily

Organise psychologist through ADF EAP (Employee Assistance Program)

Husband has some temazepam 10mg at home. May take 1 at night maximum

Review 1 week

Next week

No change in mood, though is sleeping.

Is walking daily and has seen psychologist once

Blood tests show hypothyroidism.

Should hypothyroidism be treated, and then medication for depression be considered once euthyroid?

Decision to use thyroxine replacement AND an anti depressant

Reasons

1. It could take at least 6 months to obtain adequate treatment of hypothyroidism

2. Patient is experiencing major life stressors independent of hypothyroidism which could be cause of depression.

3. Patient is barely able to function currently

4. Some pressure from family

MANAGEMENT

Mirtazapine 15mg ½ tablet in the evening for first 4 nights, then 1 tablet at night
Husband will manage medication initially.

May continue to take temazepam for 1 week

Start thyroxine 50mcg daily

Provide more education materials for patient and family about depression – Black Dog, Beyond Blue etc

Encourage patient to see friends socially

Patient information sources for depression in older folk

- Depression in Older People – PatientInfo
- Depression and Dementia – FightDementia.org.au
- Depression in Older People – Black Dog Institute
- Beyond Blue
  - Older People and Depression
  - Connections Matter – Helping Older People Stay Socially Active
- Healthy Eating For Older Adults – SA Health
- Sleep Health Foundation:
  - Good Sleep Habits
  - Ageing and Sleep

Translated resources

- Health and Wellbeing of Older People – Transcultural Mental Health Centre
- What is a Depressive Disorder – Mental Health in Multicultural Australia

From HNE Health Pathways

Review 3 weeks later

Some improvement, no side effects with medication

Some weight gain, but still below what weight was prior to depression

No more initial insomnia, and no temazepam.

Enjoying some activities and seeing friends

Finding psychologist helpful, particularly as regards her reactions to her husband’s prostate cancer

Review 6 weeks after starting medication

Euthyroid
Feeling like normal self again and family concur

Weight still less than pre depression

Needs Mental Health Care Plan so she can continue with psychologist with subsidised visits

Plan to see Mrs D every 6-8 weeks

At 6months, repeat TFTs and consider cessation of mirtazapine