

## **Chrysalis Wellbeing Series Session Three**

# **Are your Older Patients Okay? Mental health in later years**

**Sandra Fitzgerald  
HealthPathways Clinical Editor  
April 2021**



# HNE HealthPathways



- **HNE HealthPathways Collaboration:**

- System change
- Improve patient access to care
- Communication channel
- Online portal of locally relevant information for clinicians

# HealthPathways login

## STICKERS AND CARDS



Hunter New England

Central Coast NSW

HealthPathways



<https://hne.communityhealthpathways.org/>

Username: hnehealth

Password: p1thw1ys

<https://centralcoast.healthpathways.org.au>

Username: centralcoast

Password: 1connect



<https://www.ccpatientinfo.org.au/>



<http://patientinfo.org.au/>



# Older Persons' Health Clinical Pathways

## Central Coast

### In This Section

Before Entering a Residential Aged Care Facility (RACF)  
Cognitive Impairment  
Comprehensive Medical Assessment (CMA) for RACFs  
CREST  
Delirium  
Depression in Older Persons  
Driver Assessment of Older Patients  
Falls  
Medication Management and Polypharmacy in Older Persons  
Older Adults Weight and Nutrition  
Older Persons Health Assessment  
Navigating Services for Older Persons  
Unexpected Deterioration in an Older Person  
Older Person's Health Services

## Hunter New England

### In This Section

Cognitive Impairment  
Depression in Older People  
Abuse and Neglect of Older People  
Falls Prevention and Assessment  
Frail But Stable Older Persons  
Older People Weight Management  
Older Persons with Behavioural Disorders  
Older Persons Health Assessment  
Residential Aged Care Facilities  
Carer Stress  
Transfer of Care - Residential Aged Care Facility to Acute Care Facility  
Unexpected Deterioration in an Older Person  
Older Person's Health Referrals

# Older Persons and Mental Health Referral Pages

## Central Coast

### Older Person's Health Services

#### In This Section

[Dementia Assessment and Care](#)  
[Geriatric Assessment](#)  
[Assessment for Residential Aged Care Facility](#)  
[Domestic Assistance Community Support and Respite](#)  
[Older Person's Social Support](#)

### Mental Health Referrals

#### In This Section

[Urgent Mental Health Assessment](#)  
[Non-urgent Mental Health Referrals](#)  
[Mental Health Advice](#)  
[Access to Funded Psychological Services](#)  
[Mental Health Psychosocial Support](#)  
[Scheduling a Patient](#)

## Hunter New England

### Older Person's Health Referrals

#### In This Section

[Aged Care Emergency Services](#)  
[Dementia Assessment and Support Services](#)  
[Falls Prevention Program Providers](#)  
[Geriatric Medicine Referrals](#)  
[In Home Support](#)  
[Respite and Permanent Residential Care for Older People](#)

### Referral to Specialist Mental Health Services

#### In This Section

[Mental Health Family and Carer Support](#)  
[Non-clinical Community Mental Health Support](#)  
[Patient Mental Health Hotlines and Telephone Counselling](#)  
[Psychiatry and Mental Health Unit Referrals](#)  
[Psychology, Social Work and Counselling Referrals](#)  
[Scheduling a Patient](#)  
[Specialist Drug and Alcohol Treatment Referrals](#)



# Depression in Older People

See also [Antidepressants for Older People](#).

## Clinical editor's note

See [Medicine Shortage Alert: Discontinuation of Nardil \(Phenelzine Sulfate\)](#) [\[1\]](#) for alternative access and advice for prescribers regarding alternative treatment.

## Background

[About depression in older people](#) [▼](#)

### Red Flags

[▶ Suicidal thoughts](#)

## Assessment

### Practice point

#### Consider cerebrovascular disease

Chronic cerebrovascular changes can present similar to depression. Differentiation is important.

#### 1. Take a history:

- [Symptoms](#) [▼](#)
- Perform and document a [mental state examination](#) [▼](#).
- Consider [Geriatric Depression Scale](#) [\[1\]](#) to screen for depression. Diagnosis requires further assessment.

#### 2. Consider:

- [Suicide risk](#)
- [Delirium](#)
- [Dementia or cognitive impairment](#)
- [Medications](#) [▼](#) that may cause or aggravate depression
- [Alcohol and Drugs](#)
- [Bereavement](#)
- [Comorbidities](#) [▼](#)
- [Anxiety](#)
- [Differential diagnosis of delirium, dementia, and depression](#) [▼](#).

#### 3. Arrange [investigations](#) [▼](#).

## Management

### Practice point

#### Use non-drug therapy in combination

Always combine antidepressant treatment with non-drug treatment e.g., active support, exercise, and psychological therapy.

Older people respond well to treatments for depression.

1. Manage:
  - [suicide risk](#).
  - exacerbating medications, alcohol and drug use, and comorbidities diagnosed in assessment.
2. Provide [education](#) ▼.
3. Encourage lifestyle changes with [exercise](#) ▼ and [diet](#) ☑.
4. Manage any acute or chronic insomnia and encourage [healthy sleep habits](#) ☑.
5. [Reduce social isolation](#) ▼.
6. If possible and clinically appropriate, first use [non-drug options](#) ▼.
7. If depression is impacting on function over time, consider [medication](#).
8. If first episode of depression has occurred in later life, start annual cognitive screening using a [cognitive screening tool](#) ▼. 🇦🇺

## Referral

- If severe symptoms, treatment resistance, or other complexity, consider referral to [psychiatrist](#).
- Consider referral to [psychology and counselling](#).
- If diagnosis is unclear or management is complex, consider contacting the [Psychiatry Support Line for General Practitioners](#) ▼ or the [St Vincent's Hospital Psychogeriatric SOS Service](#) ☑.
- Consider [telephone support](#) or [e-mental health](#) where appropriate.
- For patients with chronic depression, consider referral to [non-clinical community mental health support](#).
- For psychosocial support and domestic support for people aged > 65 years, or Aboriginal and Torres Strait Islander people aged > 55 years, refer to [My Aged Care](#) ☑ (phone: 1800-200-422). See also [Older Person's Home Support and Residential Care Assessment](#). 🇦🇺

## Information



For health professionals ▼



For patients ▼ 🇦🇺





# Antidepressants for Older People

This pathway only covers the use of antidepressants. See also [Depression in Older People](#).

Treatment recommendations are based on current Australian guidelines and local specialist opinion.

## Assessment

### Practice point

#### Choice of antidepressant

Claims that the newer antidepressants are better tolerated in older people are not well supported by evidence.<sup>1</sup>

1. Consider [general principles of antidepressant use](#) ▼ in older people.
2. [Considerations for antidepressant choice](#) ▼.
3. Obtain a baseline ECG if intending to use a TCA, venlafaxine, desvenlafaxine, citalopram, or escitalopram in older people with existing cardiac disease.<sup>2</sup>

## Management

### Practice point

#### Consider falls risk

The falls risk for selective serotonin reuptake inhibitors (SSRIs) is at least as great as for tricyclic antidepressants (TCAs).<sup>3</sup> Untreated depression is also a risk factor for falls.<sup>2</sup>

1. Choose the appropriate antidepressant. Seek specialist advice if considering using antidepressants not listed below:
  - First line [SSRIs](#) ▼.
  - Second line [mirtazapine](#) ▼ or [serotonin and noradrenaline reuptake inhibitors \(SNRIs\)](#) ▼.
  - [Moclobemide](#) ▼ can be useful if other antidepressants have caused hyponatraemia or other side effects, however use is limited by poorer efficacy.
  - If the above regimens are unsuccessful, consider [tricyclic antidepressants \(TCAs\)](#) ▼, reboxetine, or augmentation therapy, ideally with specialist input. Combination therapy or irreversible MAOIs should only be commenced by a psychiatrist.
  - St Johns Wort (*Hypericum perforatum*) is not recommended. It may cause drug interactions and serotonin toxicity.

Note: Psychiatrists may use higher than recommended doses.

2. Adverse effects of antidepressants in older people:
  - [Falls risk](#)
  - [Hyponatraemia](#) ▼
  - Gastrointestinal and other bleeds. SSRIs and SNRIs may increase risk of gastrointestinal and other bleeds, particularly in the very elderly and those with established risk factors. Consider an alternative class of antidepressant or the addition of a PPI in patients at [increased risk](#) ▼.
  - [Postural hypotension](#) ▼.
  - [Suicide risk](#) ▼. Increased suicidal thoughts and behaviour can occur soon after starting antidepressants. See also: [Suicide Risk pathway](#).
3. If the patient has significant anxiety, low dose benzodiazepine can be useful short term until the antidepressant begins to take effect.

## Practice point

### Consider falls risk

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  - [Postural hypotension](#) ▼.
  - [Suicide risk](#) ▼. Increased suicidal thoughts and behaviour can occur soon after starting antidepressants. See also: [Suicide Risk](#) pathway.
3. If the patient has significant anxiety, low dose benzodiazepine can be useful short term until the antidepressant begins to take effect.
4. Be aware of polypharmacy and drug interactions. Consider:
- contacting a [drug information pharmacist](#) if unsure
  - organising a [home medicines review \(HMR\)](#) or [residential medication management review \(RMMR\)](#)
5. If changing antidepressants, a [washout period](#) ▼ may be required.
6. Determine [duration of treatment](#) ▼.

## Referral

If depression and concurrent dementia, seek [specialist advice](#).

## Information



[For health professionals](#) ▼



[For patients](#) ▼



patient  
CENTRAL COAST

info

patient  
HUNTER NEW ENGLAND

info

# Older Persons' Health Patient info

## Central Coast

<https://www.ccpatientinfo.org.au/>

**No password required**

### In This Section

[Aged Care Assessment](#)

[Antidepressants in Older People](#)

[Behavioural Disorders in Older People](#)

[Carer Support](#)

[Carer Support Services](#)

[Cognitive Impairment in Older People](#)

[Dementia Assessment and Care](#)

[Department of Veterans' Affairs](#)

[Depression in Older Persons](#)

[Driver Assessment of Patients with Cognitive Impairment](#)

[Driving Assessment and Vehicle Modifications](#)

[Elder Abuse](#)

[Falls Prevention](#)

[Healthy Older Person](#)

[Private Home Delivered Meal Suppliers](#)

[Older Persons Health Assessment](#)

[Older Adults Weight and Nutrition](#)

[Unexpected Deterioration in an Older Person](#)

## Hunter New England

<http://patientinfo.org.au>

**No password required**

### In This Section

[Aged Care Assessment](#)

[Antidepressants in Older People](#)

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[Carer Support](#)

[Cognitive Impairment in Older People](#)

[Department of Veterans' Affairs](#)

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[Private Home Delivered Meal Suppliers](#)

[Older Person's Health](#)

[Weight and Nutrition for Older People](#)

[Unexpected Deterioration in Older Person](#)

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## Health Alert

NSW Health:

- [Latest COVID-19 Case Locations and Alerts in NSW](#)
- [Interstate and New Zealand COVID-19 Case Locations](#)
- [Media Releases](#)

NSW Government – [Travel to and from NSW](#)

See [COVID-19 Vaccination](#) for all vaccine information, training, and procedures. [COVID-19 Referrals](#) for current testing options, and follow links on the [COVID-19 pages](#) for all other information.

To receive COVID-19 updates via email from HNECCPHN, subscribe [online](#).

## Health System News

- 
**NSW Health Alerts**
  - [Infectious Diseases Alerts](#)
  - [Emergency Preparedness](#)
- 
**HNECCPHN COVID-19 webinars and livestreams**

The recordings and presentation slides of the HNECCPHN COVID-19 related webinars and livestreams are available [here](#).
- 7 Apr COVID-19 Showcase: Sharing Success and Supporting Recovery**

HNECCPHN is inviting expressions of interest to present at the upcoming COVID-19 Showcase event on 26th and 27th May. Information and the EOI form are available [here](#). Submissions close on 19th April 2021.
- 7 Apr Primary Care Quality and Innovation Awards 2021**

Submissions are being accepted by HNECCPHN for the inaugural awards event on 10th June. Information and the nomination form are available [here](#). Nominations close on 10th May 2021.



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PBS

## New and Updated Pathways

16 Apr	<a href="#">Chronic Disease Self Management Support</a>	REVIEWED
15 Apr	<a href="#">Antenatal Diabetes Assessment</a>	REVIEWED
15 Apr	<a href="#">Medication Management Services</a>	REVIEWED
12 Apr	<a href="#">Child Health Community Support Programs</a>	REVIEWED
12 Apr	<a href="#">Perinatal Mental Health Assessment</a>	REVIEWED
<a href="#">View more changes...</a>		

## Hunter New England

## COMMUNITY

# HEALTHPATHWAYS



### Health Alert

Flooding emergency information:

- NSW State Emergency Service - flood evacuation orders
- PHN - Flood support - includes GP and pharmacy availability
- Disaster or Adverse Weather Event - Mental Health
- General Practice Management During a Disaster

For COVID-19 information, see:

- COVID-19 Vaccination
- COVID-19 Referrals
- COVID-19 pages

NSW Health:

- Latest COVID-19 Case Locations and Alerts in NSW
- Interstate and New Zealand COVID-19 Case Locations
- Media releases

NSW Government - Travel to and from NSW

### Pathway Updates

Updated - 15 April  
ADHD Shared Care

Updated - 9 April  
Nausea and Vomiting in Palliative Care

Updated - 8 April  
Medications for Moderate or Severe Depression in Adults

NEW - 5 April  
Cannabis Medicines

Updated - 29 March  
My Health Record

[VIEW MORE UPDATES...](#)

E-REFERRAL

PATIENT INFO

PROVIDER DIRECTORIES

DOCTORS HEALTH ADVISORY SERVICE

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USEFUL LINKS

### Latest News

3 March

Hunter New England Community HealthPathways Fact Sheet

For the months of November and December we had 4,231 active users and 112,382 page views. For more information, click [here](#) for the latest fact sheet.

30 April

Hunter New England LHD and PHN Commissioned Services transition to SeNT eReferral

General practitioners with eligible clinical systems (Medical Director and Best Practice software) are now required to submit referrals to HNE Local Health District and PHN Commissioned services via the SeNT eReferral system. [More information](#)

### Health System Focus

Aboriginal and Torres Strait Islander Health

### About HealthPathways

[What is HealthPathways?](#)

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[How do I send feedback on a pathway?](#)

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