

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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# Treating Late-Life Anxiety & Depression



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# Outline

- background on late-life depression and anxiety
- clinical presentation of late-life depression and anxiety
- suicide
- assessment of the depressed or anxious elder
- treatment approach

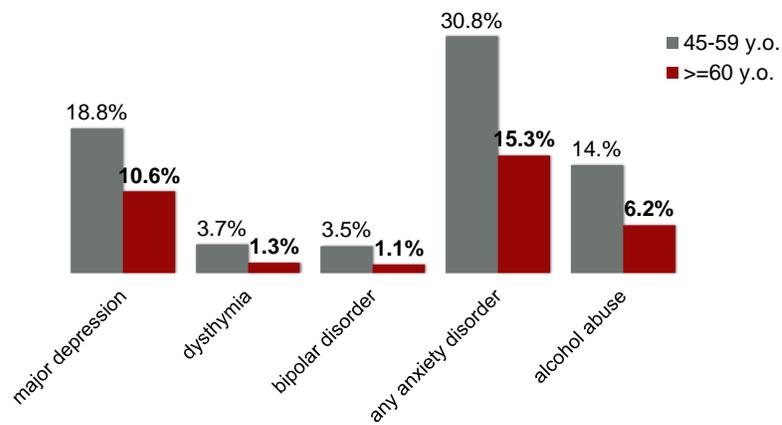
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# Emotional changes associated with aging

- aging is not associated with increased rates of depression or anxiety (despite multiple stressors)
- resilience to adversity is the norm
- continued capacity for relationships, productivity and creativity

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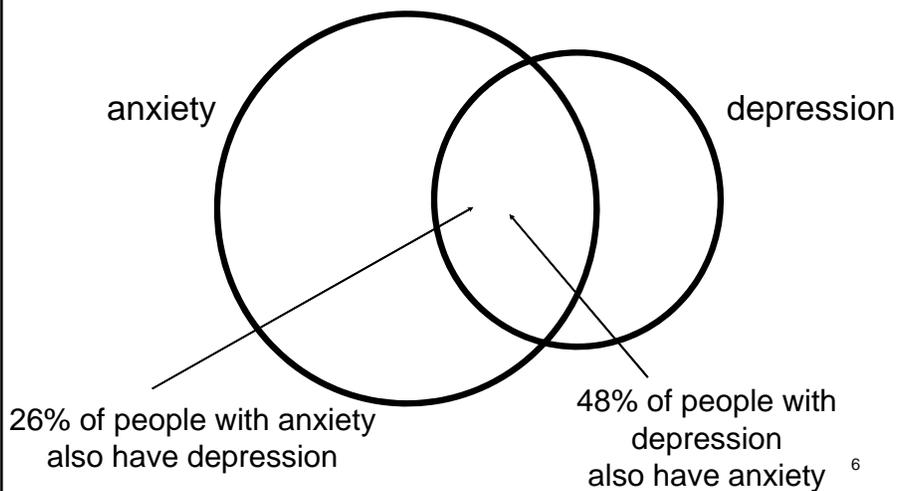
## Lifetime prevalence of mood & anxiety disorders

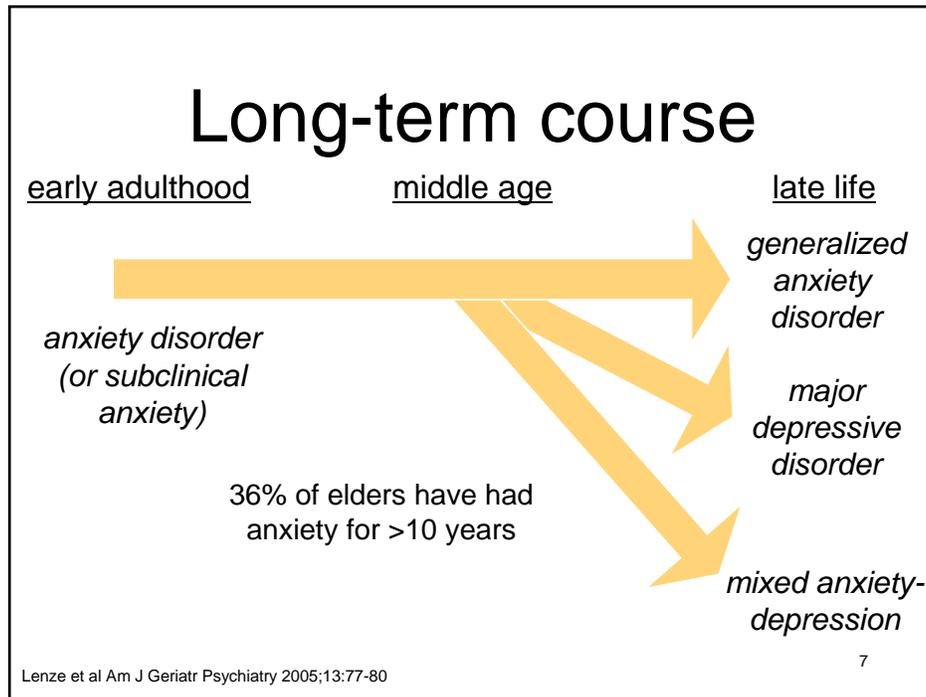


Kessler et al, Arch General Psychiatry 2005; 62:593-602.

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## Anxiety & depression

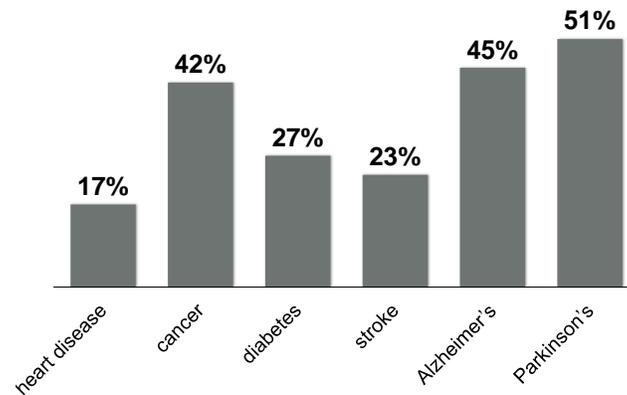




## The many faces of anxiety

- worry that is persistent and difficult to control
- discrete episodes of panic
- fear of falling (specific phobia)
- intrusive thoughts, accompanied by repetitive behaviors
- re-experiencing of prior traumas
- unexplained medical symptoms

## Comorbidity of depression & medical conditions



Lyketsos et al JAMA 2002; Sutor et al Mayo Clinic Proc 1998; Jiang et al CNS Drugs 2002

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## Medical causes of depression

- stroke
- coronary artery disease
- thyroid disease
- chronic pain, including osteoarthritis
- sleep apnea
- nutritional deficiencies (vitamin B<sub>12</sub>)
- medications
- Parkinson's or Alzheimer's

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## Medical causes of anxiety

- cardiac: congestive heart failure, arrhythmia, coronary artery disease
- neurologic: transient ischemic attack, stroke, epilepsy, Parkinson's, Alzheimer's
- pulmonary: COPD, pneumonia, asthma, pulmonary embolus, sleep apnea
- endocrine: hyperthyroidism, hypoglycemia, hypo- or hypercalcemia

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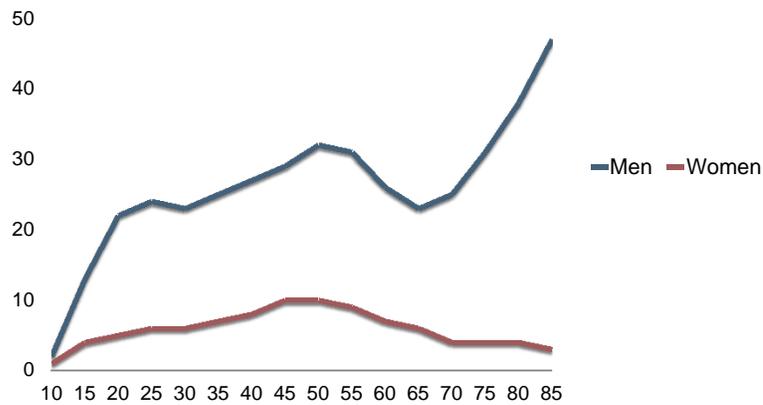
## Types of late-life depression

- major depression with or without psychotic features
- dysthymic disorder (persistent depressive disorder)
- bipolar depression
- depression due to another medical condition
  - vascular depression
  - depression of Alzheimer's disease
- substance/medication-induced depressive disorder
- minor (subsyndromal) depression

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## Suicide across the life span

Rate of suicide by age in 2012 (per 100,000 per year)



CDC WISQARS accessed 12/14

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## Elder suicide risk factors

- gender: men > women
- marital status: widowed/divorced/separated > married
- ethnic: white > African-American & Asian > Hispanic
- prior suicide attempts
- depression, anxiety, suicidal ideation, hopelessness
- alcohol use

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## Suicidal ideation

of older adults who committed suicide ...	%
expressed SI to a health professional in the last year	40
expressed SI to a family member in the last year	75
had a prior suicide attempt	20
denied SI when directly asked	8

Heisel et al, Can J Psychiatry 2006; 51: 143-54

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## Suicide among older adults

- older adults make up 13% of the population, but 18% of suicides
- older adults are less likely to have suicidal ideation (SI) or attempt suicide but more likely to complete suicide
- depression is present among 80% of elders who suicide & is the strongest risk factor for suicide
- most elder suicides visit their PCP in the months prior to suicide

Bruce et al, JAMA 2004; 291: 1081-91

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## Suicide among older adults

- suicide attempts in older adults are more likely to be lethal because of:
  - greater planning and resolve
  - fewer warnings to others of suicide plans
  - less physical resilience
  - more violent and potentially deadly means, namely guns (80% of male suicides, 37% of female suicides)
- access to guns: 28% of older adults have a gun in the home
- warning sign: recent purchase of a firearm

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## Assessment of the depressed or anxious elder

- history from patient and caregivers
- assess for:
  - depression (PHQ-9 or GDS)
  - anxiety disorders (GAD-7)
  - psychosis
  - mania
  - cognitive impairment (SLUMS)
  - alcohol use (AUDIT-C)
- suicide risk assessment
- underrecognized (& misdiagnosed) in ethnic minority elders

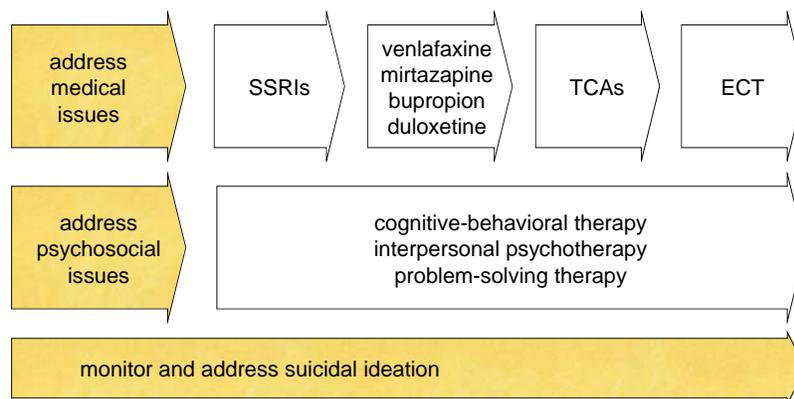
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# Medical evaluation

- review medication list
- physical exam
- laboratory evaluation
- cognitive evaluation

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# Treatment approach



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## Geriatric psychopharmacology

- start low
- go slow
- but go

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## Pharmacologic options

- specific serotonin reuptake inhibitors (SSRIs): sertraline, citalopram, escitalopram
- serotonin-norepinephrine reuptake inhibitors (SNRIs): duloxetine, venlafaxine, levomilnacipram
- other antidepressants: mirtazapine, bupropion, vilazodone, vortioxetine
- tricyclic antidepressants: nortriptyline
- anxiolytics: buspirone, benzodiazepines
- augmentation: lithium, thyroid hormone (T3), buspirone, stimulants, atypical antipsychotics

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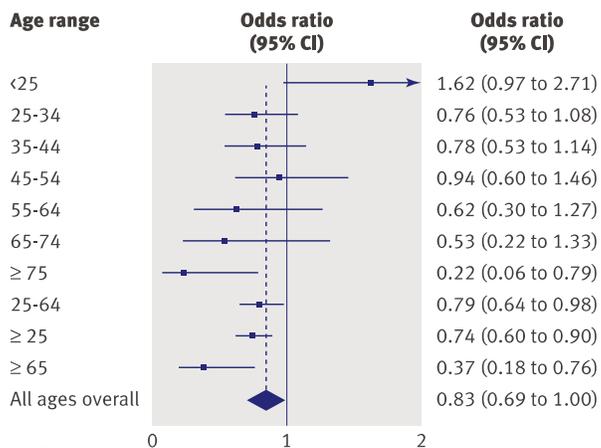
## Factors affecting medication treatment in older adults

- altered kidney, liver & brain function
- drug-drug interactions
- drug-disease interactions
- cognitive barriers to comprehension & adherence
- financial barriers

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## Antidepressants & suicide

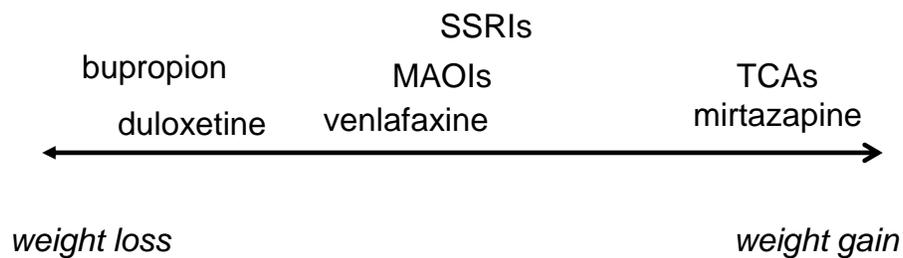
Odds of suicidality (ideation or worse) for active drug relative to placebo by age in adults with psychiatric disorders



Stone et al BMJ 2009;339:b2880

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## Antidepressants & weight



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## Reasons for non-adherence

- side effects
- cost
- perceived to no longer be necessary
- lack of understanding (e.g., not an as needed medication; don't stop after one prescription)

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# Phototherapy



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# Neuromodulation

- electroconvulsive therapy (ECT)
- repetitive transcranial magnetic stimulation (rTMS)

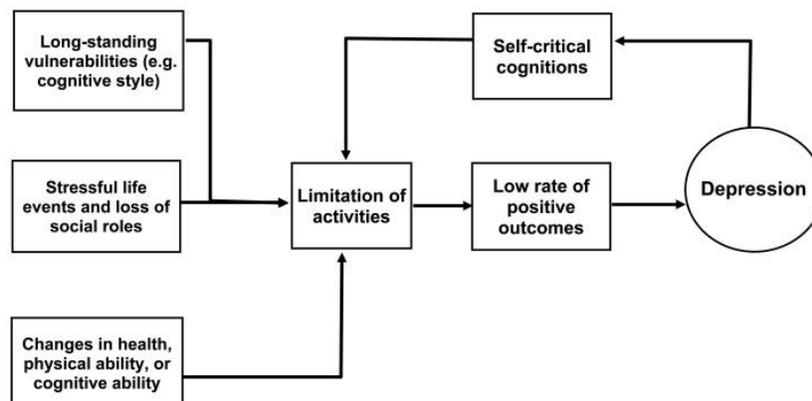
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# Psychotherapy

- cognitive behavioral therapy
- interpersonal psychotherapy
- problem-solving therapy (especially when cognitive impairment is present)
- behavioral activation
- mindfulness-based relaxation therapy
- sleep hygiene
- life review (reminiscence) therapy

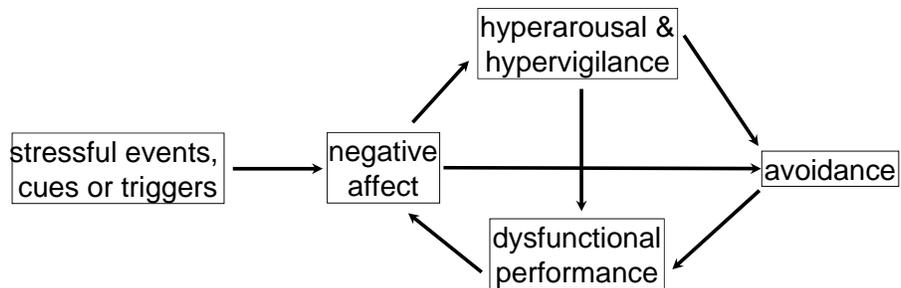
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## Behavioral model of late-life depression

Fiske et al, *Annu Rev Psychol* 2010

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## Cognitive-behavioral model of late-life anxiety



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## Meta-analysis of depression treatment studies

modality*	number of studies	effect size	response rate**
medications	62	0.69	66% vs 31%
therapy	32	1.09	72% vs 31%

\* 5 of these studies included both therapy and medications

\*\* clinician-rated measures of depression: intervention versus control

Pinquart et al *Am J Psychiatry* 2006; 163:1493-1501.

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## Factors affecting psychosocial interventions

- stigma as a barrier to seeking and continuing treatment
- decreased cognitive flexibility & memory
- transportation & access to care
- financial barriers
- lack of trained professionals

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## Depression care management in older adults

- active screening for depression
- trained depression care manager
- proactive outcome measurement and tracking
- team approach, stepped care
- follow-up

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## Depression care management: examples

- PROSPECT: prevention of suicide in primary care
- IMPACT: collaborative care model of treating depression in primary care
- PEARLS: community-based treatment of depression

Bruce et al JAMA 2004; 291: 1081-91  
Unutzer et al JAMA 2002; 288:2836-45

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## Questions?

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