

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Treating Late-Life Anxiety & Depression



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Outline

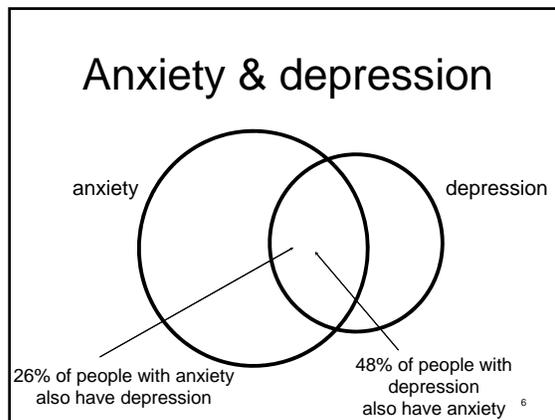
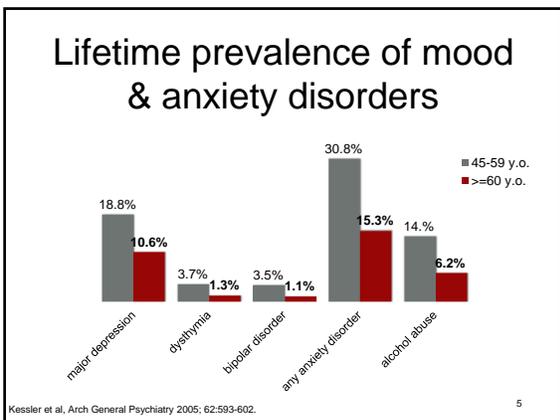
- background on late-life depression and anxiety
- clinical presentation of late-life depression and anxiety
- suicide
- assessment of the depressed or anxious elder
- treatment approach

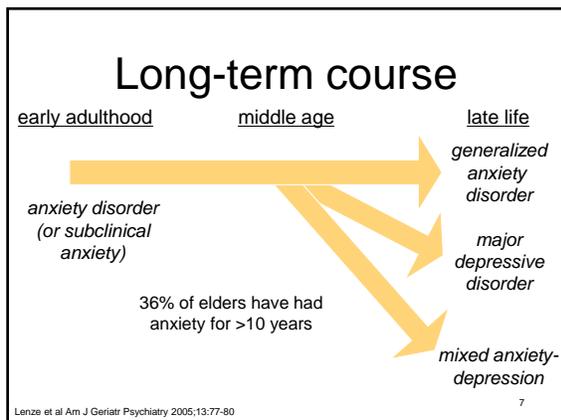
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Emotional changes associated with aging

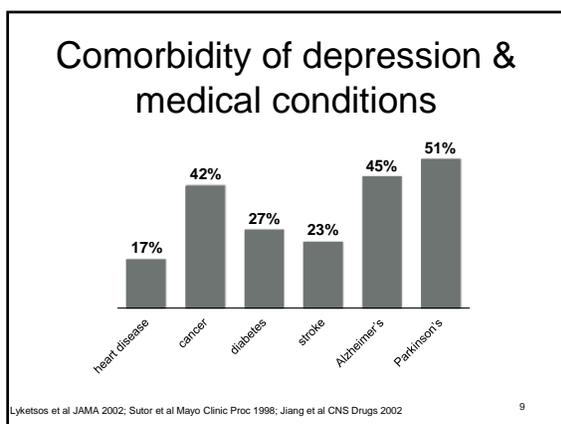
- aging is not associated with increased rates of depression or anxiety (despite multiple stressors)
- resilience to adversity is the norm
- continued capacity for relationships, productivity and creativity

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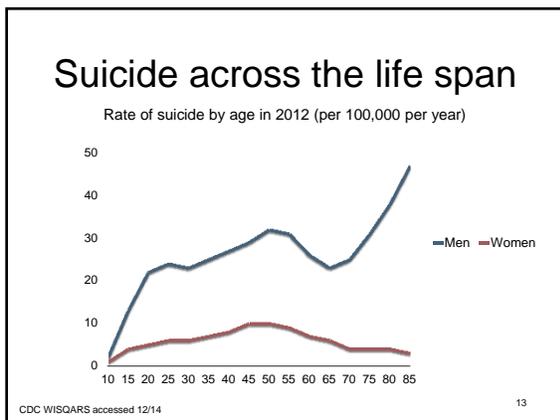
- ### The many faces of anxiety
- worry that is persistent and difficult to control
 - discrete episodes of panic
 - fear of falling (specific phobia)
 - intrusive thoughts, accompanied by repetitive behaviors
 - re-experiencing of prior traumas
 - unexplained medical symptoms
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- ### Medical causes of depression
- stroke
 - coronary artery disease
 - thyroid disease
 - chronic pain, including osteoarthritis
 - sleep apnea
 - nutritional deficiencies (vitamin B₁₂)
 - 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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- ### 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

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

- ### 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

- ### 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

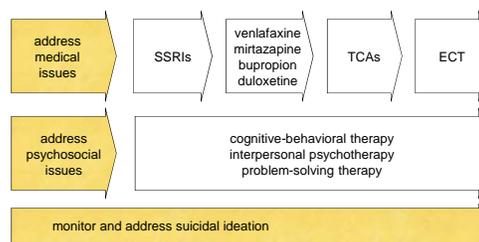
- ### Assessment of the depressed or anxious elder
- history from patient and caregivers
 - assess for:
 - depression (PHQ-9 or GDS)
 - anxiety disorders (GAD-7)
 - psychosis
 - mania
 - cognitive impairment (SLUMS)
 - alcohol use (AUDIT-C)
 - suicide risk assessment
 - underrecognized (& misdiagnosed)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

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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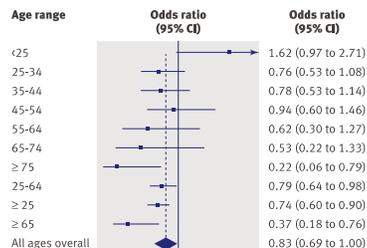
Factors affecting medication treatment in older adults

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

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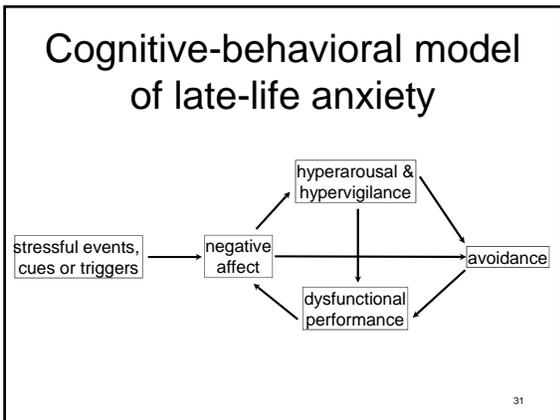
Antidepressants & suicide

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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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: 1091-91
 Unutzer et al *JAMA* 2002; 288:2836-45
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Questions?

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