Treating depression in older people

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Mental Health in Older People
A Practice Primer

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RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

BGS British Geriatrics Society Improving healthcare for older people

What's different about mental health in older people?

Depression is both the most common and most treatable / reversible mental illness in old age, affecting one in five older people in the community. This figure **doubles** in the presence of physical illness and **trebles** in hospitals and care homes. Anxiety disorders are present in one in twenty people, very frequently along with depression. Less than one in ten people present with bipolar disorder in older age, and even less common are older people presenting with psychotic symptoms (one in twenty).

Certain symptoms are more common in older adults and might be the only presenting features:

- Reporting physical rather than emotional symptoms (somatisation). Typical symptoms are: faintness or dizziness, pain, weakness all over, heavy limbs, lump in throat, constipation.
- Health anxieties (hypochondriasis), especially if unusual for the person.
- Unusual behaviour. Hysteria does not exist in older people.
- Slowing-down of emotional reactions or agitation.
- Psychotic features (delusions of guilt, poverty or physical illness, or having no clothes which fit. Auditory hallucinations with derogatory or obscene content, provoking guilt and paranoia).

A sensitive indicator for the diagnosis of depression includes lacking interest in something previously enjoyed. A measure of the severity of that depression is to **ask if people enjoy visits from their grandchildren.**

Mood congruent delusions are present in psychotic depression. These are delusions reflecting the person's low mood- such as ideas of poverty, having no clothes which fit, of impending death, or Cotard's syndrome (where a person feels that their insides are dead). Ask if people deserve the content of their delusions. If they say yes, they might well be depressed. Be alert for 'gallows humour' masking severe depression. Remember, people who are significantly depressed do not necessarily cry. Crying is a state of emotion rather than an affect.

Distinguishing Depression and Dementia

Difficulties in concentration and memory are common features of depression in older people, making it difficult at times to rule out dementia. Pointers towards it being depression include: having mood symptoms, sudden onset, saying ‘don’t know’ in cognitive testing, difficulties with effortful cognitive tasks (months of the year backwards, counting back from 20 to 1), remembering items with cues and asking for help.

Speech and word-finding difficulties are suggestive of dementia rather than depression

Suicide

About one fifth of all suicides happen in older people. The most common method is overdose. Suicide attempts should be taken seriously and a **higher proportion compared to younger people are genuine attempts to die**.

Risk factors include: being male, being widowed, increasing age, social isolation, physical illness (present in up to 80% of cases), pain, alcohol misuse and depressive illness (past or present)

For people who had already attempted suicide, a group known to be at high risk of subsequent completed suicide. Keeping in regular contact with these patients, even with brief interventions such as telephone calls, reduced suicide over the 18 months of the study from 2.2% to 0.2%*.

*Reference: De Leo D., Carollo G., Dello Buono M. Lower suicide rates associated with a Tele-Help/Tele-Check service for the elderly at home. American Journal of Psychiatry, 1995, 152(4):632-634.

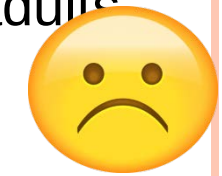
IAPT in older people- 1

It's not just IAPT: social interventions are effective. Exercise is excellent, especially if in the natural world, and feeling part of something wider than oneself is protective.

The proportion of people over 65 year olds referred to IAPT services is **lower** than the proportion in the general population. Of people who use IAPT services over 65, most are under 75 and there are very few people over 90.

Once referred, a **greater proportion** of older adults (42%) complete treatment than their working age counterparts (37%).

Older people achieve **good outcomes** from IAPT treatment. In 2014/15 56% of over-65's showed reliable recovery after receiving psychological therapies compared with 42% of working age adults



IAPT in older people- 2

There appear to be four main barriers to older people accessing IAPT services:

- **Perception** – In some cases older people may believe that psychological therapies are not relevant or helpful in addressing their problems – on occasion this may be a view supported by health and social care professionals who work alongside them.
- **Practical barriers** – Mobility and sensory problems that are more common in older people may require special consideration by IAPT services about the venue, timing and format of service delivery.
- **Confidence** – of IAPT staff, who can be less sure in working with older people.
- **Exclusions** – As IAPT was initially established to focus on working age adults in some services the needs of older people are not actively considered or sufficient efforts made to encourage increased access.

https://www.england.nhs.uk/mental-health/adults/iapt/older-people/

Is your current offer suitable for older people? Do you offer domiciliary therapy?

To: *The IAPT Executive Group*

From: *Joan Foster*

Subject: *Commentary – South Gloucestershire IAPT Pilot Project* *6 September 2017*

Clinical Outcomes:

1. The Recovery Rate for the Pilot Project was 64% compared to 56% for the rest of the service.
2. Patients in the Pilot Project needed fewer 1-1 treatment sessions than the rest of the service.
3. 39% of patients were discharged after one Therapeutic Consultation, supporting the hypothesis that one consultation could be enough for some patients.

Our recommendations would be to:

1. Roll out the Therapeutic Consultation across South Gloucestershire and then across Bristol and North Somerset.
2. Investigate how to measure a one session model (Therapeutic Consultations) to meet IAPT requirements
3. Investigate why 48% of patients are discharged following a single session Telephone Triage in Service B, compared to 26% in the pilot project (Service A1)
4. Understand the wide variation in cost per session per provider

Geriatric Depression Scale

(Score 1 for answers in block capitals: 2-4=Depressed, 1=uncertain, 0=Not depressed)

15-Item Geriatric Depression Scale (GDS-15)

☐Are you basically satisfied with your life? Yes/NO

☐Have you dropped many of your activities and interests? YES/No

☐Do you feel that your life is empty? YES/No

☐Do you often get bored? YES/No

☐Are you in good spirits most of the time? Yes/NO

☐Are you afraid that something bad is going to happen to you? YES/No

☐Do you feel happy most of the time? Yes/NO

☐Do you often feel helpless? YES/No

☐Do you prefer to stay at home, rather than go out and do new things? YES/No

☐Do you feel you have more problems with memory than most? YES/No

☐Do you think it is wonderful to be alive? Yes/NO

☐Do you feel pretty worthless the way you are now? YES/No

☐Do you feel full of energy? Yes/NO

☐Do you feel that your situation is hopeless? YES/No

☐Do you think that most people are better off than you are? YES/No

OFFICIAL 15-Item GDS score

(Score 1 for answers in block capitals: 0-4 normal, 5-9 Mild depression, 10-15 More severe depression)

GP Screening for depression

In the past month, have you:

☐Been troubled by feeling down depressed or hopeless?

☐Experienced little interest or pleasure in doing things?

(if yes, I also ask about suicidal thoughts)

Summary

- Depression is both the most common and most treatable / reversible mental illness in old age
- The proportion of people over 65 year olds referred to IAPT services is lower than the proportion in the general population
- Older people achieve good outcomes from IAPT treatment

Questions?

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