Part 2: WHEN TO TREAT, REFER & MONITORING & LONG TERM TREATMENT

6. WHEN TO TREAT
National Guidelines for Seniors Mental Health: Part 2: 2.1.1

Following a positive screen for depression a complete bio-psycho-social assessment should be conducted including:

- A review of diagnostic criteria in the DSM IV-TR or ICD-10 manuals
- An estimate of severity, including presence of psychotic or catatonic symptoms
- Risk of suicide, by directly asking patients about suicidal ideation, intent and plan
- Personal or family history of mood disorder
- Medication use and substance abuse
- Review of current stressors and life situation
- Level of functioning/disability
- Family situation, social integration/support
- Mental status exam plus assessment of cognitive function
- Physical exam and lab tests to determine if medical issues contribute or mimic depressive symptoms

Treatment can be divided into 3 main phases:
- Acute treatment phase to achieve remission of symptoms
- Continuation phase to prevent recurrence or relapse of same episode of illness
- Maintenance or prophylaxis phase to prevent future episodes or recurrence

7. GUIDELINES FOR TREATMENT
National Guidelines for Seniors Mental Health: Part 4 & 5

Psychotherapies & Psychosocial Interventions
- Supportive care should be offered to all patients who are depressed
- Psychotherapy as first line of treatment or in combination with antidepressant medication
- Based on type of depression, coping style, level of cognitive function, and symptoms

Pharmacological Treatment
- Medications are used in combination with psycho social or psychotherapy treatments
- Part of overall treatment of depressed older adults
- See table for commonly used antidepressants
- See full guideline for details of prescribing and monitoring

8. MONITORING AND LONG TERM TREATMENT
National Guidelines for Seniors Mental Health: Part 6: 3

Health care providers should monitor the older adult for re-occurrence of depression for the first 2 years after treatment.

- Ongoing monitoring should focus on depressive symptoms present during initial episode
- Older adults in remission of their first episode should be treated for a minimum of one year and up to 2 years from time of improvement
- Older adults with recurrent episodes should receive indefinite maintenance therapy
- In LTC homes, response to therapy should be evaluated monthly after initial improvement and then every three months, as well as annual assessment after remission of symptoms

9. WHEN TO REFER
National Guidelines for Seniors Mental Health: Part 3: 3.5

Recommendations for clinicians to refer for Psychiatric Care at Time of Diagnosis
- Psychotic depression
- Bipolar disorder
- Depression with suicidal ideation

Tool on Depression: Assessment and Treatment For Older Adults

Based on: National Guidelines for Seniors Mental Health: The Assessment and Treatment of Depression
Available on line: www.ccchnb.ca
www.nicemt.ca

Disclaimer: This tool is intended for information purposes only and is not intended to be interpreted or used as a standard of medical/health practice.
IS MY PATIENT AT RISK FOR DEPRESSION?
National Guidelines for Senior's Mental Health: Part 2: 2.1.1

PREVENTING FACTORS
- Female
- Widowed or divorced
- Previous depression history
- Brain changes due to vascular problems
- Major physical and chronic disabling illnesses
- Medications or Polypharmacy
- Social disadvantage and/or social support
- Caregiver for person with a major disease (e.g., dementia)
- Personality type (e.g., relationship or dependence problems)

PREPENDING FACTORS
- Recent bereavement
- Move from home to other places (e.g., nursing home)
- Adverse life events (e.g., losses, separation, financial crisis)
- Chronic stress with declining health, family or marital problems
- Social isolation
- Persistent sleep difficulties

RECOMMENDED ASSESSMENT OPTIONS
National Guidelines for Senior's Mental Health: Part 2: 2.1.2
A structured interview using one of the following tools:
- The Geriatric Depression Scale (http://www.stanford.edu/~yesavage/GDS.html)
- Brief Assessment Schedule for the Elderly (BASDEC) (http://www.mediateg.com/www/sheets/ch18/depression%20screening%20scale.pdf)
- Other in community surveys

DIAGNOSTIC CRITERIA
National Guidelines for Senior's Mental Health: Part 2: 2.2

A cluster of symptoms present on most days, most of the time, for at least 2 weeks
- Depressed mood
- Loss of interest or pleasure in normal, previously enjoyed activities
- Decreased energy and increased fatigue
- Sleep disturbance
- Inappropriate feelings of guilt
- Diminished ability to think or concentrate
- Appetite change (i.e., usually loss of appetite in the elderly)
- Psychomotor agitation or retardation
- Suicidal ideation or recurrent thoughts of death

DIAGNOSTIC CRITERIA FOR DEPRESSION - DSM IV
Make a clear DSM IV diagnosis & document different types of depressive disorders
- Major depressive episode (i.e., part of unipolar, bipolar mood disorder or secondary to a medical condition)
- Dyshymic disorder
- Depressive disorder, not otherwise specified
- A group of disorders including minor depressive disorder, postpsychotic depressive disorder of schizoaffective disorder, depressive disorders of unclear etiology (e.g., may be primary or secondary to a medical condition or substance induced)

DIAGNOSTIC CRITERIA FOR DEPRESSION - DSM IV-TR CLASSIFICATION (APR 2000)

POTENTIALLY MODIFIABLE RISK FACTORS
- Social isolation
- Presence of chronic pain
- Abuse/misuse of alcohol or other medications
- Presence & severity of depression
- Presence of helplessness and suicidal ideation
- Access to means, especially firearms

BEHAVIORAL STRATEGIES TO REDUCE SUICIDE RISK FACTORS
- Agitation
- Giving personal possessions away
- Reviewing one’s will
- Increase in alcohol use
- Non-compliance with medical treatment
- Taking unnecessary risk
- Preoccupation with death

SUCIDE RISK
National Guidelines for Senior’s Mental Health: Part 2: 2.1