

Course ID: CMEC23

Managing depression in older people

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Educational Objectives: By the end of this course, the participant should be able to formulate a rational management plan for a range of clinical scenarios involving older people with a depressive episode.

Course description: Depression is common and disabling in old age, particularly in people with co-morbid physical illness or in institutional care. It is associated with high health and social care costs. Despite this, it is often missed, ignored, or not managed adequately. This is in part a consequence of widely held “agist” assumptions that depression is intrinsic to the ageing process, and that treatment is inappropriate, excessively risky, or unlikely to be effective. These assumptions are demonstrably untrue: the majority of older people are not clinically depressed (despite their increased risk of loss and of adversity); those that are respond as well to the range of pharmacological and psychological treatment as do younger depressed patients. A recent meta-analysis of controlled trials of the main classes of antidepressant drugs found all to be superior to placebo but no significant differences between classes. Looking at individual antidepressant-antidepressant and antidepressant-placebo comparisons in terms of ‘number needed to treat’ does in fact suggest important differences between individual drugs. In ‘real-life’ practice, newer antidepressants may, because of their better side effect and safety profile have greater advantage than is apparent in the “super-fit, super-depressed” subjects eligible for clinical trials.

Psychological treatments are also underused in old age. This is partly because their availability is often limited. There is also a misconception that older people lack the psychological flexibility to benefit from psychotherapeutic interventions. Elderly people appear to respond particularly well to cognitive therapy for depression. The focus is often on real or threatened losses (bereavement, physical health, financial security) and on fears of impending death. Interpersonal psychotherapy (IPT), which is widely used in the United States and increasingly so in Europe has been shown to be effective in acute, continuation and maintenance treatment of depression in older people.

Depression in old age frequently fails to respond to initial treatment. Patients with apparent treatment resistance should be fully re-evaluated, with consideration of whether the original diagnosis was correct, previous treatment was adequate, and adherence was satisfactory. Possible physical or psychosocial maintenance factors should also be considered. A variety of pharmacological approaches to refractory depression in older people have been evaluated.

There have been relatively few studies of longer term treatment following good initial response. In general, antidepressants should where possible be continued (without any dose reduction) for at least 6 months after clinical recovery. Following this antidepressant treatment may be tapered slowly. In view of the high risk of depressive recurrence, opportunistic monitoring of depressive symptoms should form part of any subsequent clinical contact. In people with other previous episodes of depression, continued

antidepressant treatment has been shown to be effective in preventing relapse for at least 2-3 years. Psychological therapies, such as CBT and supportive psychotherapy may also reduce relapse rate, with the most powerful prophylactic effect resulting from combined antidepressant and psychotherapy.

A review of the current evidence will be presented. Participants will be provided with handout summaries. Key references will be available. The second part of the session will consist of small group problem-based discussions of clinical vignettes, the conclusions of which will be fed back to the plenary group. The course will end with a summary of key practice points.

Educational methods and course material: The educators will provide an evidence based overview of current knowledge and clinical practice in the field of depression in older people.

This will be followed by parallel workshops using problem based vignettes to illustrate the clinical difficulties and to encourage strategic thinking and thus deep learning.

We will require PowerPoint facilities. A handout summarising the key issues is attached as is a reference list for further reading.

Target audience: Psychiatrists whose current or future clinical practice includes older people.

Course level: Continuing medical education for specialist psychiatrists.