

Commonly Used Anti-Depressant Medications - National Guidelines for Seniors Mental Health: Part 5.

Generic Name SSRI	Trade Name	Starting Dose (mg/day)	Average Dose	Maximum recommended dose (CPS)	Comments/caution
Citalopram	Celexa	10	20-40	40 mg	
Escitalopram	Cipraxel	5	10-20	20 mg	
Sertraline	Zoloft	25	50-150	200 mg	
Other agents					
Bupropion	Wellbutrin	100	100 mg BID	150 mg BID	May cause seizures
Mirtazapine	Remeron	15	30-45	45 mg	
Moclobemide	Mavenex	150	150-300 BID	300 mg BID	Do not combine with MAO-B inhibitors or Tricyclics
Venlafaxine	Effexor	37.5	75-225	*37.5 mg	*For severe depression, may increase blood pressure
Tricyclic antidepressants					
desipramine	Nopramin	10-25	50-150	300 mg	Anticholinergic properties; cardio-vascular side effects; monitor blood levels
Nortriptyline	Aventyl	10-25	40-100	200 mg	Anticholinergic properties; cardio-vascular side effects; monitor blood levels

5 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

6 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 is a first line of treatment or in combination with antidepressant medication
- Based on type of depression, coping style, level of cognitive functioning
- Psychotherapy – provided by trained mental health professionals

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

7 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

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

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.

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.ccsmh.ca

www.nicenet.ca



1 IS MY PATIENT AT RISK FOR DEPRESSION?

National Guidelines for Seniors Mental Health: Part 2: 2.1.1

PREDISPOSING FACTORS

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

PRECIPITATING 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

2 RECOMMENDED ASSESSMENT OPTIONS

National Guidelines for Seniors Mental Health: Part 2: 2.1.2

A structured interview using one of the following tools:

TOOLS DEVELOPED TO REFLECT DEPRESSION IN OLDER ADULTS

In general medical practice, nursing/residential homes or inpatient settings

- SIG E CAPS-(<http://webmedia.unmc.edu/intmed/geriatrics/reynolds/pearlcards/depression/depressionindex.htm>)
- The Geriatric Depression Scale (<http://www.stanford.edu/~yesavage/GDS.html>)
- Brief Assessment Schedule for the Elderly (BASDEC) (<http://www.medalreg.com/www/sheets/ch18/depression%20Koenig%20scale.xls>)

In community surveys

- Center for Epidemiological Studies – Depression Scale
- The Geriatric Mental State Schedule (GMSS)

For depression in the presence of dementia or significant cognitive difficulties

- The Cornell Scale for Depression in Dementia (<http://www.emoryhealthcare.org/departments/fuqua/CornellScale.pdf>)

3 DIAGNOSTIC CRITERIA

National Guidelines for Seniors Mental Health: Part 2: 2.2

DIAGNOSTIC CRITERIA FOR DEPRESSION - DSM IV

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



DSM IV-TR CLASSIFICATION (APA, 2000)

Make a clear DSM-IV diagnosis & document

Different types of depressive disorders

- Major depressive episodes (i.e., part of unipolar, bipolar mood disorder or secondary to a medical condition)
- Dysthymic disorder
- Depressive disorders not otherwise specified: A group of disorders including minor depressive disorder, post psychotic depressive disorder of schizophrenia and depressive disorders of unclear etiology (e.g., may be primary or secondary to a medical condition or substance induced)

4 SUICIDE RISK

National Guidelines for Seniors Mental Health: Part 2: 2.1

Non-modifiable risk factors

- Old age
- Male gender
- Being widowed or divorced
- Previous attempt at self-harm
- Losses (e.g., health status, role, independence, significant relations)

Potentially modifiable risk factors

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

Behaviors to alert clinicians to potential suicide

- Agitation
- Giving personal possessions away
- Reviewing one's will
- Increase in alcohol use
- Non-compliance with medical treatment
- Taking unnecessary risk
- Preoccupation with death