

PURPOSE AND INTRODUCTION

The purpose of this journal is to examine the assessment and management of depression in older adults. It is the final of three follow-up publications which supplement the Best Practice Journal, Special Edition: “Adult Depression”, published in June 2009.

The “Evidence Based Practice Guideline for the Identification of Common Mental Disorders and Management of Depression in Primary Care” published in July 2008 by the New Zealand Guidelines Group, has formed the basis of this supplementary publication. It is intended as a resource for all primary care practitioners.

This publication is also a supporting information resource for the *bestpractice* Decision Support Module; “Management of Depression in Older Adults”. This module is freely available to all New Zealand General Practices. Please contact *bestpractice* Decision Support for further information.

Note: The principles for the assessment and management of depression in older adults are the same as for all adults. The Best Practice Journal, Special Edition: “Adult Depression”, published in June 2009, should be referred to for supplementary information and further details.



For further information and resources about the treatment of depression including the previously published Special Editions of Best Practice **Adult Depression, Depression in Young People and Depression in the Antenatal and Postnatal Periods** please visit our website:

www.bpac.org.nz

Key Points and recommendations

Diagnosis

- Depression in older people is often under-detected and untreated and should never be regarded as a normal consequence of ageing.
- Targeted screening for common mental disorders is indicated for older people in groups with high prevalence rates, including those:
 - In residential care
 - With a history of mental health disorder or suicide attempt
 - With multiple symptoms
 - With a recent significant life change, such as bereavement
 - With poor physical health
- An older person presenting with possible cognitive impairment should be assessed for both dementia and depression.
- Where there is a rapid change in cognitive status in an older person, medical assessment should exclude delirium.

Treatment

- Caring for the older person with depression can be a challenge due to the complexity of multiple co-morbidities. Shared decision making (with patient and carers/family) can facilitate the development of a patient specific care plan which evolves over time.
- Treat the underlying cause or problem (if present)
- Be positive, create hope and facilitate support
- Encourage lifestyle changes, exercise and social interaction
- Review current medicines use (including over-the-counter products) for the possibility that they may be causing or aggravating symptoms
- An older person with depression should be offered the same range of psychological therapies as other adults. Age should not be a barrier to specific therapies.
- Selective serotonin reuptake inhibitors (SSRIs) are generally suitable as the first line antidepressants for an older person. Consider the possibility of drug interactions in people taking other medicines.
- An older person prescribed an antidepressant should be monitored closely for adverse effects and increased risk of falls.