Depression
Mate pāpōuri

The information in this guide is accurate to the best of our knowledge as of June 2023.

Definition

Depression is one of the most common psychiatric disorders in older people. It is not a normal part of ageing. It is a serious disabling mood disorder that can affect the way a person feels, behaves and thinks.

It causes distress and anxiety, impacts on functional ability, reduces physical activity and can cause memory problems. Depression induces thoughts of worthlessness, helplessness and suicidal ideation (Blackburn 2017; Zenebe et al 2021).

Key points

- Studies suggest about 30 percent of older people worldwide have depression (Hu et al 2022; Zenebe et al 2021).
- Depression is underdiagnosed in older people (Zenebe et al 2021).
- Depression can lead to suicide. Around the world, older adults have the highest rate of suicide among all age groups (De Leo 2022; Stanley et al 2016).

Why this is important

Depression increases the risk of mortality and negatively impacts on quality of life (Sivertsen et al 2015).

Implications for kaumātua*

Depression impacts on every aspect of kaumātua wellbeing, including their spiritual and physical health and their connection with **whānau**/family as well as their mental health. For kaumātua, the experience of depression may involve more spiritual unease, unrest or disturbances so you need to interpret their behaviour carefully (bpac^{nz} 2010). People with cultural knowledge or whānau/family may be helpful in recognising these culturally specific manifestations.

Complementary, culturally informed interventions to address depression may include **karakia** (prayer) and/or **pure** (cleansing rituals).

* Kaumātua are individuals, and their connection with culture varies. This guide provides a starting point for a conversation about some key cultural concepts with kaumātua and their whānau/family. It is not an exhaustive list; nor does it apply to every person who identifies as Māori. It remains important to avoid assuming all concepts apply to everyone and to allow care to be person and whānau/family led.

Maintaining wellness for Māori (Russell 2018)

Concepts for maintaining wellness are not unique to kaumātua. However, having a strong sense of connection and cultural identity is a cornerstone of their mental wellbeing. Key aspects include:

- **whakawhanaungatanga** and belonging (connections with the people that are important to them, being able to **manaaki** [take care of or look after] others)
- feeling positive about life (having a sense of purpose, hope, things to look forward to, feeling connected)
- cultural connectedness (Māori culture is important to Māori, but not all Māori feel connected to their culture and need help to reconnect)
- cultural identity (a secure cultural identity comes from cultural and social connection).

See the *Guide for health professionals caring for kaumātua | Kupu arataki mō te manaaki kaumātua* for more information.

Assessment

Diagnosis of depression (Truschel 2022) DSM-5 Diagnostic Criteria

Major depressive disorder includes five or more of the following symptoms that last more than 2 weeks. At least one of those symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

The symptoms are:

1. depressed mood most of the day, nearly every day
2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
3. significant weight loss when not dieting, weight gain or a decrease or increase in appetite nearly every day
4. a slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down)
5. fatigue or loss of energy nearly every day
6. feelings of worthlessness or excessive or inappropriate guilt nearly every day
7. diminished ability to think or concentrate, or indecisiveness, nearly every day
8. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for dying by suicide.

Risk factors for depression (Maier et al 2021; Sivertsen et al 2015; Zenebe et al 2021)

- Female sex
- Increasing age
- Being single or divorced
- Bereavement/grief or loss
- Loneliness/social isolation
- Chronic illness or poor health
- Chronic pain
- Cognitive impairment
- Loss of function
- Loss of independence
- History of depression
- Childhood traumatic experiences
- Multiple medications
- Addiction (alcohol, drug, prescribed medication)
- Relocating to a residential care environment

Risk factors for suicide (De Leo 2022)

- Older men over 80 years of age
- Chronic pain
- Functional dependence
- Loneliness and feelings of abandonment
- Loss of meaning in life
- Frailty (Bickford et al 2021; Shah et al 2022)

Screening

Geriatric depression scale (short form)

Choose the best answer for how you have felt over the past week	Answer		Score
1. Are you basically satisfied with your life?	Yes (0)	**No (1)**	
2. Have you dropped many of your activities and interests?	**Yes (1)**	No (0)	
3. Do you feel that your life is empty?	**Yes (1)**	No (0)	
4. Do you often get bored?	**Yes (1)**	No (0)	
5. Are you in good spirits most of the time?	Yes (0)	**No (1)**	
6. Are you afraid that something bad is going to happen to you?	**Yes (1)**	No (0)	
7. Do you feel happy most of the time?	Yes (0)	**No (1)**	
8. Do you often feel helpless?	**Yes (1)**	No (0)	
9. Do you prefer to stay at home, rather than going out and doing new things?	**Yes (1)**	No (0)	
10. Do you feel you have more problems with memory than most?	**Yes (1)**	No (0)	
11. Do you think it is wonderful to be alive now?	Yes (0)	**No (1)**	
12. Do you feel pretty worthless the way you are now?	**Yes (1)**	No (0)	
13. Do you feel full of energy?	Yes (0)	**No (1)**	
14. Do you feel that your situation is hopeless?	**Yes (1)**	No (0)	
15. Do you think that most people are better off than you are?	**Yes (1)**	No (0)	
BOLD indicators of depression. Score: 0–4 normal; 5–8 mild; 8–11 moderate; 12–15 severe		**TOTAL**	

Cornell Scale for Depression in Dementia (more reliable for people with increasing levels of cognitive impairment)

Symptom/sign	Answer				Score
A Mood-related signs					
1. Anxiety; anxious expression, rumination, worrying	A	0	1	2	
2. Sadness; sad expression, sad voice, tearfulness	A	0	1	2	
3. Lack of reaction to pleasant events	A	0	1	2	
4. Irritability; annoyed, short-tempered	A	0	1	2	
B Behavioural disturbance					
1. Agitation; restlessness, handwringing, hair-pulling	A	0	1	2	
2. Retardation; slow movements, slow speech, slow reactions	A	0	1	2	
3. Multiple physical complaints (score 0 if gastrointestinal symptoms only)	A	0	1	2	
4. Loss of interest; less involved in usual activities (score 0 only if change occurred acutely, ie, in less than 1 month)	A	0	1	2	
C Physical signs					
1. Appetite loss; eating less than usual	A	0	1	2	
2. Weight loss (score 2 if greater than 2.3 kg/5 pounds in 1 month)	A	0	1	2	
3. Lack of energy; fatigues easily, unable to sustain activities	A	0	1	2	
D Cyclic functions					
1. Diurnal variation of mood; symptoms worse in the morning	A	0	1	2	
2. Difficulty falling asleep; later than usual for this individual	A	0	1	2	
3. Multiple awakenings during sleep	A	0	1	2	
4. Early-morning awakening; earlier than usual for this individual	A	0	1	2	
E Ideational disturbance					
1. Suicide; feels life is not worth living	A	0	1	2	
2. Poor self-esteem; self-blame, self-deprecation, feelings of failure	A	0	1	2	
3. Pessimism; anticipation of the worst	A	0	1	2	
4. Mood-congruent delusions; delusions of poverty, illness or loss	A	0	1	2	
Scoring system: A = unable to evaluate; 0 = not present; 1 = mild to intermittent; 2 = severe Score > 12 = probably depression					
Refer to secondary services for suicidal ideas or moderate-to-severe depression					

Treatment

Good evidence indicates that a non-pharmacological approach alone or in combination with antidepressant therapy is effective treatment for depression. There is limited evidence that pharmacological therapy alone protects people from suicide (De Leo 2022).

Psychotherapy approaches

- Undertake **life review**, a process of recalling, evaluating and assigning meaning to personal memories. It may involve talking only or may include using photographs and images to stimulate thinking. Research shows conversation improves psychological wellbeing (Al-Ghafri et al 2021).
- Provide **cognitive behavioural therapy** with a trained facilitator. It helps the person reinterpret situations and events and come up with solutions to them (Blackburn 2017). New Zealand research specific to use with Māori is available (Bennett et al 2016).
- Provide **social support** and encourage participation in social activities (Shah et al 2022).
- Recognise risk of depression or suicidal ideation and **refer to specialist services** for help (Holm et al 2021).
- Connect people living in care with **volunteers from the community** (developing social support bonds) (Gleeson et al 2019).

Physical therapy

- Participating in regular exercise of moderate intensity, including aerobic and strength-based training, has a positive impact on depression in older people (Schuch et al 2016). Culturally appealing activities such as **kapa haka** (Māori performing arts) may encourage participation (Nikora et al 2022).
- Physical activity is considered protective and so is also recommended for those who do not have depression (Bigarella et al 2022; Maier et al 2021).
- It has a positive impact on people with suicidal ideation (Stanley et al 2016).

Pharmacology

Antidepressants are usually started at a low dose and increased over 1 to 2 months. They require regular monitoring for efficacy, adverse effects and ongoing need.

First-line treatments (bpac^{nz} 2017)

Medication	Monitor for adverse effects
Citalopram Escitalopram Sertraline Fluoxetine	• Sexual dysfunction • Gastrointestinal disturbance • Anxiety, restlessness and agitation, fatigue/apathy, insomnia • Hyponatraemia: presenting as dizziness, nausea, lethargy, confusion, cramps and seizures
Mirtazapine	• Sleepiness • Increased appetite and weight gain • Constipation • Agranulocytosis (rare)

Second-line treatments (bpac^{nz} 2017)

Medication	Monitor for adverse effects
Venlafaxine	• Sexual dysfunction • Headache • Sweating • Gastrointestinal symptoms • Hypertension
Amitriptyline Clomipramine Dosulepin (Dothiepin) Imipramine Nortriptyline	• Sedation, fatigue or agitation • Constipation, dry mouth, tremor • Tachycardia, postural hypotension, bradycardia, seizures

Decision support

Depression assessment

Describe presenting complaint

- ☐ Describe symptoms noted: onset, duration, character
- ☐ Are there any associated symptoms?
- ☐ What (if anything) makes it better or worse?
- ☐ Any self-care or treatments?
- ☐ How bad is it?

Are there risk factors or triggers for depression?

Risk factors include:

- ☐ being lonely
- ☐ chronic illness
- ☐ cognitive impairment
- ☐ history of childhood trauma
- ☐ bereavement
- ☐ functional loss
- ☐ previous history of depression
- ☐ addiction

Note: Reports of multiple non-specific ailments can be a presentation of depression

Review medical history

- ☐ Chronic conditions: heart failure, COPD, drug or alcohol addiction, chronic pain, degenerative neurological conditions (eg, Parkinson's, dementia, Huntington's, multiple sclerosis)
- ☐ History of mental health diagnosis in whānau/family
- ☐ Blood results: anaemia, thyroid dysfunction, B12 or folate deficiency, nutritional deficits

Review medication for items that may impact mental health

- ☐ Any recent medication changes
- ☐ Any change to PRN medication use
- ☐ Any medication that can lower mood: opioids, benzodiazepines, prednisone, sedatives, antihypertensives (refer to NZ Formulary to check medications and medication interactions)

Check DSM-5 criteria and/or administer Geriatric Depression Scale **or** Cornell Depression in Dementia Scale

DSM-5: low mood and/or loss of pleasure and:

- ☐ Significant weight loss or gain
- ☐ Slowed thought or slower physical movement
- ☐ Fatigue or loss of energy
- ☐ Feelings of worthlessness or inappropriate guilt
- ☐ Diminished thinking or concentration, or indecisiveness
- ☐ Recurrent suicidal ideation with/without a specific plan

Consider suicide risk:
ask directly if they have suicidal thoughts and a plan to kill themselves

If resident presents with suicidal ideation and/or has a plan to self-harm or take their life:

- ☐ contact GP/NP now (no delays) and have staff stay with resident
- ☐ if resident in immediate danger, contact emergency services, ambulance and/or mental health services for older adults or crisis assessment team (**contact numbers from Te Whatu Ora public hospitals**)

- ☐ Consider cause of behaviour such as refusal to eat or maintain health – this can be an expression of suicidal intent

Review and implement non-pharmacological strategies

- ☐ Kaumātua culture (social connections, identity, manaaki others)
- ☐ Regular aerobic and weight-bearing exercise
- ☐ Social support and activity
- ☐ Reminiscent or life review therapy
- ☐ Refer to cognitive behavioural therapy or formal counselling
- ☐ Consider online apps and resources and national helplines

Administer and monitor any medications prescribed

- ☐ Record and report adverse effects or improvements
- ☐ Antidepressants can increase suicide risk

Ongoing review of need for antidepressant medication

- ☐ Work with NP/GP – provide assessment information to enable safe deprescribing

COPD = chronic obstructive pulmonary disease
DSM = Diagnostic and Statistical Manual of Mental Disorders
GP = general practitioner
NP = nurse practitioner
PRN = as needed (pro re nata)

Further resources

Centers for Disease Control and Prevention. Depression is not a normal part of growing older. URL: **www.cdc.gov/aging/depression/index.html**.

National Institute on Aging. Depression and older adults. URL: **www.nia.nih.gov/health/depression-and-older-adults**.

Te Hiringa Hauora | Health Promotion Agency. Māori | Depression and anxiety. URL: **depression.org.nz/get-better/your-identity/maori**.

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