

Old Age Psychiatry CBL 1: The Sad Patient (Part 1)-Depression

Learning Outcomes

- 1) To recognise the key clinical features of depression in the elderly
- 2) To recall the diagnostic criteria for depressive disorder
- 3) To be aware of potentially relevant investigations in an older person with depression
- 4) To understand the main options for the management of depressive disorder in older people including pharmacological and non-pharmacological treatments

Case history

Jane is a 77 year old lady. She visits her GP with her eldest son Graham who has become increasingly concerned about her recently. Graham has noticed Jane is calling him less and often doesn't pick up the telephone. When he asks why, she shrugs her shoulders and changes the topic of conversation. She has stopped going to her weekly yoga class where she would meet with her friends for Coffee after. Graham has noticed when visiting there is less food in the fridge than usual. Jane was once extremely house proud but the house has become dusty and untidy. Graham is concerned his mum has lost weight and her clothes have become loose-fitting.

At assessment, Jane reports with encouragement that she has been feeling low for the past 2 months. She retired from her job as a wedding planner 6 months ago and misses it greatly. She had many friends in the industry and her contact with them has gradually decreased, she feels too anxious to call them and wouldn't know what to talk about now. She has lived on her own for the past five years since the death of her late husband Ron. She has two sons and three grandchildren, her younger son Ben and his family have recently moved to Australia. Jane had counselling as a young woman following what she describes as a 'breakdown' after the death of her mother.

Jane loved gardening in the past, but Graham has noticed the garden to be overgrown now. She cites a lack of enjoyment in doing this and just doesn't have the energy anymore. Jane describes waking up 2 hours earlier in the morning than usual recently with no clear reason. She also struggles to get to sleep at night. She feels slowed down in her thinking and struggles to concentrate on the television or radio. She has forgotten to send birthday cards on a few occasions recently.

Jane feels there is very little hope for the future and has lost her sense of purpose in life. She feels guilty that she is letting her family down and finds herself worrying about her physical health. Recently she had a brief stomach upset and worries it may be a sign of cancer. She is financially secure with a pension but has been checking her bank balance on a daily basis. When leaving the house she often feels people are looking at her. When she hears laughter she presumes they must be laughing at her ageing appearance and clothes. When asked, with hesitation she disclosed she had thought about taking all of her late husband's painkillers, which she still has in her wardrobe. She is able to distract from this thought, stating she wouldn't do this to her family.

Questions

- 1) What investigations might you consider?
- 2) Which points in Jane's presentation support a diagnosis of depression?
- 3) What is the differential diagnosis for Jane's presentation?
- 4) How is a depressive episode defined?
- 5) Which symptoms of depression may be more common in an older adult population?
- 6) What are the risk factors for depression in the elderly?-consider the case then generally.
- 7) What are predictive factors for suicide in the elderly?-consider this case then generally.
- 8) What is the management plan?-considering pharmacological and non-pharmacological options.
- 9) Jane is prescribed sertraline (SSRI) but does not respond at all after 6 weeks, what might be your next step?
- 10) What are the risks associated with antidepressants in the elderly?

Advanced questions:

- 1) What are the pre-disposing, precipitating and perpetuating factors in her current illness?
- 2) Jane's family enter the home one day for an unannounced visit and find her sat at the table with her late husband's medication laid out and in tears. They call her GP to ask for advice – if you were the GP how might you assess and manage the risks to self in this scenario?