GUIDE FOR THE USE OF

ANTIDEPRESSANTS

IN OLDER PEOPLE

Depression is a common disorder in older people and may present with different signs and symptoms than in younger people. In addition, there are a number of medical and social contributors to depression.

SIGNS AND SYMPTOMS OF DEPRESSION IN OLDER PEOPLE

Low mood is less common in late life depression than in younger people. Depression may be manifested in symptoms such as:

- Chronic unexplained physical symptoms (esp. dizziness, aches and pains, insomnia)
- Memory loss
- Behavioural changes (irritability, anxiety, preoccupations, avoidance, hoarding)

CONTRIBUTORS TO DEPRESSION IN OLDER PEOPLE[i]

- Physical ill health
- Social factors (isolation, loneliness, alcohol use)
- Loss (spousal or other)

TREATMENT OF DEPRESSION IN OLDER PEOPLE

Treatment of depression should be multifactorial and where possible, the use of non-pharmacological techniques should be encouraged (either alone or in combination with antidepressants).

For mild depression, general advice on sleep hygiene, getting more structure into the day and active monitoring is often sufficient. There is good evidence that psychological therapy is beneficial. This may include self-help activities, computerised or group based therapy and exercise, modified according to the degree of the person's physical illness.

Drug treatment should only be combined with these approaches if:

- There is a past history of moderate to severe depression, or
- Symptoms have been present for at least 2 years, or
- Symptoms persist after non-pharmacological interventions, or
- The depression is complicating the treatment of other major medical conditions.

ANTIDEPRESSANT CHOICE FOR OLDER PEOPLE

Most antidepressants are equally effective for depression and selection is often based on their relative frequency and severity of pharmacological effects other than their antidepressant effect. For example, an agitated depressed person with difficulty sleeping and weight loss may benefit from mirtazapine as a first option.[ii,iii]

Response to antidepressants occurs less frequently in older people than in younger adults and when response does occur, longer response times are frequently seen.[iv,v,vi,vii,viii]

Based on the relative properties, sertraline or escitalopram are usually appropriate as first line agents (see Figure 1 and Table 1).[ix,x]

In situations where there is inadequate response after an adequate period of time:

Confirm Diagnosis:

- Depression as a part of unrecognised bipolar disorder may respond better to mood stabilisers or quetiapine.
- Prodromal or undiagnosed cognitive decline may present with features similar to depression.

Review Compliance:

- Particularly in the early phase of treatment, when side effects can be more prominent.
- Providng clear information for people when commencing or increasing the dose of these medications, supports their understanding and compliance.

Review Possible Medical/Drug causes (including drug interactions):

- Common modifiable medical conditions include thyroid and cardiac disorders, chronic pain and vitamin B_{12} deficiency. Many other irreversible conditions are associated with an increased incidence of depression.[i]
- Beta blockers, corticosteroids and some other cardiac medications (eg clonidine) may contribute to depression.[x]
- Some antidepressants are less effective as a result of genetics or drug interactions impacting on their metabolism and elimination.[xiii,xiv,xv]

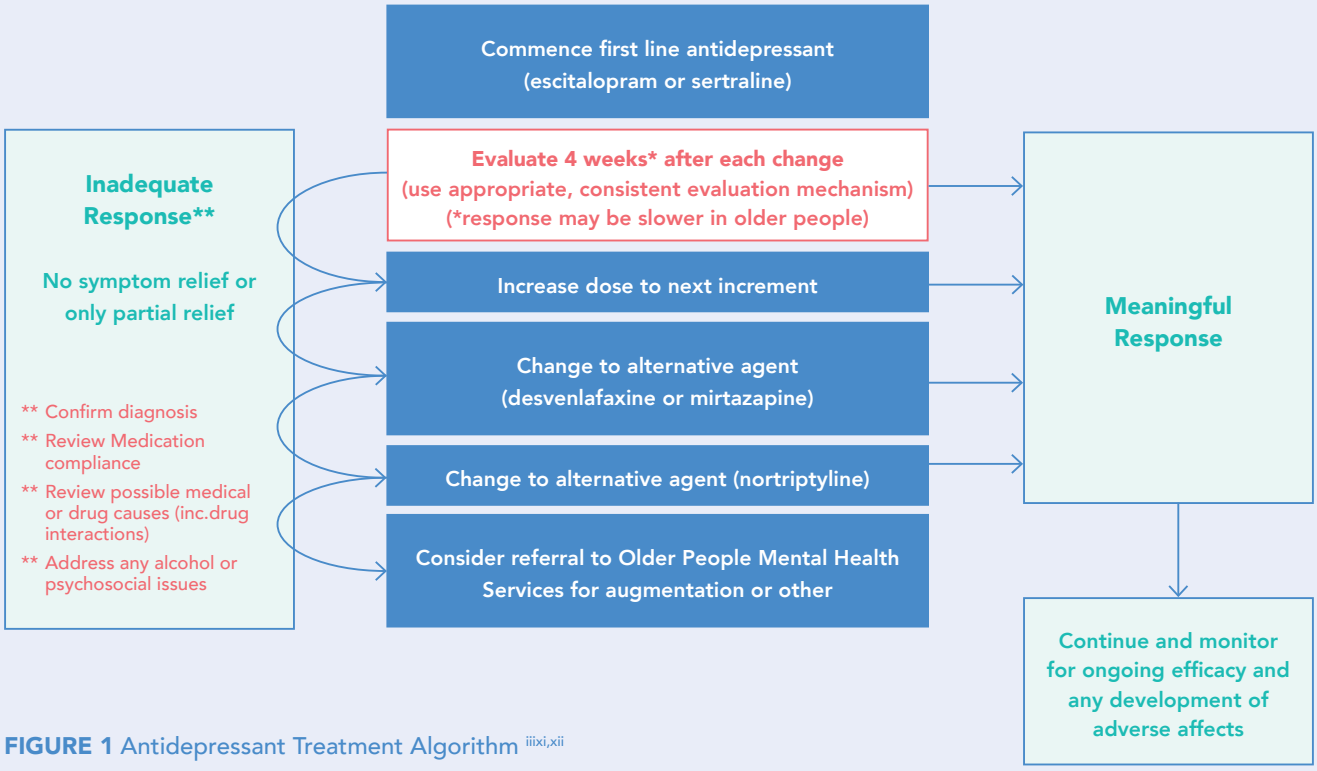

FIGURE 1 Antidepressant Treatment Algorithm [iiixi,xii]

Drug	Starting Dose	Sedation	Activation	Drug Interactions	Anticholinergic Properties
Sertraline	50mg d	0	++[2]	+	
Escitalopram	10mg d	+	+[2]	+	
Venlafaxine	37.5mg d		+++ [1]	+	
Amitriptyline	25mg d	+++		+	+++
Mirtazapine	15mg d	++++		+	
Desvenlafaxine	50mg d		++[1]	+	
Citalopram	10mg d		+	++	
Fluoxetine	10mg d	0	++[2]	+++	
Duloxetine	30mg d		++	+	
Paroxetine	20mg d	+++	+[2]	+++	+++
Dothiepin	25mg d	++		+	++
Fluvoxamine	50mg d	+++	+[2]	++	
Doxepin	25mg d	+++		+	++
Nortriptyline	25mg d	+		0	+

TABLE 1 Relative Properties of Commonly Prescribed Antidepressant Agents
(0=none, + = mild, ++ moderate, +++ = significant, ++++ = severe)

CONTINUED THERAPY IN OLDER PEOPLE

Patients where the antidepressant is commenced as part of the management of symptoms associated with dementia should have the efficacy reviewed (with respect to both depression and BPSD) in order to justify continuation. In particular, noting the increased risk of QT prolongation with SSRIs.

Older people with multiple relapses of depression are more likely to relapse if antidepressants are ceased (often as a result of multiple co-morbidities). Ongoing monitoring of efficacy and development of adverse effects in this age group is recommended.

People who have a clear past history of major depression who go on to develop dementia or other neurodegenerative conditions may worsen cognitively or behaviourally if the agents are ceased.

Content for this Guide is based on information provided by Consultant Pharmacy Services (www.consultantpharmacyservices.com.au) and references can be accessed at: www.primaryhealthtas.com.au

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