Integrated Literature Review of Depression in Elderly People

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Integrated Literature Review of Depression in Elderly People

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Abstract

The authors conducted a literature review of the depression findings of systematic reviews and meta-analyses in elderly people. The defining characteristics of depression in elderly people include 2-5 symptoms, namely sleep disorders, changed weight, psychomotor retardation, fatigue, and feelings of worthlessness or guilt within 2 weeks; the critical symptom is either low mood or loss of interest in usual activities. In addition, elderly people with an abnormal status for the items of the Geriatric Depression Scale (GDS) may have experienced recurrent falls twice during the past 2 years. The related factors of depression in elderly people include demographic, physical, psychological, mental, and social factors. Colasanti et al. in 2010 identified four major self-rating depression scales for elderly people: Beck Depression Inventory (BDI), Self-rating Depression Scale (SDS), Center for Epidemiological Studies Depression (CES-D), and GDS. CES-D is a valid scale that can be used to distinguish major depression from emotional disorders among elderly people, and it can also be used in pharmacological trials. The interventions for depression in elderly people include pharmacological and nonpharmacological methods. Regarding pharmacological treatment, the evidence-based literature has demonstrated that duloxetine taken for 8 weeks can alleviate recurrent major depression in elderly people; at the same time, healthcare professionals should pay attention to some side effects. Moreover, herbal medicine has been found to only alleviate post-stroke depression in elderly people. Nonpharmacological interventions are exercise therapies such as yoga; alternative therapies such as touching, intimate massage, music, art, and nature; and cognitive therapy, reminiscence therapy, and psychotherapy.
Introduction

- 30% of elderly people aged more than 65 years have emotional disorders.
- 64% of hospitalized elderly people have depression symptoms such as low mood, sleep disturbance, poor appetite, or pain combined with anxiety.
- Prevalence was 45.7% in nursing homes, 36.2% intermediate care facilities, 22.2% domiciliary care facilities, and 34.9% community-dwelling.
Introduction 2

- Depression exerts severe effects in elderly people, including physical and psychological symptoms and social functioning disorders.
- Elderly people with mild, early-diagnosed, and relapsed depression exhibit a high risk of dementia.
- The association of depression symptoms with recurrent falls.
- High risk of suicide.
- A heavy burden on the family and society.
The purpose of this study was to conduct a literature review of the depression findings of systematic reviews and meta-analyses in elderly people.
Methods

- key word “depression”, “elders”, and systematic reviews” or meta-analysis” in the CINAHL database from 2010 to 2016
- The 22 articles were identified with the extra 4 articles being indicating as the important papers; therefore, the final 26 papers were integrated to be reviewed.
Findings

- Defining characteristics
- Related factors
- Assessment scales
- Interventions for depression
Defining characteristics of depression in elderly people

- The DSM-IV diagnostic criteria for depression are the same for adults and elderly people.
- For 2 weeks, at least five: low mood, loss of interest in usual activities, lethargy or insomnia, gained or lost weight, psychomotor retardation, fatigue, feelings of worthlessness or guilt, suicidal ideation, or decreased concentration.

Core symptom
- low mood, loss of interest in usual activities

- Elderly people with an abnormal status for four items of GDS had experienced
Major Depressive Disorder

Clinical features of late life depression

- Low mood may be less common in older adults with depression than in younger adults with the disorder, whereas irritability, anxiety, and somatic symptoms may be more common.

- Cognitive dysfunction is associated with poor response of geriatric depression to antidepressants and greater lethality of suicide attempts in older adults.

Related factors of depression in elderly people

- Demographic
- Physical
- Psychological
- Mental
- Social factors
Demographic factors

Socio-Behavioral & Demographic

• Caregiver burden and strain
• Financial strain
• Elder abuse
• Pessimism
• Neuroticism
• Female sex
Physical factors

- Acute myocardial infarction, heart failure, stroke, cerebrovascular accident, hypothyroidism, crippling and/or disabling diseases, dementia and neurodegenerative diseases, bone fractures, osteoporosis, arthritis, and chronic illness

- Dysfunction in physical attributes, such as blood sugar and cardiovascular system imbalance, hydroelectrolytic disturbances, or lower liver and kidney functions; and lower daily activity score
Physical factors

- Early depression is caused by family history, and late depression is caused by degenerative lesions in the white matter in the brain or brain vascular infarction.

- Bad habits such as smoking and drinking and a self perceived poor health status are also related to depression in elderly people.
Psychological, mental, and social factors

- History of general anxiety, specific phobia, compulsive behaviors, major depression
- Feelings of loneliness and lack of intimacy in relationships because of living in long-term care facilities without sufficient support, mental senescence, lost role or role changes because of deaths of family members or retirement, and social difficulties
Assessment scales of depression in elderly people

- Self-rating depression scales
  1. Beck Depression Inventory (BDI-II)
     - BDI consists of 21 items and evaluates the behavioral symptoms of depression.
     - However, it is not sensitive to clinical variation and is thus not used in pharmacological trials.
  2. Self-rating Depression Scale (SDS)
     - SDS consists of 20 items and is the main scale used to assess general depression in adults
     - It is used for false positive screening for seniors aged more than 70 years
Assessment scales of depression in elderly people

3. Center for Epidemiological Studies Depression (CES-D)
   - CES-D consists of 20 questions and distinguishes between clinical depression and emotional disorders in elderly people

4. Geriatric Depression Scale (GDS)
   - GDS consists of 30 items and is a valid screening scale for major and minor depression; however, the scale for minor depression is not used in pharmacological trials
Interventions for depression in elderly people

- Pharmacological Methods
- Nonpharmacological methods
  - Gan Mai Da Zao (GMDZ)
  - Exercise therapy
  - Music therapy
  - Art therapy
  - Physical contact therapy
  - Cognitive therapy
Pharmacological Methods

- Older adults may be at increased risk for medication side effects → SNRIs > SSRIs
- SSRIs are considered first-line pharmacotherapy.
- Severely depressed patients were more likely to have a remission with citalopram (SSRI)

Gan Mai Da Zao (GMDZ)

- Systematically reviewed 298 potentially relevant fitting the inclusion criteria to analyze the efficacy and safety of Gan Mai Da Zao (GMDZ) decoction for depression.

- Results identified that compared with anti-depression medicines, herbal medicine (Gan Mai Da Zao decoction) only alleviates post-stroke depression in elderly people.
• However, it could not provide evidence for major depression, post-surgical depression, or depression in the elderly in terms of the superiority of GMDZ decoction over anti-depressant therapies.
**Exercise therapy**

- Systematically reviewed 461 clinical trials and reported that exercise therapy decreases the depression symptoms of elderly people and improves their self-esteem and quality of life.
- Regular exercise could prevent the depression symptoms of 585 community-dwelling elderly people in Taiwan, regardless of gender, health status, and chronic illness.
Yoga

- Reduce the depressive symptoms of elderly participants and improve their quality of sleep after 6 months both for elders living in institutions and the community.
- Yoga exercises significantly decreased depression, sleep disturbance, and daytime dysfunction in 38 elderly people after 6 months, and these outcomes were more favorable than those of the control group of 31 elderly people.
Music therapy/Art therapy

- Hospitalized elderly patients who listened to music for 30 minutes once a day during days 3 to 7, had significantly reduced depression, smooth the heart rate and blood pressure.

- 29 elderly patients who participated in 1-hour sessions of 12 artistic activities for 6 weeks, twice a week, showed significantly reduced depression and improved self-esteem.
Horticultural therapy

10 elderly patients who underwent a 10-week program of indoor horticultural therapy, with one 1.5-hour session per week, in a nursing home.

- They reported that depression and loneliness in these patients significantly improved, along with improvements in the four positive themes of social connection, anticipation and hope, sense of achievement, and companionship.
Physical contact therapy/Cognitive therapy

- The depression and agitated behaviors of 12 older people with dementia significantly improved after they received robot-assisted therapy involving for 40 minutes, twice a week for 4 weeks.
- 23 elderly people with dementia who underwent individualized learning therapy for 30 minutes, 2 times per week, 7 weeks, improved cognitive functions and decreased neuropsychiatric symptoms.
Conclusion and Suggestions

- Elderly people include 2 to 5 symptoms, namely sleep disorders, changed weight, psychomotor retardation, fatigue, and feelings of worthlessness or guilt within 2 weeks.
- The critical symptom is either low mood or loss of interest in usual activities.
- Moreover, elderly people with an abnormal status for the items of GDS may experience recurrent falls twice during the past 2 years.
• Four major self rating depression scales for elderly people, including BDI, SDS, CES-D, and GDS is a valid scale.

• The interventions for depression in elderly people include pharmacological and non-pharmacological methods.

• Based on the evidence-based literature, more non-pharmacological interventions should be administered to elderly patients with depression to improve their quality of life.
Thank You for Your Attention

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