

Depression in Older Adults: The Mental Health Continuum



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This session is presented by a collaboration of Minnesota health plans and DHS working together to improve antidepressant medication management in Minnesota. Thank you to Blue Plus, HealthPartners, Hennepin Health, Medica and UCare for their commitment to this issue.

Improving Antidepressant Medication Management Provider Toolkit

Antidepressant Medication Management



Provider Toolkit

Tools to increase antidepressant medication adherence and reduce racial and ethnic disparities in depression management.



DEPRESSION IN OLDER ADULTS: THE MENTAL HEALTH CONTINUUM

MINNESOTA DEPARTMENT OF HUMAN SERVICES

Thursday, March 9, 2017

9:00 – 11:00 am

Dr. John Brose, Ph.D., L.P.

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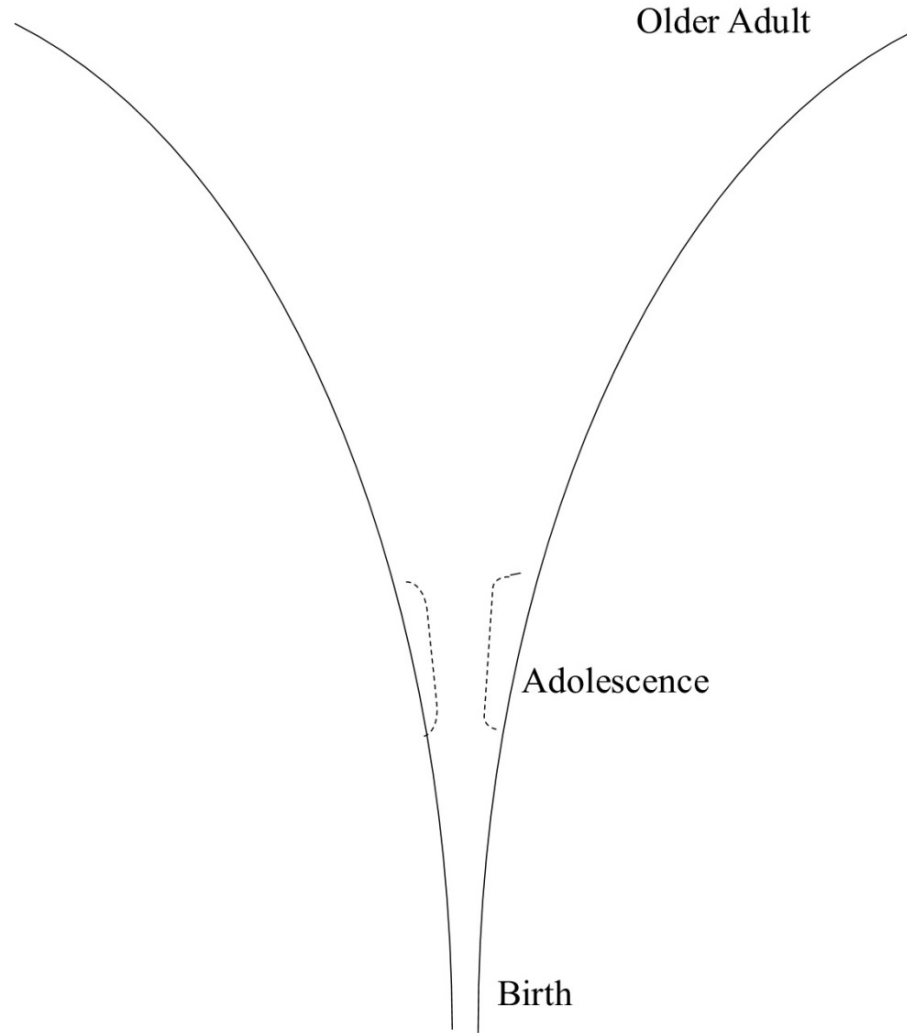
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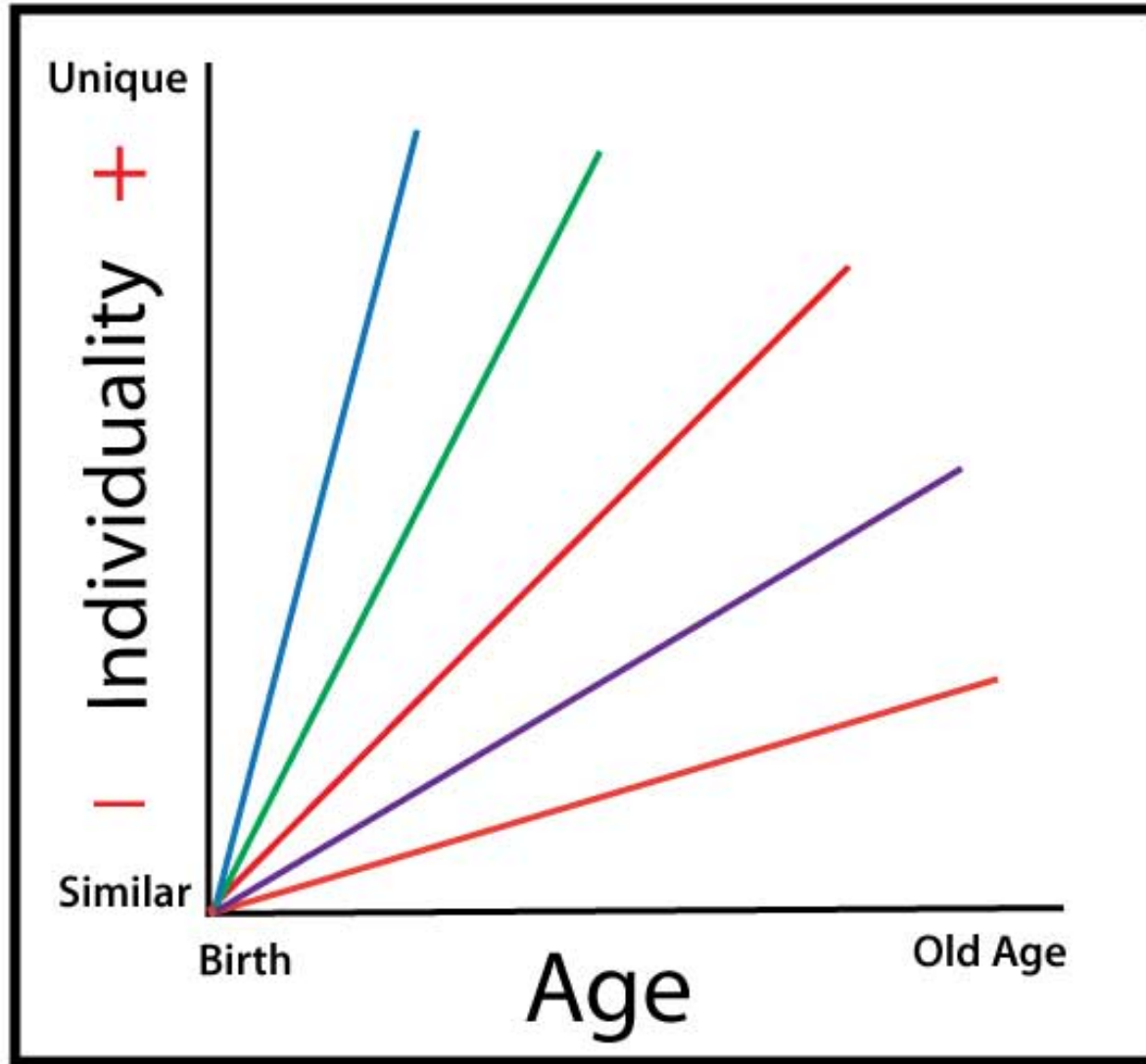
Lifespan

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We Become More Unique as We Age

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AgeismHurts.org

Cognitive Triad of Depression

Self
(0---10)

Future
(0---10)

Depression

World
(0---10)

Types of Depression

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Adjustment Reaction with Depressed Mood:

1. Occurs Secondary to an identifiable stressor.
2. Occurs within three months of the onset of the stressor.
3. Lasts no longer than six months.
4. Marked distress that is in excess of what should be expected from exposure to the stressor.
5. Significant impairment in social or occupational functioning.

Persistent Depressive Disorder (Dysthymia):

1. Depressed mood for at least two years.
2. Common symptoms (two or more): poor appetite or overeating; insomnia or hypersomnia; low energy; low self esteem; poor concentration; feelings of hopelessness.
3. Symptoms cause distress or impairment in social and occupational functioning.

Types of Depression Continued

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Major Depression:

1. Five or more of the symptoms listed below and be present within a two week period.
2. Common symptoms: depressed mood; decreased interest in previous pleasurable events; increase or decrease in appetite; insomnia or hypersomnia; psychomotor retardation or agitation; loss of energy; feelings of worthlessness or guilt; decreased concentration; change in sex drive; recurrent thoughts of death or suicide.
3. Symptoms cause impairment in social and occupational functioning.

MENTAL HEALTH CONTINUUM

Adjustment Disorders	Mood Disorders	Thought Disorders	Personality Disorders
1. Time	1. Time	1. Medication	1. Staff Training
2. Education	2. Education	2. Skills Training	2. Skills Training
3. Support	3. Support	3. Staff Training	3. Education
	4. Cognitive Behavioral Therapy	4. Structural Environment	4. Cognitive Behavioral Therapy
	5. Medication	5. Support	5. Limits
		6. Education	6. Limited Use of Medication for Mood

Symptoms of Depression and Situational Disorders

- Weight loss or weight gain
- Loss of energy
- Feelings of helplessness and hopelessness
- Loss of interest in normally pleasant activities
- Obsessive thoughts
- Difficulty concentrating
- Decrease in cognitive abilities
- Anxiety
- Confusion and disorientation
- Sleep disturbance (difficulty falling asleep, waking up at night, wanting to sleep all the time)

Symptoms of Depression and Situational Disorders Continued

- Lowered self esteem
- Feelings of guilt
- Negative thoughts (pessimism)
- Feeling like a failure
- Irritable moods
- Decreased interest in sex
- Inability to work
- Suicidal thoughts
- Social introversion (withdrawal)
- Increase in physical complaints (headaches, stomach problems, diarrhea)

General Guidelines for Differential Diagnosis

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1. Patient history. Have they handled similar instances without emotional dysfunction?
2. Premorbid personality characteristics/personality style.
3. Cognitive style.
 - a) Global vs. specific
 - b) Optimistic vs. pessimistic
 - c) All or none
 - d) Sees self as independent vs. dependent
 - e) Etc.
4. Motivation.
5. Grief is normal. Self destructive behavior is not (not taking medications; refusing rehab; not eating; striking out; etc.).

General Guidelines for Differential Diagnosis Continued

6. Support system. (large or small, single or in relationship, etc.).
6. TIME is a major variable in diagnosis.
7. Ask "What do you think the probability of your life getting back the way it was before?"
8. Ask "On a scale of 0-10...?"
9. Build on patient strengths. Build on what the patient gives you.
10. Video Analogy. Be creative. Be realistic. "What might you be doing instead?" Education, support, and action/goal psychotherapy. Medications for treatment of symptoms!!

General Strategies

- Intervene early
- Assess if person needs to better structure her or his time
- Assess suicidal potential
- Psychological/Psychiatric evaluation
- Use spouse, family, friends, and healthcare system to assess in the diagnostic process
- Obtain good social and medical history
- Rule out medical problems, drug reaction/interaction
- Accurate diagnosis is very important
- Assess cognitive functioning level

General Strategies Continued

- Tap into psychological strengths
- Challenge thought patterns that are self defeating
- Set small realistic goals
- Use assessment tools (Geriatric Depression Scale)
- Use educational models such as cognitive behavior therapy versus analytic forms of intervention
- Resiliency history/status
- What is their recovery vision?

Medical and Psychological Problems That Can Influence Mood and Behavior

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Temporary States (Acute)

1. Adjustment Reaction
2. Acute Depression
3. Acute Anxiety

Medical Problems(Acute)

1. Acute Pain
2. Drug Reaction
3. Abnormal Labs
4. Other Acute Physical Problems (UTI's)

Brain Damage (Chronic)

1. Stroke
2. Huntington's Disease
3. Mental Retardation
4. Alzheimer's Disease
5. Closed Head Injury



Normal Personality

Dysfunctional Traits

Personality Disorder

Medical and Psychological Problems That Can Influence Mood and Behavior Continued

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Brain Malfunction (Chronic)

1. Schizophrenia
2. Bi-Polar
3. Schizoaffective Disorder

Permanent Personality Traits (Chronic)

1. Dysfunctional Personality Traits
 - a) Chronic Depression
 - b) Chronic Anxiety
 - c) Over Attachment
2. Personality Disorders

Medical Problems (Chronic)

1. COPD
2. Chronic Pain
3. Other Chronic Medical Problems



Normal Personality

Dysfunctional Traits

Personality Disorder

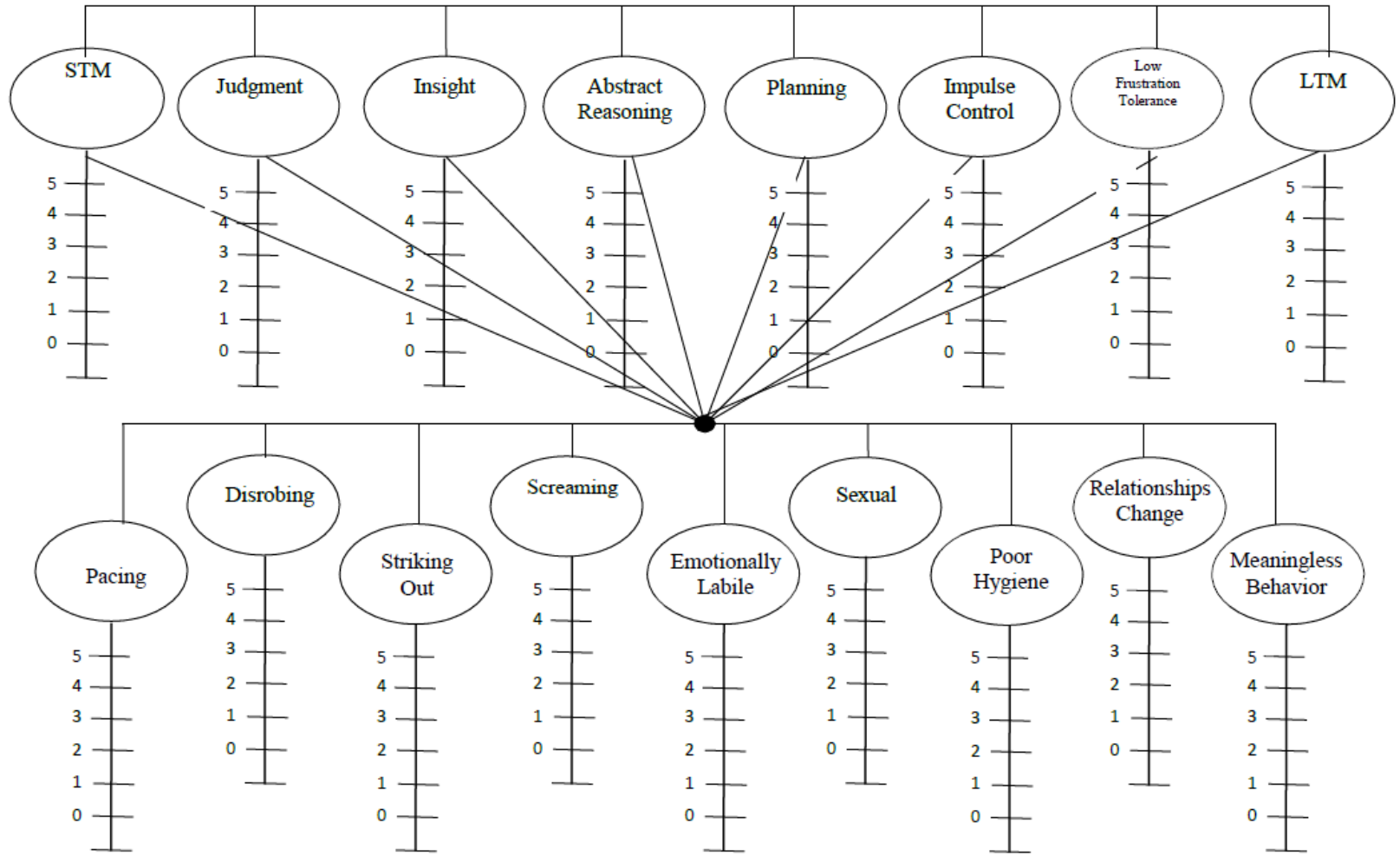
Treatment for Depression

1. Nutritional (Dietician)
2. ADL's
3. Sleep
4. Expand World
5. Activity (Previous Pleasurable) (T.R.)
6. Interaction (Staff)
7. Spiritual (Chaplain/Tapes/DVD)
8. Time is a Powerful Medication
9. Supportive Interaction (All Staff)
10. Supportive Counseling (LSW)
11. Psychotherapy (Psychologist)
12. Medication (M.D.)



— Physical Functions
— Mental Functions

DEMENTIA



John E. Brose, PhD, LP, LADC, LMFT

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Dr. John E. Brose, Licensed Psychologist, is the owner and Clinic Director of Associated Clinic of Psychology (ACP). Under his leadership, ACP has become the leading community and clinic based mental health organization in the Twin Cities. Dr. Brose oversees approximately 300 clinicians that provide behavioral health and psychiatry services to various clinical populations in their six outpatient clinics, over 170 nursing homes, group homes and assisted living facilities. ACP also has 6 outpatient clinics in the Twin Cities metro area.

Dr. Brose's career has predominantly focused on interaction between medical and psychological issues. He is a pioneer and leading national authority on aging and behavioral health issues. He also lectures locally and nationally on a regular basis.

Over the years, Dr. Brose has been recognized for his contributions and services by being awarded with "Outstanding Contributor of Geriatric Clinical Services", "Outstanding Contributor to Healthcare" and "Optum Health Certificate of Excellence" awards.

In addition to his professional career, Dr. Brose is an avid sailor, equestrian, and plays in the local classic rock group, The Emily Marrs Band (emilymarrsband.com).