

Prime Living  
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### Treatment of Depression in Seniors

For many diseases, effective treatment is centered on drugs or surgery. For other diseases, effective treatment involves a multi-faceted approach that combines medication with other therapeutic measures. Think of a wheel with spokes. One end of each spoke is centered on the hub of the wheel and the other end supports the rim. No one spoke could support the wheel by itself. And if one or two of the spokes were damaged or removed, the wheel would fail to perform. To function properly, each spoke needs to be in place, functioning properly, and supporting the other spokes around it.

When it comes to treating depressive disorders in seniors, this multi-faceted “wheel and spoke” approach should form the basis of every plan of care. To depend on one therapeutic measure alone, such as drug treatment, without considering other effective measures, is to offer an incomplete treatment plan.

This is an important point in modern medical practice. Experts in the field of depression are telling community physicians that they have done a pretty good job at recognizing depression but have fallen short on treatment. These experts are urging community physicians to be more aggressive with their treatment plans, to push treatment to a point where the patient no longer looks, feels, or acts depressed. Such a “complete remission” for depressed patients is indeed possible. For most patients it takes more than antidepressant drugs alone. It takes a multi-faceted treatment plan combining several therapeutic measures working together—like the spokes in a wheel.

For most seniors with depression, considerable benefit will be obtained from use of an antidepressant drug. Drugs that reliably improve depression have been around since the late 1960's. The first widely used drugs for depression were the tricyclic antidepressants, or TCA's. These drugs, when used at adequate doses, were able to help many people break out of their depression and feel much better. However, by the time most people attained an adequate dose, they began to experience unpleasant side effects which for some patients included serious heart rhythm disturbances. A significant advance in drug treatment of depression occurred with the introduction of the selective serotonin reuptake inhibitors or SSRI's. You will probably recognize members of this class by their trade names: Prozac, Zoloft, Paxil, Celexa, Lexapro, and many others. The advance the SSRI's offer over the TCA's is a lower side effect profile which translates into better tolerance of doses needed to improve depressive symptoms.

But don't forget what depression experts are asking today's community physicians to do. They are asking physicians to be more aggressive in treating their patients' depressive symptoms, to push their patients into “complete remission.” Because most seniors will not tolerate higher drug doses, we now return to the non-drug therapeutic approaches that form the other spokes in the wheel.

Exercise is one. Many of us are familiar with the good feeling that comes with regular exercise. “Runner’s high” describes such a feeling but you don’t have to run a marathon to feel good from regular exercise. Research has shown that regular exercise even at low levels causes the brain to produce pleasure-inducing chemicals. And these pleasure-inducing chemicals can have a significant effect on depression, mood, and on well-being in general. A study of depressed older adults published in 1999 demonstrated that walking or jogging 30 minutes daily combined with an antidepressant drug produced a benefit that was superior to either exercise or drug treatment alone.

Diet modification is another important therapeutic approach that can help depression. Several population studies have shown a relationship between deficiencies in Vitamin B-12 (found in meats, dairy foods, eggs, and fish) and folic acid (found in green leafy vegetables and fresh fruits) and rates of depression. A different population study showed a close relationship between the amount of fish regularly consumed and rates of depression. For many seniors, dietary supplements in addition to dietary changes can be very helpful. And one might wonder about the effect on brain function and mood of a lifetime of eating a standard American diet with all its chemical and hormonal additives, although medical research has not yet documented a cause and effect relationship.

Vitamin D deficiency also plays a role in the development of depressive symptoms. Research is beginning to show a link between Vitamin D deficiency, which is surprisingly common in our society, and rates of depression. Physicians are now realizing the importance of adequate levels of Vitamin D to a wide variety of basic bodily functions including mood and how we feel.

Making yourself or your loved one become more involved in social and recreational activities is often very helpful for depression. People typically say, “If I felt better, I’d get out more.” What they need to learn to say is, “If I get out more, I’ll feel better.” People with depression usually need the assistance of a trusted family member or friend to encourage them to become more active.

Finally, physicians today should review their practices and beliefs in terms of referring seniors with depression to counselors or psychotherapists. It had been previously taught that most seniors are hesitant to talk about their feelings. But this is just not true. Many seniors harbor false beliefs about being a burden to others, about their self-worth, or about their ability to contribute. Some people harbor decades-old feelings of regret or self-blame concerning things they said or did to their spouses, their sons, or their daughters. Such beliefs can play a significant role in late life depression, both at a conscious and at a sub-conscious level. Many seniors will find comfort and benefit in talking to a sympathetic professional counselor. For counseling or psychotherapy to be effective, the patient requires insight into their illness and a willingness and ability to talk about their feelings. Many seniors today possess these attributes. They are often surprised to find how good it feels to talk about their feelings.

So coming full circle, contemporary treatment of depression in seniors should encompass a multi-faceted approach that includes antidepressant medication, exercise, dietary changes, dietary supplements, review for possible vitamin deficiencies, social engagement, and a consideration of referral to a counselor or psychotherapist.