# Depression In Older Adults

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for Epidemiology 210

# DEPRESSION & OLD AGE: DEFINITIONS AND DIAGNOSIS

Types of depression per the DSM 5; definition of major depression; measurement issues

# Depressive Disorders (per DSM 5):[1]

- Major depressive disorder
- Persistent depressive disorder (dysthymia)

also:

- substance/medication-induced depressive disorder
- depressive disorder due to another medical condition
- other specified depressive disorder
- unspecified depressive disorder
- depressive episodes seen in bipolar disorder (not classified with the others)

**Rarely relevant among older adults:**
premenstrual dysphoric disorder (seen in people who menstruate)
disruptive mood dysregulation disorder (seen in youth and adolescents)
MDE with peripartum onset (seen within weeks of birth)

1. American Psychiatric Association, DSM-5 Task Force. (2013). Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed.). Arlington, VA, US: American Psychiatric Publishing, Inc.

# Major Depression:

Per DSM 5, over 2-week period must fulfill criteria A, B & C[1]

A. 5 or more of the following nine symptoms must be present as well as 1 of the first two symptoms:

1) Depressed mood
2) Markedly diminished interest or pleasure in activities
3) Weight loss or weight gain
4) Insomnia or hypersomnia
5) Psychomotor agitation or retardation
6) Fatigue
7) Feelings of worthlessness or guilt
8) Diminished ability to think or concentrate or indecisiveness
9) Suicidal ideation or attempt

B. Significant distress or impairment

C. Not due to effects of a substance or other medical condition

1. American Psychiatric Association, DSM-5 Task Force. (2013). Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed.). Arlington, VA, US: American Psychiatric Publishing, Inc.

# What special challenges does the measurement of major depressive disorder present?

**General challenges:**

1) Mood and cognition not directly observable phenomena
2) Primarily subjective criteria
3) Must exclude medical or substance-related explanations for symptoms

**Challenges particular to older adults:**

1) Individuals with dementia or even mild cognitive impairment may not be able to report their symptoms (necessitating using other informants)
2) Dementia and other age-associated disease may mimic major depression
3) More complex medical histories likely
4) May be differences in presentation of depression

# EPIDEMIOLOGY OF DEPRESSION AMONG OLDER ADULTS

Protective factors; prevalence; consequences

# Risk factors

- Social isolation
- Widowed, divorced, or separated marital status
- Comorbid general medical conditions
- Uncontrolled pain
- Insomnia
- Functional impairment
- Cognitive impairment
- Lower socioeconomic status
- Female sex

# Protective factors

Meaningful engagement:

- social activities
- volunteer work
- religion

Learned avenues for managing stress:

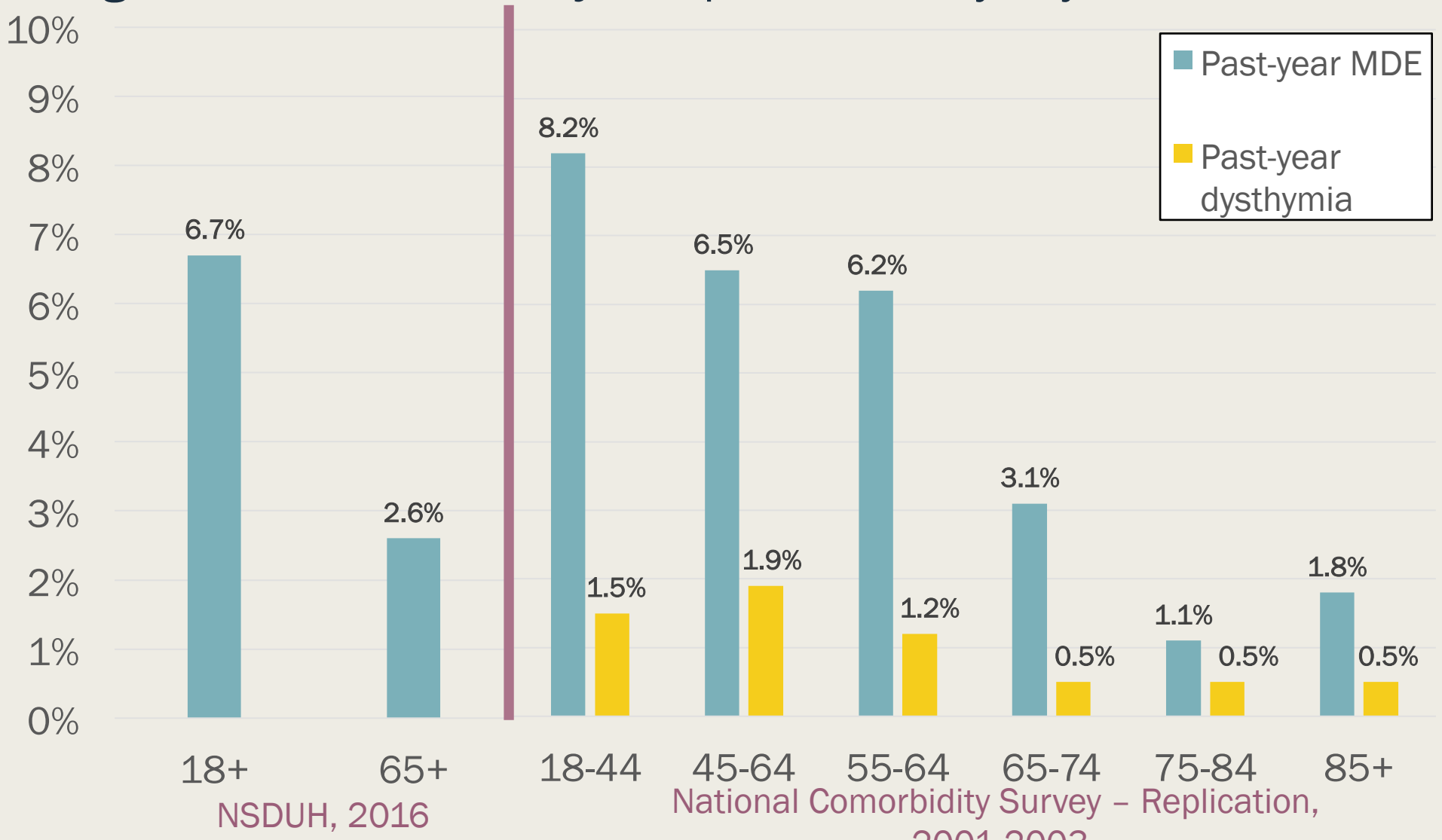
- psychological strategies
- relying on social support

Psychological characteristics:

- positive self-concept
- sense of mastery, or self-efficacy

Ferrari, A. J., et al (2013). Burden of depressive disorders by country, sex, age, and year: findings from the global burden of disease study 2010. *PLoS medicine*, *10*(11), e1001547.
Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual review of clinical psychology*, *5*, 363-389.

# Age & Prevalence of Major Depression & Dysthymia, Past-Year

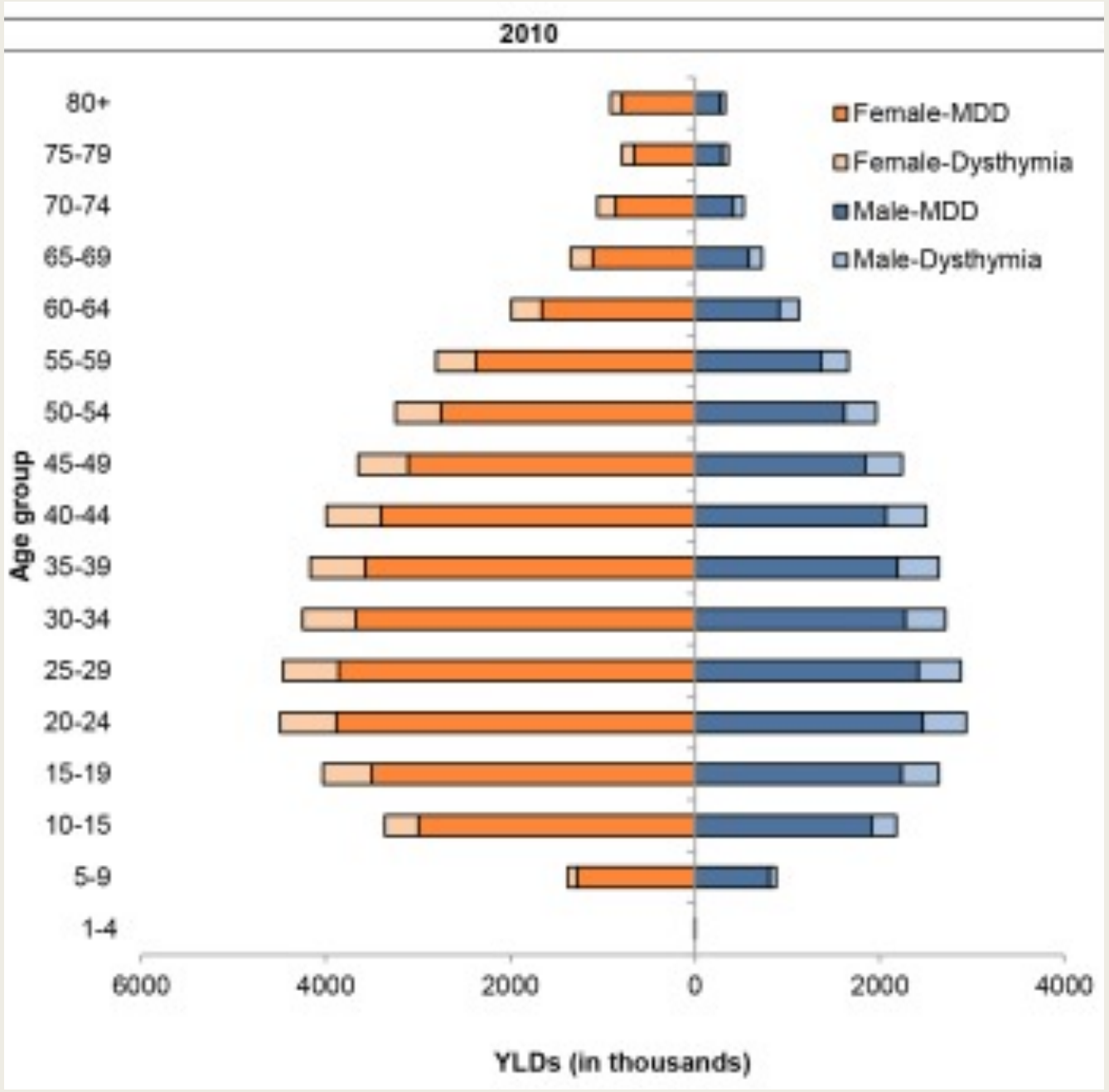




1. National Institute of Mental Health (2017). Major depression. https://www.nimh.nih.gov/health/statistics/major-depression.shtml (2016 data)
2. SAMHSA (2016). National Survey on Drug Use and Health, 2016. http://doi.org/10.3886/34481.v3.
3. Gum, A. M., et al (2009). Prevalence of mood, anxiety, and substance-abuse disorders for older Americans in the national comorbidity survey-replication. American Journal of Geriatric Psychiatry, 17(9), 769-781.
4. Byers, A. L., Yaffe, K., Covinsky, K. E., Friedman, M. B., & Bruce, M. L. (2010). High occurrence of mood and anxiety disorders among older adults: The National Comorbidity Survey Replication. Archives of general psychiatry, 67(5), 489-496.

# Global Burden of Disease 2010 Study:

Years of life lost to disability due to depression, globally by age




Ferrari, A. J., Charlson, F. J., Norman, R. E., Patten, S. B., Freedman, G., Murray, C. J., ... & Whiteford, H. A. (2013). Burden of depressiv disorders by country, sex, age, and year: findings from the global burden of disease study 2010. *PLoS medicine*, *10*(11), e1001547.

# DEPRESSION AMONG OLDER ADULTS: SOME METHODOLOGICAL ISSUES

Why do findings appear to be inconsistent?

# Revisiting the question: Is Old Age Depressing?

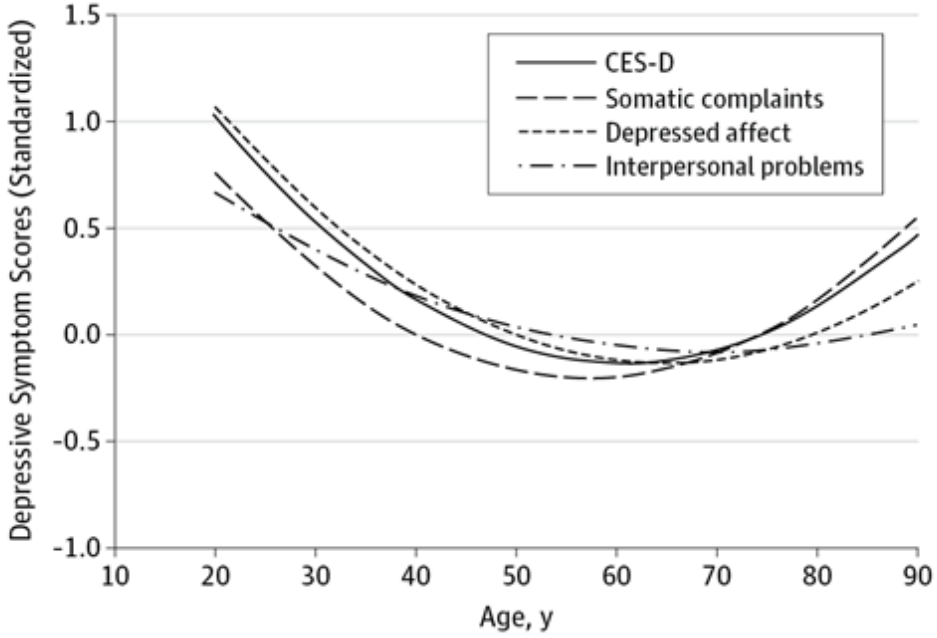
Some say the phenomenon is “self-evident”; others call it “mythical.”[1]

There are clashing growth and decline narratives.

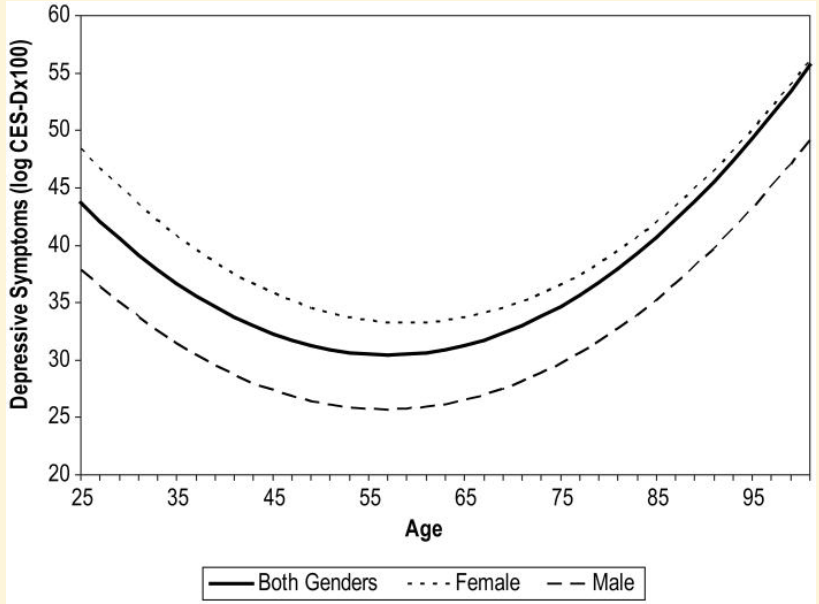
Empirical research has been inconsistent[2]

**Why?**

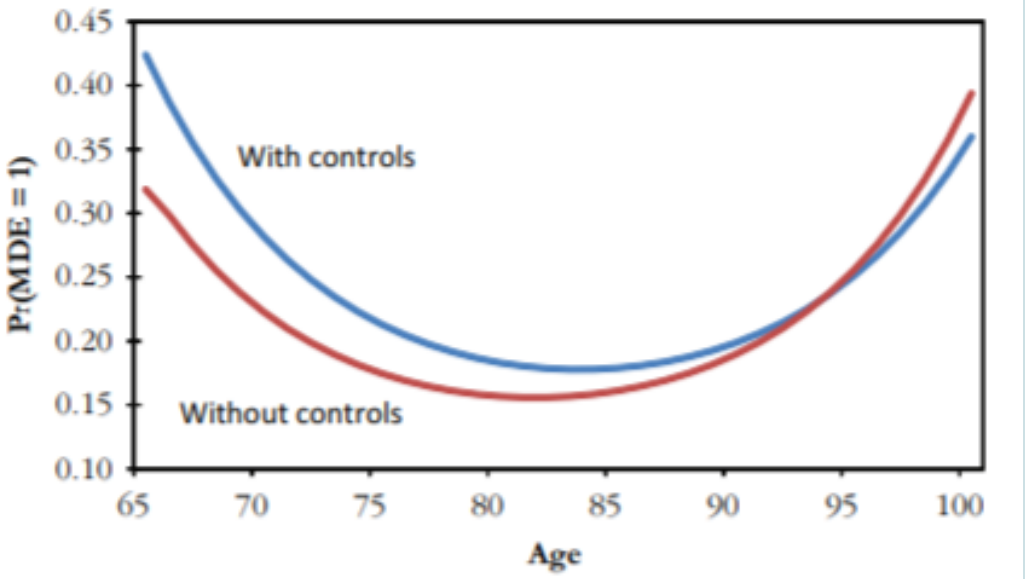
1. Yang, Y. (2007). Is old age depressing? Growth trajectories and cohort variations in late-life depression. *Journal of health and social behavior*, *48*(1), 16-32.
2. Büchtemann, D., Luppa, M., Bramesfeld, A., & Riedel-Heller, S. (2012). Incidence of late-life depression: a systematic review. *Journal of affective disorders*, *142*(1-3), 172-179.




| Author (year) | Sample |
|---|---|
| Sutin AR (2013) | **Baltimore Longitudinal Study of Aging;** CESD 1st assessed in 1979 (age range 19-95) through 2011 at multiple time points (N = 2,320) |

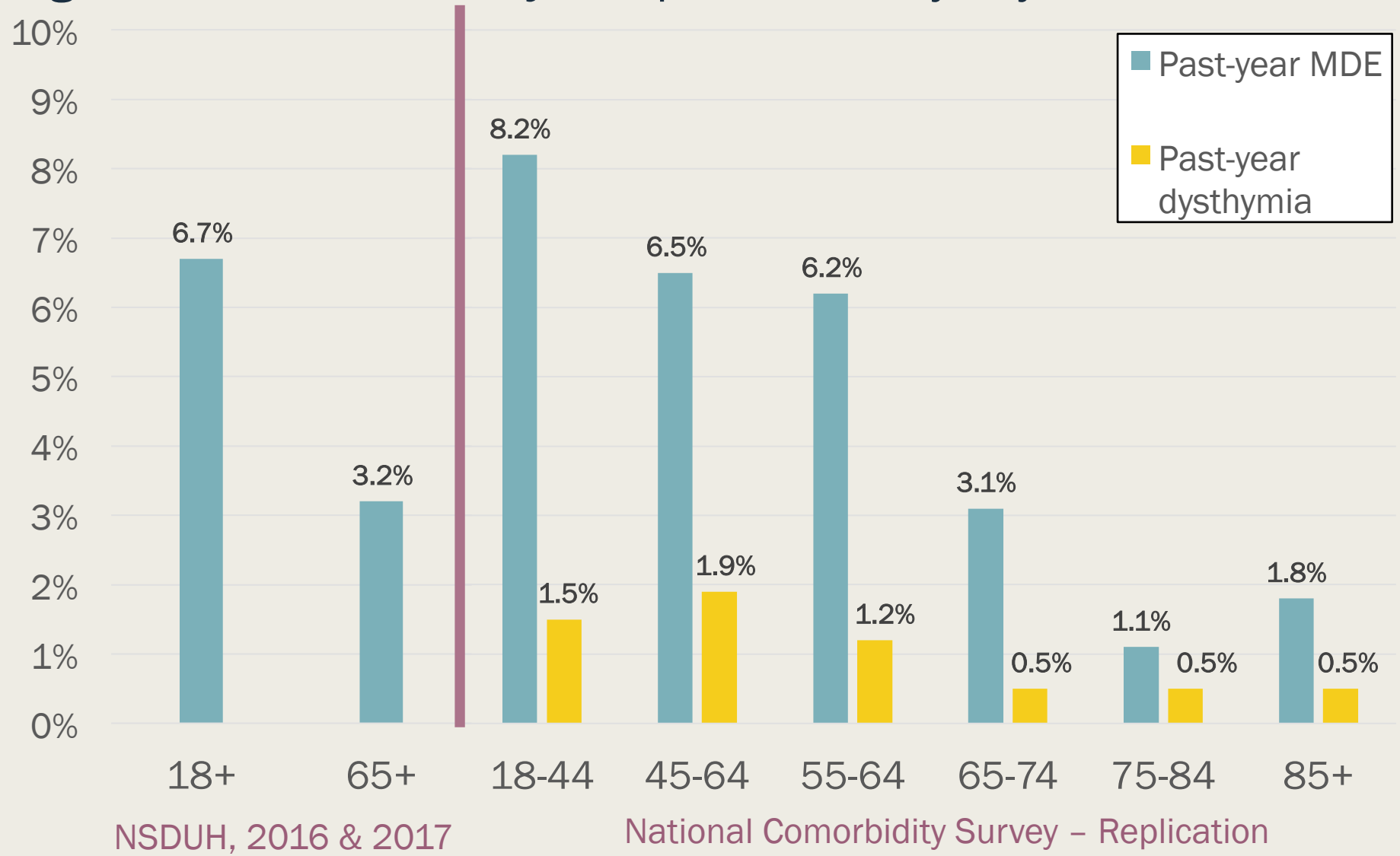



| Author (year) | Sample |
|---|---|
| Clarke P et al (2012) | **Americans' Changing Lives Study,** 3 waves of data collection over a 15-year period (1986/1989/2001) from non-institutionalized, national sample ≥25 years (N =3,617) |




| Author (year) | Sample |
|---|---|
| Wu Z et al (2011) | **Canadian Study of Health and Aging:** 3 waves of data collected (1991/ 1996/2001) from a community and institutional sample of Canadians ≥65 years (N = 10,263) |

# Age & Prevalence of Major Depression & Dysthymia, Past-Year





1. National Institute of Mental Health (2017). Major depression. https://www.nimh.nih.gov/health/statistics/major-depression.shtml (2016 data)
2. SAMHSA (2016). National Survey on Drug Use and Health, 2016. http://doi.org/10.3886/34481.v3.
3. Gum, A. M., et al (2009). Prevalence of mood, anxiety, and substance-abuse disorders for older Americans in the national comorbidity survey-replication. American Journal of Geriatric Psychiatry, 17(9), 769-781.
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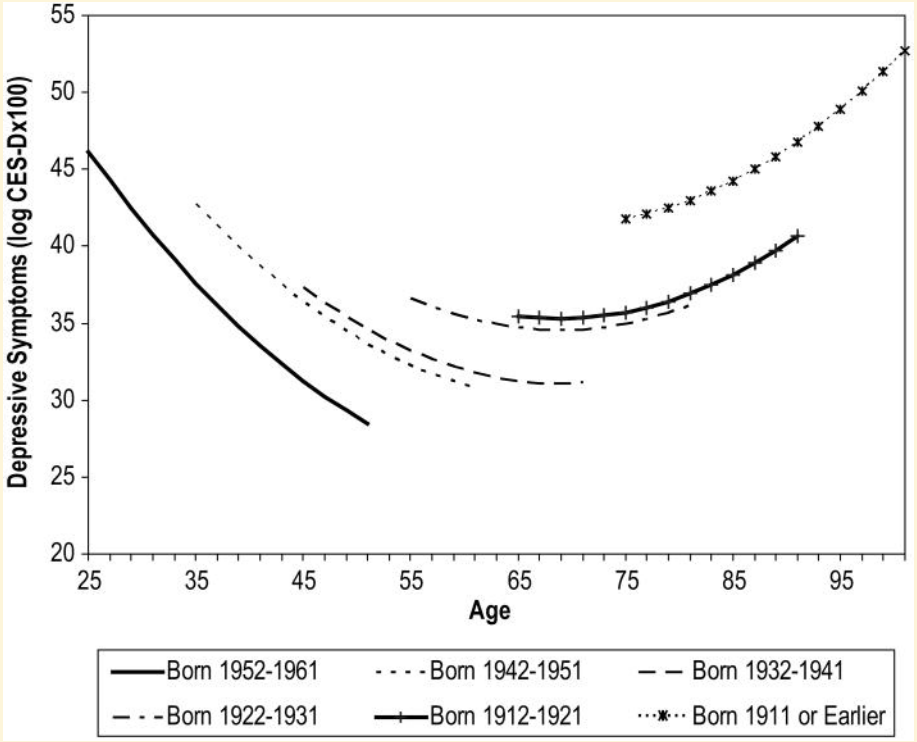
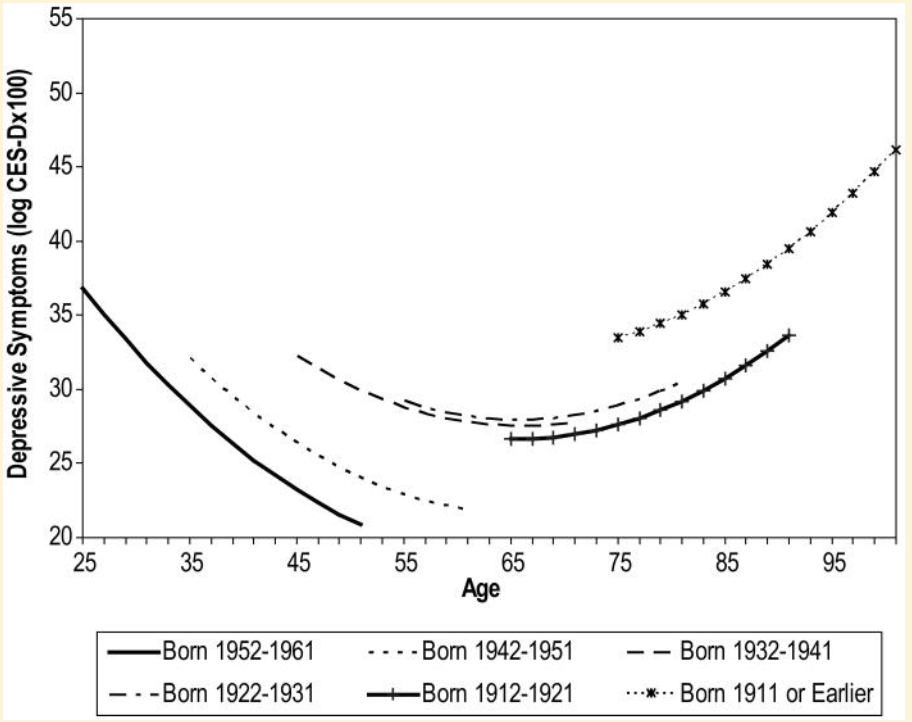



Female Participants




Male Participants

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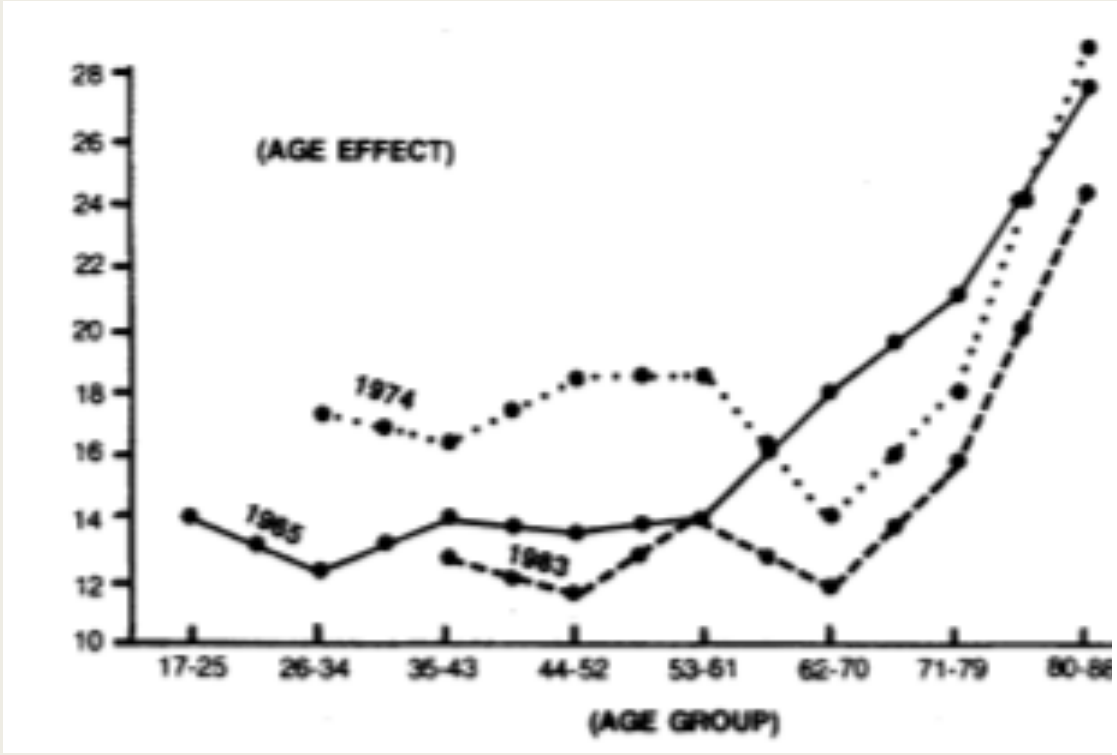
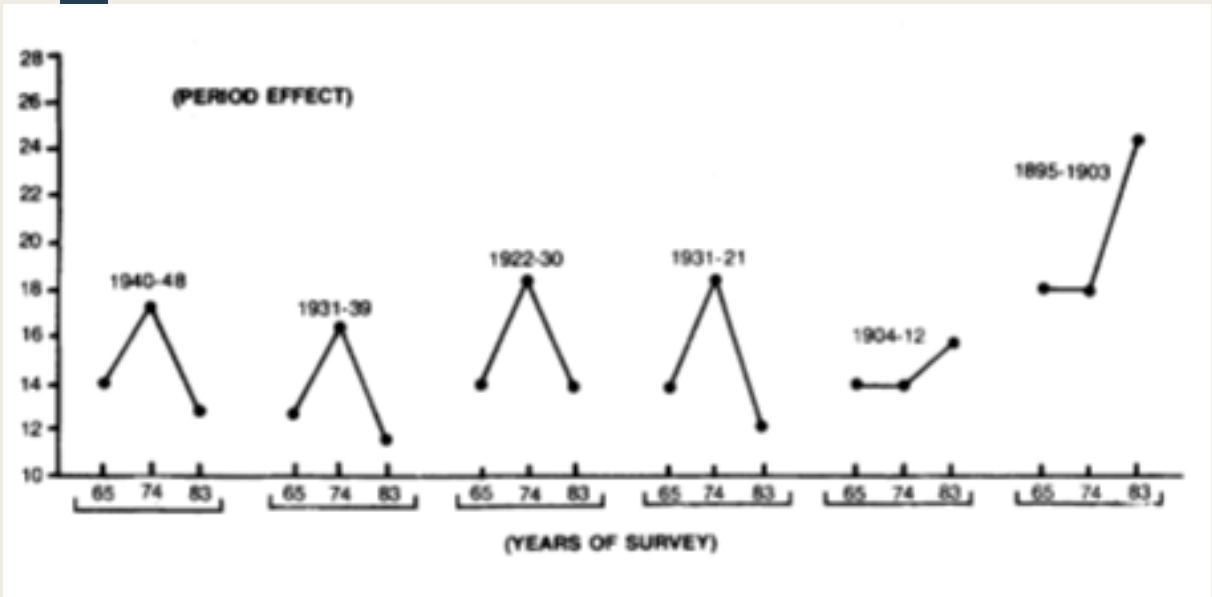
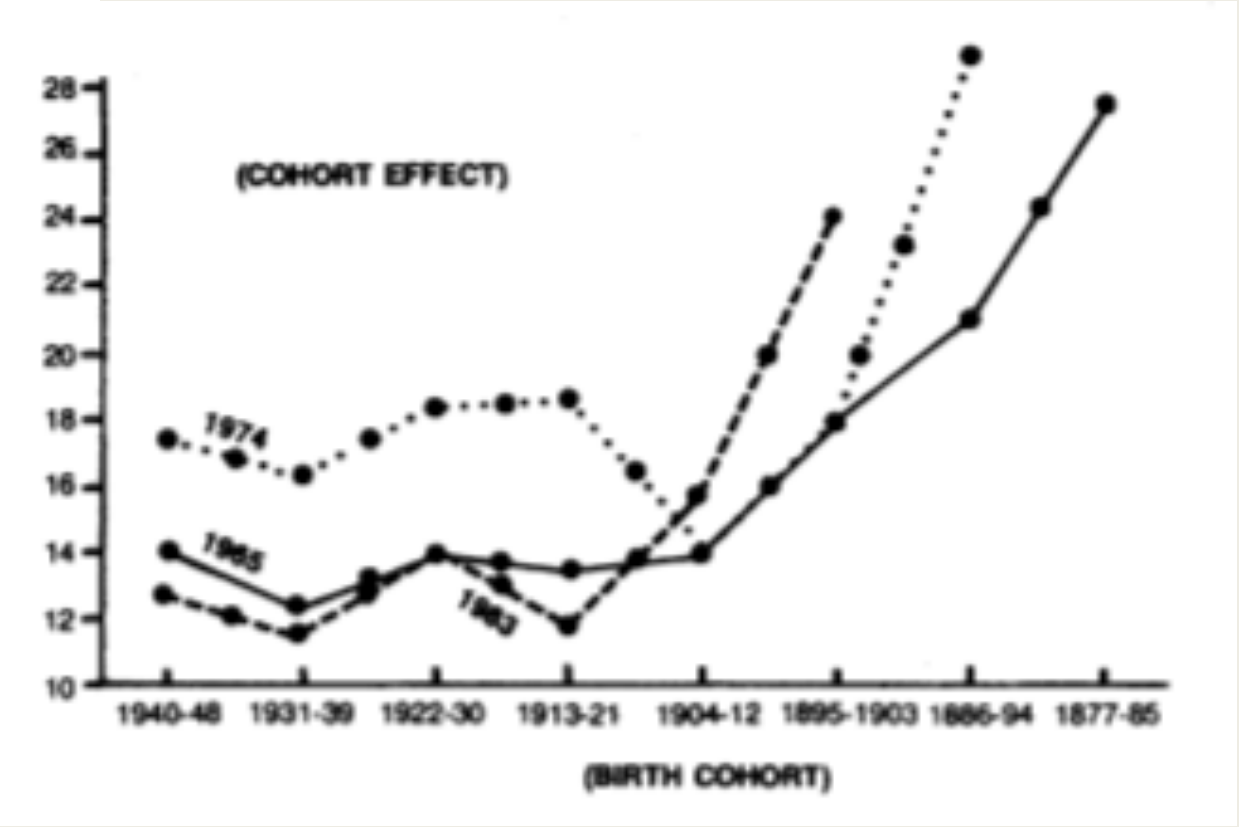
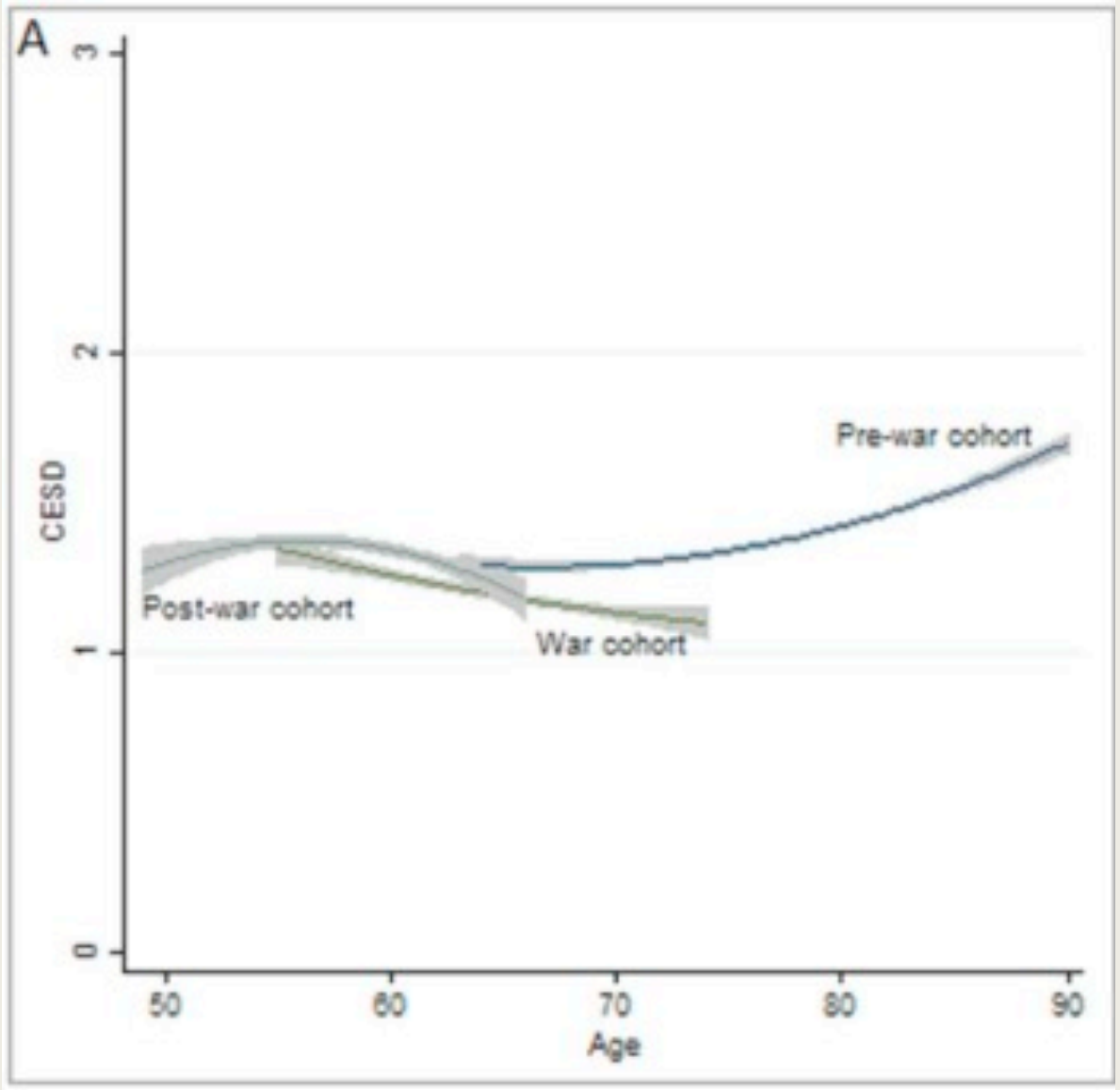


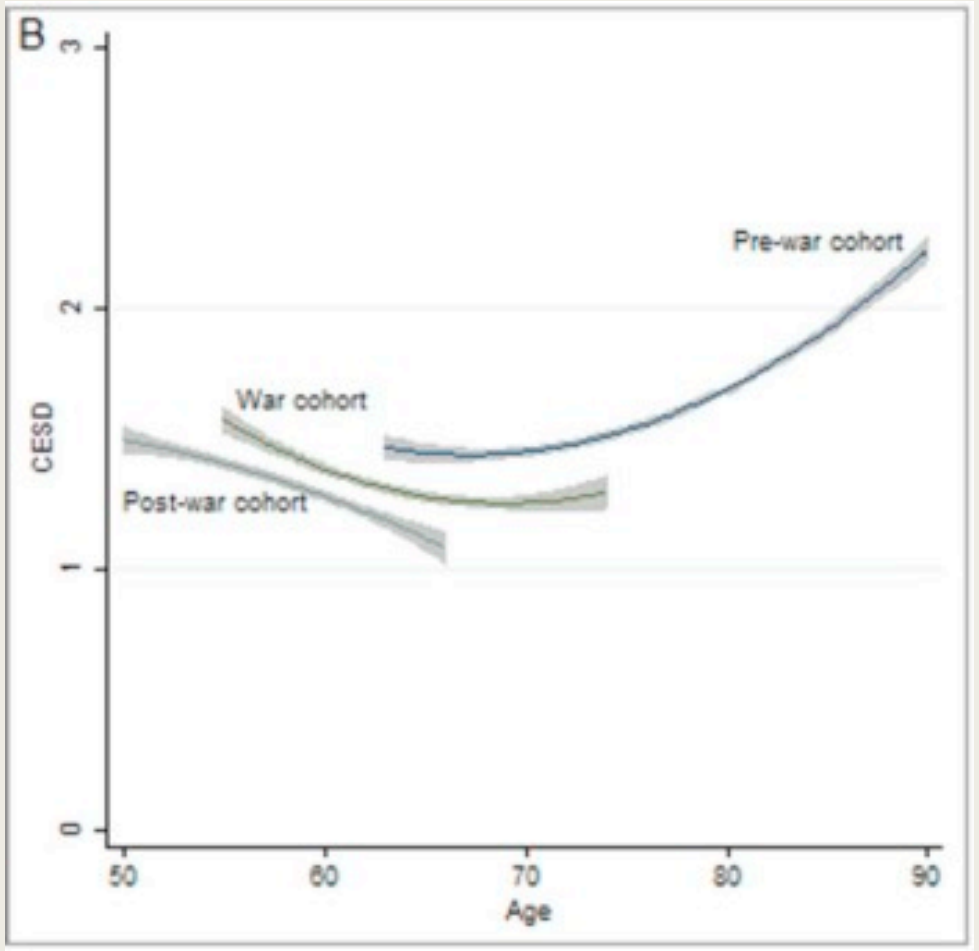

| Author (year) | Sample |
|---|---|
| Roberts RE et al (1991) | Alameda County Study, N= 6,928, 1965-1983 (3 waves of data collection: 1965/1974/ 1983), born 1877-1948 |





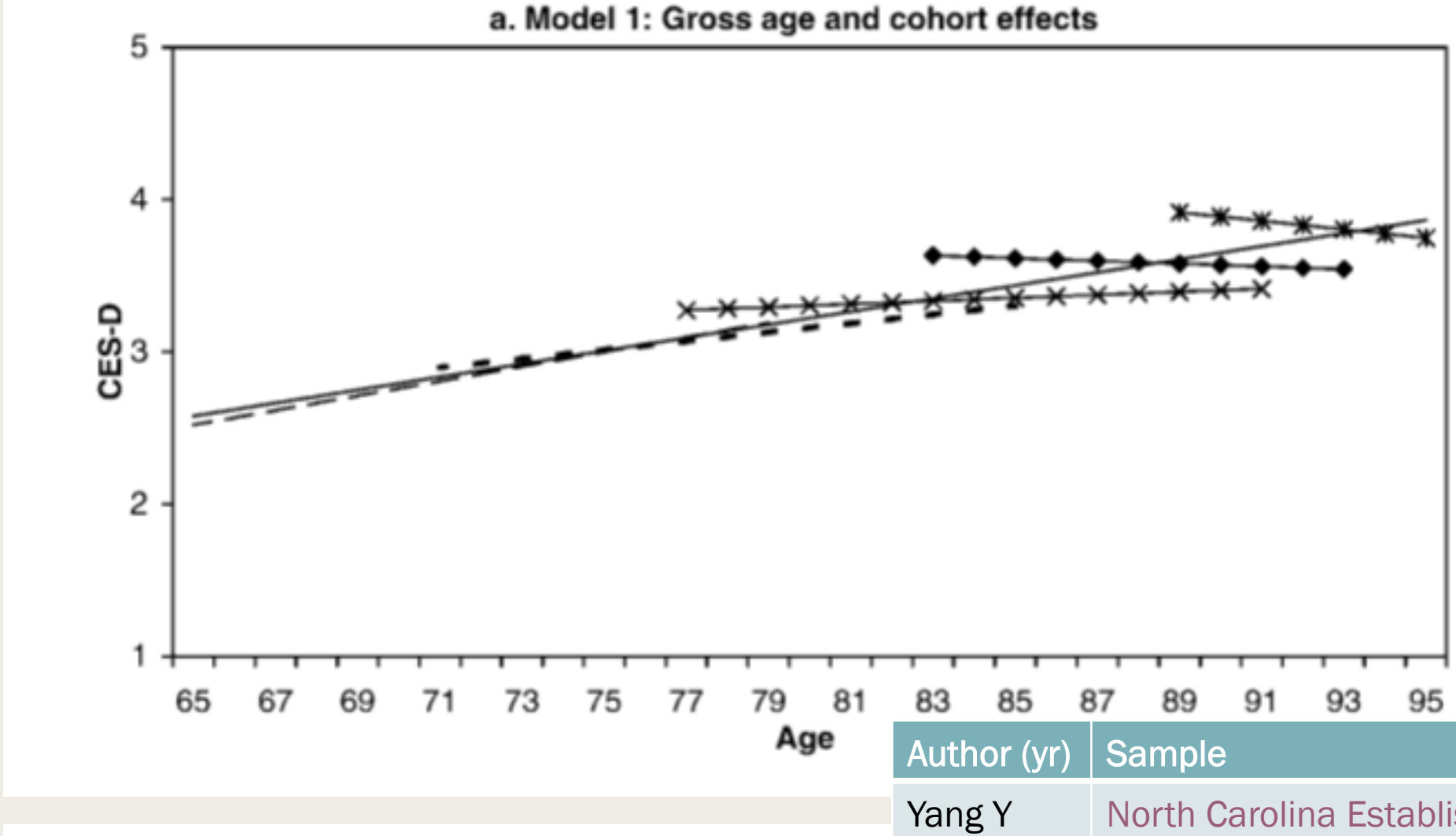

| Author (year) | Sample |
|---|---|
| Tampubolon G et al (2017) | U.S. Health Retirement Study and the English Longitudinal Study of Ageing; 3 cohorts (born <1938, 1939-1946, ≥1946) N= 22,252, 8 item CESD |




Predicted trajectories and 95% confidence intervals of depressive symptoms among older adults in (**A**) the United States and (**B**) England by cohorts.

(Source: HRS and ELSA 2002–2012)

**FIGURE 1. Expected Growth Trajectories and Cohort Variations in CES-D Scores**




| Author (yr) | Sample |
|---|---|
| Yang Y (2007) | North Carolina Established Populations for Epidemiologic Studies of the Elderly; N= 3,782 community-dwelling pp aged 65 and over, 1989-1996 |