Pharmaceutical Interventions

Collaborative Model of Mental Health Care for Older Iowans
Des Moines
May 18, 2007
Overview of initial workup and decisions in elderly depressed individual considering pharmaceutical intervention

Antidepressant use in the elderly

Standard approaches to pharmaceutical intervention in depressed elderly patients

Monitoring issues

Treatment non-response
Start with an assessment that identifies any intake of drugs or illnesses that predispose to depression
Rule Out Substance Induced Depression

- Methyldopa
- Benzodiazepines
- Propranolol
- Reserpine
- Steroids
- Anti-Parkinson’s
- Cimetidine
- Clonidine

- Hydralazine
- Estrogens
- Progesterone
- Tamoxifen
- Vinblastine
- Vincristine
- Propoxyphene

Remove Offending Medication
Rule Out Depression Due to a General Medical Condition

- Viral Infection
- Endocrinopathies
  - Hypothyroidism
  - Hyperthyroidism
  - Hypoadrenocorticism
  - Hyperadrenocorticism
  - Cushings disease
- Malignant Disease

- Cerebrovascular Disease
  - Stroke
  - Vascular Dementia
- Myocardial Infarction
- Metabolic Disorders
  - $B_{12}$ Deficiency
  - Malnutrition

Treat the Underlying Condition
Pharmaceutical Intervention

- Drug treatment is not generally recommended for initial treatment of mild depression
  - Poor risk-benefit
- Treatment indicated
  - Persistent mild depression
  - Depression associated with psychosocial or medical problems
Pharmaceutical Intervention

- Identify target symptoms
- Decision to use Medications or Therapy
  - Generally considered equivalent
  - Combination better than either alone
  - Patient preference
  - Cost and availability of skilled therapists
- Select your antidepressant
  - Not good clinical data to support any particular agent
  - Clinical experience suggests similar efficacy
- Start low, go slow
- Frequent phone or visit follow-up
Pharmaceutical Intervention

Factors That May Complicate Pharmaceutical Interventions

- Physiologic Changes with Aging
  - Pharmacokinetics
  - Pharmacodynamics
- Co-morbid medical conditions
- Polypharmacy
Pharmaceutical Intervention

- **Antidepressants**
  - Drugs of Choice for Depression and Anxiety
  - As effective in elderly as in younger patients
  - Starting doses should be low, but final doses are similar to those used in younger people
  - SSRIs and SNRIs are the drugs of choice
  - Tricyclic Antidepressants are reasonable alternatives
    - Nortriptyline and Desipramine
Selection of an Antidepressant

- Decision based on
  - Patient preference
  - Treatment history
  - Nature of the targeted symptoms
  - Concurrent medications
  - Side effect profile
  - Medication formularies
  - Financial considerations
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Name</th>
<th>Therapeutic Dosage Range (mg)</th>
<th>Starting Dose in Elderly (mg)</th>
<th>Usual Dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRI</td>
<td>Citalopram</td>
<td>10-40</td>
<td>10 daily</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Fluoxetine</td>
<td>10-60</td>
<td>10 daily</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Paroxetine</td>
<td>10-50</td>
<td>10 daily</td>
<td>20-30</td>
</tr>
<tr>
<td></td>
<td>Sertraline</td>
<td>25-500</td>
<td>25 daily</td>
<td>50-100</td>
</tr>
<tr>
<td>SNRI</td>
<td>Venlafaxine</td>
<td>12.5-150 bid</td>
<td>25 daily</td>
<td>25-100 bid</td>
</tr>
<tr>
<td></td>
<td>Venlafaxine XR</td>
<td>37-5-225</td>
<td>37.5 daily</td>
<td>75-300</td>
</tr>
<tr>
<td></td>
<td>Nefazodone</td>
<td>50-300 bid</td>
<td>50 bid</td>
<td>50-200 bid</td>
</tr>
<tr>
<td>TCA</td>
<td>Desipramine</td>
<td>75-200 hs</td>
<td>25 hs</td>
<td>100-200 hs</td>
</tr>
<tr>
<td></td>
<td>Nortriptyline</td>
<td>40-150 hs</td>
<td>10 hs</td>
<td>50-100 hs</td>
</tr>
<tr>
<td>Other</td>
<td>Bupropion</td>
<td>75-150 bid-tid</td>
<td>75 daily</td>
<td>75-150 bid</td>
</tr>
<tr>
<td></td>
<td>Bupropion SR</td>
<td>100-150 bid</td>
<td>100 daily</td>
<td>100-150 bid</td>
</tr>
<tr>
<td></td>
<td>Bupropion XL</td>
<td>150-300</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td>Mirtazapine</td>
<td>15-45 hs</td>
<td>7.5 hs</td>
<td>15-30 hs</td>
</tr>
</tbody>
</table>
Use of Antidepressant Medication in the Elderly

Select an Antidepressant – Typically an SSRI

Titrate to standard therapeutic dose over 4-6 weeks and give a 6 week trial

Inadequate response
- Review diagnosis
- Choose antidepressant from another class

Not tolerated

Response

Maintain effective dose for 12 months after first episode

Adequate Trial But Inadequate response

Not tolerated
- Review Diagnosis
- Try a different AD

Not Tolerated/No Response

Is diagnosis correct?
- Are there underlying medical conditions?
- Are there untreated psychosocial stressors?

Refer for Specialist Care

Consensus Guidelines for Assessment and Management of Depression in the Elderly - NSW Health
Depression with Cognitive Impairment at Presentation

Investigate for Medical Conditions or Delirium

None Found

- Depression with melancholic features?
  - Persistent major depression?
  - Persistent suicidal ideas?

No

- Complete dementia workup
  - Non-pharmacologic tx

Still depressed after 1 month

Antidepressant Trial

Yes

Treat medical condition and reassess

- Refer to specialist

Reassess cognitive status after depression resolved and condition stabilized

Consensus Guidelines for Assessment and Management of Depression in the Elderly - NSW Health
for prompt control of

senile agitation

THORAZINE*
(antipsychotic, S.P.H.)

'Thorazine' can control the agitated, belligerent, senile and help the patient to live a composed and useful life.

Smith Kline & French Laboratories
Symptoms of Depression in Dementia

- Sudden decline in function
- Dysphoria
- Loss of interest
- Psychomotor change
- Aggression/Noisiness
- Refusal to eat or drink adequately
- Emotional lability
- Thoughts of death
Management of Depression in a Patient with Dementia

Depressive Symptoms for at least 1 Week

Does the patient have a general medical condition, Delirium or Painful Condition?

- Yes
  - Investigate and Treat

- No
  - Depression with melancholic features?
  - Persistent major depression?
  - Persistent suicidal ideas?

- No
  - Non-pharmacological strategies

- Yes
  - Psychotic?
  - Suicidal?
  - Dehydrated?
  - Malnurished?

- No response in 2-3 months
  - Add Antidepressant

- Refer for Specialist Care

Consensus Guidelines for Assessment and Management of Depression in the Elderly - NSW Health
## Monitoring

<table>
<thead>
<tr>
<th>Medication</th>
<th>Common Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRI s</td>
<td>Dizziness, dry mouth, insomnia, agitation nausea, sexual dysfunction, headache</td>
</tr>
<tr>
<td>Bupropion (SR)</td>
<td>Headache, agitation, weight loss, insomnia, nausea</td>
</tr>
<tr>
<td>Venlafaxine (XR)</td>
<td>Dizziness, somnolence, insomnia, decreased appetite, anxiety, headache, nausea, sexual dysfunction</td>
</tr>
<tr>
<td>TCAs</td>
<td>Sedation, dizziness, dry mouth, nausea, insomnia, anxiety, anticholinergic effects, tremor, constipation, blurred vision, arrhythmias</td>
</tr>
<tr>
<td>Nefazadone</td>
<td>Dizziness, headache, nausea, somnolence, insomnia</td>
</tr>
<tr>
<td>Mirtazapine</td>
<td>Dizziness, diarrhea, increased appetite, drowsiness, dry mouth</td>
</tr>
</tbody>
</table>
Things to Consider If Your Patient Doesn’t Improve

- Incorrect diagnosis
- Insufficient dose
- Insufficient length of treatment
- Adherence
- Complicating factors
  - Psychosocial stressors
  - Medical problems
  - Substance abuse