Depression in Dementia and Vice Versa

Practical suggestions to improve quality of life in people with dementia and their carers.

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Overview

- Brief overview of normal ageing processes
- Brief overview of most common causes of dementia
- Depression in old age & in people with dementia
- Tips on improving quality of life when depression is detected (for both carers and people with dementia)

Normal Ageing Process

- Primary (natural) versus Secondary (due to disease) aging changes.

- It is important to know what occurs naturally and what does not.

Ignorance of distinction between the two can have serious negative consequences

- E.g. Depression AND Dementia are *not* a natural part of ageing. Whilst Dementia is a progressive degenerative disease, depression is very treatable.

Primary & Secondary Ageing

PRIMARY AGEING CHANGES	SECONDARY AGEING CHANGES
Recall from memory slower.	Depression and anxiety
Procedural memory remains relatively intact.	Stroke resulting in loss of language ability
Reduced ability to adapt and self-regulate in the face of environmental changes (e.g., cold/hot weather).	Poor health outcomes due to lifestyle choices (smoking, lack of exercise)
Somewhat reduced reaction time and speed of thinking.	Parkinson's disease results in drastic changes in speed of movement and thought.
Somewhat slowed speed at which nerve cells conduct information.	Dementia may result in dramatic changes in personality.

Source: Pachana (2016)

What is Dementia

- An umbrella term used to describe a group of symptoms that are caused by disorders affecting the brain. It is not one specific disease.
- Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life.
- Dementia can happen to anybody, but it is more common after the age of 65 years. People in their 40s and 50s can also have dementia.
- Some common symptoms may include:
  - *Progressive and frequent memory loss*
  - *Confusion*
  - *Personality change*
  - *Apathy and withdrawal*
  - *Loss of ability to perform everyday tasks.*

What Causes Dementia

- There are over 100 identified causes of dementia!

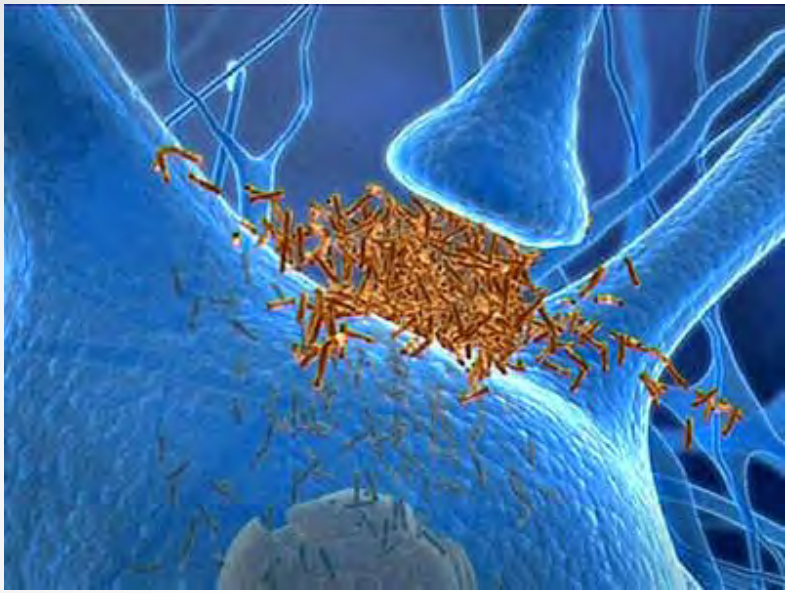
- The most common cause of dementia is Alzheimer's Disease (affects 50 – 70% of people with dementia)
- The 2nd most common type of dementia is Vascular Dementia (20% of people with dementia)
- Other common forms include: Fronto-Temporal Lobar Degeneration, Lewy Body Dementia, Alcohol-related dementia.

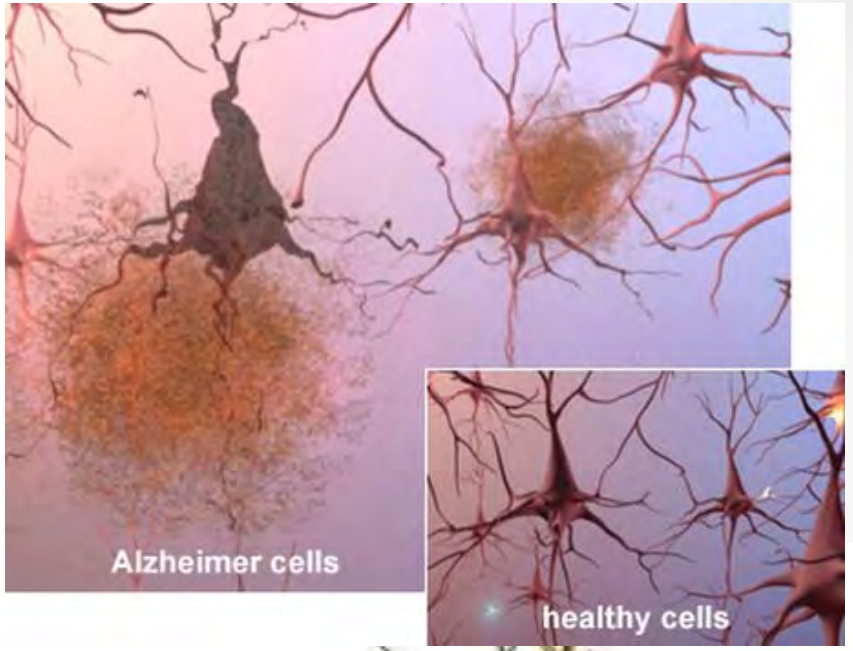
- Sometimes these diseases are combined

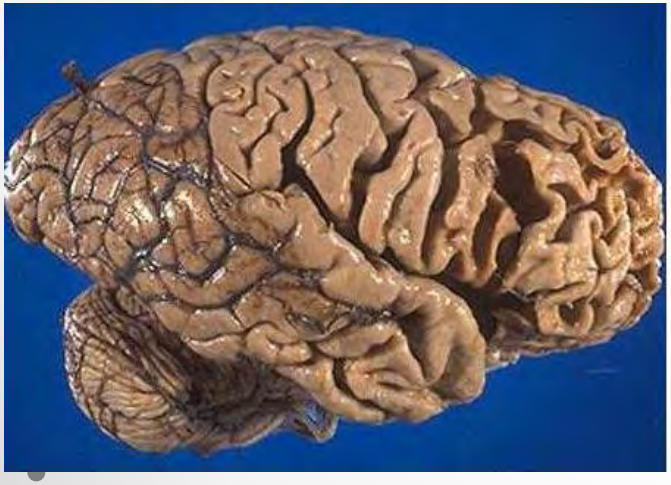
What Causes Dementia

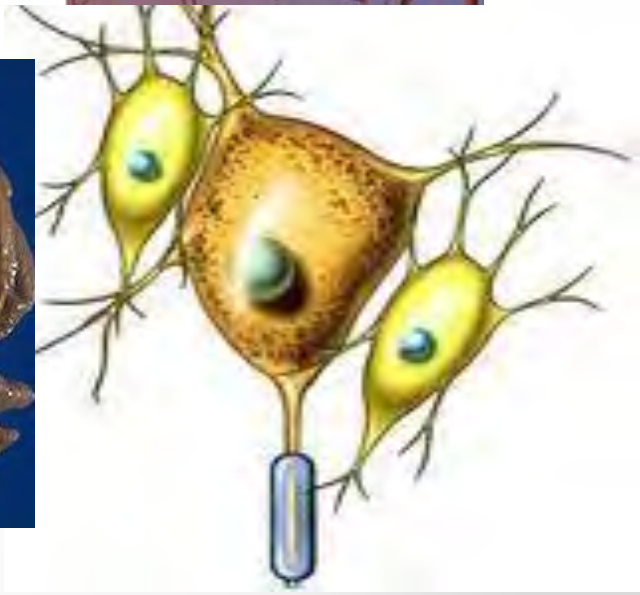
- Each disease has its own mechanism for affecting the brain and leading to the previously discussed symptoms.
- In a nutshell (although understanding is still poor):
  - In Alzheimer's disease, the connections between the neurones are disrupted, the neurones die, and the brain shrinks in size.
  - In Vascular dementia, strokes and/or lack of blood flow to vital areas of the brain in charge of cognitive functions leads to irreparable damage.
  - In Fronto-temporal lobar degeneration, the frontal and/or temporal lobes atrophy or shrink.
  - In Lewy-Body dementia, proteins inside the neurones deform/affect their cellular structures and lead to cell death.

Most Common Causes









Caregivers

- There are approximately 200,000 Australians providing unpaid care to a person with dementia.
    - 91% of people with dementia in the community rely on an informal carer
        - This is often the spouse or child of the person
        - 22% rely solely on informal care & have no access to formal care
        - 81% of co-resident informal carers provide more than 40 hours of care per week.
    - Caregivers provide wide-ranging support
        - Activities of Daily Living (ADL's)
        - Personal care
        - Making decisions about treatment
    - Caring for person with dementia increases risk of depression.
        - 15-30% of carers experience depression vs 17% in non-carers.

- (Source: Alzheimer's Australia, 2015: https://www.fightdementia.org.au/files/NATIONAL/documents/Alzheimers-Australia-Numbered-Publication-42.pdf)

Depression in Old Age

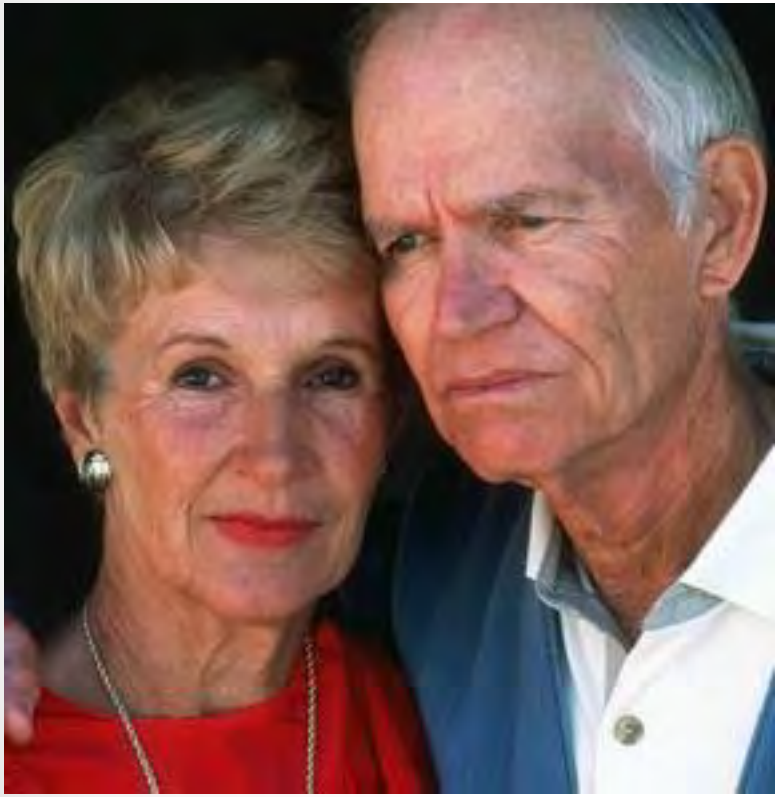
- The prevalence for clinically-significant symptoms of major depression or dysthymia was 10-15% for community dwelling older adults.
(Haralambous et al., as cited in AIHW, 2015)

- However, the prevalence of depressive symptoms in residential care is 32%, with other sources estimating that it may be over 50%
(AIHW, 2013).

What is Depression

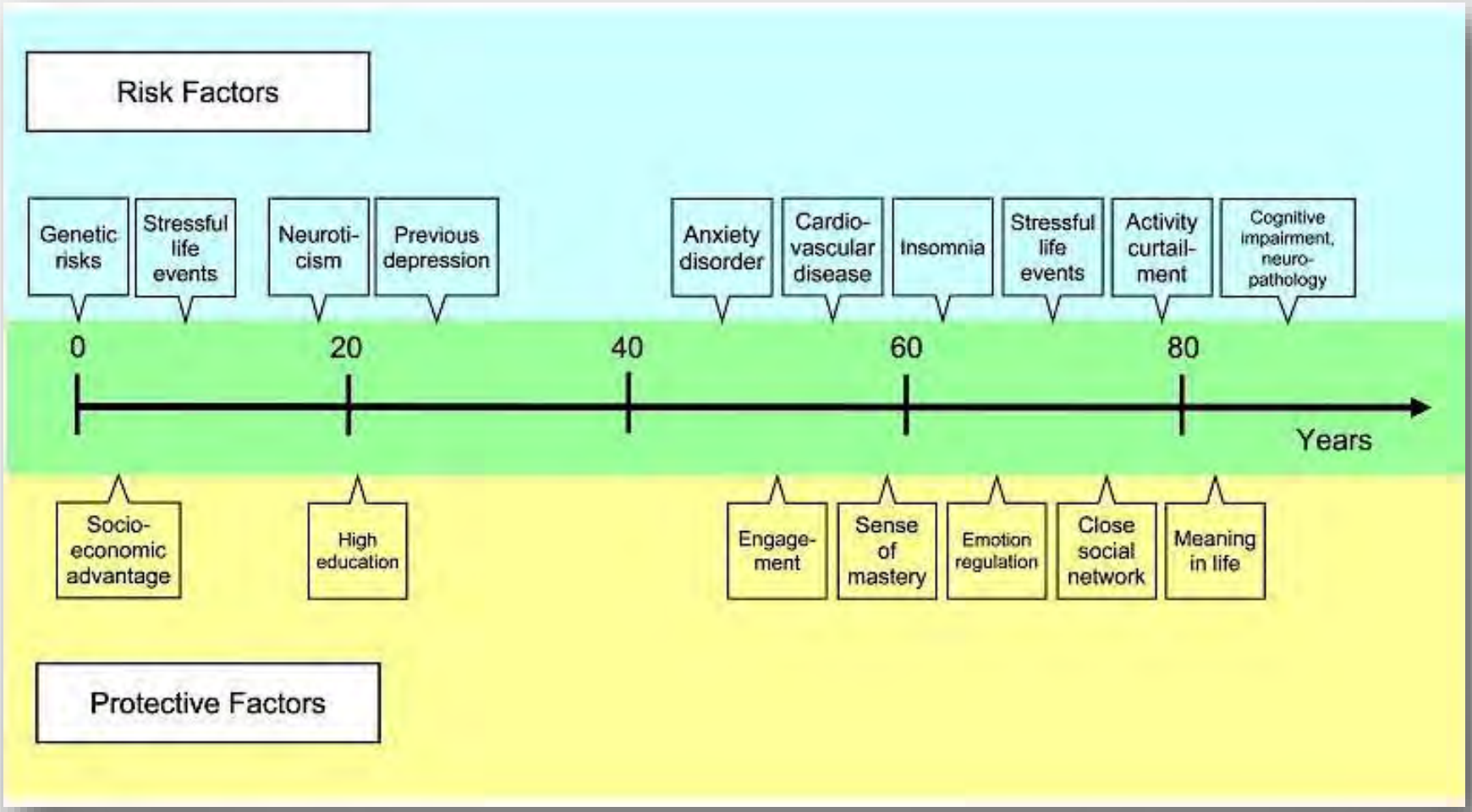
- More than two weeks of either depressed mood (sad, empty, hopeless) or loss of interest/pleasure along with near daily:
  - Weight loss or weight gain OR decrease/increase in appetite
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation
  - Fatigue or loss of energy
  - Feelings worthless or inappropriate guilt
  - Diminished ability to think or concentrate
  - Recurrent thoughts of death
- For older people:
  - Physical complaints more common
  - Difficulties sleeping
  - Symptoms described differently i.e., 'nerves'

Symptom Similarities



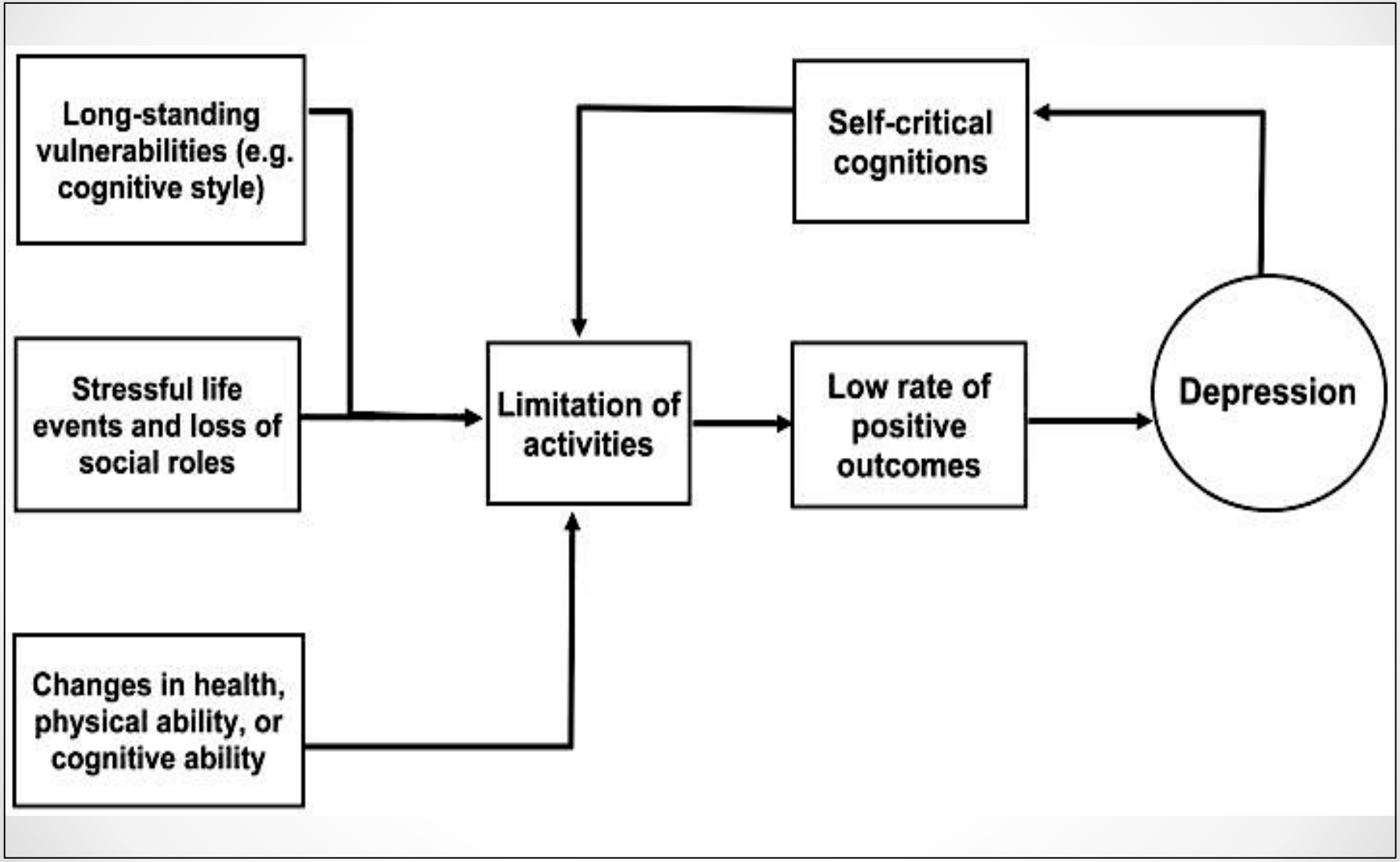
- In later years, the most prominent symptom reported in depression is a significant loss of memory (especially short-term).
- Medication side effects can mimic both depressive disorders and mild dementia – must double check.

Depression: Developmental Risk & Protective Factors



- Source: Fiske, Loebach-Wetherell, & Gatz, 2009

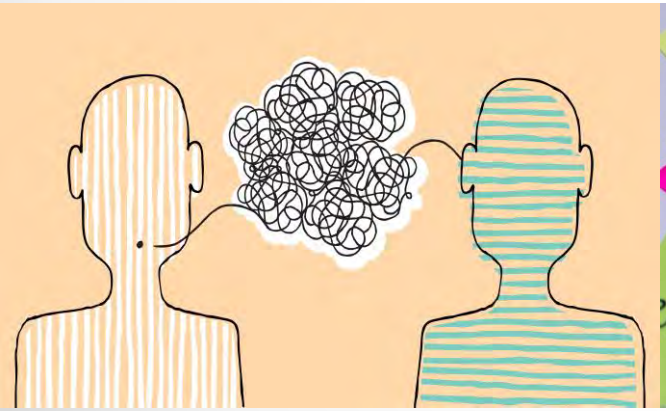
Depression: Cognitive-Behavioural Model

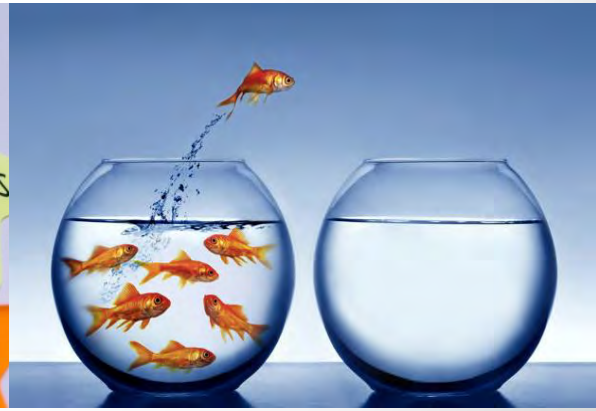


Source: Fiske et al., 2009

Impact of Dementia on Mood

- Dementia evokes loss:
  - What is lost for the person with dementia?
  - What is lost for their caregivers?
    - Pair up and think of a few examples.





Depression in Dementia

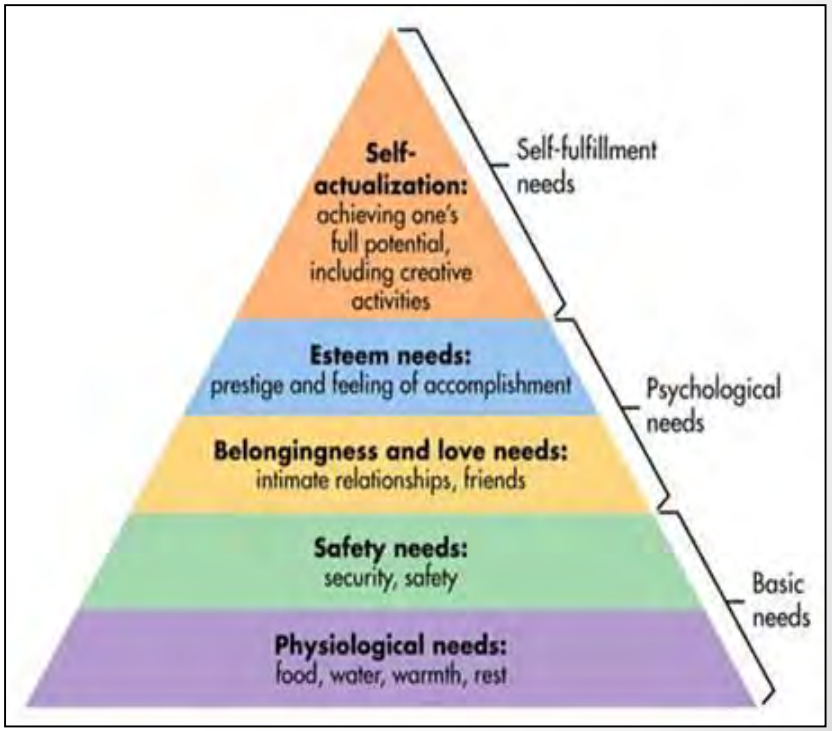
- Dementia increases the risk of depression.

- Depression in dementia presents as:
  - Unhappiness
  - Withdrawal
  - Inactivity
  - Fatigue
  - Tearfulness
  - Loss of interest
  - Sleep or appetite disturbance
  - Low self-esteem
  - Negativity or hopelessness
  - Suicidal ideation

- Depression is a common BPSD (Behavioural & Psychological Symptom of Dementia), with a prevalence of around 30%.
  - Behaviour differs from usual.

Depression as a BPSD

- BPSD: A desperate attempt to communicate an underlying unmet need?
  - To feel safe and secure
  - To feel love and connection
  - To feel like a sense of belonging
  - To feel a sense of purpose and usefulness
  - To feel engaged and occupied



- A person with dementia may lose the 'cognitive' side of things, but their emotional side will always remain and even expand.
  - Like a lost sense, i.e., vision & hearing.

Social Isolation: PWD

- *"No one wants to spend time with me now that I have a diagnosis. It is like they think I no longer count and I am not a person anymore. It makes me so sad and I end up sitting at home wishing life was different".*

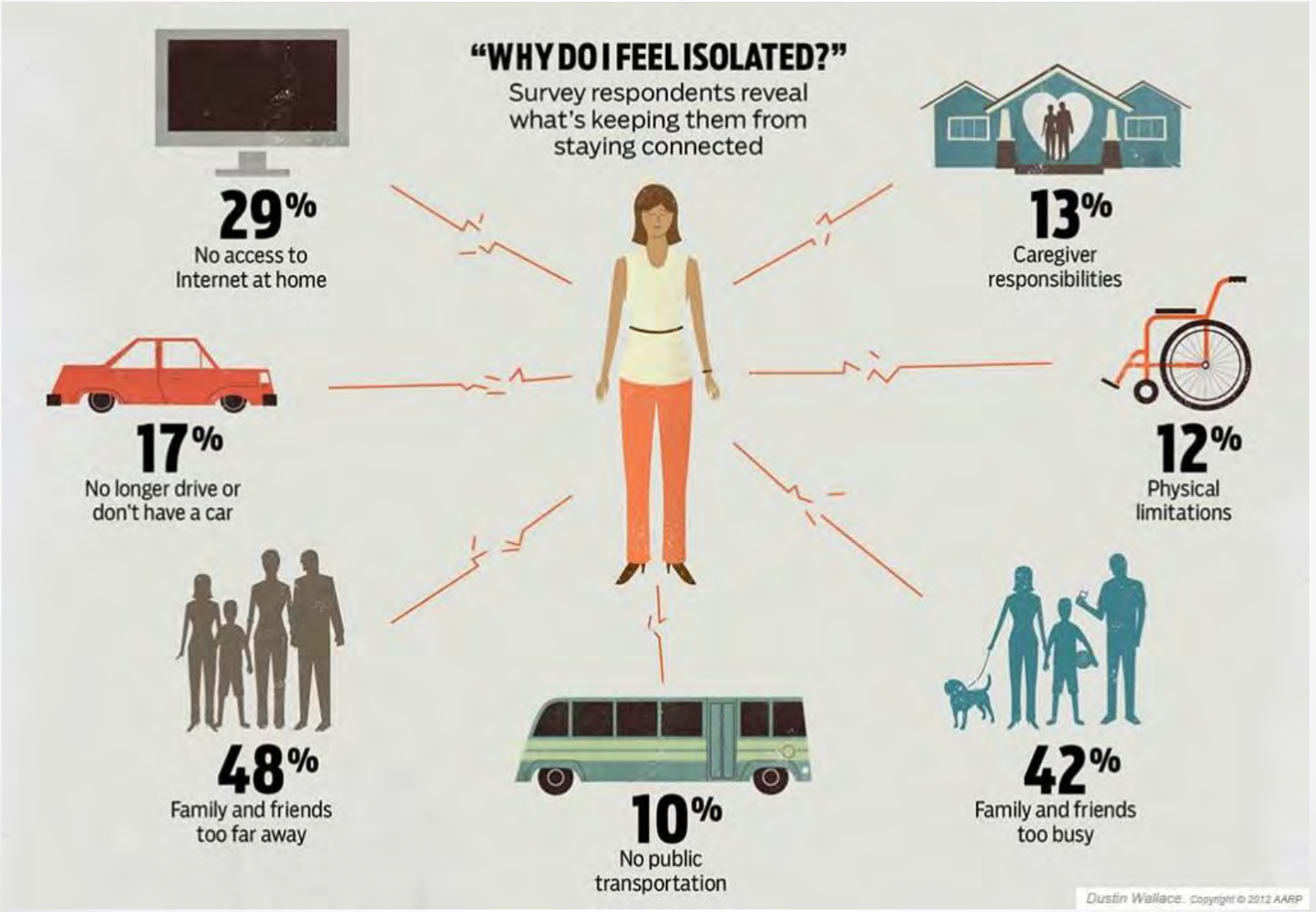
- *"Sometimes my social death makes me more sad than the changes to my brain and the loss of my memories. It makes me so angry. I just want to be counted as a person again".*

- *"I have lost almost all of my friends and the few I have I see once a year or even once every 2 years. I have one friend who I see about every 4 months".*

- *"I've lost all my friends and I'd love to meet more people my age".*

(Source: Alzheimer's Australia 2015)

Social Isolation: Caregivers



Assessing Depression

- In older adults without dementia:
  - Geriatric Depression Scale (GDS)
  - Hamilton Depression Rating Scale (HAM-D)
- In older adults with dementia:
  - Cornell Scale for Depression in Dementia (CSDD)
  - GDS
  - Depression/dysphoria subscale of the Neuropsychiatric Inventory (NPI)
  - Dysphoria subscale of the NPI-Clinician version (NPI-C)
- Exclude delirium, infection, constipation, and/or chronic pain.
  - Differentiate from apathy: lack of interest or behavioural inaction *without* emotional distress.

Treatment for Depression: Late Life

- As with younger adults, CBT is supported for older adults with depression (Lebowitz et al., 1997).
- Meta-analyses found medium effect sizes among RCTs of CBT for late life depression (Laiidlaw, Kishita, & Chellingsworth, 2016).
- However, low rates of seeking mental health services prevent diagnosis and treatment.
- Depression in the context of dementia **is amenable to treatment** and should be treated. (Fiske et al., 2009)

Treatment for Depression: Late Life

Evidence Based Interventions
Behavioral therapy
Cognitive behavioral therapy
Cognitive bibliotherapy
Problem solving therapy
Brief psychodynamic therapy
Life review therapy

Promising Interventions
Interpersonal therapy (IPT)[a]
Clinical case management[b]
Personal construct therapy[b]
Coping Together group therapy[b]
Interpersonal counseling[b]
Behavioral bibliotherapy[b]
Goal-focused therapy[b]

Evidence Based Interventions for Caregivers
Cognitive behavioral therapy
Multi-component interventions

Evidence Based Interventions for Persons with Dementia
Behavioral therapy
Social engagement approaches
Sensory/environmental approaches

a: Efficacy has been demonstrated for continuation treatment of older adult patients who responded to acute treatment with pharmacotherapy or pharmacotherapy + IPT.

b: Efficacy has been demonstrated by only one study or only one set of investigators.

(Source: Fiske et al., 2009)

Practical Interventions: PWD

- Psychosocial & Environmental:
  - Provide meaningful roles
  - Reminiscence/ life-story work
    - https://www.unforgettable.org/blog/what-is-reminiscence-therapy/
  - Mood-enhancing music/choirs
    - https://www.youtube.com/watch?v=yVgeNL6qbFs
  - Animal-Assisted Therapy
  - Multi-sensory stimulation
- Exercise:
  - Walking, dancing, tai chi
  - Group physical activity session
  - Swimming or hydrotherapy
- Review medications
  - Antidepressants and cholinesterase inhibitors for Alzheimer's Disease.

Practical Interventions: Carers

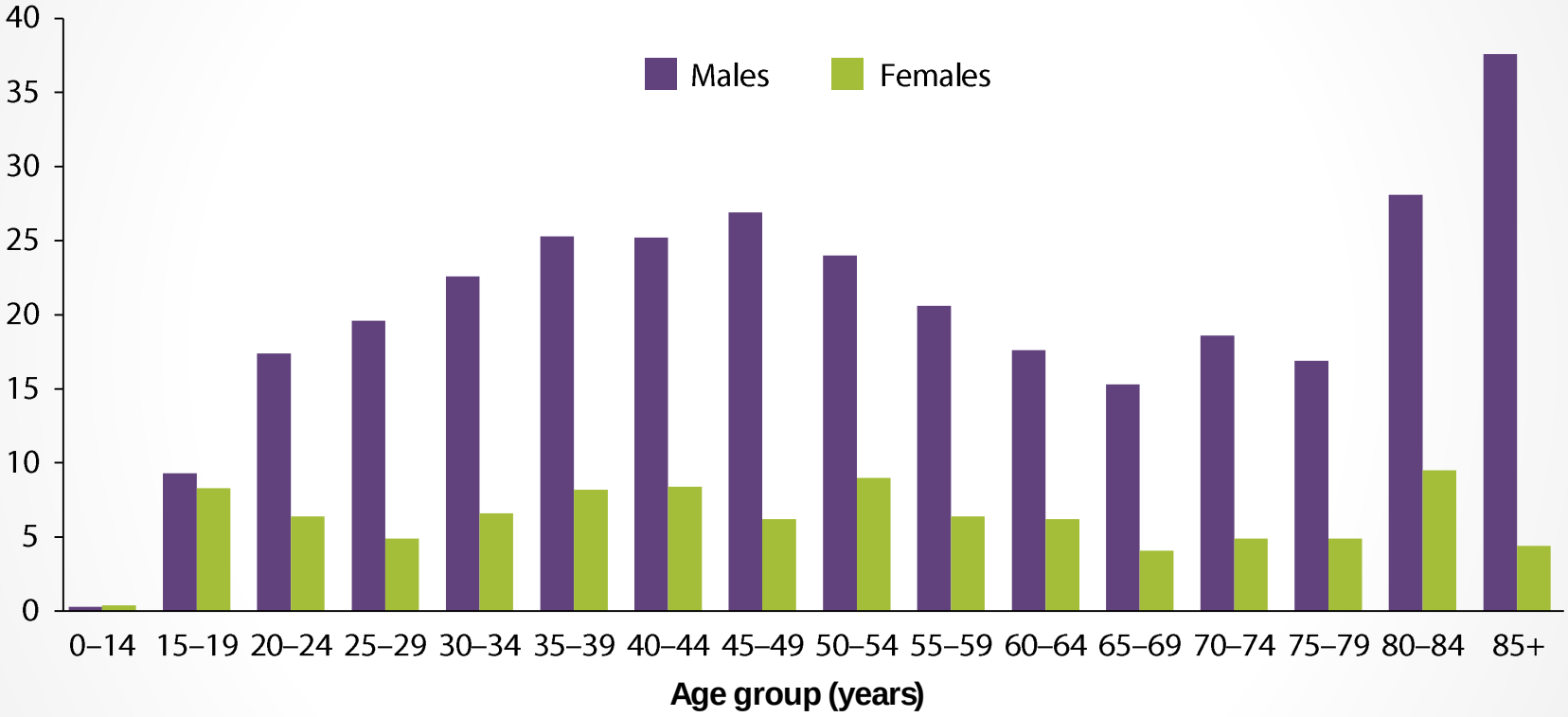
- Cognitive Behaviour Therapy
  - By trained professionals (psychologists, GPs, psychiatrists, RN's)
    - Medicare Better Access – 6 + 4 sessions of psychological treatment.
  - Modifying beliefs, self-critical thinking
  - New strategies to cope with caring demands
- Behavioural Activation
  - Improve engagement in pleasurable activities
  - http://theconversation.com/explainer-what-is-behavioural-activation-for-depression-62910
- Multi-component interventions
  - Information, education, skills-training, psychosocial therapies
    - Alzheimer's Australia: 1800 100 500
    - DBMAS: 1800 699 799
    - BeyondBlue: 1300 22 4636
  - Social support groups
  - Respite Care – Mixed Evidence

Warning: Suicide

- The highest age-specific suicide *death* rates are observed in males 80 years and over (ABS, 2014)
- Up to 75% of older adults who commit suicide visited a physician within a month before their suicide (Conwell, 2001).
- ***Patients who suicide are the same who might have expected a high rate of recovery.***
  - Underscores the seriousness of under-diagnosis and under-treatment of depressive disorders in later life (Conwell, 2001).

FEATURE

Warning: Suicide



Source: ABS 2014.

Figure 6.4.3: Rate of suicide deaths per 100,000 population, by age group and sex, 2012

Conclusions

- Depression AND Dementia are *not* a natural part of ageing. Whilst Dementia is a progressive degenerative disease, depression is very treatable.

- Both the PWD and caregiver are impacted by the changes involved in a diagnosis of dementia, including reduced engagement in social and other meaningful activities, which places them at an increased risk of developing depression.

- Depression is treatable for both PWD and their carers. Lack of treatment can have serious consequences, including increased risk of suicide.

Questions?