OLDER AMERICANS BEHAVIORAL HEALTH
Issue Brief 6: Depression and Anxiety: Screening and Intervention

Introduction and Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA and AoA have developed Issue Briefs and archived webinars in the areas of suicide, anxiety, depression, and alcohol and prescription drug use and misuse among older adults, and are partnering to get these resources into the hands of aging and behavioral health professionals.

This Issue Brief is intended to help health care and social service organizations develop strategies to serve older adults with depression and anxiety, by providing:

- **Information** on the prevalence, risk factors, and impact of depression and anxiety in older adults;
- **Recommendations** on screening, assessment, and early intervention and treatment strategies; and
- **Recommendations** and **Resources** to help aging services, behavioral health, and primary care providers develop effective depression and anxiety services for older adults.

Depression in Older Adults

Depression is not a normal part of aging. It is a medical problem that affects many older adults and can often be successfully treated. Symptoms of depression include: depressed mood, loss of interest or pleasure in activities, disturbed sleep, weight loss or gain, lack of energy, feelings of worthlessness or extreme guilt, difficulties with concentration or decision making, noticeable restlessness or slow movement, and frequent thoughts of death or suicide or an attempt of suicide.[1]

Up to 5% of older adults in the community meet diagnostic criteria for major depression, and up to 15% have clinically significant depressive symptoms that impact their functioning (otherwise known as sub-syndromal depression or minor depression).[2] However, the prevalence of depression is substantially higher in older adults with medical illnesses, and in those who receive services from aging service providers. For instance, a recent study found that more than one-quarter (27%) of older adults assessed by aging service providers met criteria for having current major depression and nearly one-third (31%) had clinically significant depressive symptoms.[3] Depression is often under-recognized and under-treated in older adults.

Depression can impair an older adult's ability to function and enjoy life and can contribute to poor health outcomes and high health care costs. Compared to older adults without depression, those with depression often need greater assistance with self care and daily living activities and often recover more slowly from physical disorders. Without appropriate treatment, symptoms of depression can limit an older adult's ability to achieve successful aging.[4]

Depression in older adults may be linked to several important risk factors. These include, among others[4,5]:

- Medical illness (particularly chronic health conditions associated with disability/decline),
- Perceived (self-reported) poor health, disability, or chronic pain,
- Progressive/disabling sensory loss (e.g., macular degeneration),
- History of recurrent falls,
- Sleep disturbances,
- Cognitive impairment or dementia,
- Medication side effects (e.g., benzodiazepines, narcotics, beta blockers, corticosteroids, and hormones),
- Alcohol or prescription medication misuse or abuse,
- Prior depressive episode, or family history of depression,
- Extended or long-standing bereavement,
- Stressful life events (e.g., financial difficulties, new illness/disability, change in living situation, retirement or job loss, and interpersonal conflict), and
- Dissatisfaction with one's social network.

Anxiety in Older Adults

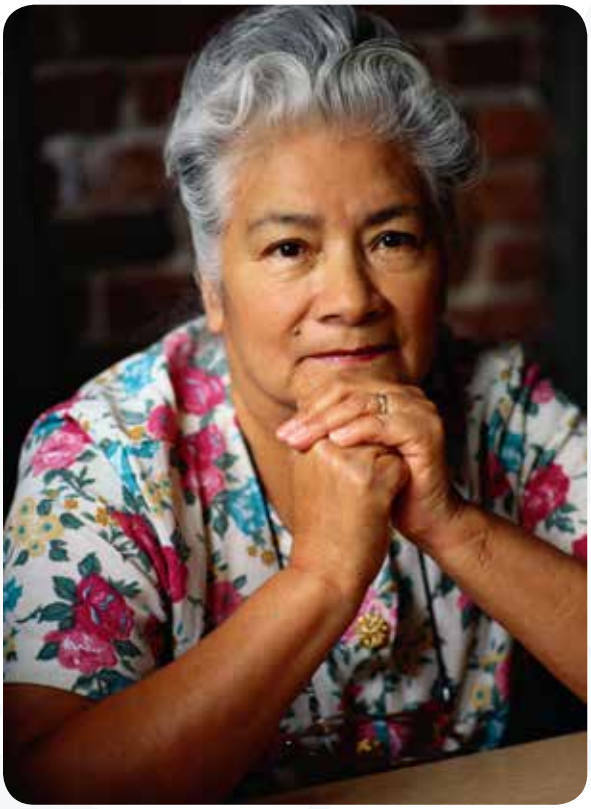
Like depression, excessive anxiety that causes distress or that interferes with daily activities is not a normal part of aging. Anxiety disorders cause nervousness, fear, apprehension, and worrying. They can worsen an older adult's physical health, decrease their ability to perform daily activities, and decrease feelings of well-being.[6]

Three to 14% of older adults meet the diagnostic criteria for an anxiety disorder,[6] however a greater percent of older adults have clinically significant symptoms of anxiety that impact their functioning. For instance, a recent study found that more than one-quarter (27%) of aging service network care management clients have clinically significant anxiety.[7] The most common anxiety disorders include specific phobias and generalized anxiety disorder. Social phobia, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder (PTSD) are less common.[6] Like depression, anxiety disorders are often unrecognized and undertreated in older adults. The detection and diagnosis of anxiety disorders in late life is complicated by medical comorbidity, cognitive decline, changes in life circumstances, and changes in the way that older adults report anxiety symptoms.[6]

Anxiety in older adults may be linked to several important risk factors. These include, among others: [6]

- Chronic medical conditions (especially chronic obstructive pulmonary disease (COPD), cardiovascular disease including arrhythmias and angina, thyroid disease, and diabetes),
- Perceived (self-reported) poor health,
- Sleep disturbance,
- Side effects of medications (e.g., steroids, antidepressants, stimulants, bronchodilators/inhalers),
- Alcohol or prescription medication misuse or abuse,
- Physical limitations in daily activities,
- Stressful life events,
- Adverse events in childhood, and
- Neuroticism or preoccupation with somatic (physical) symptoms.

Older adults with mixed anxiety and depression often have more severe symptoms of depression and anxiety, poorer social functioning, greater use of health care services, more physical health symptoms (e.g., chest pain, headaches, sweating, gastrointestinal problems), more thoughts of completing suicide, and a slower response to treatment. Older adults with depression and anxiety are more likely to stay in treatment if they are seen frequently and are told that they should call with any concerns related to treatment.[4]



Assessing Symptoms of Depression and Anxiety

Several tools can help aging service, behavioral health, and primary care providers identify older adults who have symptoms of depression and anxiety. These tools can be used to screen for symptoms, assess the severity of symptoms, and monitor treatment progress. The following depression and anxiety scales are available without charge, and have been translated into several languages.

- Geriatric Depression Scale (GDS): A 15-item screening measure for depression in older adults. (**http://www.stanford.edu/~yesavage/GDS.html**).
- Patient Health Questionnaire (PHQ-9): A 9-item scale that assesses DSM-IV depression criteria. (**http://www.phqscreeners.com**). The first two questions of the PHQ-9 are often referred to as the PHQ-2 and can be used to identify the need for a more complete assessment of depressive symptoms using the PHQ-9 or GDS.
- The Generalized Anxiety Disorder 7-item Scale (GAD-7): A 7-item scale that assesses common anxiety symptoms.

Treating Symptoms of Depression and Anxiety

EVIDENCE-BASED TREATMENT	DEPRESSION[4,5]	ANXIETY[6]
Antidepressant medications	→ Effective	→ Effective
Cognitive behavioral therapy	→ Effective	→ Effective
Problem solving therapy	→ Effective	
Interpersonal therapy	→ Effective	

Several treatments can reduce the symptoms of depression and anxiety for most older people. These treatments can be delivered by care providers from different disciplines and in different settings. The most common and effective treatments for depression and anxiety, based on scientific evidence, include medications and psychotherapy.

Many communities have embedded effective depression treatments into service models delivered within primary care or social service settings, or within the older adult's home. These programs often include meaningful collaboration across different types of service providers (e.g., aging service, behavioral health, and primary care providers).

The PEARLS and Healthy IDEAS models of community-based depression care management have been implemented in over 25 states. Estimates from 2012, suggested that over 114 sites and 30,000 older adults have participated in these programs. Similarly, the IMPACT model of integrated physical and behavioral health has been implemented in over 30 states. Estimates from 2007, suggested that over 500 sites and 50,000 older adults have participated in IMPACT. To identify if these programs are available in your community, visit the websites identified in the table below or contact the program developers.

If these evidence-based treatments or service delivery models are not available in your community, consider whether you can implement them in your organization. Training manuals and implementation support are available (see Resources: *Treatment of Depression in Older Adults EBP KIT*).

PROGRAM	SETTING	PRIMARY COLLABORATIONS	KEY COMPONENTS	ADDITIONAL RESOURCES
IMPACT: Improving Mood, Promoting Access to Collaborative Treatment	Primary care	Primary care, Behavioral health	Collaborative care, care from a depression care manager, consultation with a designated psychiatrist, outcome measurement, and stepped care (with antidepressant medications and problem solving treatment).	**http://impact-uw.org** **http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=105**
PROSPECT: Prevention of Suicide in Primary Care Elderly	Primary care	Primary care, Behavioral health	Recognition of depression and suicidal thoughts by primary care practitioners, use of a treatment algorithm with antidepressant medication and interpersonal therapy, and treatment management by depression care managers.	**http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=257**
PEARLS: Program to Encourage Active, Rewarding Lives for Seniors	Home	Primary care, Home health, Social services, and Aging services	Targets older adults with minor depression or dysthymia through 6-8 in-home sessions using problem-solving therapy and behavioral activation.	**http://www.pearlsprogram.org**
Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors	Home	Behavioral health, Social services, and Aging services	Screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation.	**http://careforelders.org/default.aspx?menugroup=healthyideas**

Lessons Learned from the Field

Aging service, behavioral health, and primary care providers and administrators can take important steps to identify older adults with depression and anxiety, and reduce symptoms of these disorders. General recommendations across all settings include:

- Identify gaps in services available for older adults with depression and anxiety, and identify the type of program that can be most useful in meeting your needs.
- Seek implementation support from technical experts or program developers.
- Actively involve older adults and their families or caregivers when implementing and sustaining a new program to address depression or anxiety (e.g., marketing, advisory councils, etc.).
- Use standardized depression and anxiety scales as outcome measures to evaluate the effectiveness of program implementation and treatment.
- Learn how demographic characteristics and cultural beliefs influence perceptions of depression and anxiety, treatment access, treatment preferences, and desired outcomes.
- Incorporate cultural awareness into the assessment and treatment of older adults.

Key Actions for Aging Services Providers

- Train aging service providers (and laypersons) to identify warning signs and provide treatment or refer to services those older adults who are at-risk for depression, anxiety, or suicide.
- Introduce routine depression, anxiety, and suicide screening in the course of non-clinical activity (e.g., senior day care, senior transportation, senior companions).
- Provide systematic outreach to assess and support high-risk older adults in improving life conditions, and addressing issues and needs that can reduce stress.
- Focus services on reducing disability and enhancing independent functioning.
- Increase provider awareness of substance abuse and mental health problems in older adults.

Key Actions for Behavioral Healthcare Providers

- Assess for co-occurring behavioral health conditions (e.g., depression, anxiety, substance misuse or abuse, cognitive impairment) and structure the older adult's care to address these areas.
- Assess the degree to which anxiety symptoms cause distress or interfere with daily activities, even if the older adult does not meet diagnostic criteria for an anxiety disorder.
- Increase the effectiveness of behavioral health services by implementing evidence-based practices, tracking outcomes systematically, and taking steps to improve treatment compliance.
- Tailor psychotherapy interventions to address the cognitive, physical, and sensory needs of older adults (e.g., providing between-session reminder telephone calls, repetition, weekly review of concepts, at-home assignments, and breaking tasks into smaller components).

Key Actions for Primary Healthcare Providers

- Implement routine, standard screening and follow-up assessments for depression, anxiety, and suicidal ideation (e.g., PHQ-9, GDS, GAD-7).
- Optimize treatment of chronic medical conditions, pain, sleep problems, or other physical symptoms that can decrease quality of life and increase risk for depression and anxiety.
- Optimize diagnosis and treatment of late-life depression by using collaborative depression care management interventions.
- Adapt existing collaborative care models to include management of late-life anxiety, and to include linkages between aging service, behavioral health and primary care networks.

Actions for Coordination, Integration, and Financing of Services

Partnerships, coordination of care, and integration across service settings can help provide effective care for older adults with depression or anxiety.

- Build collaborative relationships with community, state, and federal partners.
- Build collaborative relationships across aging, behavioral health, and primary care partners. Many public and private funding sources support behavioral health services for older adults. The National Council on Aging (NCOA), in partnership with SAMHSA, developed *Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services*, available on **http://www.ncoa.org**. The report features a Financial Resource Guide that reviews funding sources and financing strategies that organizations used to sustain behavioral health programs after grant funding ended. Although financing case identification and appropriate treatment can be a challenge, there are several options for funding services:
- Many treatments for depression and anxiety can be reimbursed through Medicare, Medicaid, and private insurance.
- Some non-billable services may be funded through private foundation support.
- Outreach and case identification can be performed by well-trained volunteers (e.g., Gatekeepers[8]).
- Braided funding options incorporate funding from multiple funding streams.

Resources

- National Registry of Evidence-based Programs and Practices: **http://www.nrepp.samhsa.gov**
- Center for Mental Health Services. (2011). *Treatment of depression in older adults evidence-based practices (EBP) KIT*. HHS Publication No. SMA-11-4631. Rockville, MD: Substance Abuse and Mental Health Services Administration. **http://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD**
- National Council on Aging. (2012). *Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services*. **http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/lessons-learned-on.html**

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