

Strategies to Address the Needs of Older Adults with Major Depression

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Addressing the Rising Mental Health Needs of an Aging Population: A Workshop



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Background

- CF Reynolds, DV Jeste, P Sachdev, DG Blazer.
Mental Health Care For Older Adults: Recent Advances and New Directions In Clinical Practice and Research. *World Psychiatry* 2022; 21:1-28.
- open
access:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9453913/>



Hallmarks of Major Depression (MDD) in Older Adults

- Co-Occurrence with Physical Disorders and Frailty
- Co-Occurrence with Mild Cognitive Impairment
- Occurrence within Social Determinants of Health (*Major Social Role Transitions, Bereavement, Loneliness, and Social Disconnectedness*)
- Exposure to Polypharmacy
- Heightened Risk for Dementia and Suicide
- Increased Caregiver Burden

Consequences of MDD in Older Adults

- Amplification of Disability from Co-Occurring Medical Disorders
- Poor Adherence to Co-Prescribed Treatments
- Failure to Practice Healthy Lifestyle Choices
(Physical Activity, Sleep, Diet, Alcohol Consumption)
- Increased Risk for Frailty, Dementia, and Early Death

Treatment Works

When Delivered Appropriately

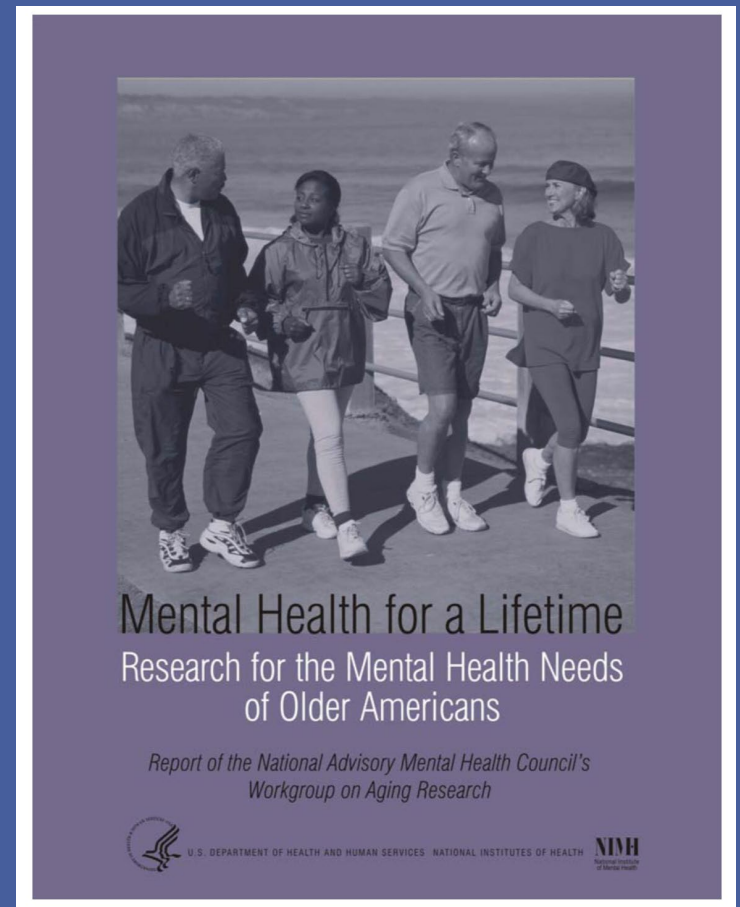
- Use a Staging Model, analogous to Oncology
- Screening and early intervention may prevent transition to incident episodes of MDD and recurrence
- Insomnia is an important opportunity for treatment and prevention. It may partially mediate depression's risk for Alzheimer and Related Dementias
- ***Getting well is not enough. It is staying well that counts.***
- Goals of Treatment: symptomatic remission, functional recovery, prevention of relapse, recurrence, and treatment resistance, protection of brain health and cognitive fitness

Service Delivery

- Implement Collaborative, Team-Based Models of Care
- Expand the use of Lay Counselors, Community Health Workers, and Peer Support Specialists
- Use Machine Learning to identify relevant data in EHRs
- Use Adaptive Screening Tools to better match intensity of services with need

Summary-1: Directions for Clinical Practice in Late-Life Depression

- Implement Pragmatic Programs of Care Embedded within Primary Care
- Enact Measurement-Based Care
- Use Staging Models for Assessment, Prevention, and Treatment
- Use Less Stigmatized Approaches, such as Treatment of Insomnia



Summary-2: Directions for Clinical Practice in Late-Life Depression

- Expand Use of Lay Counselors, Community Health Workers, and Peer Support Specialists
- Expand Use of Telepsychiatry
- Expand Use of Pharmacogenetically-informed Clinical Decision Making
- Intensify Focus on Health Span In Clinical Care and in Cost-Benefit Analyses

