

Treatment choices for depression and anxiety in older adults

Is this depression, anxiety or is it something else?

Confirmed diagnosis of depression and/or anxiety

Engage in shared decision-making to tailor a management plan to the patient's needs.

KEY CONSIDERATIONS

- Social isolation and loneliness
- Loss and grief
- Cognitive decline
- Organic causes i.e. thyroid dysfunction, vitamin B12 deficiency
- Drug causes i.e. levodopa, corticosteroids, anticholinesterases
- Alcohol and other substance misuse
- Situational crisis
- ➔ **Suicidality (static and dynamic)**

SCREENING & ASSESSMENT TOOLS^c

- [DASS21](#)
- [K10](#)
- [PHQ-9](#)
- [Geriatric depression scale](#)
- [Cornell scale for depression in dementia](#)

For most older adults it is important to consider non-pharmacological strategies before considering pharmacological treatments.

LIFESTYLE STRATEGIES^a

- Engage in physical activity e.g. group exercise, walking, yoga, tai chi and dance
- Follow a healthy diet
- Practice good sleep hygiene
- Minimise alcohol
- Practise mindfulness

SOCIAL STRATEGIES^a

- Connect with family and friends
- Find an enjoyable activity
- Learn a new skill
- Volunteering
- Practice relaxation techniques
- Try music and singing therapy
- Engage in family psychoeducation

PSYCHOLOGICAL TREATMENTS^a

- Cognitive behaviour therapy
- Individual problem solving
- Behavioural activation
- Interpersonal therapy
- Counselling
- Online mental health program i.e. [Mindspot Wellbeing Plus Course](#)

PATIENT FACTORS TO CONSIDER

- Accessibility of services
- Cognitive ability
- Comorbidities
- Cost of treatments
- Cultural preferences
- Digital literacy
- Frailty and falls risk^b
- Patient preferences
- Polypharmacy
- Socioeconomic status
- Stigma

ANTIDEPRESSANTS

Antidepressants have variable efficacy that is modest at best in treating depression and anxiety in older adults, and this modest benefit must be carefully weighed against the potential risk of harms.

! Don't start antidepressants without a plan to stop

- Tailor choice of agent to the individual. ([See antidepressants in older adults table](#))
- Discuss potential benefits and possible short and long-term adverse effects including hyponatremia, GI disturbances, dizziness, lethargy, emotional numbing, weight gain, increased risk of falls and fractures and an associated increase in heart disease, seizures and all cause mortality.
- Start with a low dose and slowly increase the dose.
- Agree on a trial period to assess effectiveness. Onset of action may be delayed in older adults. Allow an adequate trial (i.e. up to 6 weeks).
- Set clear treatment goals and expectations.
- Regularly review treatment, assessing for effectiveness, adverse effects and adherence. Response can be monitored using the screening and assessment tools listed above.
- Continue treatment for 6-12 months, then consider deprescribing.
- Deprescribe slowly, monitoring for withdrawal symptoms

RESOURCES

[Selecting an antidepressant for depression and anxiety in older adults](#)



- This list is not exhaustive.
- Depression itself is associated with an increased risk of falls. The greatest risk of falls from antidepressant medicines appears to be in the first 3 months of treatment.
- [Multilingual mental health assessment tools](#)

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