## Depression Through The Ages

#### An Interactive Expert Panel Workshop







With special thanks to Dr Matthew Cahill for his contributions

## Our Experts.....

#### Dr

Consultant Child and Adolescent Psychiatrist



## Our Experts.....

## Dr

Consultant General Adult

Psychiatrist

## Our Experts.....

#### Dr Consultant Psychiatrist Older Adults



## Bobby

Bobby is presented to his GP with a six month history of increasing low mood, social isolation, and poor self-care. He is referred to the Mental Health Service for an assessment. He is given a working diagnosis of 'Depression.'

1		
		22





## Symptoms and Signs

#### **EXERCISE 1**

## What symptoms and signs may you see in a Depressive Disorder for someone in this agegroup?



## Diagnosis

30

15

Mum says he has started to struggle at school, has got in with the wrong crowd, and that his personality has changed. He is more shorttempered and angry. She thinks he is selfharming. He is always very anxious.

Bobby's wife feels his mood has become lower. He is unable to work and talks about 'not wanting to be here anymore.' He spends more time alone and has become more secretive about his whereabouts. He has started to drink more alcohol

Bobby's daughter says he has become quite withdrawn and 'retreated into himself.' He does not seem interested in the family anymore, and does not engage in activities he used to enjoy. He also complains of 'pain everywhere' and headaches

68

## Diagnosis

#### EXERCISE 2

# What are the challenges of diagnosis, and differential diagnoses for someone in this age group?



## Aetiology

#### **EXERCISE 3**

## Highlight some aetiological factors that could be present in this age group?



## Functioning

30

Bobby is 15 and at school, however, he has not been attending regularly for the last six months. Prior to this episode, he was a welladjusted and popular young boy

15

Bobby is 30 and a manager at Tesco. He has an exemplary employment record and is expected to do well in the company. He is married to Karen and they have a son aged 18 months. Karen is four months pregnant, and her mum has severe dementia, but still lives at home. Bobby is 68. His wife died three years ago. He lives alone. His daughter lives nearby, but she works, and is busy looking after her three children. He has a son in London. Bobby volunteers at the local day hospital for children with learning disability. He also writes articles for the local community newspaper

68

## Functioning

#### **EXERCISE 4**

#### What is the effect on Bobby's functioning?



## **Risks and MHA**

Bobby deteriorates and begins to express suicidal ideation. He took an overdose last night consisting of ten paracetamol and ten ibuprofen. He was asked to stay to see the liaison psychiatry team but discharged himself against medical advice. He said it was 'stupid' and regrets his actions, but his family believe he is just saying this. He wrote a suicide note but said he was drunk at the time. He has lost weight and he is not looking after his selfcare. He is becoming more agitated and aggressive.

## **Risks and MHA**

#### **EXERCISE 5**

#### 1) What are the current risks?

## 2) Would you consider use of the MHA? What are the implications and consequences of this choice?

TRY TO STICK TO THE QUESTIONS RATHER THAN THINKING ABOUT OVERALL MANAGEMENT AT THIS POINT

### Bobby is admitted under S2 of the MHA

### **EXERCISE 6**

## Outline a management plan for Bobby with consideration for his age

THINK BIO-PSYCHO-SOCIAL AND TRY TO THINK SHORT-TERM, MEDIUM-TERM AND LONG-TERM MANGEMENT

## **Differences In Management**

- Choice of antidepressant medication
- Choice of psychological approach
- Social management / treatment

Over to the experts.....

## **Transitions of Care**

#### **EXERCISE 7**

Discuss the potential complications of the transition of care between: •CAMHS to Adult Services •General Adult to Older Adult Services

- 1. Which of the following is TRUE:
- A. Early-onset depression always has a better outcome than late-onset depression
- B. Oxidative stress leads to neuronal cell death
- C. ECT is not associated with irreversible memory problems
- D. It is not possible to clinically monitor cognitive effects of ECT
- E. Late-onset depression is not associated with vascular dementia

- 1. Which of the following is TRUE:
- A. Early-onset depression always has a better outcome than late-onset depression
- **B.** Oxidative stress leads to neuronal cell death
- C. ECT is not associated with irreversible memory problems
- D. It is not possible to clinically monitor cognitive effects of ECT
- E. Late-onset depression is not associated with vascular dementia

- 2. In dementia, it is TRUE that:
- A. Depression may mimic its symptoms and signs
- B. Late-onset depression is not associated with APOE e4
- C. Depression is not a risk factor
- D. Late-onset depression is always a prodrome of Alzheimer's disease e
- E. Late-onset depression is a prodrome of vascular dementia

- 2. In dementia, it is TRUE that:
- A. Depression may mimic its symptoms and signs
- B. Late-onset depression is not associated with APOE e4
- C. Depression is not a risk factor
- D. Late-onset depression is always a prodrome of Alzheimer's disease
- E. Late-onset depression is a prodrome of vascular dementia

#### MCQ

3. In terms of aetiology, early-onset depression can be more associated than late-onset depression with:

- A. Family history
- B. Vascular disease
- C. Reduced hippocampal volume
- D. Smaller prefrontal lobe volume
- E. Smaller caudate nuclear volume

#### MCQ

3. In terms of aetiology, early-onset depression can be more associated than late-onset depression with:

#### A. Family history

- B. Vascular disease
- C. Reduced hippocampal volume
- D. Smaller prefrontal lobe volume
- E. Smaller caudate nuclear volume

#### MCQ

4. All of the following are more prevalent in depression in later life, except:

- A. Increased somatic complaints
- B. Greater risk of psychotic symptoms
- C. Hypochondriasis
- D. Hypersomnia
- E. Psychomotor disturbance

#### MCQ

4. All of the following are more prevalent in depression in later life, except:

- A. Increased somatic complaints
- B. Greater risk of psychotic symptoms
- C. Hypochondriasis
- D. Hypersomnia
- E. Psychomotor disturbance

(Ref: Baldwin R. 2008. In: Jacoby R, Oppenheimer C, Dening T, Thomas A. 2008. Oxford Textbook of Old Age Psychiatry. Oxford: Oxford University Press. Ch 29ii.)

#### MCQ

5. In what proportion of older people is depression comorbid with dementia?

- A) 10%
- B) 20%
- C) 30%
- D) 40%
- E) 50%

#### MCQ

5. In what proportion of older people is depression comorbid with dementia?

A) 10%

B) 20%

C) 30%

D) 40%

E) 50%

(Ref: Allan, C. L., & Ebmeier, K. P. (2013). Review of treatment for late-life depression. *Advances in psychiatric treatment*, *19*(4), 302-309)

6. Which of the 2 following blood tests can be <u>most helpful</u> in the assessment of a depressed child?

- A) Thyroid Function Test
- B) Full Blood Count
- C) Urea and Electrolytes
- D) Urine Drugs Screen
- E) Inflammatory markers

6. Which of the 2 following blood tests can be <u>most helpful</u> in the assessment of a depressed child?

- A) Thyroid Function Test
- B) Full Blood Count
- C) Urea and Electrolytes
- D) Urine Drugs Screen
- E) Inflammatory markers

#### Across the ages

#### MCQ

7. Which of the 3 following interventions does NICE recommend in the treatment of depression in a 14 year old child?

- A) Cognitive Behavioural Therapy
- B) Interpersonal Therapy
- C) Sertraline with Concurrent CBT
- D) Fluoxetine with Concurrent Family Therapy
- E) EMDR

#### Across the ages

- 7. Which of the 3 following interventions does NICE recommend in the treatment of depression in a 14 year old child?
- A) Cognitive Behavioural Therapy
- B) Interpersonal Therapy
- C) Sertraline with Concurrent CBT
- D) Fluoxetine with Concurrent Family Therapy
- E) EMDR