

# North East Frailty Summit

## Depression in Older People Living with Frailty

Dr Karen Franks

Dr Kate Andrews

# Depression in Older People Living with Frailty

- How common is it?
- How might it present?
- Why does it matter?
- Why might it develop?
- What might help?

# Age UK report “Hidden in Plain Sight True or false

- 50% of people aged over 50 and 80% of those over 65 live with one or more long-term conditions
- True
- It is estimated that depression affects less men than women?
- True : 22% of men and 28% of women
- The more depressed an older person is, the more likely he or she is to become frail.
- True

- People married to a frail spouse were likely to become frail themselves, and that people married to a depressed spouse were more likely to become depressed
- True
- Royal College of Psychiatrists has estimated that 66% of older people with depression receive no help at all from the NHS
- False 85%
- Fewer than one in six older people with depression ever discuss this with their GP
- True

# How common is it?

- According to the Royal College of Psychiatrists, depression may affect 1 in 5 older people in the general community and 2 in 5 living in care homes.
- The percentage of older people who reported feeling anxious or depressed:
  - 14% of 65-69 year olds
  - 15% of 70-74 year olds
  - 17% of 75-79 year old
  - 20% of 80 years and over

# Specific rates in people living with frailty are difficult to ascertain

- World Mental Health Survey 2007: **risk of depression over seven times more common** in those with two or more chronic physical health problems
- The Cardiovascular Health Study reported that the **rate of depressive symptoms increased proportional** to the number of frailty characteristics present.
- Ireland 2014 **A quarter of depressed older patients is physically frail, especially the most depressed group.** This cannot be explained by overlap in criteria.
- Japan 2015 The odds ratio for depressive symptoms in participants with frailty compared with robust participants was 1.86
- Physical frailty in depression was **associated with more severe depressive symptoms**
- “Remission was less likely in the presence of a higher level of physical frailty”

# Identification of depression

- How does depression present?
- How might this differ in older people living with frailty?
  - There is *phenomenological* overlap between late life depression and frailty, with symptoms common to both depression (weight loss, decreased activities, low energy) and frailty (fatigue, decreased activities, weight loss).
- Myths, assumptions and misconceptions

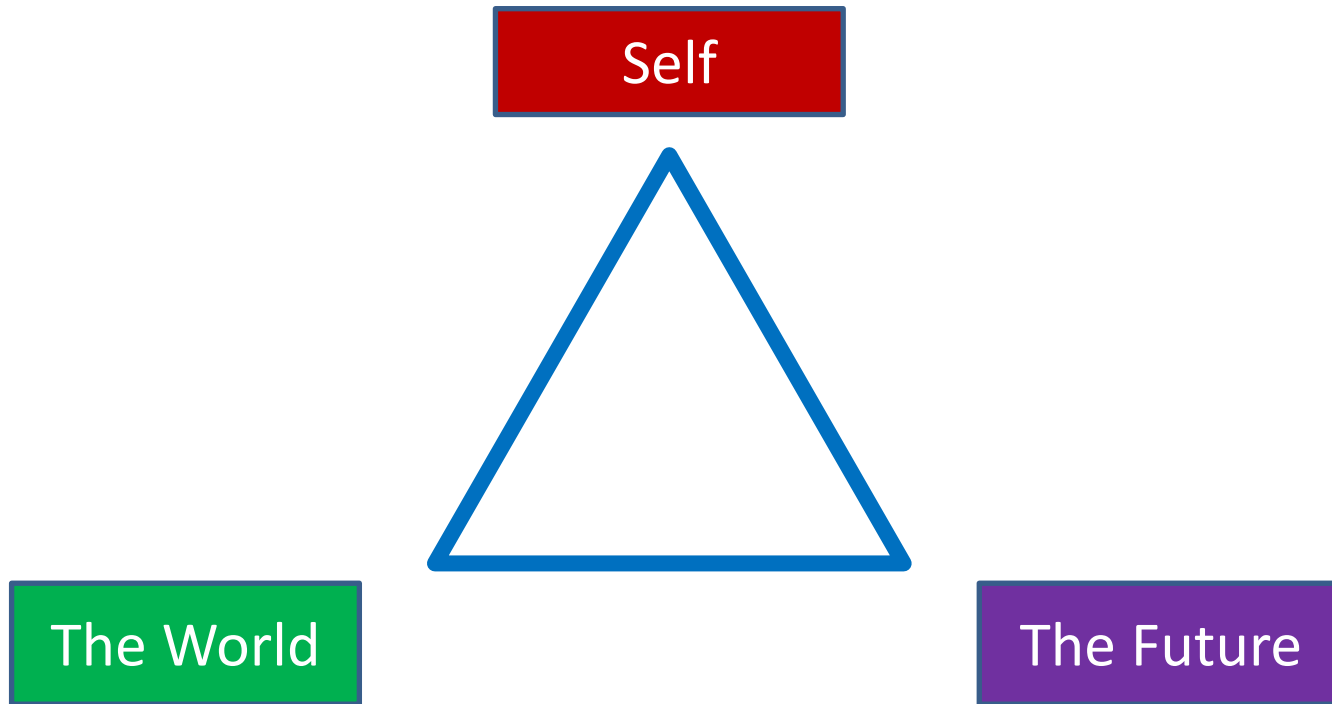
# Potential symptoms

- 1.Sadness or feelings of despair
- 2.Unexplained or aggravated aches and pains
- 3.Loss of interest in socializing or hobbies
- 4.Weight loss or loss of appetite
- 5.Feelings of hopelessness or helplessness
- 6.Lack of motivation and energy
- 7.Sleep disturbances (difficulty falling asleep or staying asleep, oversleeping, or daytime sleepiness)
- 8.Loss of self-worth (worries about being a burden, feelings of worthlessness or self-loathing)
- 9.Slowed movement and speech
- 10.Increased use of alcohol or other drugs
- 11.Fixation on death; thoughts of suicide
- 12.Memory problems, slowed movement and speech
- 13.Neglecting personal care (skipping meals, forgetting meds, neglecting personal hygiene)



# Becks Triad

- Someone who is depressed will have a negative view of:



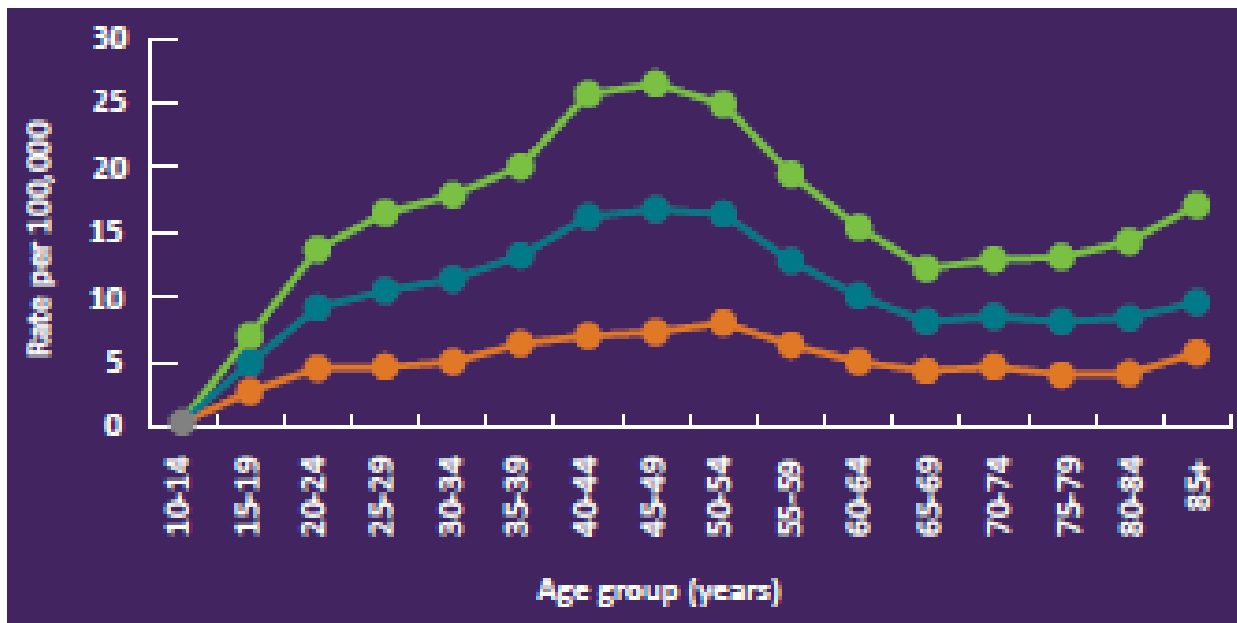
# Why does it matter?

- Poor Quality of Life
- Poor outcomes:
  - Nordic Research on Aging Study 2014
    - “The confluence of specific characteristics of frailty and depressive illness is associated with an increased risk of death in older adults; this association is particularly strong in older depressed women.”
- Cognitive impairment
- Suicide

# Suicide in older people

Graph 2: Suicide rates in UK by age group, 2014

● Male ● Female ● Overall



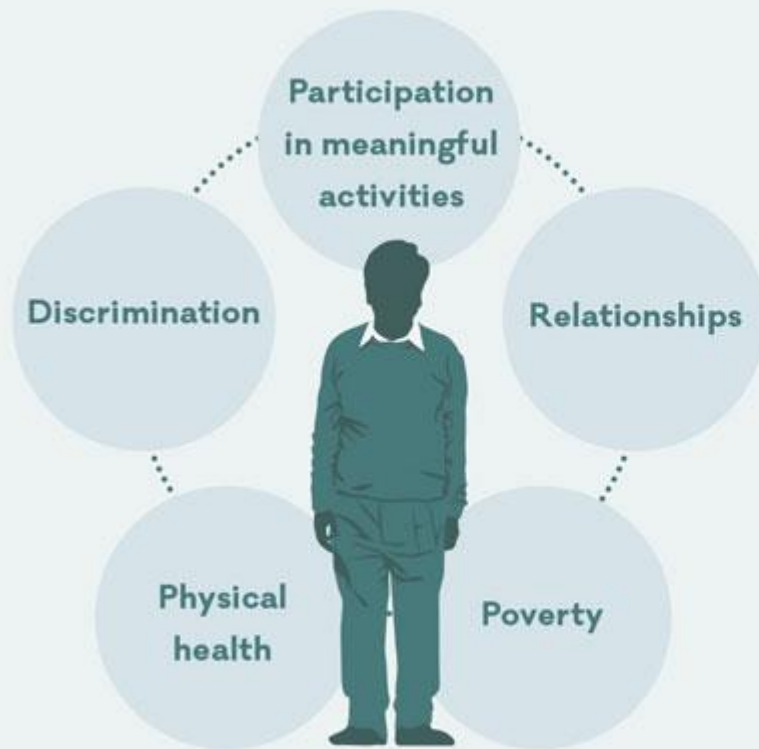
Graph 2 shows that in the UK the age group with the highest suicide rate per 100,000 for all persons and males is 45-49 years, and for females is 50-54 years. This data also indicates a slight bimodal distribution (where there are two 'modes'/peaks in the distribution across the ages) with peaks in the mid-years and those aged over 85 years. The ONS mark rates calculated from fewer than 20

# Group Work

- What factors can you think of that might be contributing to Grace's depression?
- Biological
- Psychological
- Social
- Past experiences

# Depression in Later Life

- Evidence for increased risk of depression in certain conditions
  - Vascular conditions, particularly: stroke, cerebrovascular disease, hypertension, diabetes and coronary heart disease
  - Also arthritis, COPD, hearing and visual impairments:
- Neurobiology:
  - white matter lesions in brain,
  - evidence of neuronal loss,
  - ‘pro-inflammatory state’



**The 5 key factors that affect the mental health and wellbeing of older people are: discrimination, participation in meaningful activities, relationships, physical health and poverty.**

(Age Concern and the Mental Health Foundation, 2006)

# Relationships: social isolation and loneliness

- Older people are particularly vulnerable and are more likely to live alone compared to younger people.
- 2011 survey in England and Wales, of those aged 16 and over who were living alone:
  - less than 4% were aged 16-24,
  - 17% were aged 50-64, and
  - 59% were aged 85 and over
- A survey in 2014 carried out by Age UK found that :
  - 2.9 million people aged 65 and over felt they had no one to go to for support.
  - 39% of people interviewed said they felt lonely,
  - 1 in 5 said they felt forgotten.

# Dimensions of Resilience

- Fitness and stamina
- Nutrition for energy
- Rest and recovery

**Physical**

**Emotional**

- Calming and focusing
- Impulse control
- Emotional regulation
- Positive emotion
- Realistic optimism

- Self-belief
- Outlook & perspective
- Thinking traps
- Sustained focus
- Causal analysis
- Control controllables

**Mental**

**Spiritual**

- Values and beliefs
- Empathy
- Reaching out



# Group Work

- What might help Grace?
- What can you think of that might impact on some of the factors you identified earlier?

# Treatment / Management

- Options
- Views
- Specific evidence is limited

# What are you going to do?

- How can you alter your practice to improve identification and management of depression?
- What are your ideas for identifying and managing mental health issues in our future system for caring for older people living with frailty?

Thank you

[karen.franks@ghnt.nhs.uk](mailto:karen.franks@ghnt.nhs.uk)