

Newer Antipsychotic Drugs

- ❖ **Clozapine**
- ❖ **Risperidone**
- ❖ **Olanzapine**
- ❖ **Sertindole**
- ❖ **Quetiapine**
- ❖ **Ziprasidone**

Anticonvulsants

- ❖ **Preliminary data suggest efficacy for agitation and aggression in demented patients, particularly those with manic-like symptoms**
- ❖ **Principal side effects:**
 - ❖ **carbamazepine: ataxia, sedation, confusion, bone marrow suppression**
 - ❖ **valproate (divalproax): gastrointestinal disturbances, ataxia**

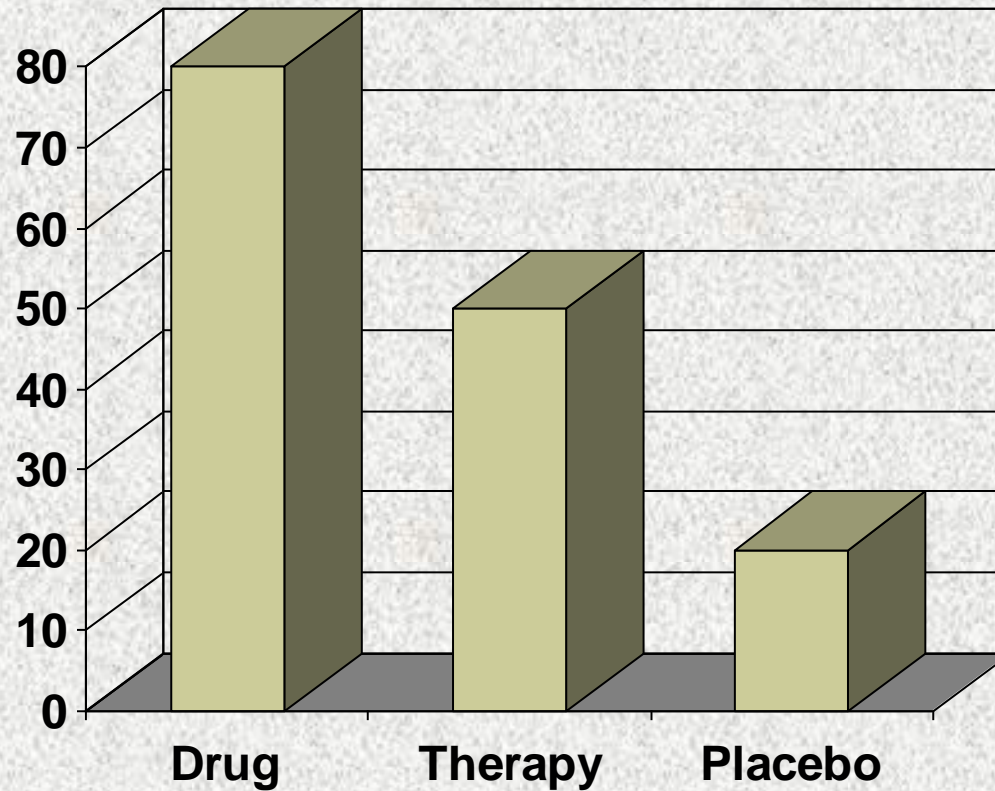
Anxiolytics for Depressed Elderly Patients

- ❖ **Short-acting benzodiazepines preferred**
- ❖ **Minimum effective dose should be used**
- ❖ **May worsen depression**
- ❖ **Difficult to discontinue after chronic use**

Electroconvulsive Therapy

- ❖ **Generally safest, most effective treatment for severe geriatric depression**
- ❖ **Recent MI or stroke, severe hypertension, intracerebral mass increase risk**
- ❖ **Some demented/depressed patients may not tolerate memory effects**
- ❖ **May improve depressive pseudodementia**

Maintenance Treatment for Geriatric Depression: 12 Month Outcome



Hormone Treatments for Late-Life Mood and Cognitive Disorders

- ❖ **Several hormones may influence mood and cognition in late life**
- ❖ **Recent interest in estrogen effects on mood and cognition**
- ❖ **Testosterone also has effects on behavior and cognition**

Basic Studies of Estrogen: **Potential Cognitive Effects**

- ❖ **Estrogen receptors in hippocampus**
- ❖ **Estrogen:**
 - ❖ **increases hippocampal synapses**
 - ❖ **enhances cholinergic, DA function**
 - ❖ **modulates nerve growth factor**
 - ❖ **reduces A β deposition**
 - ❖ **modulates APOE metabolism**
 - ❖ **increases anti-inflammation**

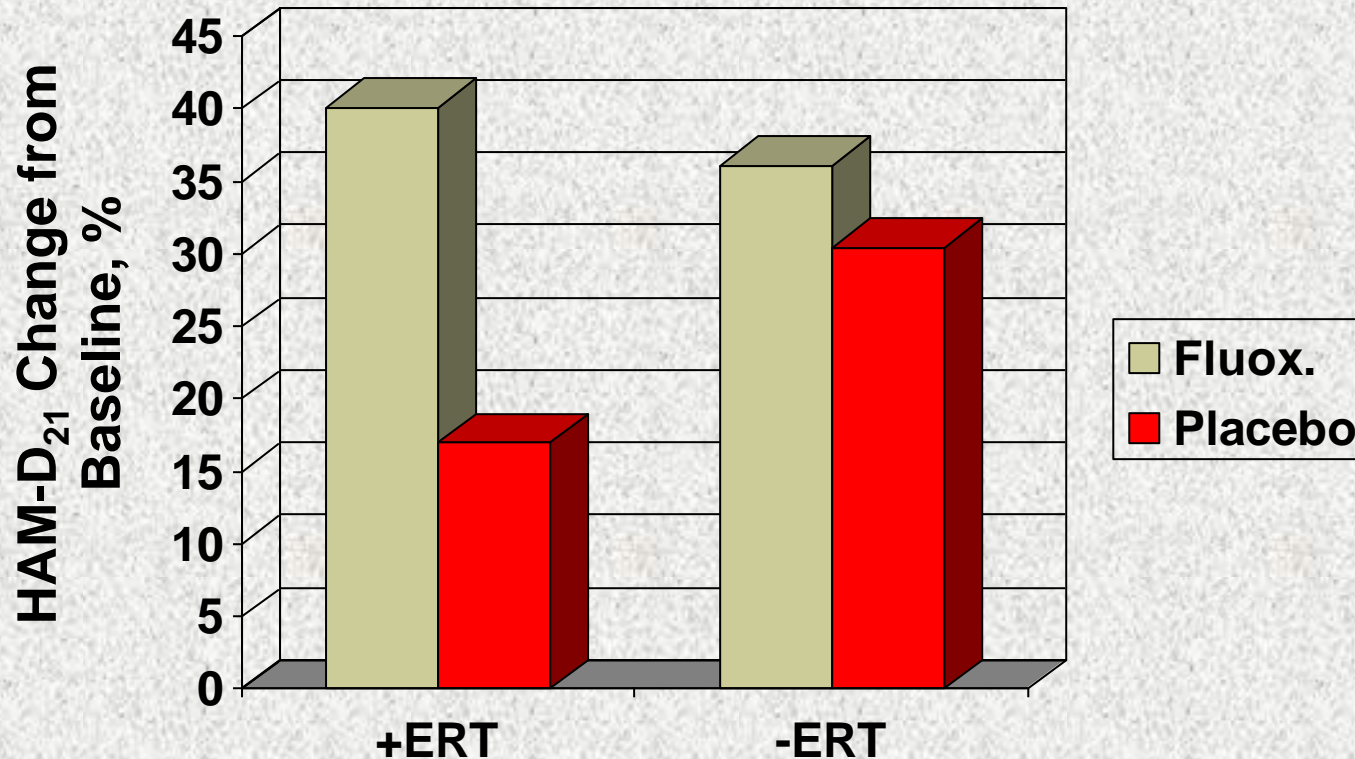
Estrogen Replacement Therapy and Response to Fluoxetine

(Schneider et al, *Am J Geriatr Psychiatry* 1997;5:97-106)

- ❖ **Compared the response of 72 elderly depressed women outpatients (DSM-III-R, HAMD₁₇ scores = 16) receiving ERT to that of 286 not receiving ERT**
- ❖ **Data from a six-week, randomized, placebo-controlled, double-blind, multicenter trial of fluoxetine (20mg/d) vs. placebo**

Outcome of Patient by ERT Status and Treatment Assignment: Fluoxetine vs. Placebo in Geriatric Major Depression

(Schneider et al, Am J Geriatr Psychiatry 1997;5:97-106)



P=.015 (LOCF analysis) for interaction between tx & ERT status
Main ERT tx effect: p=.13 (LOCF) % p=.055 (completer)

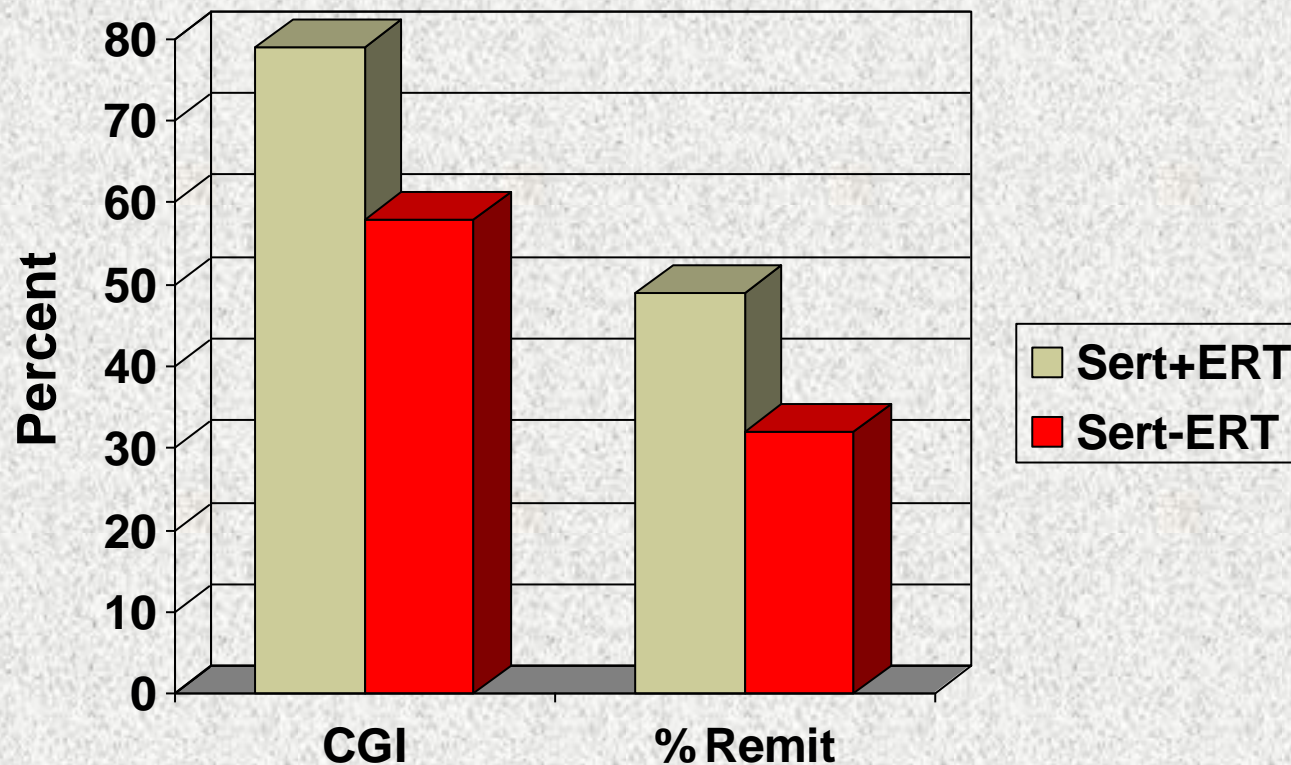
Estrogen Replacement Therapy and Response to Sertraline

(Schneider LS, et al. *APA New Research Abstracts* 1998; NR426:182)

- ❖ **Compared sertraline response of 34 depressed women receiving ERT to 93 not receiving ERT**
- ❖ **Data from two 12-week, randomized, double-blind, multisite trials comparing sertraline (50-150 mg/d) with fluoxetine or nortryptiline**

Outcome of Patient by ERT Status and Treatment Assignment: Sertraline vs. Placebo in Geriatric Major Depression

(Schneider LS, et al. *APA New Research Abstracts* 1998;NR426:182)



CGI = % “much improved” or “very much improved” (p=0.04)

% Remit = proportion remitting (HAM-D₁₇ ≤ 7)

Limitations of Studies

- ❖ **Women not randomized**
- ❖ **Women who take estrogen are more highly educated**
- ❖ **Results complicated by effects of progesterone that might minimize antidepressant effects of estrogen**

Conclusions

- ❖ **Depression can be recognized and treated in older people**
- ❖ **Many antidepressants available**
 - ❖ **Efficacy similar**
 - ❖ **Ease of use, side effect profiles differ**
- ❖ **Drug interactions are important**
- ❖ **Estrogen status should be considered when treating post-menopausal depressed women**

Post Lecture Exam

Question 1

1. **Which of the following statements is true?**
 - A. The superiority of the SSRI's in the treatment of late life depression is well-established.
 - B. The superiority of TCA's in the treatment of late life depression is well-established.
 - C. Start high, go fast is the standard for antidepressant treatment in late life depression.
 - D. Infrequent monitoring of treatment response and side effects is recommended.
 - E. For a specific patient, the choice of antidepressant depends in part on individualized preferences, side effect profile, and the presence of concurrently prescribed medications.

Question 2

- 2. Which of the following factors does not affect antidepressant dosage decisions in late life depression patients?**
- A. Reduced GI, renal, hepatic function in older patients
 - B. Lower albumin levels in older patients
 - C. Increased muscle to fat ratio in older patients
 - D. Concurrently prescribed medications
 - E. Increased receptor-site sensitivity for some neurotransmitters and drugs in older patients

Question 3

- 3. Combinations of psychiatric medications are sometimes used to treat late life depression for which of the following reasons?**
- A. Comorbid psychiatric disorders may be present, requiring the additional medication.
 - B. One medication may offset adverse effects of a concurrently prescribed medication.
 - C. Psychotic depression is more effectively treated with the addition of an antipsychotic medication to an antidepressant.
 - D. An augmenter such as lithium carbonate may boost the effectiveness of an antidepressant in some partially-responding patients.

Question 4

- 4. Which of the following is true of the use of anxiolytics in late life depression?**
- A. Long-acting benzodiazepines are preferred.
 - B. Benzodiazepines never worsen depressive mood or other symptoms.
 - C. Tapering and discontinuation of benzodiazepines can be done abruptly.
 - D. The minimum effective dose should be used when benzodiazepines are prescribed to elderly patients.
 - E. All of the above.

Question 5

- 5. Which of the following is not true of ECT in late life depression?**
- A. It is often safe, effective, and well-tolerated.
 - B. It can reduce depression-associated cognitive impairment in some patients.
 - C. Recent MI or stroke, severe hypertension, or intracerebral mass are absolute contraindications for administering ECT.
 - D. ECT's effects on memory can be intolerable for some demented, depressed patients.
 - E. All of the above.

Answers to Pre & Post Competency Exams

1. E
2. C
3. E
4. D
5. C