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Safe use of antidepressants in elderly

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It's estimated that the elderly makes up to 12% of the total population of the country of United States and 18% of the total suicide cases in the country. This is an alarming factor. Depression is one of the most under-treated ailments in the elderly. Often other times mistreated as well.

Working in a community pharmacy setting, almostevery day we fill hundreds of prescriptions of Barbiturates, Benzodiazepines and Narcotics for the elderly. Often these are prescribed carelessly without taking into considerations of the long-term side effects and decreased quality of life of the patients. Antidepressants are most underutilized in the elderly. Although this is changing now, because of more stringent rules by the DEA and other guidelines with regards to prescribing narcotics, barbiturates, and Benzodiazepines. However, there still seems to be a lack of awareness amongst healthcare professionals when it comes to choosing the right therapy management for depression in elderly. This is dangerously so in long term care facilities and nursing homes. Benzodiazepines are one of the most widely used anti-psychotic and class of sedative in the elderly in nursing homes. Despite of existing guidelines, datacollected from NIH funded studies reveal the shocking truth of widely prescribed Benzodiazepines in the elderly in these facilities. It’s found that the prescribing of Benzodiazepines substantially increases with age. It rose from 2.6% among 18 to 35 to 8.7 % in those 65 to 80 years of age. More than often the elderly is also put on the Benzodiazepines long term. With many receiving prescriptions worth 120 days’ supply at a time.

Benzodiazepines have proven to be effective in treating anxiety and sleep problems. But this class comes with innumerable side effects if used in the elderly long term. They are habit forming and cause withdrawals when discontinued after long term use. They can also impair cognition, mobility and motor skills declining the overall quality of life. Despite of these factors, the question that arises is, then why do they get hugely prescribed in the elderly when there are other safer alternatives. The reason being that Benzodiazepines act much faster in cases of anxiety and sleep problems than anti-depressants, in the elderly. And other times benzodiazepines are prescribed by a non-psychiatric physician.

Often the sleep problems and anxiety in elderly is due to underlying condition of depression. If identified and diagnosed depression correctly, depression in elderly can be treated successfully. Often the symptoms of depression get masked by the thought of seeing the symptoms as a part of normal aging process. The Geriatric Depression Tool is a well validated screening tool for depression in the elderly. The GDS is available free online in a variety of language. For people with underlying dementia, GDS may not be the most effective tool. In such cases, CSDD(Cornell Scale for Depression in Dementia) is the gold standard. It is also important to access the severity of depression in elderly and whether it is accompanied by any psychotic symptoms. Suicide Risk Assessment is also important in these population.

Antidepressants are found to be equally effective in elderly like the younger population. However, the determination of an effective dose is an important criterion.Often lower doses may not prove to be effective but instead of increasing the dose, such patients are termed “treatment resistant”. It is also important treat every person individually with the wide selection of antidepressants we have today. The concept of bio individuality, which means every person and body type is different needs to be understood and followed. So, instead of generalizing treatments, every patient should be taken care of individually based on their health conditions, drug-drug interactions, side effects of the drugs and quality of life of the patient.

The SSRI and newer antidepressants are safer in the elderly. They have lower anticholinergic effects and are better tolerated by the elderly. The safest and most recommended SSRIs include citalopram,escitalopram, and sertraline. They have the lowest potential drug-drug interaction.

While on antidepressants, it is important to monitor sodium levels periodically. Importantly,1 month after starting the therapy. So, it needs to be well monitored in patients who are already on diuretics and have increased chances of getting fatigue, delirium due to increased chances of hyponatremia. Patients with underlying conditions of peptic ulcers should also be warned of gastric bleeding with concomitant use of antidepressants.

Dosing is an important factor when it comes to use of antidepressants in the elderly. Since, with aging the hepatic metabolism slows down in elderly, they are started on a lower dose than the younger patients. At the same time, it's important to keep in mind that, the dose can be titrated up in 1 to 2 weeks to reach efficacy. Provided the medication is tolerated by the patient. It's also important to change the antidepressant if no improvements at all is observed in 4 weeks, or no significant change in 8 weeks or maximum therapeutic dose is achieved. Antidepressants are not to be stopped suddenly. It can lead to withdrawals. They need to be gradually tapered down.

SUMMARY

Depression in elderly is an ongoing crisis. Identification followed by Assessment can help guide the selection of appropriate treatment methods that not only aim towards treatment but also improving the quality of life of the elderly. Besidesmedications, other therapies should also be looked upon and analyzed, to see if can be proven effective in treatment of an individual.

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