Treatment of Major Depression in the Elderly

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Diagnostic criteria for Major Depression (if 5 symptoms, recommend Rx: antidepressant)
SIG: E CAPS (useful mnemonic from Dr. M. Jenike)
S: Sleep disturbed
I: Interest is decreased
G: Guilt (feelings of guilt are common)

E: Energy is lower than usual

C: Concentration is poor and memory problems may appear
A: Appetite is disturbed, usually a loss of appetite
P: Psychomotor retardation or agitation (agitation may be misconstrued as anxiety)
S: Suicidal ideation, at least passive wish to die, is frequently present

How to choose the best antidepressant for your geriatric patient:

1. Determine the *type of depression* (unipolar, bipolar, psychotic) and *urgency*.

2. Review *previous response* to antidepressant. (Avoid what did not work, consider what worked in the past or something similar with less side effects).

3. *List all medical problems* and choose Rx which are least likely to complicate these problems (dementia, cardiovasc, Parkinson, diabetes, stroke, prostatism.)

4. *List all medications* (including alcohol and OTC) and *avoid drug interactions.*

5. Choose drugs with *reasonable elimination half-life,* low potential for accumulation and dosing flexibility. . . (unit dose smaller than therapeutic dose).

6. Inquire about family members treated for depression (esp. children) and consider treatments which were useful to them (*familial response?).*

7. Consider *symptom profile* and avoid worsening symptoms which are particularly troublesome to the patient (nausea, dryness of mouth, headaches). . . Use side effects such as sedation only after items 1 to 6 have been duly considered.

   In addition, *list symptoms which can be misconstrued as side effects,* remember increased half-life/potency of most drugs in the elderly and increased susceptibility to side effects. *Do baseline ECG and postural BP* measurements. Choose drugs with *low anticholinergic activity* and less risk for hypotension and falls. Starting dose will be lower but increments should proceed until there is a good response.