THE AGE OF LONELINESS: DEPRESSION AND ANXIETY IN OLDER ADULTS

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WHY IS THIS IMPORTANT? AN OSTEOPATHIC PHILOSOPHY AND PRACTICE APPROACH TO THE WHOLE PATIENT

- Loneliness, Anxiety and Depression all contribute to decreased quality of life and broadly worsened health outcomes
- **Moderate to severe loneliness shortens life span as much as smoking 15 cigarettes a day, making it a stronger risk factor than obesity**
- Older adults frequently experience several comorbidities
  - Added loneliness, anxiety and depression worsens outcomes of most other comorbidities

OBJECTIVES
- ALL EMPHASIZING OLDER ADULTS

- Define use of the words loneliness, depression, and anxiety in the context of this presentation
- Review interesting trends in loneliness, depression, and anxiety during the COVID-19 pandemic, including possible confounding factors
- Highlight negative outcomes of loneliness, depression, and anxiety
- Describe common and atypical presentations of depression and anxiety in older adults
- List tools for screening and diagnosis
- Briefly list approaches to treatment

USE OF THE WORDS LONELINESS, DEPRESSION, AND ANXIETY

- Use of terms in data gathering during COVID-19 is variable
  - Sometimes clinically defined or measured
  - Sometimes subjectively reported
- First - address data trends currently reported – may mix subjective and clinically defined aspects of the conditions
- Second – address clinically defined approach

WHAT IS SOCIAL ISOLATION?
WHAT IS LONELINESS?
THEY ARE DIFFERENT BUT RELATED

- **Social isolation** – lack of social contacts and having few people to interact with regularly
- **Loneliness** – distressing feeling of being alone or separated
  - You can be socially isolated and not feel lonely
  - You can be with other people and still feel lonely
- Older adults are at risk for both due to
  - Changes in health, social connections, hearing, vision, memory loss, mobility
  - Loss of family/friends because of death.

WARM UP QUESTION:

- Self-reported rates of depression and anxiety in adults (18 years +) have increased during the COVID-19 pandemic.
  - True
  - False

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HOW MUCH HAVE REPORTED ANXIETY AND DEPRESSION INCREASED DURING THE PANDEMIC?

- According to Kaiser Family Foundation research:
  - Pre-pandemic – 2018
    - 1 in 10 older adults reported depression or anxiety
  - Pandemic
    - 1 in 4 older adults reported depression or anxiety
  - Distribution across adult age span
    - Older adults (65+) reported anxiety and depression at a **lower** rates compared to adults younger than 65 (40%)

HAVE ADULT LONELINESS WORSENED DURING THE PANDEMIC?

No……mostly

2020 Florida State University College of Medicine study of 1,545 adults ages 18 to 98

- Assessed loneliness at 3 points : pre-pandemic (late January/early February 2020), late March 2020, and in late April 2020
- No significant mean-level change in loneliness across the three measures
- Older adults reported less loneliness than younger adults at all measures
- Older adults had increased loneliness during acute phase of pandemic that leveled off at the third measurement

IF LONELINESS ISN'T WORSE DURING THE COVID-19 PANDEMIC, WHY TALK ABOUT IT?

- **Pre-pandemic**, US adults already suffered a **high burden of loneliness**
- COVID-19 pandemic conditions increased public awareness of the loneliness
- Loneliness may be under-reported
  - Stigma
  - Consider the feeling to be normal under the circumstance
  - The pandemic isn't over

CIGNA LONELINESS SURVEYS

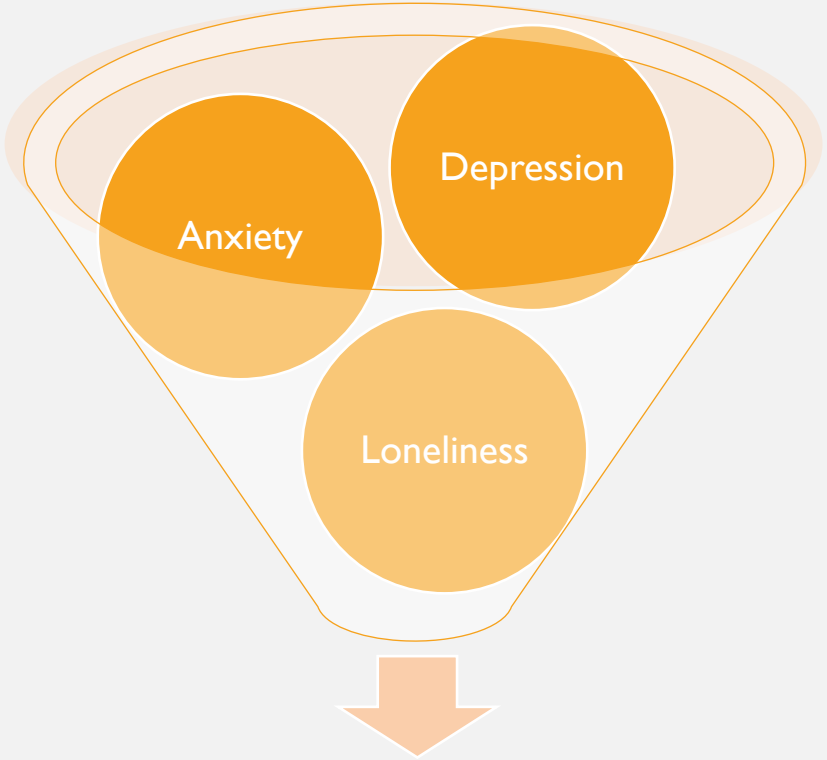
- 2018 – survey of 20,000 adults
- - 54% scored as "lonely"
- 2019 – survey of 10,000 adults
- - 61% scored as "lonely"
- Used UCLA Loneliness Scale

MENTAL HEALTH CONDITIONS AND LONELINESS

- 1 in 6 Adults in US suffer from a mental health condition
- LONELINESS is a shared aspect of pathology in many mental health conditions
- Loneliness can be both a **cause** and **an effect** of a mental health condition

OVERLAPPING RELATIONSHIPS

SIMILAR OUTCOMES



Functional Decline

Decreased Quality of Life

Poor Health Outcomes

POOR HEALTH OUTCOMES OF DEPRESSION, ANXIETY, AND LONELINESS

- Worsened Chronic Illness
- High blood pressure
- Obesity
- Weakened immune function – stress response leads to inflammatory response
- Heart disease
- Cognitive decline, Dementia, including Alzheimer's
- Increase in All Cause Mortality – suicide and other causes of death

WHAT CAUSES THE POOR HEALTH OUTCOMES?

- Inflammatory response measurements are increased in those who score high on loneliness scales
- Increased inflammation changes the way the brain works, increasing irritability, suspiciousness, negative emotions and fear
- Negative emotions perpetuate social isolation and loneliness
- Those with chronic loneliness tend to have negative health behaviors that further increase inflammation
- Negative health outcomes result from this chronic self-perpetuating cycle

POOR HEALTH BEHAVIORS INCREASE WITH LONELINESS, SOCIAL ISOLATION

- Too little exercise
- Too much alcohol
- Less health eating habits
- Increase in smoking
- Less adherent to medical treatment

SHOULD WE BE SCREENING FOR LONELINESS?

- Landmark research study by Julianne Holt-Lunstad of Brigham Young University
  - Is it that chronic illness results in loneliness or is it that loneliness results in chronic illness?
  - Controlling for chronic illness, people with more social connections live longer
- Is it difficult to screen for loneliness?
  - UCLA3 - a three question screening tool
- If we screen, is there an effective intervention?

CLINICALLY, WHAT IS DEPRESSION?

- Includes several specific diagnoses
  - Major depression (unipolar depression)
  - Persistent depressive disorder (dysthymia)
  - Minor depression
  - Psychotic depression
  - Vascular depression

DSM-5 diagnostic criteria for a major depressive episode

A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
NOTE: Do not include symptoms that are clearly attributable to another medical condition.
1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (eg, feels sad, empty, hopeless) or observations made by others (eg, appears tearful). (NOTE: In children and adolescents, can be irritable mood.)
2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3) Significant weight loss when not dieting or weight gain (eg, a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (NOTE: In children, consider failure to make expected weight gain.)
4) Insomnia or hypersomnia nearly every day.
5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6) Fatigue or loss of energy nearly every day.
7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by their subjective account or as observed by others).
9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C. The episode is not attributable to the direct physiological effects of a substance or to another medical condition.
NOTE: Criteria A through C represent a major depressive episode.
NOTE: Responses to a significant loss (eg, bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgement based on the individual's history and the cultural norms for the expression of distress in the context of loss.
D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
E. There has never been a manic or hypomanic episode.
NOTE: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.
Specify:
With anxious distress
With mixed features
With melancholic features
With atypical features
With psychotic features
With catatonia
With peripartum onset
With seasonal pattern

CHALLENGES TO DIAGNOSIS OF DEPRESSION IN OLDER ADULTS

- Symptoms may be misattributed to normal aging
  - Impaired concentration may be misinterpreted as cognitive impairment
  - Fatigue or loss of energy – misperceived as normal
- Irritable or anxious mood more likely than sad mood
- Medical illnesses may overlap symptoms with depression
- Medication side effects may overlap depression symptoms
- May present as multiple somatic complaints
- Therapeutic nihilism on the part of patient, family, or provider
- Perceived stigma of mental illness or fear of loss of independence

NON-SPECIFIC SYMPTOMS OF DEPRESSION

- Abdominal pain
- Back pain
- Change in weight
- Constipation
- Fatigue
- Headache
- Insomnia or hypersomnia
- Neck pain
- Weakness

APPROACHES TO DEPRESSION SCREENING

- Screen routinely – annually for most people
- Screen more frequently in those who:
  - Have multiple other comorbidities
  - Have lower overall functional status
  - Have chronic pain
  - Present with multiple somatic complaints without clear cause
- Standardized screening/diagnosis tools:
  - PHQ-2 (screen) and PHQ-9 (diagnostic)
  - The Geriatric Depression Screen

CLINICAL ANXIETY DISORDERS

ANXIETY DISORDERS - DIFFERENTIAL

- Generalized Anxiety Disorder (GAD) – most common
- Depression with anxiety symptoms
- Hypochondriasis
- Panic disorder
- Adjustment disorder
- Specific phobias
- Obsessive compulsive disorder
- Separation anxiety disorder

DEFINITION: GENERALIZED ANXIETY DISORDER (GAD) DSM IV

- Excessive and persistent worry that is hard to control
- Causes significant distress or impairment
- Occurs on more days than not for the last 6 months
- Associated with 3 or more of 6 specific symptoms (next slide)
- Not attributable to substance abuse or other medical condition
- Not better explained by another mental disorder

SPECIFIC SYMPTOMS FOR DIAGNOSIS OF GAD
AT LEAST 3 OF 6

- Restlessness
- Easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance

CLINICAL PRESENTATION OF ANXIETY DISORDERS

- Symptoms related to hyperarousal, autonomic hyperactivity and muscle tension
  - Poor sleep
  - Fatigue, difficulty relaxing
  - Headaches
  - Neck, back, and shoulder pain
  - Repeated presentation to health professionals with long-standing medically unexplained concerns

CHALLENGES TO DIAGNOSIS OF GAD IN OLDER ADULTS

- Patient may assert that anxiety or fear is a realistic response
  - Asking questions in a different way may help increase awareness
    - "How do you feel in times of stress?"
    - "How good are you in controlling any worries?"
- Commonly co-occurring:
  - Physical illnesses
  - Cognitive impairment
  - Side effects of prescribed medication

SCREENING FOR ANXIETY

- Hospital Anxiety Depression Scale (HADS)
- Generalized Anxiety Disorder Scale – 7 (GADS-7)

TREATMENT

- Non-pharmacologic preferred in the elderly
- Use safer pharmacologic choices for elderly, at lower doses

ANXIETY

NON-PHARMACOLOGIC

- Cognitive Behavioral Therapy
- Aerobic Exercise
- Mindfulness-based practice
- Yoga

PHARMACOLOGIC

- SRI – citalopram or excitalopram

DEPRESSION

NON-PHARMACOLOGIC

- Psychotherapy
- Exercise
- Bright light
- Collaborative Care

PHARMACOLOGIC

- SSRI – citalopram or escitalopram

LONELINESS

NON-PHARMACOLOGIC

- CBT – "a lonely mind lies to you"
- Volunteerism
- Intentional altruistic actions
- Sharing good news with others
- Social skills training
- Enhancing social support

PHARMACOLOGIC (INVESTIGATIONAL)

- SSRI – decreased perception of social threat
- Tylenol – decreases activation of pain pathways in response to perceived threats (physical pain and social pain)
- Naproxen – decrease inflammatory-induced heightened sense of loneliness
- Pregnenolone – adrenal hormone associated with stress reduction
- Allopregnenolone – endogenous neurosteriod in the brain

QUESTIONS?

WILLIE AND PATSY!

RESOURCES

- https://psycnet.apa.org/fulltext/2020-42807-001.html
- https://www.cigna.com/about-us/newsroom/studies-and-reports/loneliness-epidemic-america
- https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/studies-and-reports/combatting-loneliness/cigna-2020-loneliness-infographic.pdf
- https://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected
- https://www.kff.org/medicare/issue-brief/one-in-four-older-adults-report-anxiety-or-depression-amid-the-covid-19-pandemic/
- https://www-uptodate-com.ezproxy.chs.okstate.edu/contents/generalized-anxiety-disorder-in-adults-epidemiology-pathogenesis-clinical-manifestations-course-assessment-and-diagnosis?search=anxiety%20disorders%20adult&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H601612644

RESOURCES

- https://sparqtools.org/mobility-measure/ucla-loneliness-scale-version-3/
- https://docs.google.com/document/d/12s39QphZCqI2fNi10Fn75cI3F_Hr7o2-yk-cU4C_LTc/edit
- https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health
- https://www.aafp.org/afp/2012/0115/p139.html

RESOURCES

- The Cure for Loneliness | Psychology Today
- A Short Scale for Measuring Loneliness in Large Surveys (nih.gov)
- APA Depression Guideline
- Approach to treating generalized anxiety disorder in adults - UpToDate (okstate.edu)
- Diagnosis and management of late-life unipolar depression - UpToDate (okstate.edu)