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Evidence-Based Strategies for Supporting Older Adults with Depression & Anxiety

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Today's Panelists

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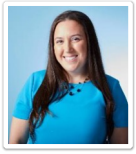

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Course Objectives

Upon completion of each session, participants should be able to:

- Identify common signs and risk factors for depression and anxiety in older adults.
- Understand appropriate screening and referral pathways.
- Compare pharmacologic and nonpharmacologic intervention strategies.
- Describe how engagement-focused programs support emotional well-being and cognitive health.

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Common Signs and Symptoms

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Depression in older adults

- Difficult to differentiate
- Irritable, may withdraw
- Can overlap with grief, dementia, chronic illness, pain, medications or sleep disruption.
- Loss of function, chronic, illness, pain and medications
- Change in the person's baseline

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Mood changes

- Feeling sad, empty, hopeless or emotionally flat
- Increased tearfulness, pessimism, guilt, or feeling of worthlessness
- Irritability, frustration, anger, anxiety or restlessness

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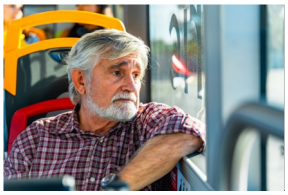
Loss of interest or social withdrawl

- No longer interested in activities, hobbies, meals, faith routines, or visitors
- Spending more time alone or wanting to stay in the room/home.
- Reduced conversation, eye contact, participation or initiation



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Sleep pattern changes

- Trouble falling asleep, staying asleep, or early-morning waking
- Sleeping much more than usual or staying in bed during the day
- Fatigue after sleep, day-night reversal or increased napping

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Appetite and weight changes

- Decreased appetite, skipped meals or food does not taste good.
- Unintentional weight loss- or overeating and weight gain
- Reduced fluid intake, poor motivation to eat or declining meal engagement

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Low energy or functional decline

- Fatigue, slowed movement, low motivation or “I just can’t wait”
- Decline in ADLs, hygiene, grooming, mobility or participation in therapy
- Less initiation, waiting for others to prompt meals, toileting or activity

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Cognitive and decision-making changes

- Trouble concentrating, remembering details, or making decisions
- Appearing confused, overwhelmed, indecisive or less engaged in choices
- Repeated negative statements such as “nothing matters” or “I’m a burden”
- Just want to die

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Physical complaints or behavior changes

- Persistent aches, pain, headaches, stomach complaints or general discomfort
- Agitation, pacing, restlessness, repeated call light use or increased reassurance seeking
- Neglect of appearance, missed medications or decreased self-care

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Safety signs

- Statement about suicide, self- harm, wanting to die or having no reason to live
- Giving away belongings, refusing essential care, or saying goodbye in an unusual way
- Sudden calm after distress, access to lethal means, or escalating hopelessness

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Pharmacological and Non-Pharmacological Strategies

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Medications

- Corticosteroids
- Benzodiazepines
- Sedative-hypnotics
- Hormonal therapy
- Digoxin
- Clonidine
- Methyldopa
- Reserpine
- Propranolol

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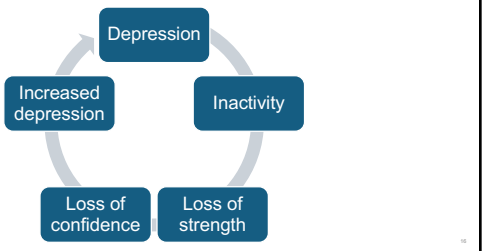
Movement supports mood



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Cognitive Behavioral Therapy (CBT)

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Caregiver stress

- Share the caregiving responsibilities
- Use respite care
- Maintain social connections
- Protect sleep
- See professional support

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Sleep wake cycle

- Corticosteriods
- Stimulants
- Decongestants
- SSRI or SNRI
- Beta Blockers
- Thyroid
- Bronchodialtors
- Cholenesterace Inhibitors
- Benzodiazepoines

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Pharmacological interventions

Medication Class	Older Adult Benefit	Risks
Sertraline (Zoloft) – SSRI	Frequently used first-line; relatively few drug interactions; helpful for depression and anxiety	Nausea/diarrhea, hyponatremia, increased bleeding risk, falls, sexual dysfunction
Escitalopram (Lexapro) – SSRI	Often well tolerated; few interactions; useful when depression and anxiety occur together	Hyponatremia, falls, bleeding, GI effects
Citalopram (Celexa) – SSRI	Effective and generally well tolerated	Doses above **20 mg/day are generally avoided in adults over 60**
Duloxetine (Cymbalta) – SNRI	May be particularly useful when depression occurs with **neuropathic or chronic pain**	Nausea, dizziness, blood-pressure effects, falls; renal/hepatic function must be considered
Venlafaxine (Effexor) – SNRI	Option when an SSRI is ineffective; treats depression and anxiety	May increase blood pressure; withdrawal symptoms if stopped abruptly; hyponatremia and falls
Mirtazapine (Remeron)	Can be helpful when depression occurs with **poor appetite, weight loss, or insomnia**	Sedation, increased appetite and weight gain; possible dizziness/falls
Bupropion (Wellbutrin)	Often less sedation, weight gain, and sexual dysfunction; may help low energy/apathy	May worsen insomnia or anxiety; can reduce appetite; avoid or use cautiously with seizure disorders

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Anxiety in Older Adults

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Anxiety in the older adult

- Often unrecognized
- 11.2 % of adults 65+ reported anxiety symptoms
- May appear as worry, fear, irritability or physical complaints
- Can overlap with depression
- Not normal aging
- Sleep disturbance

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Common signs and symptoms

- Excessive worry and fear
- Restlessness, irritability, feeling on edge
- Poor sleep, fatigue
- Muscle tension, headaches, stomach upset
- Avoidance

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Non-pharmacological interventions

- Cognitive behavioral therapy
- Relaxation
- Movement
- Connections
- Routine in daily activities

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Medications

Medication	Examples	Related side effects
Decongestants – OTC	Pseudoephedrine (Sudafed), phenylephrine	Nervousness, restlessness, rapid heartbeat, insomnia
Caffeine-containing products – OTC	Some headache remedies, "alertness" products, energy products	Anxiety, tremor, irritability, insomnia, palpitations
Bronchodilators	Albuterol, ephedrine-containing products	Tremor, nervousness, rapid heartbeat, difficulty sleeping
Corticosteroids	Prednisone, methylprednisolon	Restlessness, mood changes, insomnia, agitation or anxiety
Thyroid replacement	Levothyroxine (Synthroid)	If the dose is too high: nervousness, anxiety, tremor, rapid heartbeat and insomnia
Some antidepressants	SSRIs/SNRIs, especially early in treatment	Temporary nervousness, activation, restlessness or insomnia in some people
Dopaminergic medications	Levodopa/carbidopa and some Parkinson's medications	Rebound anxiety, agitation, tremor and insomnia if reduced too quickly

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New anxiety

- Did the anxiety begin after a medication was started
- Did the anxiety begin after a medication was increased
- Does the individual take cold, allergy or pain medication
- Has caffeine intake increased
- Did the person recently stop or reduce a sedative or anxiety

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Mindfulness relaxation

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Steps to mindful relaxation

- 5-minutes seated exercise
- Simple script
- Take slow deep breaths
- Short predictable and comfortable
- 3-5 minutes

Notice-Breath-Return

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Screening in older adult for depression and anxiety

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Assessment

- Ask about the onset, triggers, duration, severity and functional impact
- Screen for depression, grief, trauma, substance use and suicide risk
- Review medications, caffeine, alcohol, pain and sleep
- Consider cognition, delirium, sensory loss, falls and other safety concerns

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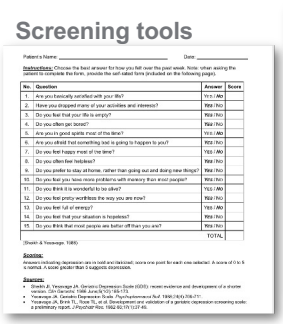
Screening tools



Major Depressive Disorder
Myths vs. Facts

Myth	Fact
Myth: Treatment for depression is mostly ineffective, so why bother?	Fact: Behavioral therapy like counseling and medication, can successfully treat depression.
Myth: Depression is not a real medical condition.	Fact: Depression is a real illness that affects the brain, much like diabetes or heart disease. In how it impacts people's lives.
Myth: Depression is something that strong people can snap out of by thinking positively.	Fact: Strong will does not prevent depression. Depression is a medical condition that anyone can experience.
Myth: It is normal to be depressed when you get older.	Fact: The good news is that most older people are not depressed. It's not a normal part of aging.
Myth: Depression will just go away on its own.	Fact: Without treatment, symptoms of depression can continue for weeks, months, or years. The good news is that people can get better with treatment!

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Anxiety

GENERALIZED ANXIETY DISORDER SCALE (2)

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T___ = ___ + ___ + ___ + ___)

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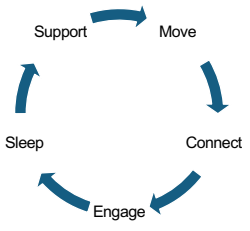
Family - Five areas



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Training Strategies to Support Emotional & Cognitive Well-Being

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Best practice for engagement-focused training

Training Care Teams to Put Meaningful Engagement Into Practice

- **Embed person-centered engagement principles** into training to help care teams understand individual interests, preferences, strengths, routines, and emotional needs.
- **Connect the "what" and the "why"** so teams understand how meaningful engagement can support emotional well-being, cognitive health, social connection, and quality of life.
- Use **real-world scenarios, role-playing, and case-based learning** to practice engaging older adults experiencing withdrawal, loss of interest, anxiety, or changes in participation.
- **Reinforce skills through coaching, mentoring, and feedback** to help teams personalize engagement and adapt approaches as needs and responses change.
- **Strengthen observation and communication skills** so care teams recognize meaningful changes and know when and how to share concerns with the appropriate care partners.

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Creating consistency across care transitions

Supporting Emotional Well-Being Across Settings

- **Integrate depression and anxiety awareness into care-team training**, including changes in mood, behavior, participation, and social connection.
- **Build competency around transitions of care**, helping teams recognize how changes in health, function, environment, and support systems may affect emotional well-being.
- **Include person-centered engagement strategies** that can support connection, routine, purpose, and cognitive stimulation during and after transitions.
- **Establish clear communication, referral, and escalation pathways** so team members understand their role when concerns are identified.
- **Reinforce continuity across settings** by communicating successful approaches, preferences, observations, and changes from baseline.

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Training in action: case scenario

Meet Mrs. Allen, age 81

- Hospitalized following a **hip fracture** requiring emergency **internal fixation (pinning)**
- Completed **21 days of skilled rehabilitation** with PT, OT, nursing, and mobility support
- History of **depression**; during rehab, staff noted periods of withdrawal and reduced motivation
- During rehabilitation, music, conversation, and staff interaction provided meaningful opportunities for engagement.
- Now transitioning home with **skilled home health and non-medical personal care support**
- Lives alone; daughter provides regular support

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Training in action: Applying engagement-focused support

1 Prepare the Team	2 Practice the Response	3 Reinforce Communication
Baseline & depression history	Withdrawal or increased anxiety	Observe & document changes
Preferences, routines & what works	Fear of falling / reduced participation	Know who to notify and when
Transition-home considerations	Encourage without forcing	Follow referral/escalation pathways
Role & scope	Routine, choice & connection	Share what works across transition

TRAIN → PRACTICE → REINFORCE

Is the team prepared to recognize change, respond within role, and communicate concerns?

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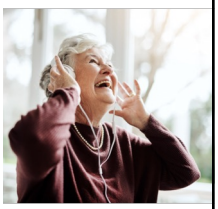
Meaningful engagement across the continuum

Know what matters	Learn individual preferences, interests, routines, strengths, and what brings joy and comfort.
Share what works	Pass along successful strategies, approaches, and engagement activities that help.
Communicate meaningful changes	Observe and report changes in mood, behavior, participation, or social connection.
Engage family & care partners	Include family and key care partners in the plan, share updates, and collaborate on support.
Reassess as needs change	Check in regularly, adjust approaches, and continue to personalize support over time.



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Closing thought…

Effective training turns awareness into action—helping care teams recognize change, create meaningful connection, and support emotional well-being.

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Helpful Resources

- Depression and Older Adults | National Institute on Aging
- Clinical Practice Guidelines for Management of Depression in Elderly – PMC
- Services for Older Adults Living at Home | National Institute on Aging
- Pharmacotherapy of major depressive disorder in older adults: from an evidence-informed stepwise algorithm to precision medicine | Neuropsychopharmacology
- Drug Interactions: What You Should Know | FDA

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