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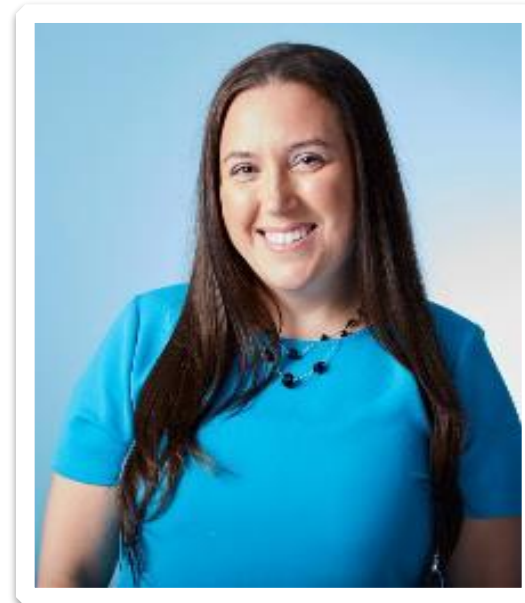


Evidence-Based Strategies for Supporting Older Adults with Depression & Anxiety

Today's Panelists



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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

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



Mood changes

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

Loss of interest or social withdrawal

- 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



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

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



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

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

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



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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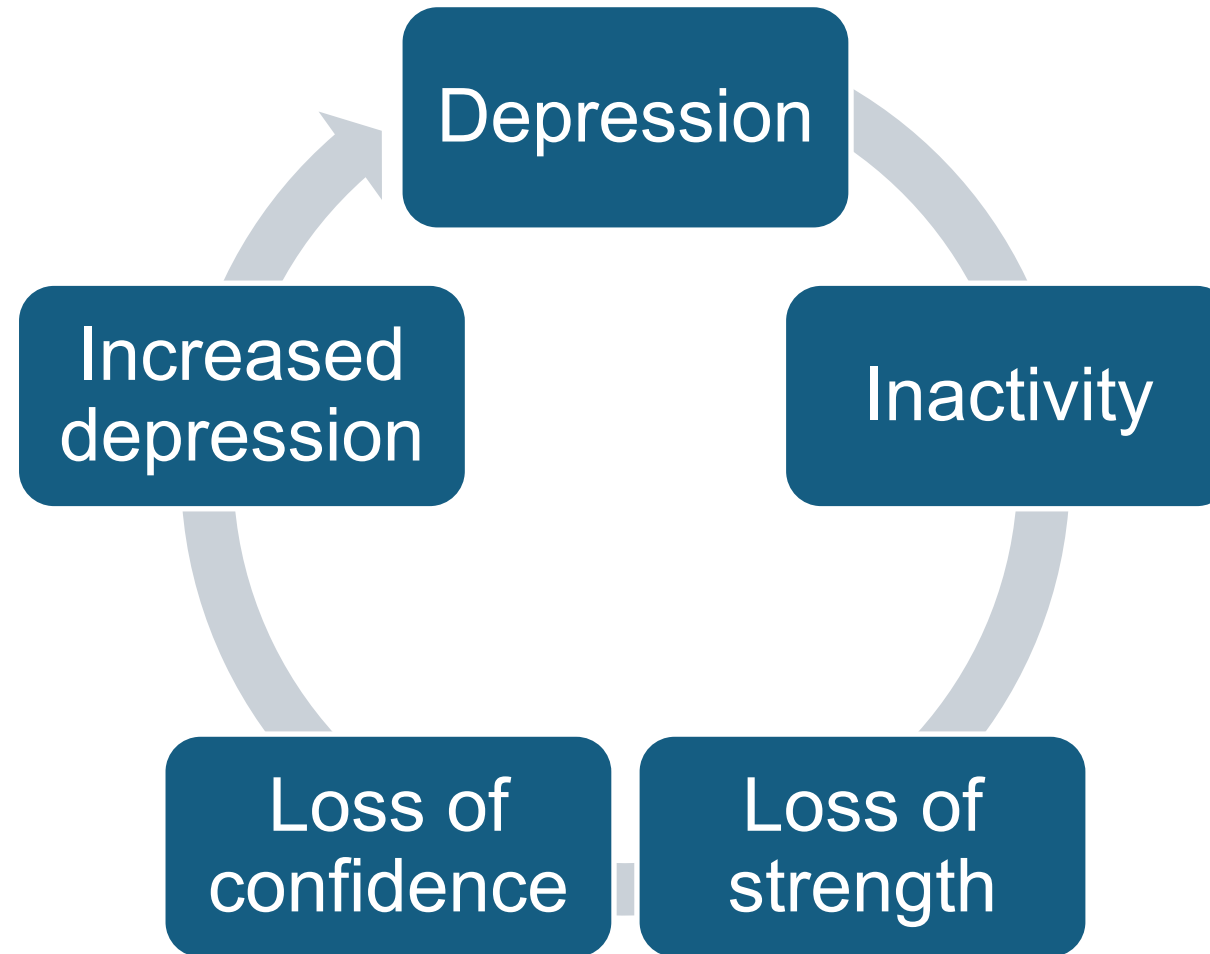
Pharmacological and Non-Pharmacological Strategies

Medications

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



Movement supports mood



Cognitive Behavioral Therapy (CBT)



Caregiver stress

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

Sleep wake cycle

Corticosteroids

Stimulants

Decongestants

SSRI or SNRI

Beta Blockers

Thyroid

Bronchodilators

Cholinesterase
Inhibitors

Benzodiazepines

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

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

Common signs and symptoms

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

Non-pharmacological interventions

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

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, methylprednisolone	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

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

Mindfulness relaxation



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

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

Screening tools

Patient's Name: _____ Date: _____

Instructions: Choose the best answer for how you felt over the past week. Note: when asking the patient to complete the form, provide the self-rated form (included on the following page).

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / NO	
2.	Have you dropped many of your activities and interests?	YES / NO	
3.	Do you feel that your life is empty?	YES / NO	
4.	Do you often get bored?	YES / NO	
5.	Are you in good spirits most of the time?	YES / NO	
6.	Are you afraid that something bad is going to happen to you?	YES / NO	
7.	Do you feel happy most of the time?	YES / NO	
8.	Do you often feel helpless?	YES / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	YES / NO	
10.	Do you feel you have more problems with memory than most people?	YES / NO	
11.	Do you think it is wonderful to be alive?	YES / NO	
12.	Do you feel pretty worthless the way you are now?	YES / NO	
13.	Do you feel full of energy?	YES / NO	
14.	Do you feel that your situation is hopeless?	YES / NO	
15.	Do you think that most people are better off than you are?	YES / NO	
TOTAL			

(Sheikh & Yesavage, 1986)

Scoring:

Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is normal. A score greater than 5 suggests depression.

Sources:

- Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. *Clin Gerontol*. 1986 June;5(1/2):165-173.
- Yesavage JA. Geriatric Depression Scale. *Psychopharmacol Bull*. 1988;24(4):709-711.
- Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res*. 1982-83;17(1):37-49.



Major Depressive Disorder Myths vs. Facts



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 and serious medical condition. It's no different than 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's normal to be depressed when you get older.



Fact: The good news is that most older adults are not depressed. It is 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!

For Help and More Information

For additional information about mental health myths and facts, visit <https://www.samhsa.gov/mental-health/myths-and-facts>.

For additional information and resources, visit www.nursinghomebehavioralhealth.org or simply scan the QR code.



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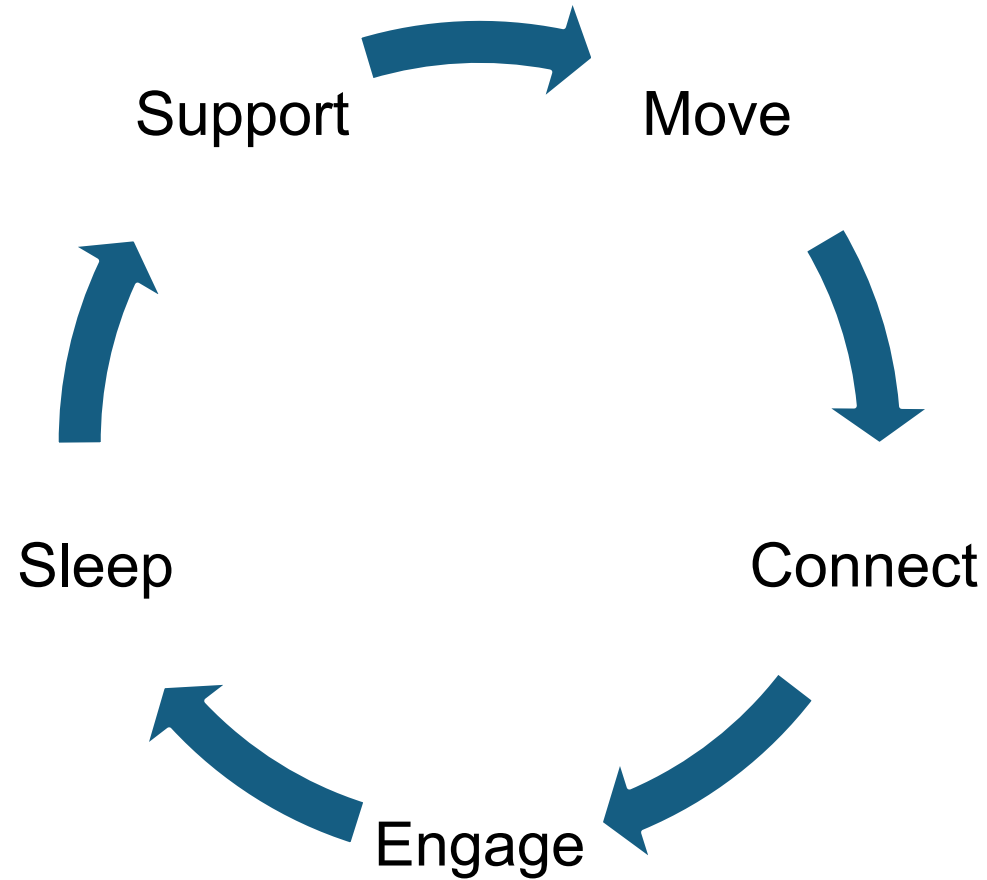
GENERALIZED ANXIETY DISORDER SCALE (2 ITEMS) QUESTIONNAIRE - Common Mental Health Disorders - NCBI Bookshelf

GAD-7				
Over the <u>last 2 weeks</u> , 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

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.



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.



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



Training in action: Applying engagement-focused support

1 Prepare the Team

- Baseline & depression history
- Preferences, routines & what works
- Transition-home considerations
- Role & scope

2 Practice the Response

- Withdrawal or increased anxiety
- Fear of falling / reduced participation
- Encourage without forcing
- Routine, choice & connection

3 Reinforce Communication

- Observe & document changes
- Know who to notify and when
- Follow referral/escalation pathways
- Share what works across transition

TRAIN → PRACTICE → REINFORCE

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

Meaningful engagement across the continuum



Closing thought...

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

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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