Dementia and Depression
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What this talk is about
- Learning about the interplay between Depression and Dementia
- Distinguishing Depression from Dementia
- Identifying Depression within Dementia
- Treatment
Some background information

- 25% of AD patients will develop major depression
- Additional 30% will have "minor depression"

Risk factors

- Earlier onset of dementia
- Female gender
- Personal history of depression
- Family history of depression

Depressed patients are...

- More likely to enter the nursing home early
- More likely to die early
- More likely to worsen care-giver burden
What is Depression?

- Depressed mood*
- Anhedonia*
- Weight loss or weight gain
- Change in sleep
- Psychomotor changes
- Decreased energy
- Guilt, feelings of worthlessness
- Decreased concentration
- Suicidal ideation

What is Dementia?

Primary Features

- Symptoms present for at least 6 months
- Affects memory and at least one other cognitive domain
  - Aphasia (Receptive or expressive language)
  - Apraxia (Inability to perform motor tasks)
  - Agnosia (Impaired recognition of familiar items or persons)
  - Executive Functioning (Abstract reasoning, planning, organizing)
  - Who What Where When Why How
Commonly Associated Features

- Personality changes
- Behavioral changes and behavioral difficulties
- Psychotic symptoms
- Increased reliance upon others
- Poor insight into deficits
- Safety concerns
- Avoidance of novel situations
- Short term memory deficits (remote memory preserved)

Case Example

- Mrs Jones is a 73 yo woman with no previous psychiatric history, referred to psychiatry for evaluation of depression.
- She has been gradually more withdrawn, seems less interested in social interaction and she expresses a desire to stay home.

More of Case

- Sleep is good, appetite is diminished and she’s lost 10 lbs. She enjoys visits from grandchildren (“as long as they don’t stay too long”).
- She gets anxious going out to eat or doing other things outside the home that she used to be quite comfortable doing.
Is this Depression?

- Well, it could be, but...
- Depression symptoms and Dementia symptoms overlap

Dr Sutor – O’Hare Airport – Thanksgiving
Depression vs Dementia

- Onset can be dated with some precision
- Memory better with repetition or effort
- Onset dated within broad limits
- Memory no better with repetition or effort

Patients complain of cognitive troubles
Patients emphasize failure
Patients express angst over their symptoms

Patients complain little of cognitive troubles
Patients downplay failure
 Patients not as troubled by the symptoms

“Pseudo-dementia” of depression

- Cognitive troubles secondary to depression are reversible
- May be a harbinger of a developing dementia
Vascular Dementia and Depression

- Left sided strokes and depression
- Emotional incontinence

Fronto-temporal Dementia and Depression

- Abulia, lack of motivation, lack of drive and physical activity looks a lot like a depression

Depression within Dementia

- As dementias progress people lose their ability to understand and communicate their inner emotional state,
- People necessarily tell us how they are feeling
Assessing for Depression within Dementia

- Mrs Jones is a 83 year-old woman with 7 year history of AD, living in a dementia care facility
- She’s been losing weight, has been more reclusive, and she calls out frequently “help me, help me, help me”

More Mrs Jones

- She appears anxious. She is difficult to console. Her sleep is fragmented. She has become agitated with cares.
- Could this be depression?

What to look for—Some clues to guide you

- Does the patient have a history of depression?
- Is there diurnal variation?
- Is there anxiety?
- Can the person be engaged or consoled?
- Are negative/nihilistic themes present?
And don’t forget!

- Pain
- Illness
- Medications

Treatment

- Environment
- Medications
- Electroconvulsive Therapy (ECT)
Environment

- Encourage involvement
- Comforting environment
- Reassuring contact

Anti-depressants

- SSRI's
- Tri-cyclics
- Others

SSRIs

- Fluoxetine, Sertraline, Paroxetine, Citalopram, Escitalopram
- Usually well tolerated – take 3-5 weeks to work.
- Start low and go slow
SSRIs – Side effects

- GI, headache
- Increased risk of falls
- Akethisia
- SIADH

Tri-Cyclic Anti-depressants

- Anti-cholinergic  Makes cognitive problems worse; constipating; orthostasis
- Don’t use them in dementia patients!

Other agents

- Duloxetine, Mirtazapine, Buproplion, Vilazodone, Venlafaxine, Vortioxetine
- Stimulants*, Neuroleptics, Buspirone*

*Not FDA indicated for depression
ECT

- Safe and effective, especially for severe or refractory depression
- Requires inpatient for ECT series
- Watch the cognition!

Don’t forget the Caregivers

- Depression is more common among caregivers
- The healthier the care-giver the healthier the dementia patient

Questions