

Anxiety and Depression in Older Adults

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Aims of Presentation

- To identify Doris's needs
- To suggest the most appropriate therapeutic interventions to meet Doris's needs and discuss the rationale for them
- To present evidence supporting these proposed interventions

Key issues identified from Doris's profile:

- Being treated for anxiety by her GP for the last 2 yrs – taking Lorazepam 2mg 3 times per day
- Retired 5 years ago
- Two friends have died in the last year
- Breathless attacks (particularly at night)
- Feels tired all the time, and has difficulty sleeping
- Says things are getting on top of her, and she gets little pleasure out of life
- Rarely goes out of the house

Anxiety or Depression?

- “ All professionals working in the community have to decide whether anxiety symptoms are evidence of an anxiety state or symptoms of another disorder, like depression, that might require a different therapeutic approach”
(Manthorpe & Illife, 2006)

ICD-10 Criteria for Depression

1. Depressed mood
2. Loss of interest and enjoyment
3. Reduced energy leading to increased fatigability and diminished activity
4. Reduced concentration and attention
5. Reduced self-esteem and self confidence
6. Ideas of guilt and unworthiness
7. Bleak and pessimistic views of the future
8. Ideas or acts of self-harm or suicide
9. Disturbed sleep
10. Diminished appetite

(WHO, 1992)

Treatment of Anxiety & Depression

- When depressive symptoms are accompanied by symptoms of anxiety, the first priority should usually be to treat the depression.
- Psychological treatments for depression often reduce anxiety
- Many anti-depressants have sedative/anxiolytic effects

(NICE Guidelines, 2004)

N.I.C.E. Guideline 23

- NICE guidelines recommend the following initial treatments for mild to moderate depression;
 1. Exercise
 2. Psychological treatments e.g. problem solving therapy, short-term cognitive behavioural therapy and guided self-help
 3. Alternatively, counselling or computerised CBT may help (*Beating The Blues*).

Exercise 1

- Can improve your health
- Lift your mood
- Reduce anxiety
- Improve self-esteem and concentration (Mental Health Foundation, 2005)
- An exercise programme usually consists of 3 sessions per week (lasting for 45 minutes to an hour each)
- Should be continued for 10 to 12 weeks
- Can consist of any exercise appropriate to the individuals fitness level e.g. walking or swimming
- Recommend local services e.g. walking or exercise groups

Exercise 2

- If Doris does not wish to leave her home, discuss appropriate exercises e.g. exercise tapes OR discuss treating everyday activities as exercise
- Should be scheduled and recorded by Doris for reflection
- To try to involve her friends: take Doris shopping
- Should be a collaborative process – determine what she wants to do, what she feels is appropriate (considering age, gender, physical condition)

Why is this intervention therapeutic for Doris?

- It could help Doris re-establish existing social contacts, and also create new ones – she feels she is not as sociable as she once was
- It could help promote her self-esteem and confidence through achieving goals and targets – something which has been lacking since leaving work
- Keeping a diary would enable Doris to reflect on her feelings – show her how much she has actually achieved in a day
- Help with her negative feelings – she may feel fitter and healthier, feel more positive about the way she looks
- Exercise may help her regulate her sleep pattern, which in turn could help her with task management during the day
- Could also be of benefit to her breathlessness

References

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Thankyou

Any Questions?