

How can we best help older adults with depression when we can't be together?

Dr. Zahra Goodarzi
Dr. Jennifer Watt
Dr. Jayna Holroyd-Leduc

September 2020



Funded By **CIHR IRSC**



Objectives for Presentation

To review how common depression is in older adults

To discuss the impact of depression on older adult, and impact of COVID on depression ,

To understand the gaps in our understanding of depression treatment

To cover our research and findings on telehealth interventions for older adults

To discuss future work and research

**Depression is the most common
mental illness in older adults**



Depression is not normal as we age

Depression is often *undertreated* and there are many *barriers* to older adults accessing services



Impact of Depression For Older Adults

- Physical Disability
- Worsening Cognition
- Lower Quality of Life
- Suicidality

Distress in seniors surges amid coronavirus pandemic

By Judith Graham, Kaiser Health News

Updated 3:39 AM ET, Mon May 25, 2020



More from CNN



These four charts show Trump's and Biden's battleground...



Biden puts two feet in the ring as Trump wobbles



Depression and loneliness is killing our seniors, not COVID

Jun 22nd, 2020

Older adults experienced mental health problems during COVID-19 pandemic

Download PDF Copy

Reviewed by Emily Henderson, B.Sc.

Aug 27 2020

Older adults experienced greater depression and loneliness during the COVID-19 pandemic, according to a new study by Indiana University researchers, and relationship strength (perceived closeness to network members) moderated the relationship between loneliness and depression.

Hamilton

'Some days I get very depressed:' Hamilton seniors discuss isolation during COVID-19



I'm very concerned for their mental health, support worker says

The Canadian Press - Posted: May 06, 2020 7:32 AM ET | Last Updated: May 6





Telemedicine

Use of telephone, internet, video-conferencing or other remote means to provide medical care



Gaps in Our Knowledge

Tele-
medicine
increases
access to
care



Physical
distancing
= lack of
access



The pandemic has
lead to *urgent* need
to understand the
use of telemedicine
for treating
depression in older
adults.

Emerging evidence for telemedicine



USE



ACCEPTABILITY



COST



BUT WHICH
IS EFFECTIVE?

Need for research to understand **efficacy** of telemedicine

```
graph TD; A[Need for research to understand efficacy of telemedicine] --> B[We completed a Rapid Review of existing evidence]; B --> C[Detailed search and review of all existing published evidence to help make quick decisions];
```

We completed a Rapid Review of existing evidence

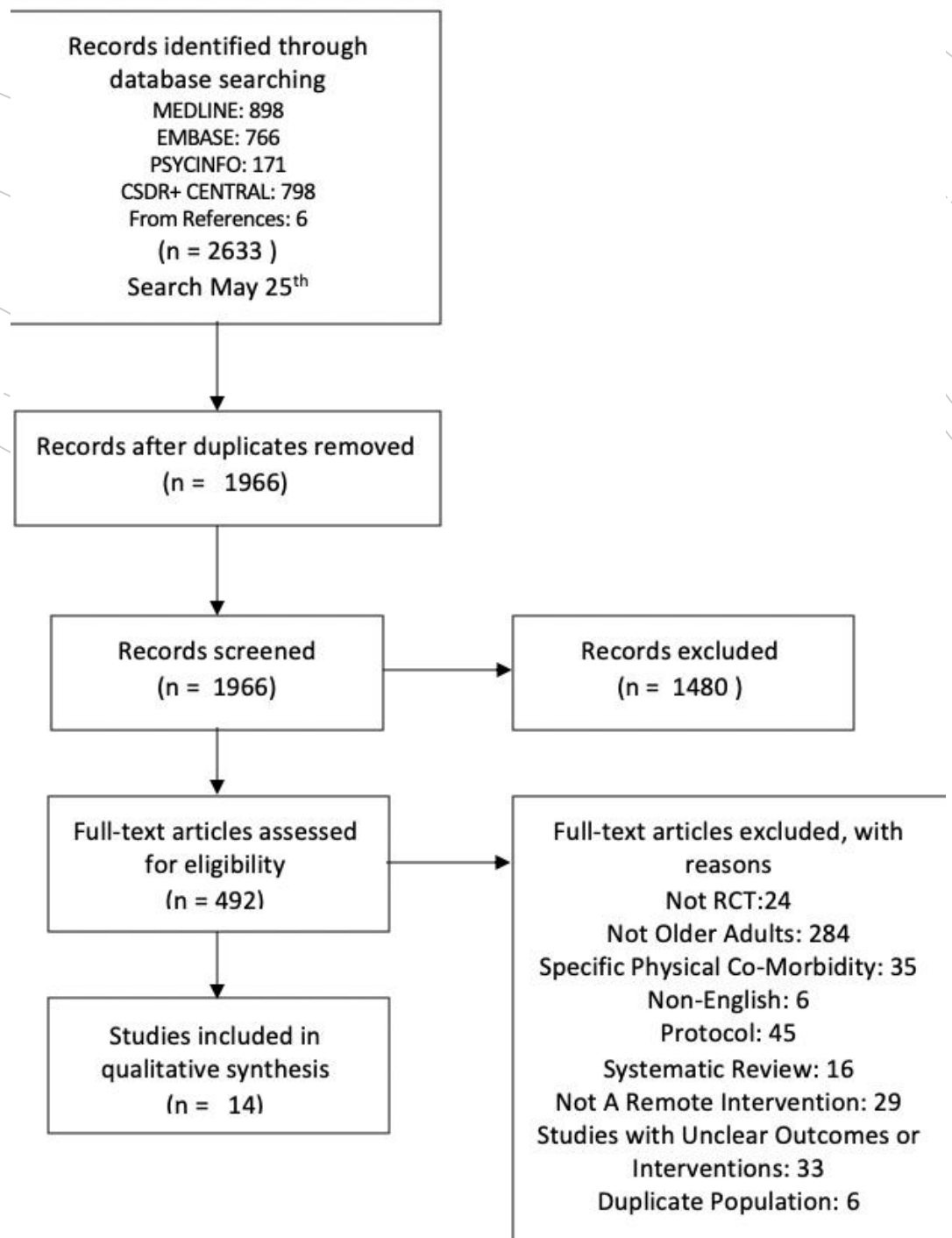
Detailed search and review of all existing published evidence to help make quick decisions



Rapid Review Results



Rapid Review Results



Study Characteristics

- n=1910 all in a community setting
- 2012 to 2020
- Australia (n=4), United States (n= 7), Canada (n=1), Japan (n=1) and Sweden (n=1)
- 8 weeks to 48 weeks
- Urban (n= 7) and rural settings (n= 3)
- Mean age ranged from 64.4 to 79.2 years old
- 2 to 87% were Female
- Excluded persons with severe depression or suicidality
- Often excluded persons with cognitive impairment or substance use disorders

A 3D maze with a person standing in the center. Two large red arrows are overlaid on the image, one pointing left and one pointing right. The left arrow contains the text 'Depressive Symptoms' and the right arrow contains the text 'Depression Disorders'.

Depressive
Symptoms

Depression
Disorders

Two Main Populations



Those with depressive symptoms or disorders at baseline or as inclusion criteria in the randomized trial (n=6)



Those where depressive symptoms are measured as an outcome (n=8)



Telemedicine: phone or internet delivery

Telephone Practitioners:
counsellors, social workers,
nurses or psychologists

Internet Interventions: self
guided cognitive behavioural
therapy, through structured
modules +/- clinician guidance.

Interventions for those with Depression

Videoconference

- Problem Solving Therapy

Telephone

- Psychotherapy with illness management
- Illness management
- Behavioural activation therapy

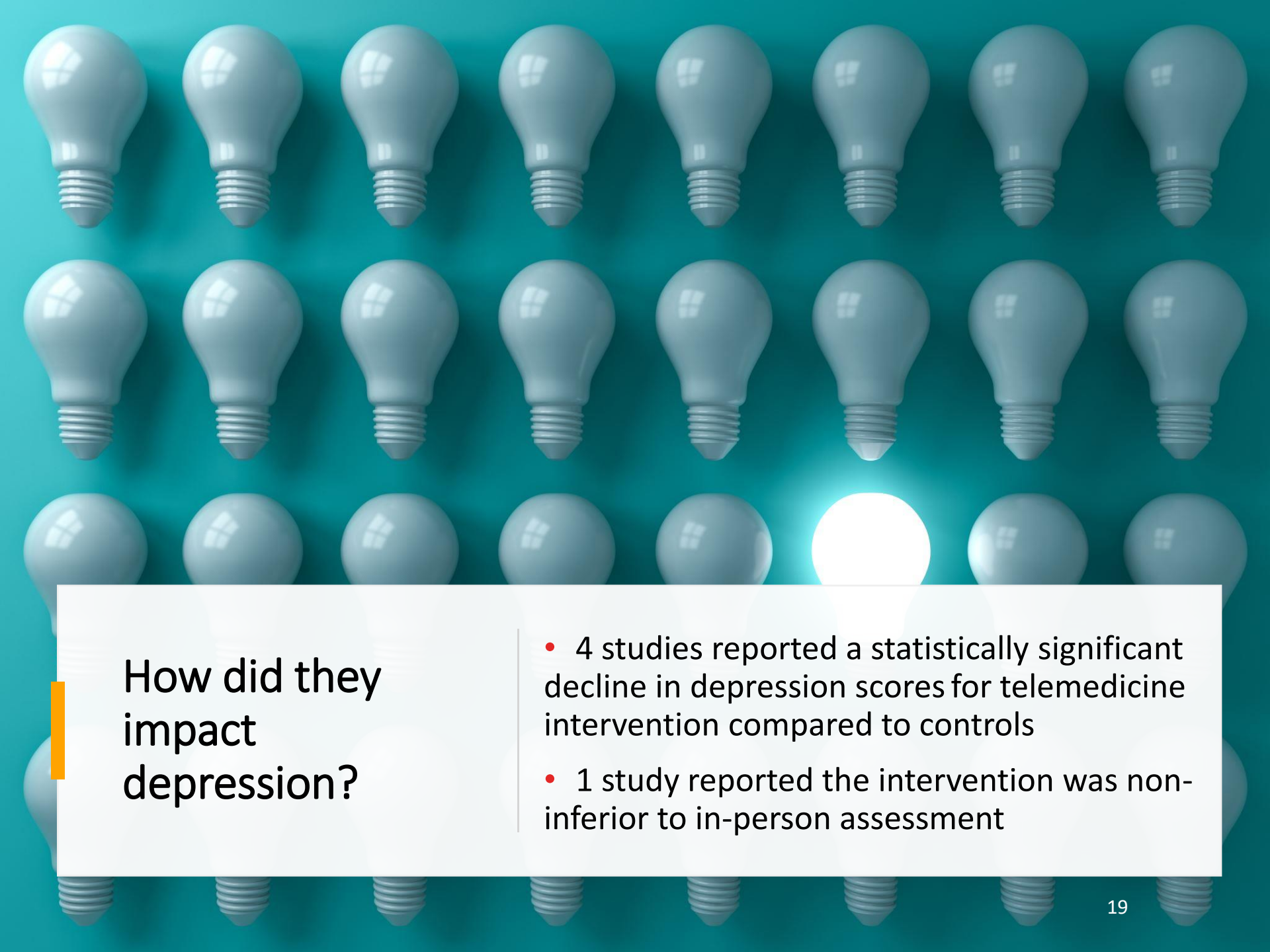
Internet

- Cognitive behavioural therapy (CBT)
- CBT + orientation + clinician guidance
- CBT + orientation session
- Tailored CBT + clinician guidance
- CBT+ clinician guidance



Cognitive Behavioural Therapies Used

- Problem Solving
- Behavioural Activation
- Mindfulness
- Interpersonal Therapy
- Psychoeducation



How did they impact depression?

- 4 studies reported a statistically significant decline in depression scores for telemedicine intervention compared to controls
- 1 study reported the intervention was non-inferior to in-person assessment

What does this mean?

In our initial rapid review we identified at least 5 interventions that are as or more effective than their comparator (e.g. usual care)

Implications

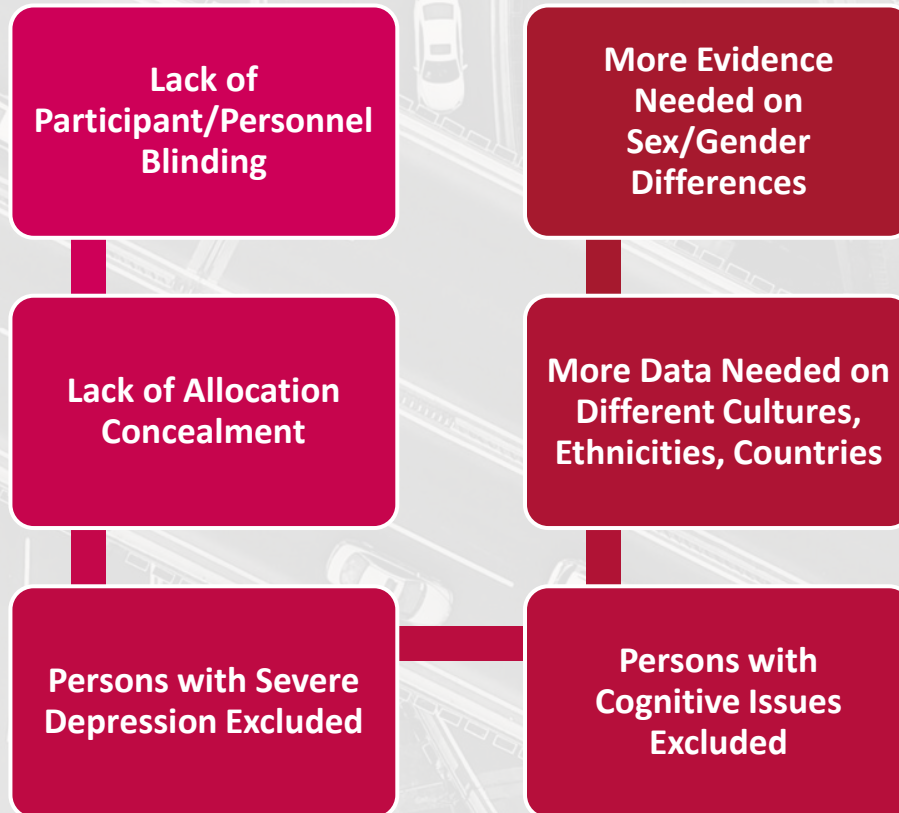
- We need to use telemedicine to help older adults manage with increasing depression and depressive symptoms
- Cognitive behavioural therapy has been an effective therapy for older adults – and appears to be effective via phone or internet

Barriers to Telemedicine

- High degree of satisfaction
- Few Barriers
- Need to adapt to telemedicine by health care providers
- Remote options in rural areas are lacking
- May not be covered in existing health plans



Limitations and Gaps in Research



Next Steps

01

Finalize: Complete the review of all telemedicine intervention for older adults for depression.

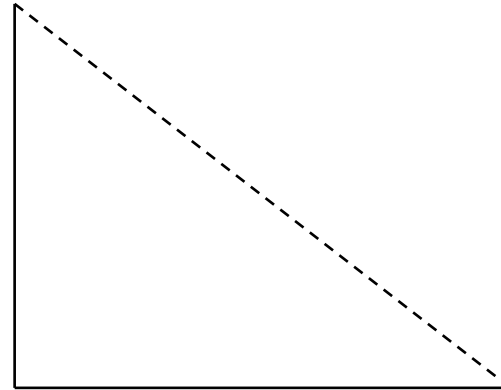
02

Analyses: analyses of comparative effectiveness for telemedicine interventions for depression.

03

Compare: Look at how telemedicine interventions compare to other interventions for depression.

Exercise

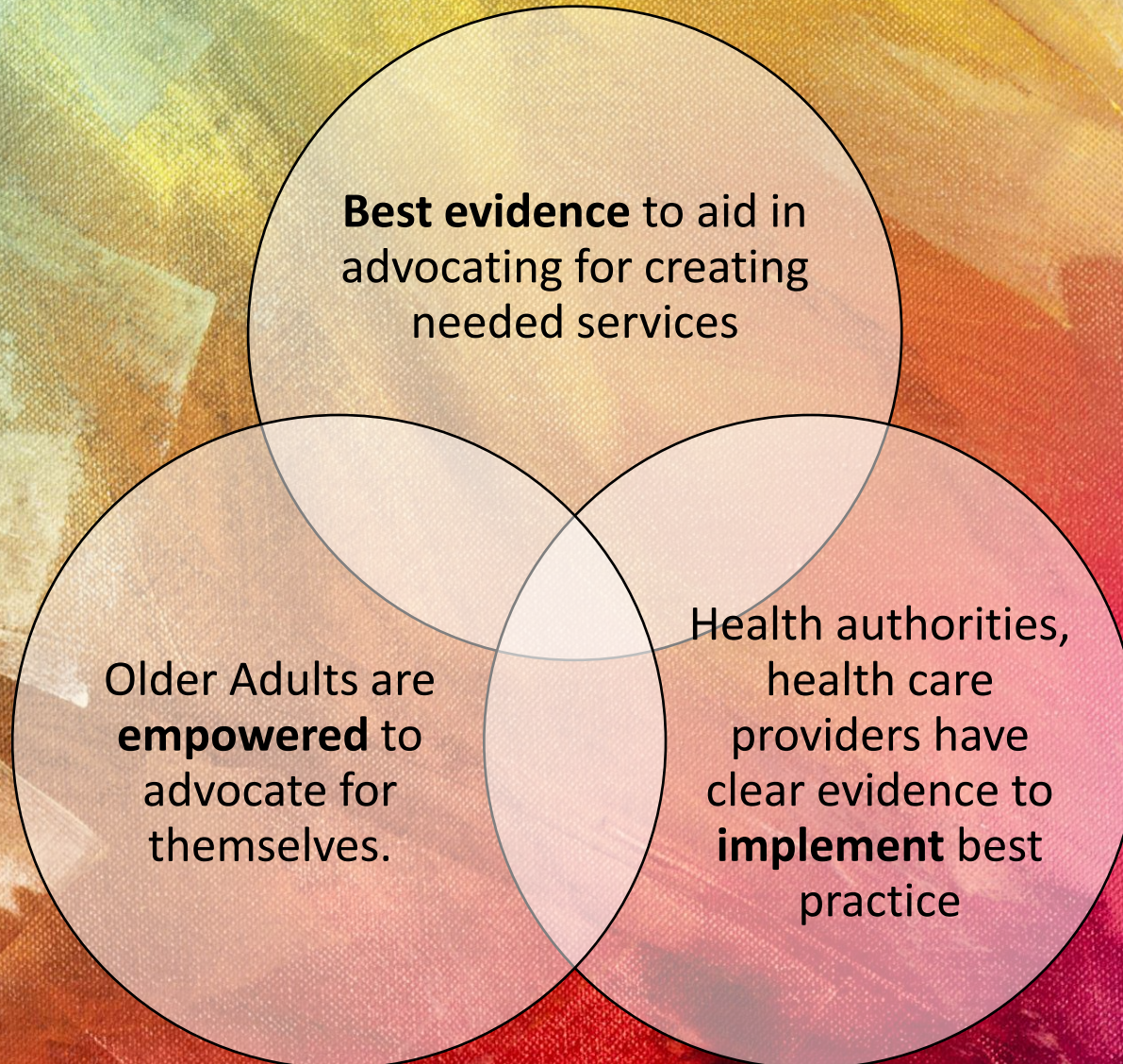


Usual Care

Psychotherapy

Network Meta-Analysis

Impact to Older Adults



Key Messages

- COVID-19 pandemic has forced us to consider implementing remote therapies
 - Given the availability of providers who are trained to conduct cognitive behavioural therapy, remote therapy tailored to the needs of older adults could be offered.
 - Further analysis are required before findings of these RCTs can be implemented successfully in local health authorities.
-



Crisis Resources

- The new Canada Suicide Prevention Service (CSPS), by Crisis Services Canada, enables callers anywhere in Canada to access crisis support by phone, in French or English: toll-free 1-833-456-4566 Available 24/7
- <https://www.crisisservicescanada.ca/en/>
- <https://thelifelinecanada.ca/help/crisis-centres/canadian-crisis-centres/>
- <https://suicideprevention.ca>
- <https://www.mentalhealthcommission.ca/English/what-we-do/suicide-prevention>

Resources to Access Nationally

- <https://ccsmh.ca/projects/depression/>
- <http://www.camh.ca/en/health-info/guides-and-publications/depression-in-older-adults>
- <http://www.camh.ca/-/media/files/community-resource-sheets/older-adults-resources-pdf.pdf?la=en&hash=0314D37A272B71EB18FA9235A8DC66C4BC67FCAC>
- <https://letstalk.bell.ca/static/public/downloads/gethelp/en/depression-seniors.pdf>
- <https://ontario.cmha.ca/mental-health/>
- <https://www.mentalhealthcommission.ca/English/what-we-do/seniors>
- <https://www.cihi.ca/en/canadian-seniors-and-mental-health>
- <https://www.healthlinkbc.ca/health-topics/ug5127>
- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/resources-older-adults-caregivers.html>