

Top tips: Diagnosis and management of common mental health problems in older people

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Background

Depression and anxiety are common in older adults but are often under-diagnosed in primary care. They cause considerable suffering for the individual and families, poorer outcomes for physical health problems, higher rates of referrals to social care services, and are risk factors for suicide. Older adults attend regularly for physical health problems such as frailty and long-term conditions (LTCs). Primary care therefore plays an important role in detecting and treating mental health problems.

To support GPs' and primary healthcare professionals' diagnosis and management of common mental health problems in older people, a comprehensive guide - [Mental Health in Older People: A Practice Primer](#) - has been published by NHS England and NHS Improvement. All of the tips in this document should be read in conjunction with the Practice Primer.

The Top Tips

1. Depression is the most common mental illness in older age, affecting at least one in five older people in the community, and 30 to 40 percent of older people in hospitals and care homes. Anxiety disorders are present in one in twenty people and very frequently along with depression.
2. Common risk factors of depression and anxiety include physical health conditions, loss and bereavement, loneliness and social isolation, being a carer, and alcohol and drug use.
3. Depression and anxiety are common in people with a long-term condition such as diabetes, heart disease, dementia, Parkinson's Disease, Chronic Obstructive Pulmonary Disease (COPD), musculoskeletal conditions and frailty. Depression can be associated with conditions such as pain, hypothyroidism, vitamin deficiency, hypercalcaemia and constipation. Hyperthyroidism can present with anxiety symptoms.
4. Mood problems can be side-effects of prescribed medication including beta-blockers, corticosteroids, benzodiazepines, levodopa, anticonvulsants and anticholinergic drugs. Depression and anxiety are often associated with alcohol use. Drinking may increase in older age, often precipitated by psychosocial factors (including bereavement, retirement, boredom, and loneliness), physical or mental illness, or memory difficulties.
5. Older adults with LTCs, including frailty, attend their general practice regularly, but are often reluctant to disclose symptoms related to mental ill-health, so case-finding questions can help identify potential cases of depression (Box 1.)

During the last month, have you often been bothered by feeling down, depressed or hopeless?

During the last month, have you often been bothered by having little interest or pleasure in doing things?

Tsoi KKF, Chan JYC, Hirai HW, Wong SYS. (2017) [Comparison of diagnostic performance of Two-Question Screen and 15 depression screening instruments for older adults: systematic review and meta-analysis](#). The British Journal of Psychiatry 1-6. doi: 10.1192/bjp.bp.116.186932.

6. Depression, delirium and dementia can sometimes be difficult to differentiate. Obtain a collateral history, check for reversible organic causes, and conduct a short memory assessment. For people with more complex presentations, seek specialist advice. Consider the need for physical examination and blood tests in new presentations of depression and anxiety in older adults.
7. Depression in older adults is a risk factor for suicide: 20% of all suicides occur in people over the age of 65.
8. Self-harm is more often fatal in older adults. Overdose is the main form of self-harm and suicide. This means prescribing is an important issue and GPs and other prescribers should be aware of prescribing toxic medications, such as tricyclic antidepressants (TCAs) and opiates, to older adults with a history of self-harm.
9. Management of people with anxiety and depression should follow a stepped care approach, as advocated by the National Institute for Health and Care Excellence (NICE). This includes the offer of psychological therapies, and may include antidepressant medication, and social support. Psychological treatments are the mainstay of therapy in anxiety disorders. Psychological therapies are underused in older people but can be very effective and offer a safe alternative, especially in people on multiple medications or with multiple co-morbid conditions. Since April 2018 all clinical commissioning groups (CCGs) have been expected to expand Improving Access to Psychological Therapies (IAPT) by commissioning IAPT services integrated into physical healthcare pathways as part of the IAPT-LTC programme. This could be particularly beneficial to older people who commonly live with LTCs.
10. The stepped care approach to management of depression and anxiety is shown below:
 - a. **Active monitoring' with advice about alcohol, sleep, activity**
 - b. **Offer of referral to IAPT for psychological therapies (and support with self-referral)**
 - c. **With antidepressants 'start low and go slow'. Sertraline or mirtazapine are preferred first-line agents in older adults due to their safer cardiovascular disease profile**

- d. **Consider social prescribing options, including via a social prescribing link worker**
- e. **Always offer follow-up for older adults with anxiety and depression.**

References

1. Beatrice Tooke, Lina Aimola, Oliver Corrado, et al (2018), [Survey of Depression Reporting in Older Adults Admitted to Acute Hospitals](#), Royal College of Psychiatrists, College Centre for Quality Improvement
2. Age UK (2016), [Hidden in plain sight – The unmet mental health needs of older people.](#)
3. A Practice Primer on Mental Health in Older People for primary care staff.
<https://www.england.nhs.uk/wp-content/uploads/2017/09/practice-primer.pdf>

For patients:

1. Age UK has a free guide, *Your Mind Matters: Thinking about your mental health*, produced with and for older people, on what can affect mental health and how to improve mental wellbeing in later life. For more information see: <https://www.ageuk.org.uk/information-advice/health-wellbeing/mind-body/mental-wellbeing/>
(Accessed July 2019)

Resources:

1. Advice for people and families and carers about mental health problems in older people: <https://www.mentalhealth.org.uk/publications/how-to-in-later-life/>
2. Advice about managing alcohol and substance misuse in older people: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-older-people>
3. The Royal College of Psychiatrists has an excellent short video explaining depression in a patient focused, understandable way: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/depression-in-older-adults>
4. Video of how IAPT psychological therapies can help older people with and without an LTC: <https://www.youtube.com/watch?v=GBQTyAQdNpQ>
5. Delirium: <https://www.rcn.org.uk/clinical-topics/older-people/delirium/delirium-champion>
6. Mental health: <https://www.rcn.org.uk/clinical-topics/mental-health>
7. Your Mind Matters: Thinking about your mental health (Age UK)
Age UK has a free guide, produced with and for older people, on what can affect our mental health and what can help to improve mental wellbeing. For more information see: <https://www.ageuk.org.uk/information-advice/health-wellbeing/mind-body/mental-wellbeing/>

(Accessed July 2019)