

Common Signs Point to Depression

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Weight loss, verbally abusive behavior, and moderate pain were all significant predictors of a new diagnosis of depression among nursing home residents.

Although studies have shown that depression affects 20%-55% of nursing home residents, the condition frequently goes unrecognized because of factors such as limited availability of formal psychiatric services, attribution of symptoms to physical ailments, and the tendency to see depressive symptoms as normal in residents. Developing a set of observable indicators of depression may facilitate earlier diagnosis and treatment by nursing home staffs, said Lorraine J. Phillips, PhD, RN, and her associates in a poster at the annual meeting of the Gerontological Society of America.

The data were taken from a sample of 13,588 nursing home residents who were among the 127,587 included in the Missouri Minimum Data Set (MDS) from Jan. 1, 2003, to March 31, 2005. The MDS is the federal system of periodic assessments of all nursing home residents' health and functional status, reported state by state and in a national database.

Among the study's inclusion criteria

were two sequential assessments 90 days apart (excluding admission and discharge assessments), age 65 years and older, no prior diagnosis of depression, and no severe cognitive impairment.

Mean age of the study population was 85 years, 74% were female, and 88% were white. More than 66% of residents were widowed, 19.5% were married, and 12% had never married. About 49% had less than a high school education.

Documentation of weight loss at the study's first assessment was associated with a significantly increased chance of being diagnosed with depression between the first and second assessments (odds ratio 1.68, P value less than .0001). Verbally abusive behaviors, such as threatening, screaming, or cursing at others, also predicted a depression diagnosis between the two study assessments (OR 1.44, $P = .0004$).

Moderate pain was a third significant predictor (OR 1.43, P less than .0001), reported Dr. Phillips of the Sinclair School of Nursing at the University of Missouri-Columbia, and her associates.

Conversely, frequent urinary incontinence was significantly associated with a lower incidence of depression (OR 0.70, P less than .0001). Post hoc analysis showed a correlation between incontinence and

cognitive impairment, suggesting that the lower incidence of depression being diagnosed in nursing home residents can be explained by cognitive impairment impeding the recognition of depression, the investigators said.

Never being married also predicted a lower incidence of depression (OR 0.66, $P = .0004$), as did age 95 and above (OR 0.70, $P = .0006$).

Among the residents with depression, only 12 had "excruciating" pain, a number too small for statistically significant analysis, the researchers noted.

AMDA President Charles Crecelius, MD, CMD, commented: "This study demonstrates what seasoned physicians and staff already know: Pain, weight loss, behavioral symptoms, and lack of social supports are all important clues in finding depression. How this can be diffused into the average or suboptimal home is unclear. The implementation of MDS 3.0 with the PHQ-9 scale will be a welcome addition, as it will be much more accurate in determining the presence of depression in both communicative and non-communicative patients."

Geriatrician Timothy Malloy, MD, CMD, of the University of Nebraska and a medical director in Omaha, said: "The presence of the symptoms dis-

cussed in this study should alert long-term care staff at least to consider if the resident is depressed. They then can conduct a depression assessment and alert the attending physician of their findings. ... The key is to get depression recognized in this population where patients virtually never tell their physician or anyone else in explicit terms that they, in fact, are sad and depressed."

G. Allen Power, MD, an Eden mentor at St. John's Home in Rochester, N.Y., observed: "Recognizing and treating depression in long-term care can be challenging for many reasons. It can be clouded by physical complaints that are attributed to medical illness, it can coexist with or be expressed as pain, it can be difficult to recognize when the resident has dementia, and the move to a nursing facility is personally disruptive."

Dr. Power pointed out that the current study involved a population with no known history of depression, so further study is needed in this area. "To the extent that depression occurred in this group, one has to question whether the nursing facility itself contributed to the symptoms," he said.

Miriam E. Tucker is a senior writer with Elsevier Global Medical News.

Therapy Is Effective, Safe In Elderly With Diabetes

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Monotherapy with the oral antihyperglycemic drug sitagliptin lowered blood glucose levels significantly, compared with placebo, and did not increase the risk for hypoglycemia in a study of 206 patients (aged 65-96 years) with type 2 diabetes.

The randomized, placebo-controlled, double-blind study was funded by Merck & Co., which manufactures sitagliptin under the name Januvia. Researchers from the Albert Einstein College of Medicine, New York, presented the results in a poster at the annual meeting of the Gerontological Society of America.

Of the 102 patients initially randomized to receive once-daily sitagliptin, 70 completed the 24-week treatment. Of the 104 randomized to placebo, 57 completed the study. The sitagliptin doses were 100 mg/day for people with normal kidney function and 50 mg/day for those with creatinine clearance rates of 30 mL/minute to 50 mL/minute.

Study participants had a mean age of 72 years and a mean baseline hemoglobin A_{1c} of 7.8%. Those using antihyperglycemic medications went through a washout period before the study.

At 24 weeks, patients receiving sitagliptin had an average 0.5-percentage-point reduction in HbA_{1c} from baseline, whereas patients in the placebo group had a 0.2-percentage-point rise. More

than twice as many patients who received sitagliptin reduced their HbA_{1c} levels to below 7.0%, with 35% of that group achieving that goal, compared with just 15% of the placebo group.

Patients with higher HbA_{1c} levels at baseline had the greatest improvements.

The 30 patients aged 75 years and older had similar HbA_{1c} responses to those of younger patients.

Reductions in mean 2-hour postmeal plasma glucose concentrations from baseline to week 24 were 61 mg/dL for the sitagliptin group and 27 mg/dL for the placebo group. Mean changes in body weight were losses of 1.1 kg for the sitagliptin group and 1.7 kg for placebo.

Drug-related adverse events occurred in 11% of the sitagliptin patients and in 9% of the placebo group. Abdominal pain, nausea, vomiting, and diarrhea occurred in 3% of sitagliptin patients and in 2% of placebo patients. Constipation occurred in 5% of the sitagliptin group and in none of the placebo patients.

There were no reports of serious drug-related adverse events or of hypoglycemia in either group.

Nir Barzilai, MD, an endocrinologist and director of the school's Institute for Aging Research as well as a diabetes clinic at Montefiore Hospital in New York City, led the research team.

Miriam E. Tucker is a senior writer with Elsevier Global Medical News.

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