Depression in the Asian Elderly

Learning Objectives

By the end of the workshop, participants will be able to:
• Describe common obstacles in the diagnosis and treatment of depression in the Asian elderly
• Describe cultural aspects of communication
• Understand key differentiating features between Major Depression and Dementia

Outline

Epidemiology
Obstacles to diagnosis
Cultural aspects of communication
Depression vs. Dementia
Outline

Epidemiology
- Obstacles to diagnosis
- Cultural aspects of communication
- Depression vs. Dementia

Case Vignette
An 80-year-old monolingual Chinese retired male plumber is brought in by his wife for evaluation of depression. What is the likelihood he is depressed?

Depression in Among Asian Americans

<table>
<thead>
<tr>
<th>Lifetime rates:</th>
<th>12-month rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.9% MDE</td>
<td>3.4% MDE</td>
</tr>
<tr>
<td>5.2% dysthymia</td>
<td>0.9% dysthymia</td>
</tr>
</tbody>
</table>

Survey of 1,747 adults, 18-65 years of age
Predictive factors: social stress, measured by past traumatic events and recent negative life events.


Depression in Among Aged Asian Americans

- Groups divided into 18-29, 30-49, 50-65
- Age 50-65 twice as likely to have depressive or dysthymic episode
- Immigration at age 41-65, three times more at risk for depression than 0-20, and two times 21-40.

Prevalence Rate of Depression in Chinese elderly (in China)

- Community-dwelling elderly: 11.6%
- Elderly medical inpatients: 18.1%

P<0.001


Depression in Among Aged Asian Americans

- Population Study of Chinese Elderly in Chicago (PINE) study,
- U.S. Chinese older adults aged 60 years and above, n = 3159
- phq-9


Depression in Among Aged Asian Americans

<table>
<thead>
<tr>
<th>Severity</th>
<th>PHQ-9 score</th>
<th>Prevalence in past two weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>1-4</td>
<td>37.3%</td>
</tr>
<tr>
<td>Mild</td>
<td>5-9</td>
<td>13.3%</td>
</tr>
<tr>
<td>Moderate</td>
<td>10-14</td>
<td>2.8%</td>
</tr>
<tr>
<td>Severe</td>
<td>&gt;15</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

3.5% of the participants had suicidal thoughts in the last 2 weeks.

Risk factors: Older age, being female, not being married, lower income, having been in the community for fewer years, lower overall health status, poorer quality of life, and worsening health status over the last year were positively correlated with any depressive symptoms.

Case Vignette
An 80-year-old monolingual Chinese retired male plumber is brought in by his wife for evaluation of "low energy". What is the likelihood he is depressed?
Very likely

Outline
Epidemiology
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Depression vs. Dementia

Common problems in evaluation and management of depression in the Asian elder:
• Co-morbid medical problems
• Interview barriers: linguistic, cultural
• Differentiating between depression and dementia
• Definition of depression and stigma
• Differentiating between major depressive disorder and "situational" depression
Common problems in evaluation and management of depression in the Asian elder:

- Co-morbid medical problems
- Interview barriers: linguistic, cultural
- Differentiating between depression and dementia
- Definition of depression and stigma
- Differentiating between major depressive disorder and "situational" depression

Case Vignette

A 81-year-old monolingual Vietnamese woman with recent heart attack presents in your outpatient clinic with depression for 4 weeks. She reports 5 pound weight loss, little energy or interest in life, poor sleep, feelings of worthlessness/hopelessness, and thoughts of death and suicide.

Case Vignette (continued)

She has been taking aspirin, atorvastatin, metoprolol, lisinopril for the past four weeks. She also uses zolpidem (Ambien) frequently to calm her nerves and for sleep. Her husband reports that her current depressive symptoms are very similar to the ones she experienced three years earlier when she was hospitalized for depression.

What are common causes of depressed mood?

Case Vignette (continued)

Discussion:

a. recent diagnosis (Adj rxn)
b. this could be a recurrence (MDD)
c. Due to a General Medical Condition
d. multiple medications can cause depression (Substance-induced Mood Disorder)
e. Overuse of zolpidem (Substance abuse)
Outline

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Depression vs. Dementia

Cultural Aspects of Communication

- Direct vs. indirect (video)
- Verbal vs. non-verbal emphasis (taking the history)

Joy Luck Club, 3min
https://youtu.be/WhtjwGZlaew
Elements of non-verbal communication

- Kinesics (eye contact, facial expression)
- Proxemics
- Paralanguage (silences, rhythm and time)
- Objectics
- Emotional Expressivity ("inhibited" or "repressed" in a cultural context)

[Links to nonverbal communication resources]

Outline

- Epidemiology
- Obstacles to diagnosis
- Cultural aspects of communication
- **Depression vs. Dementia**

Case Vignette

71yo man complains of poor memory and depressed mood.

How would you differentiate between dementia and depression?

<table>
<thead>
<tr>
<th>Major Neurocognitive Disorder</th>
<th>Cognitive impairment due to depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insight</td>
<td>Not aware</td>
</tr>
<tr>
<td>Course</td>
<td>Slow, often subtle (onset over months/years)</td>
</tr>
<tr>
<td>Social skills</td>
<td>Maintained</td>
</tr>
<tr>
<td>Memory</td>
<td>Loss of recent, not remote memory.</td>
</tr>
<tr>
<td>Effort</td>
<td>Fair</td>
</tr>
</tbody>
</table>

**Bottom Line:**
May not be distinguishable, or may be co-morbid.
Montreal Cognitive Assessment Test (MoCA)

Google: “Mocatest.org”

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Epidemiology

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Cultural aspects of communication

Depression vs. Dementia

San Francisco Bay Area Mental Health Resources

Richmond Area Multi-Services
3526 Balboa Street
San Francisco, CA 94121
(415) 668-5955
www.ramsinc.org
info@ramsinc.org

Chinatown/North Beach Mental Health Services
729 Fillmore Street
Ph: 415-352-2000

Asian Community Mental Health Services
519 - 8th Street, Suite 201
Oakland, CA 94607
(510) 451-6729
www.acmhs.org

On Lok Senior Health Services
1333 Bush Street
San Francisco, CA 94109
(415) 292-8888
www.onlok.org
info@onlok.org

References


Thank you!