USE OF ANTIDEPRESSANTS IN NURSING HOME RESIDENTS

A Joint Statement of the Members of the Long Term Care Professional Leadership Council (LTCPLC)

SUMMARY

The LTCPLC wishes to provide information and comment regarding the appropriate use of antidepressants in nursing home residents.

There are many appropriate indications for prescribing antidepressants. As with all other medications, antidepressants have both benefits and risks. It is reasonable to promote the careful use and periodic reconsideration of the need for antidepressants. The F329 Unnecessary Drug guidance encourages judicious decision-making for all medication categories, including antidepressants.

INTRODUCTION

In December, 2006, the Centers for Medicare & Medicaid Services (CMS) released an update of its "F329 - Unnecessary Drugs" guidelines for surveyors.[1] Among other things, these guidelines include additional categories of psychopharmacological medications—including antidepressants—to be considered for tapering.

This section of the surveyor guidance has elicited concerns from facilities, surveyors, and practitioners, including the following:

- longstanding pronouncements that depression is underdiagnosed and undertreated
- the possibility of inappropriate or abrupt tapering in individuals who may need long-term use
- the belief that the standard of care is to continue antidepressants indefinitely, not to taper them
- the potential for a survey deficiency related to the CMS quality indicator for the number of people in the facility with symptoms of depression on the MDS who are not receiving antidepressants.

The LTCPLC wishes to provide information and comment on the appropriate use of antidepressants in nursing home residents.

DIAGNOSIS OF DEPRESSION

The diagnosis of depression should be made carefully, based on established guidelines.

Sadness and anxiety—for example, as a result of personal loss, serious illness, or other difficult situations—are normal human emotions. Crying is often a normal human expression of sadness. Statements such as "I don't want to live" may deserve additional investigation, but do not by themselves mean that someone is depressed or has a condition or illness that warrants a medication.

There is a spectrum of mood disturbances and disorders. Any mood disturbance, including depression, may be enduring or limited. Symptoms of depression may range from major (severe symptoms, significant complications) to minor and/or uncomplicated. Extreme or overpowering emotions can be problematic if they interfere with normal function.

The diagnosis of depression has specific criteria (for example, as found in the Diagnostic and Statistical Manual of Mental Disorders / DSM-IV). The diagnosis should be made by qualified practitioners who use pertinent criteria and appropriate diagnostic approaches. This may—but does not necessarily—require psychiatric consultation.

Screening tools, such as the Geriatric Depression Scale (GDS), may be useful in evaluating residents who present with symptoms suggesting depression. But the results must be interpreted in light of all aspects of an individual's health and emotions.

Nursing home regulations and related materials and documents (including the Minimum Data Set [MDS] and RAPs [Resident Assessment Protocols]) do not provide enough information or guidance to permit the diagnosis of depression. Therefore, such diagnosis requires additional evaluation and careful review of all pertinent information.

Sometimes, medical conditions can cause extreme emotions, including depression, or may cause lethargy, weakness, or apathy, or other symptoms that resemble depression.[2] Concerns have been raised about possible overdiagnosis and overtreatment of mood and behavioral symptoms, including confusing normal emotions of everyday life with medical illnesses.[3] Careful assessment is needed to identify the cause of such symptoms, as a basis for appropriate interventions.

TREATMENT OF DEPRESSION

Treatment of mood disorders, including depression, should be broad-based.

There are appropriate indications for using antidepressants. There is also ample evidence that nonpharmacologic interventions are often successful in individuals with mood disturbances including anxiety and depression, especially in individuals with less complicated courses and intermittent symptoms.[4] Use of nonpharmacologic interventions should be considered in treatment of mood disorders, either alone or in combination with medications.

Some individuals with depression may need long-term maintenance therapy.

Many individuals with depression need, and benefit from, medication. Prolonged or even lifelong treatment may be indicated for some individuals, such as those with severe, complicated, or recurrent depression. Long-term maintenance therapy in select individuals may require the same dose that achieved a therapeutic response.

Antidepressants are not always needed indefinitely.

Even when antidepressants are prescribed appropriately, it is important to evaluate whether they are helpful, and to consider modifying the medication regimen if not effective or if problematic. Even when used successfully, it is often appropriate to try to taper such medications subsequently.

Sometimes, antidepressants may be initiated without adequate consideration of the diagnosis or alternative explanations for symptoms. For example, the common use of antidepressants as "appetite stimulants" is questionable. Their empirical use in individuals with anorexia or weight loss should be carefully controlled. Such use should not substitute for a careful investigation of potentially correctable medical and medication-related causes of decreased appetite. Many medications (including some antidepressants) may suppress appetite, directly or indirectly (by causing lethargy, confusion, dry mouth, etc.).

As with all other medications, antidepressants have both benefits and risks.

Overall, antidepressants have a relatively good safety profile, but they also carry significant risks. While newer antidepressants may have fewer side effects overall than older

ones, some risks are comparable. For example, the incidence of falls as an adverse consequence related to newer antidepressants is not appreciably different than with older ones. [5]

No medication class is “risk free.” As with all medications, patients receiving antidepressant therapy must be actively monitored for adverse events, and if present, further appropriate action (such as tapering) must be considered. Adverse consequences of antidepressants may not be identified if they are not sought or they are not recognized when they are seen.

Under certain circumstances, including use in combination with other medications, antidepressants can be related to serious, if not fatal, adverse consequences. For example, too much stimulation of certain brain chemicals can cause “serotonin syndrome,” which can masquerade as a viral or flu-like illness, cardiac disease, anxiety, neurologic disorder, or worsening of prior psychiatric symptoms.[6, 7, 8, 9]

REGULATIONS CONCERNING USE OF ANTIDEPRESSANTS

The CMS Quality Indicator for depression must be interpreted cautiously.

Rigorous application of the CMS Quality Indicator (QI) related to depression may have drawbacks relative to patient care. Having a symptom of depression does not represent a diagnosis. No one symptom proves that an individual is depressed or should receive a medication.

The MDS QI was developed as a screen at the facility level to evaluate whether individuals with depression are being identified and treated. However, some have misinterpreted it to imply that anyone who triggers with a symptom that could represent depression should receive medication.

Based on diagnostic considerations mentioned above, the MDS cannot diagnose depression, but only lists symptoms. Therefore, it is not appropriate to judge the quality of care simply based on the number of individuals who are (or are not) receiving antidepressants, without also evaluating whether other important considerations, such as those mentioned herein, have been addressed.

The F329 Unnecessary Drug guidance encourages judicious decision making.

Table 1 in F329 describes medication issues of particular relevance. The antidepressant section provides guidance on appropriate indications, choice of medications, adverse consequences, and monitoring. In addition, the guidance for F329 asks facilities to consider whether continued use of an antidepressant is indicated and whether a dose reduction might be appropriate. Tapering can be done in various ways, and does not have to result in abrupt discontinuation.

Some individuals will be candidates for attempted tapering. Others will need antidepressants indefinitely. Each resident must be assessed as to the proper duration of treatment and the risk of recurrent episodes of depression.

SUMMARY

Elderly residents of nursing homes should be appropriately evaluated for depression, using current diagnostic criteria. When an antidepressant is indicated, careful consideration concerning choice of medication, dose, and duration of treatment is essential.

The use of antidepressants should be governed by an understanding of the benefits and risks of these medications. Based on current knowledge and pertinent guidelines, there are times when antidepressants may be needed indefinitely and times when tapering or discontinuation may be appropriate.

ADDITIONAL RECOMMENDATIONS

The Council also recommends the following:

- Nursing home staff and practitioners should be educated about the appropriate diagnosis and treatment of depression. This should include the application of diagnostic criteria and clinical practice guidelines.
- State surveyors should likewise be educated about the appropriate use of antidepressants in elderly nursing home residents.
- Antidepressants should not be used routinely or indiscriminately to treat individual symptoms (e.g., decreased appetite, insomnia).
- Additional research should be conducted on the diagnosis and treatment of depression in the nursing home, considering such issues as appropriateness of diagnosis, use of antidepressants according to pertinent guidelines, and the broader impact of antidepressants (alone or in combination with other medications), including the incidence, recognition, and management of possible adverse consequences.

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