Antidepressant Use in Nonmajor Depression: Secondary Analysis of a Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), a Randomized Controlled Trial in Older Adults from 2000 to 2003

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ABSTRACT

Background: It is estimated that major depressive disorder affects 0.9% of community-dwelling older adults in the United States. However, as many as 18% of older US adults reportedly suffer from depressive symptoms that do not necessarily fit the criteria for major depressive disorder (eg, dysthmia, minor depression).

Objectives: The goals of this study were to describe patterns of antidepressant medication use in older adults with dysthymia or minor depression and to examine factors associated with the use of antidepressants at baseline.

Methods: This was a secondary analysis using cross-sectional data collected during a randomized controlled trial conducted from 2000 through 2003. It involved community senior service agencies and in-home visits in Seattle, Washington. Adults aged ≥60 years who had minor depression or dysthymia and were receiving services through community senior service agencies or living in senior public housing were included. Study participants were classified as users or nonusers of antidepressants. Prescription medication use in the past 2 weeks was assessed at baseline and 6 and 12 months. Medication name, dose, and directions were recorded from the medication label. Logistic regression was used to examine variables associated with baseline antidepressant use.

Results: A total of 138 patients (mean age, 73.0 years) were included; the majority of study participants were female (79.0%). Overall, 42.3% were nonwhite (34.3% black, 4.4% Asian, 1.5% American Indian/Alaskan Native, 0.7% Hispanic, and 1.5% other). At baseline, 36.2% of study participants (n = 50) were using antidepressants. Selective serotonin reuptake inhibitors were the most common class of antidepressants, used by 62.0%, 70.2%, and 71.1% of antidepressant users at baseline, 6, and 12 months, respectively. However, nortriptyline was the most common antidepressant at baseline, taken by 20.0% of antidepressant users. Use of other prescription medications was associated with antidepressant use at baseline.

Conclusions: We found antidepressant use to be low in these relatively poor, community-dwelling, ethnically diverse older adults with dysthymia and minor depression in 2000 through 2003, with 36.2% of participants using antidepressants at baseline. Antidepressant users were more likely to be taking other prescription medications than nonusers. (*Am J Geriatr Pharmacother.* 2008;6:12–20) © 2008 Excerpta Medica Inc.

Key words: dysthymic disorder, minor depression, antidepressant use.

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INTRODUCTION

Major depressive disorder is estimated to affect 0.9% of community-dwelling older adults in the United States.[1] However, as many as 18% of older US adults reportedly suffer from depressive symptoms that do not necessarily fit the criteria for major depressive disorder, such as dysthmia and minor depression.[1] Dysthymic disorder is categorized by a chronically depressed mood most of the day, for more days than not, for ≥2 years.[2] Minor depression, sometimes referred to as subsyndromal depression, is characterized by 2 to 4 depressive symptoms for ≥2 weeks.[2]

Dysthymia and minor depression in older adults are associated with significant disability, social stressors, concomitant medical conditions, poor health, and functional impairment.[3–5] Strong evidence to support the use of psychotherapy or pharmacotherapy in the treatment of minor depression and dysthymia in older adults is lacking, making formulation of clear-cut treatment guidelines difficult. Although some studies show improvement in depressive symptoms with the use of pharmacotherapy or nonpharmacotherapy options in these conditions, other studies have shown limited response.[6–8]

A set of expert consensus guidelines published in 2001 recommended a combination of antidepressant and psychotherapy treatment for dysthymia.[9] Before this, there was no consensus on the treatment of minor depression or dysthymia in older adults. A consensus was not reached for the general treatment of minor depression; however, for minor depression persisting for ≥2 months, combined psychotherapy and pharmacotherapy was recommended.

Little is known about patterns of antidepressant use in patients with dysthymia and minor depression. Published data that are available do not distinguish between major depressive disorder and minor depression or dysthymia. In addition, information about characteristics that predict antidepressant use may be helpful in examining quality of care in depressed older adults. The goals of the current study were to describe patterns of antidepressant medication use in older adults with dysthymia or minor depression and to examine factors associated with the use of antidepressants.

METHODS

Study Design and Sample

This was a secondary analysis of a randomized controlled trial conducted in Seattle, Washington, from January 2000 to May 2003.[10] The methods have been described in detail elsewhere.[10] Briefly, adults aged ≥60 years who received services through community senior service agencies or lived in senior public housing were recruited for study participation. A diagnosis of minor depression or dysthymia, based on criteria according to the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition) (*DSM-IV*), was required for study inclusion. Potential study participants were screened for eligibility by trained research associates using the Structured Clinical Interview for *DSM-IV* Axis I Disorders (SCID).[11] The University of Washington Human Subjects Review Committee approved the study.

Data Collection and Sources

In-home interviews were conducted by trained interviewers at baseline and 6 and 12 months. Sociodemographic information—including age, sex, present living situation (whether lived alone), race, educational status, and annual household income—were collected at baseline. The presence of 10 chronic medical conditions was assessed by asking participants if they had been diagnosed with or treated in the past 3 years for (1) pulmonary conditions (asthma, emphysema, or chronic bronchitis); (2) hypertension; (3) diabetes mellitus or high blood sugar; (4) arthritis or rheumatism; (5) hearing or vision loss; (6) cancer; (7) heart disease; (8) chronic pain problems; (9) stomach ulcer, chronic inflamed bowel, enteritis, or colitis; or (10) chronic bladder or prostate problems. Health status was collected by asking participants whether their health was excellent, very good, good, fair, or poor.[12] Needing assistance or being unable to perform 7 activities of daily living was assessed, including bathing, dressing, toileting, locomotion across the room, transferring from bed to chair, eating, and personal grooming. Baseline weekly exercise level was determined from the Community Healthy Activities Model Program for Seniors questionnaire.[13] Moderate exercise was defined as walking briskly, jogging, dancing, golfing, playing tennis, performing heavy housework, gardening, bicycling, swimming, or doing aerobics. Health care utilization was determined using the Cornell Service Index[14] at baseline and included outpatient medical visits, mental health visits, and hospitalizations in the previous 6-month period.

Antidepressant Use and Dosing

Prescription medication use was assessed at baseline and 6 and 12 months. Participants were asked to gather all medications taken in the past 2 weeks for the interviewer to review. Medication name, dose, and directions were recorded from the medication label. Medi-