Engaging Family and Friends to Support Depression Care in Older Adults: Bridging Formal and Informal Care

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Overview

- Integrating informal and formal care sectors to strengthen eldercare
- Public health importance of late life depression
- Mobilizing family as allies in late life depression care delivered in primary care settings
Background from US context

- Importance of informal networks in chronic disease management
  - 50% of 42 million family caregivers for older adults assist with medical issues
  - Family can facilitate care transitions
  - CARE Act led by AARP

- Geriatric workforce issues require new approaches ("task-sharing")

- Chronic illness impact on social networks
Bridging formal/informal divide

- Self-care, informal support and formal care all critical to support older adults
  - WHO report highlights informal support
- Bridging informal and healthcare sectors may improve efficiency and outcomes
- Activated social networks can increase demand for & extend primary healthcare
- Better support may lessen stress
Modified Chronic Care Model

COMMUNITY

- Build healthy public policy
- Create Supportive Environment
- Strengthen Community Action

HEALTH SYSTEM

- Self Management/Develop Personal Skills
- Delivery System Design/Re-orient Health Services
- Decision Support
- Information Systems

Activated Community
Informed Activated Patient
Prepared Proactive Practice Team
Prepared Proactive Community Partners

Productive Interactions & Relationships

Population Health Outcomes/
Functional & Clinical Outcomes

Depression

- More than having a bad day or a bad week
- Pervasive depressed mood / sadness
- Loss of interest / pleasure

Lack of energy, fatigue, poor sleep and appetite, physical slowing or agitation, poor concentration, *physical symptoms (aches and pains)*, irritability, thoughts of guilt, and *thoughts of suicide*

- A miserable state that can last for months or even years
Depression

- Common
  10% in primary care

- Disabling
  #2 cause of disability (WHO)

- Expensive
  50-100% higher health care costs

- Deadly
  Over 30,000 suicides / year
Depression is deadly
Older men have the highest rate of suicide.

Figure 1: Suicide in older men (per 100,000)

- Caucasian
- Hispanic
- African American

CDC Data, 2000-2004
Depression is often not the only health problem.

- Chronic Pain: 40-60%
- Geriatric Syndromes: 20-40%
- Depression
- Cancer: 10-20%
- Neurologic Disorders: 10-20%
- Heart Disease: 20-40%
- Diabetes: 10-20%
- Chronic Pain: 40-60%
- Geriatric Syndromes: 20-40%
- Depression
- Cancer: 10-20%
- Neurologic Disorders: 10-20%
- Heart Disease: 20-40%
- Diabetes: 10-20%
Efficacious treatments for late-life depression

- **Antidepressant Medications**
  - Over 25 FDA approved
  - All are effective in 40 - 50% of patients if taken correctly
  - It often takes several trials to find effective treatment
  - Patients need support during this time

- **Psychotherapy**
  - CBT, IPT, BA, PST, etc.

- **Other somatic treatments**
  - Electroconvulsive Treatment (ECT)

- **Physical activity / exercise**

Unutzer et al, NEJM 2007
Evidence-based models: IMPACT doubles Depression Care Effectiveness

50% or greater improvement in depression at 12 months

Significant gaps remain

- Only half are ‘recognized’
  - A particular problem for older men & minorities
    - “I didn’t know what hit me …”
    - “I am not crazy”
    - “Isn’t depression just a part of ‘normal aging?’”
    - “I hurt all over …”
    - “I just don’t have any energy … it’s my diabetes and my CHF”
    - “Wouldn’t you feel this way if you had lost your spouse?”

- Many who are treated remain symptomatic
- With optimal treatment 60-70% remitted
Frequency of depression and depression treatment in Mexican American (n=151) and white non-Hispanic men (n=187)

Hinton et al, 2012
Association of ethnicity with depression-treatment subgroups

Hinton et al, 2012
Systematic literature review LLD

(Archstone Foundation)

- Significant gaps in care remain
  - Access and quality issues
  - Vulnerable populations
  - Understudied settings

- Impactful directions to address gaps
  - Innovative approaches to bridging community and clinic to strengthen care
  - Workforce development
  - Cultural adaptations
One promising approach: engaging family as allies in late life depression

- Many family members already involved and present during primary care visits
- National survey found that many willing to support depressed but find it difficult
- Positive outcomes for other conditions
- Mobilizing family may improve depression engagement and outcomes
- Potential to reduce family stress
Obstacles

- EBMs (e.g. collaborative care) have not been adapted

- Patient level
  - Stigma, confidentiality, family dysfunction

- Primary care provider level
  - Time constraints, provider skills/training

- Policy/systems level
  - Reimbursement, trained workforce
Intervention development study

- Intervention development grant (NIMH R34)
- Collaboration with community clinic
- 3 Phases
  - Interviews with key stakeholders
  - Development of intervention manuals
  - Small randomized controlled trial to test feasibility and acceptability
- Generate pilot data for a larger randomized controlled trial
Intervention model

Family-based Intervention

Increased:
1. Self-efficacy
2. Social control
3. Instrumental support
4. Relational coordination

Enhanced:
1. Patient self-management support
2. Clinical communication & decision-making

Improved:
1. Clinical and functional outcomes for depression
2. Satisfaction with care
Components of family training

- Sessions between social worker, older adult, and family member focus on:
  - Developing a shared and negotiated understanding of depression and treatment
  - Learning skills to promote depression self-management
  - Communicating about depression
  - Making the best use of primary care visits
Conclusion

- Adapting and extending evidence-based models of depression care to include informal networks and other community partners
  - Family-based approaches are one example
- Other approaches: peer supports, community health workers, home care, social service agencies, social clubs
- Relevant for other diseases (dementia etc)
Thank You