Depression in Persons with Developmental Disabilities

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December 7, 2007

The Bottom Line

- “ Indeed, the professional who is in the habit of gathering nonverbal communications as meticulously as verbal ones will likely serve all of her/his patients more effectively.” Ruth M. Ryan, MD Handbook of Mental Health Care for Persons with Developmental Disabilities

Depression:
Some undisputed facts

- About 1 in 5 adults over age 18 have significant depression
- Depression is one of the 10 leading causes of disability in the United States
- Depression is frequently undiagnosed
- Depression is more likely to be overlooked in those with DD

Causes of Depression

- Biological vulnerability
- Psychological vulnerability
- Medical illnesses--stroke, heart attack, Parkinson's disease, cancer, thyroid disease, etc.
- Environmental factors--loss, poverty, victimization

Don’t forget

- Depression is a treatable condition in the general population
- It is also treatable among those with developmental disabilities

Depression According to DSM-IV

- Five or more of the following symptoms have been present during the same two week period and represent a change from previous functioning
- At least one of the symptoms is depressed mood OR loss of interest or pleasure

Symptoms

- Depressed mood (feeling sad or empty) most of the day, nearly every day, by client report or by observation.(Patient is tearful)
- Irritable mood is commonly seen in children, adolescents, and people with developmental disabilities
- Markedly diminished interest or pleasure in most activities

Symptoms

- Significant weight loss when not dieting or weight gain; significant change in appetite nearly every day
- Insomnia or hypersomnia
- Changes in motor behavior: agitation or slowing
- Fatigue or loss of energy

Symptoms

- Feelings of worthlessness or extreme guilt
- Diminished ability to think or concentrate; indecisiveness
- Recurrent thoughts of death or suicide; suicide plan or attempt

How to find out

- Be aware of your own reactions to patients
- Ask the question: “When was the last time you felt happy?”
- Draw faces and ask client to point to the drawing that says how she/he feels.

How to find out

- Is client doing what he/she normally does during the day?
- Is it harder for staff to encourage client to participate?
- Does client complain that he/she doesn’t feel like doing things anymore?

How to find out

- Have client's eating habits changed?
- Is client now considered "uncooperative" around food?
- Is team monitoring sleep? Is there a change?
- How many hours a night is the client in bed?
- How many hours a night is the client asleep?

How to find out

- Is “agitation” or “irritability” being confused with “aggression”?
- Is being slowed down being called uncooperative?
- Is the client responding more frequently with “I don’t know?”

How to find out

- Is the client giving away or destroying possessions?
- Is the client apologizing for everything?
- Is it taking forever to finish tasks?
- Is the client letting others take charge?
- Is the client unable to make choices?

How to find out

- Is there an increase in self-injurious behavior?
- Is the client talking more about loved ones who have died?
- Is the client re-experiencing losses as if they had just happened?
- Is there an increase in somatic concerns?

Some points to remember

- Develop your ability to communicate with someone who doesn’t communicate well
- The relationship you develop with your client is crucial
- Collect information from a variety of sources and different life arenas
- Your relationship with many staff is crucial, too!

Additional Points

- Nothing beats a good history
- Get family history of mood disorders and treatment.
- Get patient and family history of alcohol and substance abuse
- Abuse history--formerly institutionalized patients are at very high risk!

Treatment

- **Psychotherapies**
- Cognitive therapy--helps client change negative thoughts and beliefs
- Behavioral therapy--guided practice, education to help change negative behavior and reinforce positive behavior

Treatment

- **Medications**
- SSRI’s---Most often tried first
- Venlafaxine
- Bupropion
- Nefazadone and trazodone
- Mirtazapine
- TCA’s’ and MAOI’s

Beware of Side Effects

- Gastrointestinal--most common reason for stopping meds--nausea, diarrhea, heartburn
- Nervous system--jitters, restlessness, headache, sedation
- Sexual problems--affects all phases of sexual arousal
- Discontinuation syndrome --decrease medication slowly

Addressing suicidality

- Suicidal thoughts should always be taken seriously
- Clients can hurt themselves severely even when under constant supervision
- Don’t misinterpret suicidal behavior as “manipulative”
- Help staff address suicidal issues

Working with Staff

- Help staff understand how they can best carry forth treatment plan
- Help staff see their tremendous importance in getting information, encouraging client, keeping logs, monitoring meds, keeping client safe
- Help coordinate same message among all agencies that work with client

Additional Therapies

- Expressive therapies can be very helpful for people who have trouble expressing themselves verbally.
- Art therapy
- Dance/movement therapy
- Hippotherapy