Depression in Persons with Developmental Disabilities

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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