DICE APPROACH FOR BEHAVIORAL AND PHARMACOLOGIC TREATMENT OF DEPRESSION

DESCRIBE

Symptoms overlap with behavioral symptoms of dementia. Depressed mood may not be evident in older patients with major depression. Consider the following in older patients: anxiety, insomnia, anorexia, irritability, anger/hostility, insecurity, paranoia, etc.

Presenting symptoms: Depressed mood, tearfulness, anxiety, anhedonia, anorexia, weight loss, insomnia, hypersomnia, irritability, pessimism, suicidal ideation, somatic preoccupation, decreased concentration, psychomotor slowing, social isolation, psychosis.

INVESTIGATE (ASSESS)

- **Evaluate** underlying medical causes including medication side effects; work-up significant cognitive impairment/ dementia.
- **Do not assume** cognitive impairment is solely due to depression.
- **Evaluate for the following:** social/family support, past psychiatric and substance abuse history, family mental health history.

CREATE (TREATMENT)

Educate - patient and family; provide psychosocial interventions to support both patient and caregivers.

Medication - Antidepressant medication should be started at low dose and increased slowly. Preferred antidepressant in older adults include sertraline, citalopram, escitalopram

Psychiatric consultation - consider in context of severe depression, failure to thrive, psychosis, suicidal ideation, history of major psychiatric illness (eg. bipolar disorder, schizophrenia, past suicidal attempts, severe agitation, etc.)

EVALUATE (AND RE-EVALUATE)

Gather information - from caregivers and patient; use rating scales to track response to treatment.

Medication response - Evaluate for side effects of medication within 2 weeks and efficacy within 3-4 weeks.

Evaluate for consultation - Worsening symptoms or adverse effects of treatment (worsening cognitive symptoms, increased agitation, worsening insomnia, new suicidal ideation, etc.) should lead to psychiatric consultation.