

# In the Mood



A Newsletter for the Friends of the Fuqua Center for Late-Life Depression  
Wesley Woods Center of Emory University



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APPROXIMATELY ONE IN TEN AMERICANS WILL SUFFER FROM DEPRESSION SOMETIME IN THEIR LIFE AND, OF THIS GROUP, LESS THAN 2/3 WILL EVER RECEIVE APPROPRIATE TREATMENT. The Fuqua Center is actively addressing the reasons that so few people are treated with initiatives that seek to decrease the stigma associated with depression and increase public awareness.

However, if you are reading this article, chances are you already have a personal understanding of depression either as one who suffers from the illness or serves as a caregiver of a loved one with depression.

Twenty percent of patients treated for depression will fall into a treatment resistant depression category. Approximately 75% of Fuqua Center patients are referred for treatment resistant depression. Many of these patients will have a complete response to alternative treatments such as electroconvulsive therapy (ECT). In fact, up to 80% of elderly patients with treatment resistant depression have a full remission of symptoms after a course of ECT.

Yet ECT is not for everyone and researchers at the Emory Department of Psychiatry are investigating several new treatments. Phil Ninan, who is nationally known for his work

in medications to treat treatment resistant depression, was an investigator in the trial of Vagal Nerve Stimulation (see article in this issue). Another promising treatment is Transcranial Magnetic Stimulation (or TMS), and Drs. Holtzheimer and McDonald are investigating the use of TMS in treatment resistant depression with a grant from the National Institute of Mental Health. Dr. Holtzheimer is also using magnetic resonance imaging (MRI) to study the brain in older patients with depression – the ultimate goal is to identify imaging “markers” that may predict treatment resistant depression earlier.

Research may not allow us to eliminate treatment resistant depression, but these efforts have the potential to improve the treatment and lives of the millions of Americans who suffer from depression.

## SYMPTOMS OF DEPRESSION

- :-( **Feeling sad or numb**
- :-( **Crying easily or for no reason**
- :-( **No interest or pleasure in things you used to enjoy**
- :-( **Feeling slowed down or feeling restless and irritable**
- :-( **Feeling worthless or guilty**
- :-( **Change in appetite; unintended change in weight**
- :-( **Trouble recalling things, concentrating or making decisions**
- :-( **Headaches, backaches or digestive problems**
- :-( **Problems sleeping, or wanting to sleep all of the time**
- :-( **Feeling tired all of the time**
- :-( **Thoughts about death or suicide**





## Fuqua Center for Late-Life Depression Director's Note

### Who to call



To reach the Fuqua Center, please call (877) 498-0096.

For appointments, ask for DeAngelia Igodan.

For information on ECT, ask for Tom Maxwell.

For information on depression or community education, and/or community clinical services ask for Nancie Vito.

For telemedicine, ask for Eve Byrd, FNP.

For newsletter comments or inquiries, ask for DeAngelia Igodan.

For research opportunities, ask for Ron Chismar.

For information about Transitions Senior Program, a day treatment program at Wesley Woods, please contact Ed Lawrence at (404) 728-6975.

CHECK OUT OUR WEBSITE: <http://www.emoryhealthcare.org/departments/fuqua/>

As you may have read in the press, TWO OTHER WARNINGS ABOUT MEDICATIONS HAVE BEEN ISSUED BY THE FOOD AND DRUG ADMINISTRATION (FDA). The first is for an increased risk of suicide in adults taking antidepressants (<http://www.fda.gov/cder/drug/advisory/SSRI200507.htm#cq/sg>). There has already been quite a bit of coverage of the warning that children taking antidepressants may have small but measurable increased risk of suicide, and now the FDA has also issued a warning about adults. Doctors should be particularly aware of the small subset of patients who can get agitated, anxious and (rarely) hostile when starting antidepressants.

The second warning was of particular concern for those of us treating patients with dementia (including Alzheimer's disease) and agitation. Presently there is no FDA approved treatment for patients with dementia who become agitated, hostile and at times difficult to manage. This behavior occurs particularly at night (the so called "sundowning syndrome"). I have found clinically that the atypical antipsychotics (e.g., risperidone or Risperdal®, quetiapine or Seroquel®, olanzapine or Zyprexa®, ziprasidone or Geodon® and aripiprazole or Abilify®) can be very effective in low doses to help treat this agitated behavior. The FDA has now issued a warning about using these drugs in patients with dementia saying that there is an ~ 1.6 times increased risk of death from all causes in patients on these drugs compared to placebo ([www.fda.gov/cder/drug/advisory/antipsychotics.htm](http://www.fda.gov/cder/drug/advisory/antipsychotics.htm)). They do not cite a cause for the increased risk. Patients and care providers should also recognize that there are risks to not treating agitation and potentially violent behavior in patients with dementia: patients may cause harm to themselves or others, and patients may not be able to stay in their current living situation if their behavior is not better managed.

What should you do? As yet the American Association of Geriatric Psychiatry has not issued a statement regarding how clinicians should manage patients on these medications. It is best to follow the axiom of talking with your doctor and weighing the risks and benefits of treatment.

—William M. McDonald, M.D., Director, Fuqua Center for Late-Life Depression

## Referral Network Spotlight: Nancy L. Kriseman, LCSW

NANCY KRISEMAN, LCSW HAS SPECIALIZED IN WORKING WITH OLDER ADULTS AND THEIR FAMILIES FOR THE PAST 22 YEARS IN ATLANTA. She is the founder and president of Geriatric Consulting Services, Inc., where she is dedicated to ensuring that elders and their families receive compassionate counseling, along with the most current information about the services and options available to them. She also provides educational training for professionals on eldercare issues. The quality training she provides helps people feel more connected to their work, value the work they do and provide compassionate loving care to the elders with whom they work. Her passion for working in the field of aging and

her desire to help improve the way we care for elders in this country is apparent.

Her new book, **The Caring Spirit Approach to Eldercare: A Training Guide for Professionals and Families** emphasizes the spiritual aspects of caring for elders and offers insight into the challenges of eldercare. Ms. Kriseman believes that the spirit of the elder and caregiver must be both nourished and valued. For more information, visit [www.geriatricconsultingservices.com](http://www.geriatricconsultingservices.com) or contact Ms. Kriseman at (404) 881-0313.





## Community Education

### Fuqua Referral Network

The Fuqua Center Referral Network has grown! Visit our website at <http://fuqua.emoryhealthcare.org> for resources in your area!

### Depression Training for Employees of Six Regional Agencies on Aging

In partnership with the Georgia Department of Human Resources, the Fuqua Center is proud to have contracted with six regional Area Agencies on Aging in order to provide depression training for their employees. Eve H. Byrd, MSN, MPH, RN, FNP will provide training for care coordinators who work with the Community Care Services Program (CCSP), a program that helps Medicaid-eligible people who are elderly and/or functionally impaired to continue living in their homes and communities.

This state-run program provides a range of community-based services which delay or avert nursing home placement. Because CCSP clients have chronic diseases and multiple medical problems, they have a high risk for developing depression. CCSP care coordinators will be trained in depression to recognize symptoms, screen for and understand treatment options, and monitor treatment effectiveness. The Fuqua Center has already provided depression training for the CCSP care coordinators in the Atlanta area, and southwest and southeast Georgia. In June 2005, the Fuqua Center began a series of trainings in: Georgia Mountains, Northeast Georgia, Southern Crescent, Heart of Georgia, Coastal and Central Savannah River Area. We are excited to be able to collaborate with state resources in order to reach a large number of at-risk people in the community.

## Treatment Options: Vagus Nerve Stimulation

VAGUS NERVE STIMULATION (VNS) IS AN ESTABLISHED TREATMENT FOR TREATMENT-RESISTANT EPILEPSY THAT MAY ALSO HELP TREAT TREATMENT-RESISTANT DEPRESSION. With VNS, an electrical stimulator is connected to a patient's left vagus nerve and attached to a programmable pulse generator implanted under the skin of the patient's chest. The vagus nerve connects directly to the brain and is important in the functioning of the heart, lungs, gastrointestinal tract and other internal systems. Stimulation of the vagus nerve likely modifies the release of neurotransmitters throughout the brain. An early open-label study (with no placebo control group) suggested that VNS was effective in treating depression in patients that had not responded to multiple adequate trials of antidepressant medications. A follow-up study using a placebo control group failed to show any benefit for VNS after 12 weeks of treatment. However,

patients receiving VNS continued to get better over time, and the antidepressant response rate after one year of treatment was better than in a similar group of treatment-resistant depressed patients that had never received VNS.

VNS is currently approved by the Food and Drug Administration (FDA) for the treatment of treatment-resistant epilepsy. In February 2005, the United States FDA determined that VNS was "approvable" for the long-term adjunctive treatment of patients 18 or over with chronic or recurrent depression that had not responded to at least four adequate antidepressant medication treatments. The "approvable" ruling means that VNS will be conditionally approved for the treatment of depression as long as Cyberonics, Inc. (the company that makes the device) meets FDA requirements. VNS is not yet available for patients with depression, and it is not clear if or when it will be available at Emory University.



Bookmark it! <http://fuqua.emoryhealthcare.org>



## Research Participation Opportunities

THE FUQUA CENTER IS NOW ENROLLING PATIENTS FOR AN ONGOING RESEARCH STUDY USING A NON-INVASIVE, NON-MEDICATION TREATMENT FOR DEPRESSION (transcranial magnetic stimulation [TMS]). To be included, patients should have Major Depression that has not responded to antidepressant medications, be 21-70 years old, be willing to discontinue current antidepressant medications and have no other major medical or psychiatric illness. Participation is free and responders to TMS treatment will be eligible to receive free medications during a 6-month follow-up study. For more information, please contact Sarah Harris, RN at (404) 728-6470.

THE FUQUA CENTER IS PARTNERING WITH RESEARCHERS AT DUKE UNIVERSITY AND THE UNIVERSITY OF MISSISSIPPI TO STUDY THE LINK BETWEEN STRUCTURAL AND BIOLOGICAL CAUSES OF DEPRESSION. Interested subjects must have no major psychiatric disorder, past or present, other than depression and must agree to have an autopsy upon death. For more information, please contact Kimberly Beyer at (404) 728-6957.

## The Open Road: America Looks at Aging

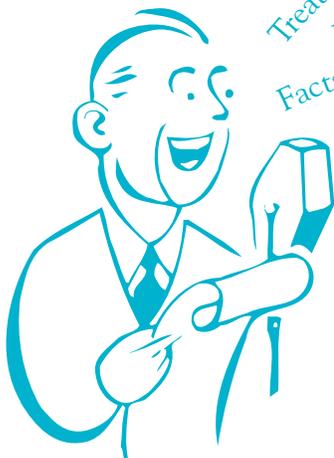
In July, a new public television documentary will air focusing on Baby Boomers and the opportunities and obstacles America will face as they near retirement age. Contact your local PBS station or visit [www.firstrunfeatures.com](http://www.firstrunfeatures.com) for more information.

EMORY HEALTHCARE

### Fuqua Center for Late-Life Depression

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<http://www.emoryhealthcare.org/departments/fuqua/>



Treatment options  
How to learn more  
Facts about depression