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HealthLine

Focus on Depression

By Zachary Snodgrass, Carrie Allen, and Allen Lefkovitz

Up to 51% of nursing home residents are diagnosed with depression. Depression is common among older adults, especially those with multiple comorbidities. In addition to multiple comorbidities, other common risk factors for depression in older adults include declining health, chronic pain, loss of friends and family, grief, decreased independence, and isolation. The restricted access to social resources, family and friends, and social events during the COVID-19 pandemic has greatly increased the prevalence of depression and other mental health issues in our residents and in the general population.

Intermittent feelings of sadness, anxiety, and hopelessness can be normal throughout life, but depression should not be seen as a normal part of aging. When an older adult shows persistent depressive symptoms, it is not normal, rather, it is a sign that they should be screened for depression. Various assessment tools can assist in identifying the symptoms and severity of depression (e.g., the Patient Health Questionnaire-9 , the Geriatric Depression Scale). Additionally, it is important that everyone, including front-line staff (e.g., nurses, nursing assistants, medication technicians, activities directors), understands these concepts and is familiar with common symptoms of depression.

Loss of interest or pleasure in activities	**Peristent irritability, sadness, anxiety, or apathy**	**Changes in appetite (increased or descreased)**	**Changes in sleep (insomnia or sleeping more than usual)**
Decreased energy or fatigue, moving or talking more slowly	**Pain or digestive problems without a specific cause and/or that are unresponsive to treatments**	**Difficulty concentrating or remembering**	**Expressing thoughts of suicide, hopelessness, or pessimism**

After someone is diagnosed with depression, they may be prescribed an antidepressant. However, there is no medication that will completely alleviate factors that contribute to, or exacerbate, depression. For example, no antidepressant can cure boredom, feeling useless, a lack of autonomy, isolation, or grief. Therefore, nonpharmacological interventions should always be a part of treating depression. Numerous nonpharmacological treatment options exist, and more than one is usually needed. Common examples include:

- Utilizing cognitive-behavioral therapy, group therapy, coping skills, or support groups
- Participating in activities (e.g., games, gardening, art classes, baking, book clubs, animal therapy, exercise)
- Personalizing living spaces and surroundings (e.g., pictures, music, colors and textures, plants)
- Promoting socialization, help the resident find things to look forward to by setting goals

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Some people may assume that residents with cognitive impairment will not benefit from these types of interventions, but the opposite is true; the interventions merely need to be personalized and tailored to a resident's likes and capabilities. Individualized nonpharmacological interventions are impactful, especially on symptoms of worthlessness, loss of motivation, and boredom. Just like medications, nonpharmacological interventions need to be assessed for effectiveness on an ongoing basis and modified as appropriate.

Antidepressant therapy may benefit residents experiencing persistent symptoms of depression despite nonpharmacological interventions. But it is important to realize that the effects of antidepressants are not immediate. Some people may start to feel better within a few weeks, but it typically takes 6 to 12 weeks to see their benefit (a good reason to initiate and continue with nonpharmacological interventions). Unfortunately, some of the common adverse effects of antidepressants often appear before the benefits, which can make medication adherence an issue.

While not all-inclusive, the table below identifies the various classes of antidepressants and some of their more common adverse effects. Being aware of antidepressant adverse effects can help guide the monitoring and reporting process, and may allow for timely efforts to alleviate many of them.

Class	Generic Name (Brand)	Common Adverse Effects
SSRI[a]	Citalopram (Celexa) Escitalopram (Lexapro) Fluoxetine (Prozac) Paroxetine (Paxil)	GI symptoms, headache, sexual dysfunction, bleeding Citalopram and escitalopram have a risk of QT prolongation (e.g., irregular heartbeat, shortness of breath, dizziness/falls, fainting) Paroxetine is associated with confusion, dry eyes, gait changes, sedation, and withdrawal symptoms if therapy is interrupted
SNRI[a]	Desvenlafaxine (Pristiq) Duloxetine (Cymbalta) Venlafaxine (Effexor)	Dry mouth, headache, elevated blood pressure, falls, bleeding Desvenlafaxine and venlafaxine are associated with withdrawal symptoms if therapy is interrupted
TCA	Amitriptyline (Elavil) Doxepin (Sinequan) Imipramine (Tofranil) Nortriptyline (Pamelor)	Sedation, confusion, constipation, dry eyes, dry mouth, falls, postural hypotension, tachycardia, urinary retention
MAOI	Phenelzine (Nardil)	Postural hypotension, falls, sleep disturbances
	Selegiline (Emsam)[b]	Headache, insomnia; higher doses have a risk of hypertensive crisis with tyramine-containing foods and drinks (e.g., cured meats, aged cheeses, soybean products)
Miscellaneous	Bupropion (Wellbutrin)	Sedation, headache, dizziness/falls, tremor
	Mirtazapine (Remeron)	Sedation, increased appetite, weight gain, dizziness/falls
	Trazodone (Desyrel)	Sedation, dizziness/falls, postural hypotension
	Vilazodone (Viibryd)	GI symptoms, insomnia
	Vortioxetine (Trintellix)	Loss of appetite, abnormal dreams

GI = gastrointestinal; MAOI = monoamine oxidase inhibitors; SSRI = selective serotonin reuptake inhibitors; SNRI = serotonin-norepinephrine reuptake inhibitors; TCA = tricyclic antidepressants

a. Guidelines generally recommend use of a SSRI or SNRI as a first-line option

b. Selegiline (Emsam) is a transdermal patch

FDA Updates Cardiac Warning for Lamictal (lamotrigine) and Orders Investigation of Other Anticonvulsants

by Richard Kilmartin

On March 31, 2021, the US Food and Drug administration (FDA) updated their 2020 warning of serious heart rhythm problems in certain individuals taking Lamictal (lamotrigine). Lamotrigine is commonly used to treat seizures or bipolar disorder. New findings reinforce previous concerns that lamotrigine impacts the electrical activity of the heart, potentially leading to sudden death. The updated warning states that lamotrigine should be used with caution in those with certain heart conditions and urges prescriber notification and evaluation if an individual receiving lamotrigine has a heart condition or develops signs or symptoms that may indicate a heart problem.

Notify the Prescriber if These Conditions are Present in Those Receiving Lamotrigine

- Heart Failure
- Valvular Heart Disease
- Congential Heart Disease
- Cardiac Rhythm Problems
- Ischemic Heart Disease (e.g., angina)
- Heart Attack
- Coronary Artery Disease

Monitor and Promptly Report the Following Signs or Symptoms

- Shortness of Breath
- Chest Pain
- Heartbeat That is Irregular, Unusually Fast, or Slow
- Lightheadedness

Do not stop lamotrigine without first contacting the prescriber, as the underlying disease being treated could abruptly worsen (e.g., increased seizure frequency, sudden mood changes).

As a result of these findings, FDA is also evaluating if other specific anticonvulsants (e.g., carbamazepine, lacosamide, phenytoin, topiramate) carry a similar risk. Until more is known, FDA does not want prescribers to consider any of these medications as safer alternatives to lamotrigine. The FDA will provide safety updates on these medications as data emerge.

A list of the drugs being evaluated for risk and the FDA Drug Safety Communication can be found at https://www.fda.gov/media/147183/download.

New Generic Medications

By Allen Lefkovitz

Generic Name	Brand Name	Date Generic Available
Isotretinoin 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, and 40 mg Capsule	Absorica® Capsule	5/3/21
Nicotinamide Tablet*	Nicomide® Tablet	4/23/21
Pregabalin 82.5 mg, 165 mg, and 330 mg ER Tablet	Lyrica® CR Tablet	4/16/21
Brinzolamide 1% Ophthalmic Suspension	Azopt® Ophthalmic Suspension	3/12/21

* A prescription-only dietary multivitamin with mineral supplement

New Drug

By Dave Pregizer

Zegalogue® Tablet

Brand Name (Generic Name)	Zegalogue® [ZE-gah-log] (dasiglucagon) [DAS-i-GLOO-ka-gon]
How Supplied	0.6 mg/0.6 mL Single-dose Auto-injector or Single-dose Prefilled Syringe
Therapeutic Class	Antihypoglycemic
Approved Indication	Treatment of severe hypoglycemia in pediatric [≥ 6 years] and adult patients with diabetes
Usual Dosing	0.6 mg subcutaneously into the lower abdomen, buttocks, thigh, or outer upper arm; if no response after 15 minutes, an additional dose may be administered.
Select Drug Interactions	Anticoagulant effect of warfarin may be increased; may have a transient increase in pulse and blood pressure with beta-blockers; Zegalogue may lose its ability to raise blood glucose or may produce hypoglycemia with indomethacin.
Most Common Side Effects	Nausea, vomiting, headache, diarrhea (in adults), and injection site pain
Miscellaneous	When the patient has responded to treatment, give oral carbohydrates to prevent recurrence of hypoglycemia. Contraindicated with pheochromocytoma and insulinoma.
Website	http://www.Zegalogue.com