

# When Meds Aren't Wanted or Don't Work:

Managing geriatric depression and demotivation

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Depression? Apathy? Both?



# apathy

noun

ap·a·thy | \ 'a-pə-thē \

## **Definition of *apathy***

**1:** lack of feeling or emotion : IMPASSIVENESS  
drug abuse leading to *apathy* and depression

**2:** lack of interest or concern : INDIFFERENCE  
political *apathy*

# IMPACT OF APATHY/DEMOTIVATION SYNDROME

- Most common and persistent symptom in AD (55%)
- Very common in all neurocognitive disorders
- Causes increased caregiver distress, decreased QOL, increased morbidity, earlier institutionalization
- Subtypes of apathy may help identify treatment targets
  - behavior, cognition, emotion

# APATHY CAN BE IGNORED OR MISINTERPRETED

- Unlike agitation or aggression, apathy tends to be ignored, especially in LTC settings
- Parallels to hyperactive vs. hypoactive delirium
- Can be associated with weight loss, social withdrawal, decline in overall health
- Misinterpreted as volitional refusal/depression

# APATHY vs. DEPRESSION

- Affective flattening, indifference—apathy
- Decreased goal-directed behavior/thoughts—lack of desire to pursue a reward or pleasure from a reward----both
- Anhedonia—consider social relationships important despite lack of drive to pursue them--depression



# Depression vs. Apathy

## **DEPRESSION**

- Apathy can coexist
- Anhedonia for prior activities of choice
- Can express associated guilt
- Can express SI
- Sadness, distress
- May respond to antidepressants

## **APATHY**

- Often exists on its own
- Global lack of interest/motivation
- Indifference/lack of appreciation of impact
- Do not express SI
- Lack of emotional reactivity + or - events
- Some antidepressants may worsen

Both common in neurocognitive disorders including MCI

Both may present with lack of energy and/or cognitive concern

Both can increase caregiver burden and lead to more rapid physical/cognitive decline

# Effect of environment and social interactions

- Learned helplessness—tasks taken over or “criticized” → stop doing
- Difficulty with language → stop talking because people talk for you
- Alexithymia—inability to describe or identify emotional experience  
→ stop trying to tell people how you feel
- Role change---who am I now if I can't be who I was?

“When you are frustrated with me because of the things I cannot do, just imagine how frustrated I must be because I’m no longer able to.”

# Can meds help or do they hurt?

- If given SSRI for “depression” but have apathy, this can worsen the presentation
- SSRIs/other antidepressants can treat depression but apathy can still be present when other symptoms improve
- Dopaminergic agents may help: bupropion, methylphenidate
- AChE inhibitors may help apathy in some dementias

# Apathy in Dementia Methylphenidate Trial

- AD
- RCT
- 6 months
- methylphenidate 20 mg/day
- improved apathy within 1<sup>st</sup> 100 days without further improvement after that
- no significant effect on participation in ADLs

# Workgroup on AD and other dementias: Most effective approaches to apathy

- Emotion oriented: reminiscence, validation therapy, supportive therapy
- Stimulation oriented: recreation, art therapy, exercise, music therapy
- not as much effect for behavior oriented or cognition oriented therapies

# Principles of management of apathy

- Education of caregivers: set realistic goals and expectations
- Daily routine
- Perfect is the enemy of good
- “Let them eat cake!”: focus on what is still enjoyable
- “It’s time to” instead of “Do you want to”
- Expose to new things
- Spend time just being with the person without a need to do/accomplish
- Regular movement
- Prioritize sleep



Autumn days are for watching  
the way auburn leaves fall and  
kiss the earth to show  
that the trees have made peace  
with letting go

-Jai Gaurangi





# What if it's depression that isn't responding?

- Reconsider diagnosis—e.g. comorbidities like PTSD, substance use, bipolar depression, medical issue like OSA, hypothyroidism, cognitive disorder
  - Perception of treatment failure or treatment futility
- Has therapy been used with meds?
- Are they actually taking their meds? Have you reached a therapeutic dose? Have you considered augmentation if partial response?
- Consider TMS, ECT. TMS may work for apathy alone.

“You can’t go back and change the beginning, but you can start where you are and change the ending.”

-C.S. Lewis

## Additional References

“Non-pharmacological approaches to Apathy and Depression: A Scoping Review of MCI and Dementia”; *Frontiers in Psychology*, 16 February 2022

“Depression, Anxiety, and Apathy in MCI”; *Frontiers in Aging Neuroscience* 2020; 12:9