NEW YORK STATE OF OPPORTUNITY. Department of Health

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Dear Colleagues:

Greetings! This month, I'm joined by Dr. Ann Marie T. Sullivan, Commissioner of the New York State Office of Mental Health, to address two issues that can have profound effects on health: maternal (or perinatal) depression and depression in the elderly.

Maternal Depression. It's not unusual for women to experience symptoms of clinical depression both before and after delivery of a baby. In fact, post-partum maternal depression can begin any time within the first year after giving birth.

Depression during pregnancy is a high risk factor for post-partum depression, as is a history of depression. The significant decline in estrogen and progesterone after delivery can destabilize a woman's mood and usher in feelings of sadness. For most women, these emotions are typically short-lived and disappear within a week or two. But in as many as 20 percent of all new moms, feelings of sadness, anxiety and helplessness persist, and may indicate maternal depression. While many of the symptoms are the same as depression, a woman with maternal depression may experience these symptoms in a more pronounced way. Maternal depression may interfere with the ability to perform daily activities or care for the newborn. Too often, it goes undiagnosed. Maternal depression is a serious condition, but it can be treated successfully with medication and counseling. Left untreated, maternal depression can affect the entire family and have significant effects on the health of both the mother and the development of the baby.

As a healthcare provider, you may be the first to spot the signs of maternal depression. Incorporating depression screening tools into your patient visits can provide opportunities to identify and discuss signs of depression. Maternal depression screening services are eligible for reimbursement. Providers can either bill the mother's insurance or if the child receives Medicaid, they have the option of billing under the child's Medicaid coverage. Your screening and intervention could make all the difference in the world to a woman experiencing maternal depression *and* her infant. We urge you to visit the Department of Health website on maternal depression for healthcare providers, which has information about screening, treatment and follow-up support.

Depression in Older Adults. Approximately 20 percent of older adults have clinically significant depression. Poor health, chronic pain, the loss of friends and loved ones, and increasing isolation can foster mood problems. Unlike younger adults whose depression is more likely manifested with emotional symptoms (like sadness and guilt), older adults are more likely to experience depression as bodily symptoms and report somatic complaints to their doctors: these include sleep disturbances, loss of appetite and fatigue. Depression in older adults also often overlaps with other medical problems. For instance, people who have diseases such as arthritis, diabetes, hypertension, heart disease, stroke and cancer are at greater risk for depression. The risk is also higher among those who are recently widowed, or who serve as caregivers to someone who is seriously ill.

Depression in older adults often produces a risk for suicide, especially among older, white men. According to the American Foundation for Suicide Prevention, the highest rate of suicide in the US was 19.3 per 100,000 in adults aged 85 and older. Studies show that the majority of older people who take their lives have had contact with the healthcare system in the previous month, indicating a potential opportunity for detection, diagnosis and treatment.

That is why it's important to be on the lookout for depression among older patients. Screening tools such as the Patient Health Questionnaire (PHQ 2 & 9) can help, as can an honest conversation with the patient's family members. A review of the National Institute of Mental Health's *Older Adults and Depression* website may also prove valuable. It's also important to collaborate with other doctors caring for your patient to find out about other health conditions and medications. In general, older patients are less responsive to antidepressants. Treating late-life depression to remission may require sequential trials of antidepressant medications, including switch or augmentation options. Referring your patient to a psychiatrist may be necessary when repeated treatments do not succeed.

Diagnosing and treating depression in older adults isn't easy, but it is important. In September, Governor Andrew M. Cuomo allocated nearly $8 million to eight mental health providers across the state to create community programs to help identify adults 55 and older whose independence may be in jeopardy as a result of mental health issues, substance abuse or an aging-related concern. Let's work together to help ensure that older adults struggling with depression are not overlooked and get the treatment they need.

On another note: Dr. Zucker would like to invite you to the next Commissioner's Medical Grand Rounds on "Dietary Supplements: Buyers Beware, Provider Be Wary." The discussion will be held Tuesday, Nov. 29 from 7:30 to 9 a.m. at the Wadsworth Center's David Axelrod Institute at 120 New Scotland Ave., in Albany. Dietary supplements result in an estimated 23,000 emergency room visits every year, and we need to improve their safety. The event is free to all providers in the state. Advance registration is required. A recording of the session will be available for viewing on the NYSDOH website. Participants are eligible to receive CME credit. We hope you can join us.

Thank you for your attention to these important issues.

Sincerely,

Howard A. Zucker, M.D., J.D.

Ann Marie T. Sullivan, M.D.