



Decision Box

Depression in Older Adults

Choosing an Option to Improve Mood

THIS DOCUMENT IS AIMED AT...

- Older adults living in the community
- Friend or family caregivers of those people, where applicable

THIS DOCUMENT IS DESIGNED TO...

- Inform people of the benefits and harms of the available options to improve mood
- Prepare people to discuss their options with healthcare professionals
- Help people choose an option that respects their priorities

TABLE OF CONTENTS

INTRODUCTION

| | |
|------------|---|
| Depression | 3 |
|------------|---|

EXPLORING THE OPTIONS TO IMPROVE YOUR MOOD

| | |
|--------------------------------------------|---|
| Psychotherapy | 4 |
| Physical Activity Tailored to Older Adults | 5 |
| Antidepressants | 6 |
| Massage therapy | 7 |
| Light therapy | 8 |
| Watchful waiting | 9 |

CLARIFYING YOUR PRIORITIES

10

CHOOSING AN OPTION

11

LIST OF CONTACTS TO ACCESS SERVICES

11

GLOSSARY

12

CREDITS

13

REFERENCES

14





INTRODUCTION

Who and why?

Depression

Depression is characterized by **continuous feelings of sadness and worthlessness, and a lack of desire to engage in formerly pleasurable activities. It interferes with daily life and normal functioning.** Depression may involve the body, mood, and thoughts. It may cause **problems with thinking or memory** and sometimes **physical problems** (pain, digestion problems, sleep problems, or fatigue).

Factors that increase the odds of experiencing depressive symptoms

Up to **25% of older adults** experience depressive symptoms. Depression is more frequent among older adults with **heart disease (44%), cancer (40%), Parkinson's disease (40%), cognitive impairment (20-40%),** or who have had a **stroke (30-60%).**

Other factors that increase the risk of an older individual experiencing depression include **poor sleep, misuse of alcohol or drugs, stressful life events, or family problems.**

Who should consider making a change to improve their mood?

Any person who reports feeling depressed, or who has received a diagnosis of any depressive disorder, and wants to feel better.

Taking your priorities into account

Depending on **your priorities**, you may or may not decide to make a change. This choice is up to you because...

- You are more likely to **stick to a treatment** you choose yourself.
- **Various options exist** (activities, therapeutic interventions) to reduce depressive symptoms. These options can cause **benefits or harms. It is difficult to predict how they will work for you.**
- Choosing an intervention or watchful waiting are **both acceptable options in mild or moderate depression.**



We recommend that...

- The decision take into account the person's **values and priorities**
- The **decision be shared** among the healthcare professional, the person and, if necessary, the friend ofr family caregiver





OPTIONS

Explore the options



Psychotherapy

Psychotherapy aims **to improve an individual's well-being and mental health** by having them talk with a psychiatrist, psychologist, or other mental health provider. During psychotherapy, **you learn about your condition and your moods, feelings, thoughts, and behaviours**. Various psychotherapy techniques can treat depression, including cognitive-behavioral and interpersonal therapies. Psychotherapy may be delivered in person (one-on-one or with couples, or in groups), over the phone, via telephone counseling, or via the Internet.

BENEFITS

↓ Depressive symptoms ⊕ ⊕ ○ ○

For every 100 older adults who receive psychotherapy, **33 experience a decrease in their depressive symptoms** due to psychotherapy.

PRACTICAL ISSUES

↓ Accessibility ⊕ ○ ○ ○

Patients **require a referral** from their physician to see a psychotherapist in the public system. **Wait times are approximately one year**, depending on the problem. Psychotherapy is also offered in the private sector, at a **cost of approximately \$100 per session**.

HARMS

↑ Therapy discontinuation ⊕ ○ ○ ○

For every 100 individuals who receive psychotherapy, **20 discontinue therapy** due to **costs, moving, lack of progress, dissatisfaction** with therapy, **stress** during therapy.

↑ Adverse effects ⊕ ○ ○ ○

People who receive psychotherapy may experience **adverse effects**. For every 100 individuals who receive psychotherapy:

- **16** report **negative personal changes**
- **15** report **stigmatization***
- **12** report **negative impacts on their relationships**
- **3** report **therapist abuse**

* See Glossary p. 13

CONFIDENCE IN THESE RESULTS:

- ⊕ ⊕ ⊕ ⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.
- ⊕ ⊕ ⊕ ○ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- ⊕ ⊕ ○ ○ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
- ⊕ ○ ○ ○ **Very low:** Any estimate of effect is very uncertain.
- ⊘ **Not evaluated** due to a lack of an estimate of effect.





OPTIONS

Explore the options



Physical Activity Tailored to Older Adults

Physical activity programs can be **adapted to older adults**. They may include **walking, water exercises, balance or flexibility exercises, and weight training**. They can be done at home or with other people. The activities should produce a sensation of warmth, and make you breathe harder. You should still be able to hold a conversation while partaking in the activity, but not to sing.

BENEFITS

↓ Depressive symptoms ⊕○○○

For every 100 older adults who are physically active, **2 avoid depressive symptoms** because they are physically active.

↑ Other health benefits ⊕⊕⊕⊕

Regular physical activity has **several additional benefits**, for example:

- reduced risk of chronic disease and premature death
- independence and mobility
- improved fitness and bone health
- reduced risk of heart disease
- improved mood and self-esteem
- reduced risk of falls
- improved sleep.

HARMS

↑ Muscle, bone, or joint problems ⊕○○○

Some older adults feel **temporary muscle soreness** after exercising. They can also experience **muscle, bone or joints problems** (for example minor strains, tendonitis, exacerbation of osteoarthritis, or joint pain).

PRACTICAL ISSUES

Time required ⊘

To achieve an impact on their depressive symptoms, people must be physically active at least 3 weeks, either for 20 minutes 3 times a week, or for 2 hours once a week. Whatever the duration and frequency of the exercise, **it takes time**.

CONFIDENCE IN THESE RESULTS:

- ⊕⊕⊕⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.
- ⊕⊕⊕○ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- ⊕⊕○○ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
- ⊕○○○ **Very low:** Any estimate of effect is very uncertain.
- ⊘ **Not evaluated** due to a lack of an estimate of effect.





OPTIONS

Explore the options



Antidepressants

Antidepressants are **drugs** used to treat depressive disorders. There are various types, including selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors, tricyclic antidepressants, and monoamine oxidase inhibitors. Clinicians generally recommend they be introduced gradually and taken on a daily basis.

BENEFITS

↓ Depressive symptoms ⊕ ⊕ ⊕ ○

For every 100 depressed older adults without dementia who take antidepressants, **14 see their depressive symptoms reduced** due to these medications.

HARMS

↑ Risk of dying ⊕ ○ ○ ○ ○

Taking antidepressants increases an older adult's risk of dying.

↑ Adverse effects ⊕ ○ ○ ○ ○

Older adults taking antidepressants can experience **adverse effects** of these medications. **For every 1,000 older adults taking antidepressants: 2 attempt suicide or self-harm, 30 experience a fall, 20 suffer fractures, 2 experience intestinal bleeding.**

↑ Other adverse effects ⊘

People who take antidepressants may experience other reversible adverse effects, **such as diarrhea, dry mouth, fatigue, headache, nausea, loss of libido, sweating, or change in weight.**

PRACTICAL ISSUES

Cost ⊘

Antidepressants are **generally partially covered by public insurance plans**, but you may have to **pay to get your prescription.**

CONFIDENCE IN THESE RESULTS:

- ⊕ ⊕ ⊕ ⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.
- ⊕ ⊕ ⊕ ○ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- ⊕ ⊕ ○ ○ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
- ⊕ ○ ○ ○ **Very low:** Any estimate of effect is very uncertain.
- ⊘ **Not evaluated** due to a lack of an estimate of effect.





OPTIONS

Explore the options



Massage therapy

Massage therapy consists of **receiving massages from a qualified professional on a regular basis**. In the studies reported here, the types of massage used included Swedish, neuromuscular, and myofascial techniques.

BENEFITS

↓ Depressive symptoms ⊕ ⊕ ⊕ ○

Massage therapy **reduces depressive symptoms and stress** in older adults. It also **increases their well-being, vitality, and general health**.

HARMS

↑ Adverse effects ⊕ ○ ○ ○ ○

People who receive massage therapy may experience **adverse effects**. For every 100 individuals who receive massage therapy:

- **13** experience **discomfort or pain**
- **1** develops **bruises**
- **1** feels **tired**
- **1** has **headaches** after the session

↑ Allergy to massage oil ⊕ ○ ○ ○ ○

Massage therapy requires the use of different types of oil, which **may cause allergic reactions** in some people.

PRACTICAL ISSUES

Cost ⊕ ○ ○ ○ ○

One session of massage therapy costs approximately \$60 to \$100. While massage therapy is not covered by public insurance, some private insurance plans may refund the cost.

CONFIDENCE IN THESE RESULTS:

⊕ ⊕ ⊕ ⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.

⊕ ⊕ ⊕ ○ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕ ⊕ ○ ○ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕ ○ ○ ○ **Very low:** Any estimate of effect is very uncertain.

○ **Not evaluated** due to a lack of an estimate of effect.





OPTIONS

Explore the options



Light therapy

Light therapy consists of **exposure to daylight or to an artificial light that mimics natural outdoor light**. The exposure should last 30 to 120 minutes per day, for 1 to 10 weeks.

BENEFITS

↓ Depressive symptoms ⊕⊕○○

For every 100 depressed older adults who undergo light therapy, **17 experience a decrease in their depressive symptoms** due to the light therapy.

HARMS

↑ Adverse effects ⊖

People who undergo light therapy can experience:

- Temporary mild **discomfort of their eyes** (blurred vision, eye strain, glare, seeing spots, irritation)
- Infrequent and temporary **hypomania***, **irritability, headache, or nausea**

PRACTICAL ISSUES

Time and cost ⊖

To be effective, the person generally needs to undergo light therapy daily. **This takes time**. You also **have to buy the equipment**.

* See Glossary p. 13

CONFIDENCE IN THESE RESULTS:

⊕⊕⊕⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.

⊕⊕⊕○ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕⊕○○ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕○○○ **Very low:** Any estimate of effect is very uncertain.

⊖ **Not evaluated** due to a lack of an estimate of effect.





OPTIONS

Explore the options



Watchful waiting

Consists of keeping an eye on your mood swings, without undertaking treatment or changing your lifestyle. **For depressive symptoms, watchful waiting should comprise scheduled follow-ups with a professional, to monitor changes in your mood together.**

BENEFITS

Take the chance your mood will improve on its own



For every 100 older adults who suffer **minor depression***, **13 recover within one month** while doing nothing specifically to improve their mood.

For every 100 older adults who suffer **major depression***, **34 ecover within one year**, without taking any specific action.

Avoid making a change if the impacts are uncertain



Among the older adults who make changes to reduce their depressive symptoms, a certain proportion will not improve. They **may be disappointed** that the steps they took did not allow them to reach their goals.

↓ Inconveniences associated with the available options



All the available options to improve mood can cause some **inconveniences**. These inconveniences are reviewed in the previous pages of this document. People who do not undertake any new treatment or changes to their lifestyle **will not experience any of these inconveniences**.

HARMS

↑ Risk of dying



For every 100 older adults living with depression, **8 will die within 6 years** due to their depression.

↑ Admission to a long-term care facility



Older adults living with depression for three years are twice as likely to be **admitted to a long-term care facility** as older people who do not suffer from depression.

↑ Social and functional impairments



Depression can **impair a person's relationships with family and friends**, as well as their general functioning.

* See Glossary p. 13

CONFIDENCE IN THESE RESULTS:

⊕⊕⊕⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.

⊕⊕⊕○ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕⊕○○ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕○○○ **Very low:** Any estimate of effect is very uncertain.

○ **Not evaluated** due to a lack of an estimate of effect.





PRIORITIES

Improve your mood while respecting your priorities

SELECT WHAT IS MOST IMPORTANT TO YOU AND LOOK AT THE OPTIONS ASSOCIATED TO IT.*

CHECK A SINGLE ITEM AT THE TIME

Avoid adverse effects
POSSIBLE OPTIONS TO IMPROVE YOUR MOOD:

- Watchful waiting

Limit costs
POSSIBLE OPTIONS TO IMPROVE YOUR MOOD:

- Physical activity tailored to older adults
- Watchful waiting

Avoid making a change if the impacts are uncertain
POSSIBLE OPTIONS TO IMPROVE YOUR MOOD:

- Watchful waiting

Avoid problems in my relationships with my loved ones and in my daily activities
POSSIBLE OPTIONS TO IMPROVE YOUR MOOD:

- Physical activity tailored to older adults
- Psychotherapy
- Antidepressants
- Massage therapy
- Light therapy

Increase my chances of survival
POSSIBLE OPTIONS TO IMPROVE YOUR MOOD:

- Physical activity tailored to older adults
- Psychotherapy
- Antidepressants
- Massage therapy
- Light therapy

Other:

List the options **to improve your mood** that support this priority:

* In this exercise, the benefits and harms of the available options (see previous pages) become priorities to consider. For example, if an option causes some harms, limiting these harms may be a priority for some people and they will want to consider other options.





CHOOSING AN OPTION

Which option do you prefer?

Are you comfortable with your choice?

YES NO

| | | | |
|-------------------------------|------------------------------------------------------------------|-----------------------|-----------------------|
| SURE OF MYSELF | Do you feel SURE about the best choice for you? | <input type="radio"/> | <input type="radio"/> |
| UNDERSTAND INFORMATION | Do you know the benefits and risks of each option? | <input type="radio"/> | <input type="radio"/> |
| RISK-BENEFITS RATIO | Are you clear about which benefits and risks matter most to you? | <input type="radio"/> | <input type="radio"/> |
| ENCOURAGEMENT | Do you have enough support and advice to make a choice? | <input type="radio"/> | <input type="radio"/> |

IF YOU ANSWERED NO TO ANY OF THE QUESTIONS ABOVE, TALK TO YOUR HEALTH PROFESSIONAL.

SURE TEST
© O'CONNOR & LÉGARÉ 2008

LIST OF CONTACTS TO ACCESS SERVICES

The *Caredove* website lists the available services in your region.

- Alberta: www.caredove.com/auaalberta
- Ontario: www.caredove.com/auawaterloowellington
- Quebec: www.caredove.com/auaquebec



Older adults with depression are at risk for suicide. If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.

- Call your doctor, call **911** for emergency services, or go to the nearest hospital emergency room
- Call one of the toll-free 24-hour hotlines:
 - In Quebec: Centre de prévention du suicide de Québec **1-866-APPELLE (1-866-277-3553)** or <https://www.cpsquebec.ca/>
 - In Ontario: Telehealth Ontario **1-866-797-0000**
 - In Alberta: Mental Health HelpLine **1-877-303-2642**





GLOSSARY

Definitions

Cardiovascular complications

Cardiovascular complications of electroconvulsive therapy may include arrhythmia, ischemia, and myocardial infarction.

Arrhythmia is also known as "irregular heartbeat", and is a condition in which the heartbeat is irregular, too slow, or too fast.

Ischemia refers to the reduction in blood supply to an organ; if it is reversed rapidly there is no permanent damage to the organ. **Myocardial infarction** is also known as "heart attack". It occurs when blood flow to a part of the heart decreases or stops, causing damage to the heart muscle.

Hypomania

Hypomania includes three or more of these symptoms:

- Abnormally upbeat, jumpy, or wired
- Increased activity, energy, or agitation
- Exaggerated sense of well-being and self-confidence (euphoria)
- Decreased need for sleep
- Unusual talkativeness
- Racing thoughts
- Distractibility
- Poor decision-making – for example, going on buying sprees or taking sexual risks.

Major depression

Symptoms are severe and interfere with the ability to work, sleep, concentrate, eat, and enjoy life. Some people experience a single episode of major depression within their lifetime, but more often a person experiences multiple episodes.

Minor depression

Symptoms are less severe than those of major depression and last less than two years. It is still important to address minor depression, because it can progress into major depression. Minor depression can also cause poorer health and reduce the person's well-being.

Stigmatization

If someone is stigmatized, they are unfairly regarded by many people as being bad or having something to be ashamed of. Stigmatization may occur on the basis of physical appearance (including race or sex), mental or physical illness, or various other qualities.



CREDITS

AUTHORS:

Andréanne Simard (psychology student)
Anik Giguère (PhD)*
Jade Doré (medical student)
Jasmine Delwende Sawadogo (MSc)
Béatriz Valéra (Pharm., PhD)
Pierre-Hugues Carmichael (Biostatistician)
Julie Fortin (MD)
Michel Cauchon (MD)

*corresponding author: anik.giguere@fmed.ulaval.ca

PATIENTS INCLUDED: Older adults and caregivers reviewed the content of this document. Healthcare professionals, older adults, and caregivers also participated in the design of this Decision box template, as study participants in research projects.

GRAPHIC DESIGN:

Camille Lepage-Pérusse
Laura Bogza

COPYEDITING: Katherine Hastings, Cert. Tr.

NO CONFLICT OF INTEREST TO DECLARE:

The development of this tool was funded by a research grant from the Canadian Frailty Network, which is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) program. Neither the funding agency, the authors, nor their affiliated institutions have any interest at stake in the decisions made by patients after using this Decision box.

VERSION: 1.0

PUBLICATION DATE: October 2018

EVIDENCE UPDATE: August 2017

NEXT UPDATE: August 2019

© Laval University, 2018



REFERENCES

Introduction

- Taylor. [2014]. *N Engl J Med*, 371(13), 1228-36.
- Fiske, Wetherell & Gatz. [2009]. *Annu Rev Clin Psychol*, 5, 363-389.
- Gelenberg et al. [2010] American Psychiatric Association (APA).
- Vink, Aartsen & Schoevers. [2008]. *J Affect Disord*, 106(1-2), 29-44.
- Stek et al. [2004]. *J Affect Disord*, 78(3), 193-200.
- Alexopoulos [2001]. *J Psychiatr Pract*, 7(6), 361-376.
- Physical Activity Tailored to Older Adults

Depressive symptoms

Rhyner et al. [2016]. *Journal of aging and physical activity*, 24(2), 234-236. Design: Systematic review and meta-analysis of 41 randomized controlled trials; Participants: 2,780 older adults with or without a clinical diagnosis of depression; Intervention: Physical activity including tai chi, strength exercises, aerobics, yoga, aerobics and strength combo, and qigong, compared to any non-active control group; Follow-up duration: Tested immediately after the intervention.

Muscle, bone or joint problems

El-Khoury et al. [2013]. *BMJ* 2013, 347:f6234. Design: Systematic review of 17 randomized controlled trials; Participants: 4,305 older adults aged 60 years and more living at home; Intervention: Physical activity (e.g., tai chi, balance exercises, strength exercises) with the aim of preventing falls; Follow-up duration: Varied 6 to 30 months.

Liu et al. [2009]. *Cochrane Database Syst Rev*(3). Design: Systematic review of 121 randomized controlled trials; Participants: 6,700 older adults aged 60 years and more; Intervention: Progressive resistance strength training; Follow-up duration: Varied from the end of the intervention to 1 year.

Time required

Rhyner et al. [2016]. *Journal of aging and physical activity*, 24(2), 234-236. Design: Systematic review and meta-analysis of 41 randomized controlled trials; Participants: 2,780 older adults with or without a clinical diagnosis of depression; Intervention: Physical activity including tai chi, strength exercises, aerobics, yoga, aerobics and strength combo, and qigong, compared to any non-active control group; Follow-up duration: Tested immediately after the intervention.

Psychotherapy

Depressive symptoms

Cuijpers et al. [2014]. *Maturitas*, 79(2), 160-169. Design: Meta-analysis of 44 randomized controlled trials; Participants: 1,161 depressed older adults (50+); Intervention: Psychotherapy, including cognitive behavior therapy (CBT), interpersonal psychotherapy (IPT), behavioral activation therapy, problem-solving therapy (PST), psychodynamic therapy, non-directive counselling, dialectic behavior therapy, and life review, compared to any control group; Follow-up duration: 6 months.

Gelenberg AJ, Freeman MP, Markowitz JC, et al; American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder, Third edition.

Fournier, L., Roberge, P., Brouillet, H. (2012) - Faire face à la dépression au Québec. Protocole de soins à l'intention des intervenants de première ligne. Montréal : Centre de recherche du CHUM (www.qualaxia.org/ms/jalons).

Therapy discontinuation

Swift et al. [2012]. *J Consult Clin Psychol*, 80(4), 547-559. Design: Systematic review of 669 studies; Participants: 83,834 adults who engaged in psychological or psychosocial intervention; Intervention: Psychological interventions; Follow-up duration: Unspecified.

Adverse effects

Ladwig et al. [2014]. *Verhaltenstherapie*, 24(4), 252-263. Design: Cross-sectional survey; Participants: 195 adults who consulted for depression; anxiety; schizophrenia; or personality, food, or other disorders; Intervention: Psychotherapy; Follow-up duration: 0 to 12 years (range of time since end of therapy).

Antidepressants

Depressive symptoms

Kok et al. [2012]. *Journal of affective disorders* 141(2), 103-115. Design: Systematic review and meta-analysis of 51 randomized controlled trials of pharmacotherapy for geriatric depression; Participants: 3,389 depressed older adults (55+) without dementia; Intervention: Pharmacotherapy, including tricyclic antidepressants, selective serotonin reuptake inhibitors, and all other antidepressants, compared to placebo; Follow-up duration: Unspecified.

Risk of dying

Coupland et al. [2011]. *BMJ* 343: d4551. Design: Population-based cohort study; Participants: 60,746 depressed older adults, diagnosed between the ages of 65 and 100, included in the study between 1996 and 2007; Intervention: Any type of antidepressants; Follow-up duration: Until 2008.

Adverse effects

Coupland et al. [2011]. *BMJ* 343: d4551. Design: Population-based cohort study; Participants: 60,746 depressed older adults, diagnosed between the ages of 65 and 100, included in the study between 1996 to 2007; Intervention: Any type of antidepressants; Follow-up duration: Until 2008.

Reversible adverse effects

Consumer Reports [2017] Best Treatments for Depression - Drug Side Effects: <https://goo.gl/zUDYje>

Massage therapy

Depressive symptoms and other related improvements

Sharpe et al. [2007]. *Complementary therapies in medicine*, 15, 157-163. Design: Randomized controlled trial; Participants: 49 older people (60+) living in community and scoring within one standard deviation of an average frailty-risk score; Intervention: Massage therapy, compared to guided relaxation intervention; Follow-up duration: Tested directly after the intervention.



Adverse effects

Cambron et al. [2007]. *J Altern Complement Med*;13(8):793-6. Design: Cross-sectional study; Participants: 91 clients who completed all survey questions, the average age was 46 (range 19-77); Intervention: Massage therapy clinic at a health sciences university; Follow-up duration: 2 to 7 days post-massage.

Cherkin et al. [2001]. *Arch Intern Med* ;161(8):1081-8. Design: Randomized trial study; Participants: 262 patients aged 20 to 70 years who had persistent back pain; Intervention: Study compared 3 treatments: traditional Chinese medical acupuncture, therapeutic massage, and self-care education; Follow-up duration: 4, 10, and 52 weeks after randomization.

Allergy to massage oil

Epainassist website: <https://bit.ly/2HQf4PT>

Light therapy

Depressive symptoms

Lieverse et al. [2011]. *Arch Gen Psychiatry*, 68(1), 61-70. Design: Randomized controlled trial; Participants: 88 depressed older adults (60+); Intervention: Light therapy, BLT (pale blue, approximately 7500 lux), compared to placebo (dim red light, approximately 50 lux); Follow up duration: Three weeks after the end of the treatment.

Adverse effects

Terman et al. [2005]. *CNS Spectr*, 10(8), 647-663. Design: Literature review and evaluation; Participants: Patients with seasonal and nonseasonal depression; Intervention: Light therapy; Follow-up duration: Unspecified.

Watchful waiting

Take the chance your mood will improve on its own

Whiteford et al. [2006]. *Psychol Med*, 43(8), 1569-1585. Design: Systematic review and meta-analysis of 19 trials (2 randomized controlled trials: wait-list group and 1 observational cohort study for older people); Participants: 94 depressed older adults; Intervention: Wait list or simply observation as a form of watchful waiting; Follow-up duration: 52 weeks.

Risk of dying

Fröjd, Håkansson, Karlsson & Molarius. [2003]. *Social Psychiatry and Psychiatric Epidemiology*, 38(10), 557-562. Design: Cohort study, investigation of the progression of depression; Participants: 627 depressed older adults living in the community; Follow-up duration: 6 years.

Nursing home admission

Woo et al. [2000]. *The Journals of Gerontology: Series A*, 55(2), M64-M69. Design: Prospective cohort study, investigation of risk factors for institutionalization; Participants: 957 older adults living in the community and in institutions (but risk factors only calculated for participants in the community at baseline); Intervention: Watchful waiting; Follow-up duration: 3 years.

