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Oral presentation

Depression in the elderly

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Depression is highly prevalent in elderly individuals. The overall prevalence of major depressive disorder in the community in persons 65 years old or older has been calculated as about 1,3-4%, of dysthymic disorder 2%, of minor depressive disorder 4-13% and of depressive symptoms about 8-16%. The prevalence of various types of depression in primary care, inpatients settings and in long-term-care is higher. Depression in the elderly is more frequent in women and widowers, in individuals who are isolated, institutionalized as well as in those facing stressful events and being economically impoverished. Moreover, low volumes of frontostriatal structures and hyperintensities in subcortical structures have been reported in depressed elderly. Thus, psychological adversity may trigger depression to already biologically or genetically vulnerable persons. Depression frequently affects patients with chronic physical illnesses and cognitive impairment. It causes suffering, disability and dependence, it increases drug consumption and it worsens the outcome of physical illnesses and the patient's quality of life. Depression also increases mortality, suicidality and family burden as well. Clinical features unique to depressed elderly are not included in the current DSM IV and ICD 10 criteria. However, depressed elderly often manifest an inhibition to express their sadness and they frequently tend to somatize their complaints. These features of late-life depression may lead inexperienced clinician to miss the diagnosis. Antidepressant medication of an SSRI or an SNRI is considered as treatment of choice. Lastly, psychosocial interventions could be helpful, mainly when they adjunct to other treatments of a comprehensive management of late-life depression.