

key points

SELECTED BY

Dr Phillip Bland

Former GP, Dalton-in-Furness, UK

Depressive symptoms are common in later life.

Late life depression is associated with higher relapse rates and a more protracted course than mid-life depression. The relationship between depression and dementia is complex. Depression appears to be an independent risk factor for incident dementia, conferring a two-fold increase in dementia risk. Depression may represent an early sign or prodromal feature of dementia. The association between depression and dementia appears to strengthen as the interval between the two disorders shortens.

Depression may also be a consequence of dementia.

It is difficult to determine whether this represents a biological sequela of neurodegeneration, or a psychological response to cognitive and functional impairment or associated social factors such as a move to residential care.

Despite a reduction in its use, the term pseudodementia

remains a valid construct; a systematic review found that 53% of patients with pseudodementia did not meet criteria for dementia at follow-up. This potential for reversibility of cognitive symptoms supports the practice of assessing all patients with suspected dementia for depressive illness prior to diagnosis.

The diagnostic criteria for depression do not vary with

age or dementia diagnosis. However, assessment of depression in older people with dementia can be challenging. Individuals with dysphasia may struggle to express their thoughts and feelings, in which case there should be a greater focus on changes in behaviour, such as tearfulness, irritability, seclusion, or disengagement from hobbies and activities. Somatic symptoms such as gastrointestinal discomfort, fatigue and sleep disturbance, are more commonly seen in older people with depression than in their younger counterparts; and although investigations into other causes of such symptoms should be pursued, the possibility that they represent depressive illness should continue to be borne in mind. When making a diagnosis of depression in older patients it is important to screen for an underlying physical condition, in particular endocrine disorders, occult malignancy and nutritional deficiencies.

A recent Cochrane review of antidepressants for

depression in dementia concluded that little or no effect was observed on the only measure of efficacy for which high-quality evidence was available (depression rating scale scores). A review of psychological therapies found a small reduction in depressive symptoms and increased rates of remission with CBT-based treatments. In rare cases where it is felt that the benefits of pharmacological therapy may outweigh the risks, referral to the old age psychiatry service should be considered. Cognitive stimulation therapy is associated with improved quality of life in participants with dementia, and music-based therapies have demonstrated benefits in depression scores and quality of life.