key points

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In older people, depression is frequently characterised by excessive concerns about physical infirmity. Patients with depression are more likely to suffer from various medical disorders and die prematurely. In those aged over 55 years, depression is associated with a fourfold increase in mortality. Treating depressive symptoms not only alleviates the suffering intrinsic to the disorder, but also reduces mortality, for example from cardio- and cerebrovascular illness, presumably by alleviating these conditions or their complications.

Depression is the most common mental illness in older people and the second most common underlying cause for all GP consultations for people over 70 years of age. Depression is more common in women (10.4%) than men (6.5%).

Late-onset depression and early-onset recurrent depression in older age differ in terms of clinical features, aetiology, neuroanatomical substrates and prognosis. Late-onset depression is associated with somatic symptoms. It is therefore more likely to be caused by intervening (vascular) illness affecting the brain in old age, while early-onset recurrent depression may result in part from genetic predisposition.

Several depression screening tools are available. The Geriatric Depression Scale (GDS) is most commonly used. It is simple and reliable and questions are answered by the patient as 'yes' or 'no'.

Depression can affect judgment, possibly related to cognitive bias, and can cause problems with information processing and delusional thinking. GPs should always ask about suicidal intent. Risk factors for suicidal behaviour include: male gender; being divorced or widowed; older age; unemployment; alcoholism; poor response to treatment; a history of past attempts and a family history of suicide.

Although none of the available guidelines focus on old age, they do cover older patients. The guiding principle of the NICE depression guideline is stepped care.

There appears to be no difference in efficacy between antidepressant classes in older people. However, tricyclic antidepressants are associated with greater gastrointestinal and neuropsychiatric side-effects compared with newer drugs. It is advisable to start tricyclics at lower doses than in younger patients. SSRIs are recommended as first-line treatment and local protocols should be followed.

GPs successfully treat most patients with depression.