

key points

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Depression and dementia are both common conditions in older people, and they frequently occur together. Late life depression affects about 3.0-4.5% of adults aged 65 and older. Depression occurs in up to 20% of patients with Alzheimer's disease and up to 45% of patients with vascular dementia.

Depression can be an independent risk factor, a prodromal symptom or a consequence of dementia. Rather than a risk factor, depression with onset in later life is more likely to be either prodromal to dementia or a condition that unmasks pre-existing cognitive impairment by compromising cognitive reserve. Depression can be a psychological response to receiving a diagnosis of dementia.

The diagnosis of depression in older adults can be challenging. There is greater variety in presentation, cognitive and somatic symptoms are usually predominant and cognitive or anxiety symptoms may mask the core feature of low mood. Medical conditions are common in this population and sleep problems, fatigue and low energy associated with them can mimic depressive symptoms.

The distinction between depression and early dementia may be particularly difficult. Detailed histories from patients and their relatives as well as longitudinal follow-up are important. Cognitive testing can be very helpful. It is preferable to use a neuropsychological test that is sensitive to subtle cognitive changes and assesses all cognitive domains such as the Montreal Cognitive Assessment.

Older people with depression are at elevated risk of developing dementia and this risk is increased if they have had symptoms for a long time, if their symptoms are severe, where there are multiple (vascular) comorbidities, and where there are structural brain changes including hippocampal atrophy and white matter abnormalities.

In older adults antidepressants should be prescribed at the lowest possible dose and titration should be slow. Careful monitoring should take place and clinicians should be mindful of side effects, particularly hyponatraemia and the potential for increased bleeding, if there are medical comorbidities or polypharmacy. When treating older adults, particularly those with cognitive impairment, medication with a high cholinergic burden such as certain tricyclic antidepressants, e.g. amitriptyline, should be avoided.