Depression in Older Adults
A Treatable Medical Condition

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KEYWORDS

• Depression • Antidepressants • Electroconvulsive therapy

KEY POINTS

- Depression is not a normal part of the aging process.
- Depression in older adults is a treatable medical condition; a variety of psychotherapeutic and psychotherapeutic options are available.
- Electroconvulsive therapy is a useful treatment.
- The older patient must be viewed in their medical, functional, and social context for effective management.
- Cognition must be assessed along with mood in the older depressed patient.

INTRODUCTION

Depression is one of the most significant causes of emotional suffering in late life and may also be a contributing factor to the morbidity of many medical disorders.[1] Depressed elders often experience markedly diminished function and quality of life as well as mood symptoms. Increased mortality from both suicide and medical illness is also an important concomitant of depressive disorders in late life. Depression in older adults may be more persistent than depression earlier in life, often running a chronic, remitting course.[2] Clinical depression is not a part of normal aging but should be considered a treatable medical illness, although it certainly may be associated with problems of aging, such as loss, grief, and physical illness. The significance of late life depression is heightened by the fact that there are an increasing number of elders in the United States and many other countries.[3,4] The information in this article is particularly relevant to frail, medically ill, or cognitively impaired elders as well as the "old-old." The "old-old" is a somewhat ill-defined group, but here is used for those patients in their 80s or older. The use of age 65 as the onset of old age in geriatric medicine and psychiatry is arbitrary. Many such patients who are otherwise well may not require the specialized approach of the geriatrician.

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DIAGNOSTIC CONCEPTS

Major depression is the most significant form of depression recognized in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), the handbook of psychiatric diagnosis of the American Psychiatric Association used in the United States and elsewhere. DSM-5 defines major depression based on the presence of 5 or more core depressive symptoms during a 2-week period, including either depressed mood or loss of interest or pleasure, along with significant weight loss or gain (without dieting) or appetite change, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or inappropriate guilt, diminished ability to think or concentrate or indecisiveness, and recurrent thoughts of death or suicide.[5] No distinction is made in the DSM-5 depression criteria based on age or aging. One of the most significant and controversial changes in DSM-5 was the removal of the "bereavement exclusion." In DSM-IV and other earlier versions of the handbook, persons who had suffered a recent loss with grief reaction were excluded from the diagnosis of major depression. This change may affect older adults more than other groups.

In the past, some investigators regarded major depression as more common among the elderly than other groups. However, it now appears that the prevalence of major depression among those 65 years or older is approximately 1% to 4%, a prevalence similar to (or perhaps even lower than) other groups. However, some special groups of older adults have higher rates of depressive symptoms. Elders with chronic medical illnesses have rates of depression of about 25%, and nursing home residents have a prevalence of approximately 25% to 50%.[2,6–8]

"Minor depression" is another important concept in geriatric psychiatry. This condition is sometimes referred to as "subsyndromal or subthreshold depression." It is not a designated diagnostic category in DSM-5, but is denoted as a section under the category "other specified depressive disorders." It is usually described as having the presence of 1 of the 2 principal depressive symptoms plus 1 to 3 additional symptoms, although this definition is not universally accepted.[5] This condition appears to be common, although rates of minor depression differ widely in studies. Despite its name, minor depression is associated with levels of disability similar to that of major depression.[5,9,10]

Dysthymia (alternately known as persistent depressive disorder in DSM-5) is a chronic form of depression that is less severe than major depression and lasts 2 or more years.[5] Although it more commonly begins earlier in life, it may persist into old age.[11]

The overall prevalence of all clinically significant depressive symptoms among older adults has been estimated at 8% to 16%.[2] African American elders have been noted to have lower rates of depression and are less likely to take antidepressant medication.[12] Older women are more likely to be diagnosed with depression than are older men. Owing to this higher diagnosis rate as well as having a longer lifespan, most diagnosed elder depressives are women.

Age of onset is also an important concept in geriatric depression, with early and late life onset groups. Depressive disorders beginning earlier in life may be persistent or recurrent, continuing into old age. In early onset cases, depressive symptoms tend to be similar through the course of illness. Some new onset cases in late life may represent differences in cause, possibly based on brain aging or illness. An important example of late life onset illness is "vascular depression," thought to be related to cerebrovascular changes.[13,14] These patients seem to be more likely to have cognitive dysfunction (especially loss of executive function), along with reduced verbal fluency,