

Cognitive Deficits in Geriatric Depression

Clinical Correlates and Implications for Current and Future Treatment

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KEYWORDS

- Geriatric depression • Dementia • Cognitive dysfunction • Executive function
- Remission • Cognitive remediation

KEY POINTS

- Major depression in the elderly is often accompanied by cognitive impairment that spans multiple cognitive domains.
- Patients with executive dysfunction are at risk for poor, slow, and unstable antidepressant treatment response, relapse, increased risk of suicidality, and current and future disability.
- MCI emerging during episodes of major late-life depression does not seem to progress to dementia in most cases.
- History of depression is a risk factor that doubles the likelihood of developing dementia in late life.
- In the majority of patients, pharmacologic treatment does not lead to major improvement in cognition, although there are reports that indicate beneficial or deleterious effect on cognition from tricyclics, sertraline, and citalopram.

INTRODUCTION

Major depression in the elderly is often accompanied by cognitive impairment.¹ Although estimates vary, studies have shown that combined depression and cognitive

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Abbreviations: Cognitive Deficits in Geriatric Depression

I/P	Initiation/perseveration
DRS	Dementia rating scale
CV/IP	Complex verbal portion of initiation/preservation
DTI	Diffusion tensor imaging
ERN	Large error negative wave
Pe	Shallow error positive wave
MCI	Mild cognitive impairment
AD	Alzheimer disease
BDNF	Brain-derived neurotrophic factor
CCR	Computerized cognitive remediation
NBCCR	Neuroplasticity-based computerized cognitive remediation

dysfunction is present in approximately 25% of subjects.² In addition, the number of community residents with both depressive symptoms and impaired cognition doubles every 5 years after the age of 70. In some cases, the syndromes of depression and cognitive impairment may be related to the same underlying disorders (eg, vascular dementia and hypothyroidism) whereas, in other cases, depression and cognitive impairment may have different causes but each may influence the course of the other. Differential diagnosis and treatment decisions can be complicated for various reasons. Cognitive symptoms of severe depression can be prominent and be misdiagnosed as an early-stage dementing disorder. Incipient dementia often has somatic and behavioral symptoms resembling depression. Finally, depression is a common complication of dementing disorders.³ The relationships among cerebrovascular changes, other aging-related structural abnormalities, specific forms of cognitive dysfunction, and increased risk for developing dementias in geriatric depression have yet to be reconciled. The varied and most current findings suggest that there are likely multiple pathways to poor cognitive outcomes.⁴

COGNITIVE DEFICITS IN GERIATRIC DEPRESSION

The neuropsychological impairments seen frequently in geriatric depression span across multiple cognitive domains.⁵ These include impairments in

- Episodic memory^{6–8}
- Recognition memory
- Visuospatial skills^{9–11}
- Verbal fluency¹²
- Psychomotor speed^{13,14}

These impairments, in particular memory impairments, were attributed to dysfunction in subcortical structures related to mood regulation, such as the hippocampus.¹⁵

Recent research has focused on the role of executive functions, such as impaired planning, organizing, initiating, perseverating, sequencing, and attention set shifting in the clinical course of geriatric depression.^{9,10,12,16–18} These studies indicate that abnormal performance on some tests of executive function predicts both poor and unstable antidepressant response^{12,16,19,20} as well as current and future disability,^{21,22} although some disagreement exists.²³ In addition, executive dysfunction has been shown to predict suicidality, even after controlling for comorbid conditions.^{24,25} The specifics of this topic are discussed later.

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