

Assessment of the Person with Late-life Depression

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KEYWORDS

- Depression • Geriatric depression • Late-life depression • Depression assessment
- Clinical presentation of depression • Clinical evaluation of depression

KEY POINTS

- Thorough assessment for depression in elderly patients includes comprehensive psychiatric interview of the patient and collateral sources.
- Identification of risk factors for late-life depression, suicide risk assessment, functional status evaluation, and assessment of cognitive status are integral to the clinical evaluation and management.
- Laboratory studies and neuroimaging can facilitate identification of associated comorbidities as contributors to the medical or neurologic causes of depression symptoms.
- Validated rating scales can aid in the identification and monitoring of symptoms over time.

INTRODUCTION

Depression in elderly adults is a serious condition with distinct morphologic and clinical features, with first onset after age 65 years. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR), a major depressive episode is defined as the presence of low mood or anhedonia plus 4 or more associated symptoms occurring nearly all day, daily for 2 or more weeks (Box 1).¹ The lifetime prevalence of MDD in the general adult population is estimated at 15% to 17%,² whereas the 1-year prevalence rate in individuals ages 65 years and older is lower at 1% to 4%.^{3–6} Prevalence rates of MDD are higher in women than in men (4.4% vs 2.7% respectively).⁷ Despite the lower prevalence of MDD in the older adult population, an estimated 15% to 25% of older adults suffer from subthreshold symptoms of depression identified by fewer than 5 DSM-IV-TR

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Abbreviations: Assessment of Late-life Depression	
AIDS	Acquired Immunodeficiency Syndrome
ADLs	Activities of Daily Living
BDI	Beck Depression Inventory
CDT	Clock Drawing test
CMP	Complete Metabolic Panel
GDS	Geriatric Depression Scale
HAM-D	Hamilton Rating Scale for Depression
HIV	Human Immunodeficiency Virus
IADLs	Instrumental activities of daily living
LLD	Late-life depression
MDD	Major depressive disorder
MMSE	Mini Mental Status Examination
PHQ-9	Patient Health Questionnaire-9
PRIME-MD	Primary Care Evaluation of Mental Disorders
RPR	Rapid plasma reagin
SLUMS	St. Louis University Mental Status exam
T ₃	Triiodothyronine
T ₄	Thyroxine
TBG	Thyroxine-binding globulin
TSH	Thyroid-stimulating hormone
VDRL	Venereal Disease Research Laboratory

criteria for a major depressive episode being met or, when 5 or more criteria are met, symptoms last less than 2 weeks. These symptoms nevertheless cause distress and functional impairment but do not meet criteria for a major depressive episode or MDD and are classified as minor or subsyndromal depression.⁸ The prevalence of both MDD and clinically significant minor depression varies by clinical setting, with the lowest rates observed in community settings and the highest rates in long-term

Box 1
DSM-IV-TR criteria for major depressive episode
Five or more of the following symptoms present during the same 2-week period
At least 1 symptom is depressed mood or anhedonia
1. Depressed mood
2. Anhedonia
3. Change in appetite or significant weight loss or weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate or indecisiveness
9. Recurrent thoughts of death or suicidal ideation
<i>Data from</i> Diagnostic and statistical manual of mental disorders, fourth edition, text revision. Washington, DC: American Psychiatric Association; 2000. http://dx.doi.org/10.1176/appi.books.9780890423349 .

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