

# Depression and Cardiovascular Disorders in the Elderly

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## KEYWORDS

- Elderly • Depression • Cardiovascular disease • Prevalence • Mechanisms
- Intervention

## KEY POINTS

- Both depression and cardiovascular diseases are highly prevalent in elder individuals.
- Depression and cardiovascular diseases have a synergetic impact on prognosis of elder patients and they share similar pathologic mechanisms.
- Prompt recognition of depression in patients with cardiovascular disease is necessary.
- Applying evidence-based intervention that targets depression in elderly patients, especially those with cardiovascular diseases, will improve the outcomes of these patients.

The world's older population continues to grow at an unprecedented rate. Currently, 8.5% of people worldwide (617 million) are 65 years and older and this percentage is projected to jump to nearly 17% of the world's population by 2050 (1.6 billion).<sup>1</sup> Cardiovascular disease (CVD) and depression are among the most common diseases experienced by this older population. According to the statistics of *Aging in the United States* (2016),<sup>2</sup> the present population of 46 million Americans aged 65 years and older is projected to more than double to more than 98 million by 2050, and this group's share of the total population will increase to nearly 24% from 15%. This trend amplifies the necessity of improving care for older patients with chronic health problems. Of those with chronic health problems, those with CVD and depression are particularly challenging due to the multifaceted nature of these conditions. This review focuses on the significance of this aging trend and ways to better care for this particular population.

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## THE SIGNIFICANCE OF DEPRESSION AND CARDIOVASCULAR DISEASE IN THE ELDERLY

The growing population of elderly is a sign of success reflecting several merits in societal enhancement. However, although people are living longer, they are increasingly battling chronic diseases of the heart, respiratory system, and the brain. With the growth of the younger population slowing, meeting the demand of the health care needs of the elderly has emerged as a significant public health burden for prevention and treatment. Of these chronic diseases, CVD has been the largest global disease burden in people aged 60 years and older, occupying about one-third of the total global disease burden.<sup>3</sup> An estimated 85.6 million of American adults (>1 in 3) have 1 or more types of CVD. Of these, more than a half (43.7 million) of are estimated to be 60 years of age or older. The prevalence of CVD is positively related to age. For instance, in the age group from 60 to 79 years old, 69.1% of men and 67.9% of women experience CVD; in the 80 years and older group, 84.7% of men and 85.9% of women have CVD. The leading causes of death in men and women 65 years of age or older are diseases of the heart.<sup>4</sup> Elderly patients with CVD account for more than 65% of the total spending of US CVD patients on personal health care and public health.<sup>5</sup>

Mental health concerns are also age-related issues. It is estimated that 20% of people aged 55 years or older experience some type of mental health concern,<sup>6</sup> with the most common conditions being anxiety, severe cognitive impairment, and depression. Depression affects approximately 20 million Americans every year, regardless of age, race, or gender. Depression in the elderly is generally considered to be 2 types: late-onset that develops when an individual reaches 60 years or older, and younger onset that persists into late life.<sup>7</sup> Recognizing certain features of these 2 kinds of depression can be helpful when developing appropriate care plans (**Table 1**). Although depression is not a normal part of the aging process, there is a strong likelihood of it occurring when other physical health conditions are present. For example, nearly one-fourth of the 600,000 people who experienced a stroke in a given year experienced clinical depression.<sup>8</sup> Differing rates of depression in the elderly have been reported due to variations in study designs, including the population studied, study size, tools of assessments, and so forth.

**Table 1**  
Features differ between and early-onset and late-onset of depression

Features of Depression	Early-Onset	Late-Onset
Genetic	Higher with more family history of mental illnesses	Low
Risk factors	Higher rate of personality disorders	Higher rate of CVD risk factors
Brain abnormality	Functional	Structural
Cognitive or neurologic	Fewer issues	More issues
Depression manifestation	Expressive depressive symptoms	Somatic and cognitive
Obtain psychiatric care	More likely to need formal mental health care	Generally not recognized until late
Comorbidities	Greater substance abuse and dependence	Greater physical comorbidities
Suicide	At risk for suicide	Highest risk of suicide
Response to depression intervention	More responsive	More resistant

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