

Unfortunately, there is very little systematic investigation of the above factors to guide the prescriber. Most of the research on antidepressants has been conducted in patients below the age of 65 and, even when elderly groups are studied, depressed subjects aged over 75 or those with concurrent physical illnesses tend to be excluded. Therefore, much relevant data about the new drugs and their use in the elderly are still needed. However, we can say that the unwanted effects of the tricyclics, such as cholinergic blockade and alpha-adrenergic antagonism, can lead to significant problems in the elderly—respectively confusion and hypotension. For these reasons, and their toxicity in overdose, the tricyclics should be considered second-line drugs in the elderly.

Conclusion

To date, newer antidepressants appear as effective as older drugs, have fewer contraindications and a less disabling side-effect profile. They also have a clear advantage in that cognitive function is less affected. They are therefore probably a step forward in the treatment of depression in old age, although data on long-term efficacy are still required¹⁰.

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