

Social and psychological interventions can be effective

### Drug treatment

It is, therefore, important that depressive illness is treated appropriately, to reduce the morbidity and mortality associated with the condition. It is, however, of equal importance that ineffective or unnecessary treatment is avoided, both because of the risk of drug interactions or adverse reactions and also because of the financial cost. Anticholinergic and cardiotoxic side-effects may be a contraindication for the use of tricyclic antidepressants, and increasing side-effects may make it impossible to reach the therapeutic dose of 125 mg/day<sup>4</sup>. Indeed, there has long been a disinclination among doctors to treat elderly depressed people because of these problems.

The SSRIs should be accepted as the antidepressants of choice in the elderly, including those with concomitant physical illnesses. SSRIs are cardiac safe and have no



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anticholinergic side-effects. The starting dose is the therapeutic dose. There are few interactions with other types of medication and the single daily dose encourages compliance. Response to treatment and improvement in quality of life can be seen irrespective of improvement or deterioration in physical health.

A recent study<sup>4</sup> of a placebo-controlled treatment trial of depression in acute geriatric medical inpatients, using fluoxetine (Prozac) 20 mg in the morning as the active treatment, showed a significant response over the eight weeks of the study in patients with serious physical illness, defined as moderate or severe cardiac or respiratory disease, or neoplasm known to the patient. The antidepressant was well tolerated by all patients in the trial and showed a very low risk:benefit ratio, as would be expected from the selective serotonin re-uptake inhibitors (SSRIs). A variety of new

types of antidepressant are now available. Experience in their use in the general population should, however, be gained before widespread prescription in this difficult group of patients.

Serious physical illness is likely to be a potent psychological stressor, affecting body image, self esteem, sense of identity, capacity to live independently and to maintain social and family relationships<sup>5</sup>. In elderly patients serious physical disease is likely to be a chronic condition and this study has shown that, where one of the main stressors implicated in the aetiology of the depression (ie the physical illness) cannot be alleviated, treatment by antidepressant medication has been effective.

### Social and psychological treatment

Social and psychological interventions can also be effective. Loneliness—particularly among frail elderly people housebound by their physical problems—can be combated by provision of a regular home help, which may lead to the development of an important relationship. Day centre attendance provides contact with peers and a change in routine so that every day is not the same, though it may be necessary to alleviate depression by antidepressant treatment before the patient has enough self-esteem and confidence to go to a day centre. Support groups, for instance after amputation or for sufferers with Parkinson's disease, can help patients to come to terms with their illness and allow expression and alleviation of fears and worries about the future.

Maximum control of physical problems, particularly pain control, is also important. Chronic pain is known to cause depression, but depression also affects pain perception and ability to manage it, setting up a vicious circle of pain leading to depression leading to increased pain leading to increased depression, etc.

### 'Pseudo dementia'

Depression in the elderly may also present as a dementia-like syndrome 'pseudo dementia', or with associated cognitive impairment. Difficulty in concentration so that memories are not registered or retained, together with lack of motivation to try to retrieve memories, can present as short-term memory difficulties. Suspicion should be raised if the patient is not willing to try to remember facts or to carry out tasks properly. 'I can't' is the frequently heard response, while a patient with dementia is likely to try hard and be upset by failure. Problems may be worse in the mornings—the diurnal variation of