

accepted that the therapeutic interventions are no different from those in other age groups and are more likely to be tolerated and be of greater benefit. We now have newer antidepressants (see Table 1) that are not cardiotoxic like the tricyclic antidepressants (TCAs), which were until recently the mainstay of treatment. Not only are these newer drugs less toxic, but they have fewer side-effects and contraindications than TCAs. However, many general practitioners still do not use them first line in the elderly.

Screening

The diagnosis of depression is more hazardous in the elderly as there are many possible confounding factors (Table 2), but it is easy to screen for the condition in the community as elderly patients are likely to attend more frequently for blood pressure checks, flu injections and over-75 screening, and so are usually well known to their GP and other members of the primary-care team. Involving practice nurses in screening can

Key points

- Depression is probably more common in the elderly and older people are a high-risk suicide group, but the condition is often overlooked
- The diagnosis of depression is often more difficult in the elderly. The possibility of other physical diseases should always be excluded
- Beware the patient who appears to have early dementia as this may be a presentation of depression
- Treatment is very effective and newer drugs should be used first line. Relapse is common if treatment is discontinued
- Management should be multidisciplinary and follow-up is for life

be a great help as they often have more time to ask questions and can refer those at risk to the GP. The new health promotion scheme in general practice lends itself particularly to the detection and effective management of depression as it is meant to address local and practice-based needs.

Particular individuals are at greater risk and, although the factors listed in Table 3 make a depressive illness more understandable, they do not reduce the need for effective management or reduce the effectiveness of any therapeutic intervention. It is of course important to exclude physical diseases such as hypothyroidism, anaemia, cerebrovascular disease and early dementia, but once this has been done, the treatment of depression can be both rewarding for the physician and greatly improves the patient's quality of life.

Diagnosis and treatment

The features of depression in the elderly are no different from those in the younger patient, with lack of energy, motivation, concentration and enjoyment, as well as mood disturbance and the physical symptoms. Although sleep disturbance may often be the only presenting complaint, other negative thoughts such as being a burden on others and worry about poverty are quite likely to be forthcoming. Using a simple screening tool such as the Geriatric Depression Scale (GDS)¹¹, ICD-10, or the Beck Depression Inventory (BDI) routinely during consultation or as part of a health promotion campaign will aid the diagnosis.

The treatment of depression in the elderly is probably the least complicated part of management as the newer antidepressants (Table 1) at the standard dose are likely to be effective at both improving symptoms as well as treating the depression. Given their relative

Table 1: Newer antidepressants

Selective serotonin reuptake inhibitors (SSRIs)

Citalopram (Cipramil)
Fluoxetine (Prozac)
Fluvoxamine (Faverin)
Nefazodone (Dutonin)*
Paroxetine (Seroxat)
Sertraline (Lustral)

*Predominant action 5 HT₂ subscript 2 blockade

Selective serotonin and noradrenaline reuptake inhibitor (SNRI)

Venlafaxine (Efexor)

Selective noradrenaline reuptake inhibitor (NARI)

Reboxetine (Edronax)

Noradrenaline and selective serotonin antidepressant (NaSSA)

Mirtazapine (Zispin)

Table 2: Confounding factors in the diagnosis of depression in the elderly

- Patients may feel depression is an inevitable consequence of old age and cannot be treated
- Coexisting medical conditions may worsen depression—eg stroke¹², myocardial infarction¹³
- CNS depression may be a side-effect of medication prescribed for coexisting physical illness