Table 3: Risk factors for depression in older people

- Recently bereaved
- Living alone
- Poor housing
- Financial problems
- Social isolation
- Recent onset memory impairment

lack of side-effects and safety in overdosage, the newer antidepressants should be considered as first line.

Prevention of relapse should always be considered as early as possible and preferably at the time of initial presentation. Undertreatment, either in the use of subtherapeutic doses or premature discontinuation, is common[6] and this results in a tendency to relapse, chronicity or even successful suicide. Compliance can be a particular problem in the elderly, especially if the patient is on a number of medications or there is significant cognitive impairment, but simplicity of dosage and dealing adequately with social and psychological problems can greatly improve the outcome. Follow-up in the elderly should be considered lifelong and the decision to discontinue treatment should not be taken lightly.

Conclusion

I do not advocate that the only treatment should be with drugs, as the management of depression in the elderly should always be multidisciplinary with active input from other members of the primary-care team, voluntary agencies and, where appropriate, secondary care and the community mental health team.

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References

1 Ames D, Ashby D, Mann AH, *et al*. Psychiatric illness in elderly residents of part III homes in one London borough. Prognosis and review. *Age Ageing* 1988; 17: 249-56
2 Baldwin R C, Jolley D J. The prognosis of depression in old age. *Br J Psychiatry* 1986; 149: 574-83
3 Macdonald A J D. Do general practitioners 'miss' depression in elderly patients? *Br Med J* 1986; 292: 1365-7
4 Yesavage J A, Brink T L, Rose T L, et al. Development and validation of a geriatric depression rating scale: a preliminary report. *J Psych Res* 1983; 17: 27
5 Sheikh J I, Yesavage J A. Geriatric Depression Scale: recent evidence and development of a shorter version. *Clin Gerontol* 1986; 5: 165-72
6 Donoghue J M, Tylee A. The treatment of depression: prescribing patterns of antidepressants in the UK. *Br J Psychiatry* 1996; 168: 164-8
7 House A, et al. Mood disorders in the year after first stroke. *Br J Psychiatry* 1991; 158: 83-92
8 Frasure-Smith N, Prince R. The ischaemic heart disease life stress monitoring programme: impact on mortality. *Psychosom Med* 1985; 47: 431-5