

Under-prescribing

Are we failing our older patients with depression?

Most older people with depression respond well to pharmacological therapy, yet research shows that treatment is suboptimal both in primary and secondary care. Dr Tim Stevens suggests some practical solutions

Depression is, together with the anxiety disorders, the most common psychiatric condition in people over the age of 65, with a reported prevalence rate in the community of 15 per cent¹. It is associated with significantly increased mortality through, among other things, suicide, poor self-care, reduced mobility and inadequate treatment. This last factor is of particular relevance as most older patients with depression respond well to antidepressant treatment². Conversely, accurate diagnosis and vigorous treatment of depression can reduce both morbidity and mortality associated with this illness.

Pharmacological treatments

Antidepressant medication may broadly be divided into the older tricyclic antidepressants or TCAs, the newer tricyclics (lofepramine), the specific serotonin reuptake inhibitors or SSRIs, and other agents including serotonin and noradrenaline reuptake inhibitors (see Table 1). The newer agents are as effective as the older tricyclics but present fewer problems in the form of anticholinergic, cognitive, sedative and cardiotoxic side-effects to which older patients are particularly vulnerable.

Controlled trials suggest that the superiority of these newer drugs may be modest³, but the practical advantages of using them may be greater in terms of an increased proportion of patients fit to treat. The newer treatments are admittedly more expensive but it is likely that the reduction in time spent in hospital and care required at home with adequate treatment

Key points

- Depression in older patients often goes unrecognised
- Most older people with depression respond well to antidepressant medication
- Elderly patients with depression frequently receive inadequate doses of antidepressants or inappropriate drugs
- SSRIs are effective and well tolerated, and should be used as first-line treatment
- Antidepressant medication should be given sufficient time to work
- Prophylaxis with antidepressants and/or lithium may be necessary to prevent relapse

of depression means that these medications are ultimately cost effective⁴. They also have the advantages of being therapeutic at their starting doses and being available in a single daily dose.

However, despite the availability in the 1990s of well-tolerated and effective antidepressant medication, only a minority of older people with depression actually receive pharmacological treatment⁵. Those who do are often treated with an inappropriate agent at an inadequate dose. In a recent study, over 58,000 prescriptions for antidepressants were reviewed from a large primary-care database representing 100 general practices in the UK⁶. Patients over the age of 65 were more likely than younger patients to be prescribed an older TCA and less likely to be prescribed an SSRI, and