

**Workshop ID:** IW01

## **Treatment of depression in older people**

**Workshop directors:** Trey Sunderland / André F. Joubert

**Educational Objectives:** The diagnostic and therapeutic approaches to depression in the elderly.

**Workshop description:** Depression in older people differs from depression in younger patients. The older patient deserves specific treatment, related to the unique needs for this population group, and this program will focus on the diagnostic and therapeutic approaches to depression in the elderly.

The syndrome of major depression occurs less commonly in older people than at younger ages; however, this population often has higher rates of depressive symptoms and sub-threshold depression. Thus, the total incidence of depression and depression spectrum disorders are actually higher in the elderly, and all these conditions warrant treatment. There are also indications of higher suicide rates in elderly depressed patients than previously reported. Increased awareness of these facts could assist in the prevention and effective treatment of geriatric depression. Unfortunately, the increased rates of physical illness and incapacity in the elderly often clouds the clinicians' acuity to the onset of depression and other comorbid psychiatric conditions, so special diagnostic care is needed, especially with atypical depression.

The notion that depression is part of "normal ageing" should always be challenged. Many chemical changes occur in the elderly brain including alterations in neurotransmitters (5-HT, noradrenaline, dopamine), neuropeptides (vasopressin, CTRF), cerebral blood flow (pre-frontal and limbic areas) and lesions in the white- and grey-matter all effect changes in the functioning of the brain. Several other factors predispose the elderly to depression; nutrition (vitamin B12, folate), physical illness (cardiac disease, cancer, neurodegenerative diseases such as stoke, dementias and Parkinson's disease), psychosocial changes (isolation, loss of independence, multiple bereavements) and endocrine diseases (hypothyroidism, diabetes).

When depression does occur in older people, specific treatment principles are important. Due to comorbid medical conditions, altered pharmacokinetics and co-administered medication, careful attention should be given to the use of antidepressants, the emergence of side effects and possible interactions between medications. The required duration of treatment appears to be longer for older patients, with the possibility of life-long treatment receiving consideration with first-episode, late-onset and recurrent depression. Recent studies have shown good response to psychotherapy in older depressed patients, so the specific psychological needs of the aged should also be addressed therapeutically.

Overall treatment strategies will be discussed, including medications, psychosocial treatments and the use of various research approaches. In addition to providing the latest literature and guideline-recommendations in the treatment of depression in older people, this workshop will involve interactive discussions and electronic voting on key issues with an expert.

### **Methods:**

Introduction to subject of workshop.

Group work. Questions incl. references handed out.  
Expert session. LCD projector and voting pads system.

**Target audience:** Young doctors as well as specialists participating in congress.

**Workshop level:** Doctors and specialists with experience or interest in geriatric care.

**Sponsored by:** The Lundbeck Institute