

## Depression in the Elderly



Georges E. Karam, MD<sup>1</sup>

- Fatigue or loss of energy nearly every day;
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick);
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others);
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

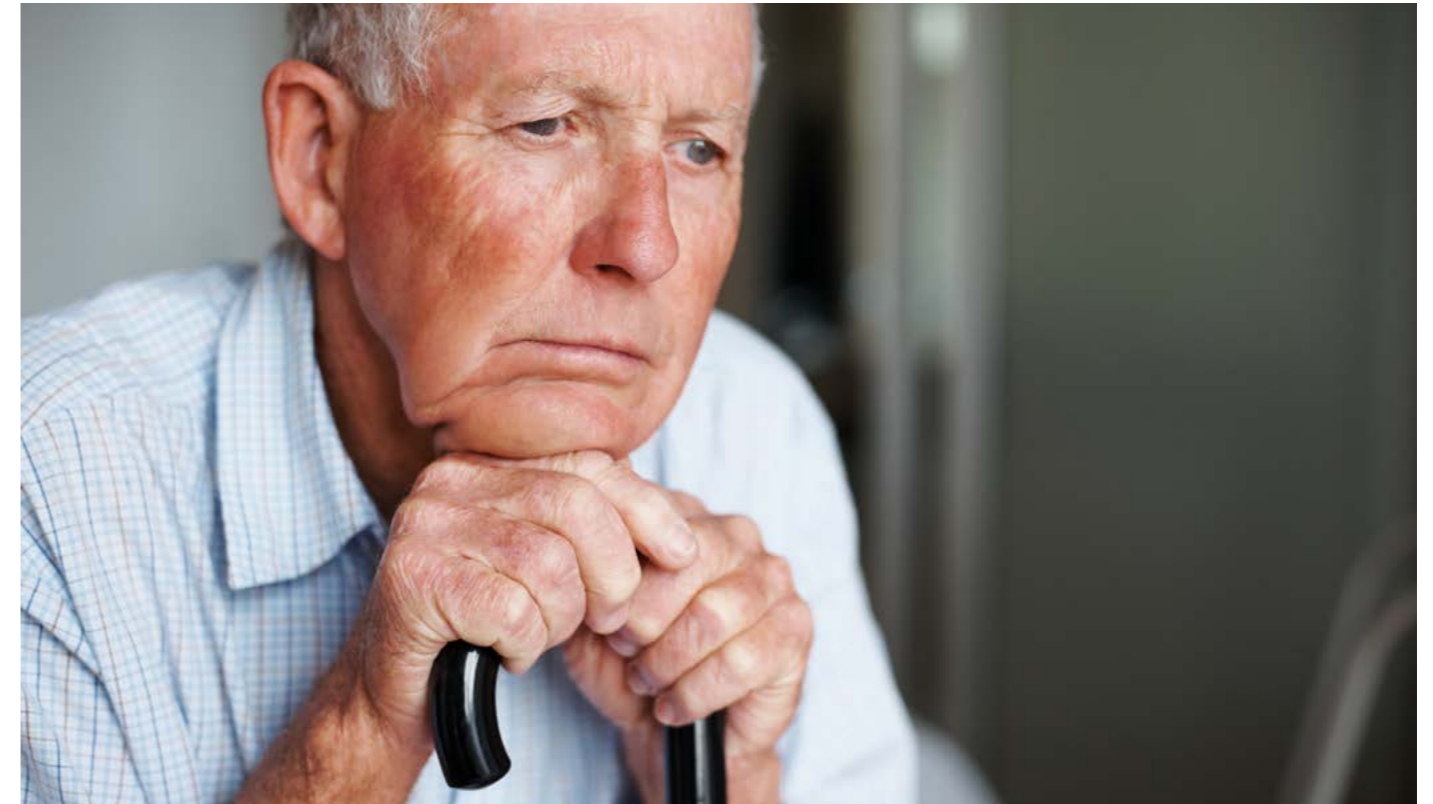
Depression is a mood disorder that involves the body and the mind. Major Depressive Disorder (MDD) is a medical condition characterized by many symptoms emerging together. To be diagnosed with MDD, one must meet the criteria established in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)<sup>1</sup> for MDD. Five (or more) of the symptoms must have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms should be either depressed mood or loss of interest or pleasure. The criteria are:

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful);
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others);
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day;
- Insomnia or hypersomnia nearly every day;
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down);

The above symptoms should cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. Also, the symptoms must not be due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism). While depression may occur as only one single episode in a person's lifetime, for many it is a recurrent disorder with repetitive episodes of varying severity.

Late-life depression encompasses both patients with the late-life onset of depression (after age 60) and older adults with a prior and current history of depression. Diagnosing depression in the elderly offers unique **challenges** to physicians in light of the **multiple** confounding factors associated with aging and the concomitant decline of cognitive and functional capacity.

In Lebanon, some studies have taken place tackling geriatric depression. IDRAAC undertook a study at a major university hospital in Lebanon where 200 patients older than 60 being admitted for any medical/surgical reason to the hospital were screened for depression. Two scales were used for the screening of depression, the geriatric depression scale (GDS)<sup>2</sup> and the hospital anxiety and depression scale (HADS)<sup>3</sup>. On the GDS, 29.1% of the population interviewed screened positive for depression. Based on the HADS, 22.7% had probable depression and



17.7% had definite depression, putting the total at 40.4%. In other words, 30 to 40% of older adults being admitted to the hospital for a medical or surgical cause suffer from depression. What is more alarming, is the very low rate of recognition by the treating team and only a minority was receiving treatment!<sup>4</sup>

In parallel, IDRAAC underwent the only national study in Lebanon studying the rates of mental disorders in Lebanon.<sup>5</sup> An analysis was carried out specifically for older Lebanese and based on that study, 9.1% of Lebanese older than 60 suffer from MDD.<sup>6</sup> Regarding suicide, 3% of the older Lebanese population had suicidal ideation, 1.4% had a suicidal plan and 0.9% actually attempted suicide. Unfortunately, only 20.8% of those having a lifetime mental disorder ever seek a professional consultation.

Based on the above data, depression is frequently present in the elderly population. And even though it is the leading cause of disability as measured by Years Lived with Disability and will be the second leading contributor to the global burden of disease in 2020, it is still rarely diagnosed and treated in Lebanon.

### References

- 1- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
- 2- Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res.* 1982-83;17(1):37-49.
- 3- The hospital anxiety and depression scale. *Acta Psychiatr Scand.* 1983 Jun;67(6):361-70.
- 4- Karam GE, Itani L. Depression, anxiety and memory impairment among geriatric inpatient subjects. *International Journal of Geriatric Psychiatry* (2014); 29(9):988-90
- 5- Karam EG, Mneimneh ZN, Dimassi H, Fayyad JA, Karam AN, Nasser SC, et al. (2008) *Lifetime Prevalence of Mental Disorders in Lebanon: First Onset, Treatment, and Exposure to War.* *PLoS Med*5(4): e61.
- 6- Karam GE, Itani L, Fayyad J, Karam AN, Mneimneh Z, Karam EG. Prevalence, correlates and treatment of mental disorders among Lebanese older adults: a national study. *The American Journal of Geriatric Psychiatry*, 2016 Volume 24, Issue 4, Pages 278-286
- 7- Karam GE. Geriatric depression: A brief review. *J Med Liban* 2012 ; 60 (4) : 200-206.

1- Departments of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, St. Georges Hospital University Medical Center; Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut; Medical Institute for Neuropsychological Disorders (MIND); Alzheimer's Association Lebanon; Clemenceau Medical Center;