

Depression and Aging – A Public Health Concern

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Geriatric depression is a complex disorder confounded by many biopsychosocial factors. Increasingly aging baby boomer population may result in an increase in elderly patients with depression. There is a need for early recognition, diagnosis, and treatment of depression in aging population to prevent depression's emotional and physical consequences. Treatment of geriatric depression requires collaborative efforts and holistic approaches by healthcare providers, public health interventions, and a reform in policies as well as allocation of resources for effective management of depression.

Depression, an often overlooked and dismissed part of aging, is increasingly recognized as a serious public health concern among older adults. The prevalence of depression in patients aged 65 and older may be as high as 15% in community settings to 40% in hospitalized patients. In addition, research suggests that suicide rates due to depressive disorders are higher in older adults compared to younger population [1]. The rates of depression are expected to rise with aging baby boomers worldwide, emphasizing the need for prevention and management of geriatric depression.

What are the barriers that prevent early recognition, diagnosis, and treatment of geriatric depression? How do we overcome those barriers?

First, the diagnosis of depressive disorders in older adults may be difficult because symptoms are usually masked by physical illness-related complaints, particularly among frail older adults. Symptoms including sleep disturbance, psychomotor retardation, fatigue, hopelessness about future, and loss of concentration, appetite or energy are a part of both physical illness and depression in older patients; their overlap further complicates the diagnosis of depressive disorders [2,3]. Screening for depression should be an essential part of the comprehensive geriatric assessment. Brief assessment tools, such as the Psychological Distress Inventory (PDI-29), may be useful in identifying undiagnosed depressive disorders among older adults, and thereby, decrease the likelihood that depressed older adults will not receive treatment [2].

Second, a majority of older patients experience coexisting chronic physical illnesses (e.g., asthma and diabetes, arthritis, heart failure, etc.) and depression. Further, physical illnesses may initiate or further depression in the geriatric population [2]. Chronic physical illnesses in older age has a negative impact on functional status, limiting mobility and independence, thereby triggering depressive symptoms such as despair, sadness, and feeling of hopelessness [4]. Conversely, depressive

disorders tend to complicate the course and treatment of chronic diseases, and delaying recovery, increasing disability, and worsening clinical outcomes. This interaction of depression and physical illness warrants patient-centered approach for clinical management of these conditions in elderly patients [3].

Third, geriatric depression is a complex biopsychosocial disorder. Both structural changes to the brain in the elderly population and psychosocial factors (e.g., lack of social support, helplessness, and hopelessness) contribute to the challenging presentation of depressive symptoms [5]. This multiplicity of factors demands holistic perspective in clinical management of geriatric depression. Researchers should seek to understand the underpinnings of depressive symptoms in later life, with primary focus on intricacy of biologic, psychological, physical, and social factors. Knowledge of risk factors can also help identify high-risk groups which can be targeted with patient-centered strategies and interventions for reducing depression. For example, IMPACT, a successful public health intervention program, utilizes a collaborative-care approach to the management of depression and diabetes in older adults [2].

Aging is inevitable, but doesn't have to consort with depression. Understanding the symptoms of depression and timely diagnosis in geriatric population can further the development of treatment and prevention. The complexity of depression is jaw-dropping. Any chance of conquering depression would require collaborative efforts and holistic approaches of the healthcare professionals, public health interventions, and consideration of policies and resources to support prevention and effective management of depression in elderly population.

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