

Session : Geriatrician's identity: The frail Patient

Mo, 23. 6. 08; 10.50-11.10

Dr. med. Ilse Gehrke, Badstraße 35-37, D-70372 Stuttgart
Ilse.Gehrke@rkk-stuttgart.de

Assessment of mood status

The prevalence of depression (1) and its relevance for the prognosis of the status of health in the elderly are high. The outcome, in particular mortality of chronic diseases will be changed for the worse, if depression is present (2). Additionally, the risk for depression in chronic diseases is high.

In regard of diagnosis, main definitions are major depression, minor depression and dysthymia.

Identifying depression is an important part of a complete geriatric assessment.

Several screening instruments have been established in primary care. In the geriatric context broadly used is the GDS scale from 1982 (geriatric depression scale). Short forms have been validated since. Hereby neither somatic problems of the patients nor the risk of suicide are identified. Main problem of the short GDS versions is that monitoring of depression's severity as well as effects of a therapeutic intervention are not possible. In context of research, another scale, the CES-D (Center for Epidemiological Studies-Depression Scale) has been established. Both scales are comparable (3) In advanced dementia, the rating of depression signs is well established. The observer has to look at mood-related signs, behavioral disturbances and physical signs.

The effect of a depression's identification with appropriate treatment on clinical outcomes in older adults remains a debated question. A recent meta-analysis brought out, that, despite detection and drug treatment of depression, the patients' clinical outcome did not change significantly (4). A possible reason for this might be that treatment of depression has to be multidimensional and needs to be based on a longer follow up. (5).

THOM:

- Depression is a relevant factor for the risk of mortality (patients of all age groups)
- Depression can be discovered by screening scales
- The diagnostic value of the existing screening scales is comparable – take the one, you are comfortable with
- Patient's screening for depression only makes sense, if you are ready to initiate a treatment if necessary.

1) Beekman AT, Copeland JR, Prince M. Prevalence of depression in the elderly; review of community prevalence of depression in later life Br J Psych 1999; 174:307-11.

2) Wulsin, LR et al. Depressive symptoms, coronary heart disease and overall mortality in the Framingham Heart Study, Psychosomatic Medicine 2005; 67: 697-702

3) Schrag A, Barone P, et al. Depression Rating Scales in Parkinson's Disease: Critique and Recommendations, Mov. Disord 2007; 22: 1077-1092

4) Gilbody S, Sheldon T, House A. Screening and case-finding instruments for depression: a meta-analysis, CMAJ 2008; 178: 997-1003

5) Katon W, Unützer J. Cost-Effectiveness and Net Benefit of Enhanced Treatment of Depression for Older Adults with Diabetes and Depression, Diabetes Care 2006; 29: 265-270