European Academy for Medicine of Ageing

Advanced Postgraduate Course of the EAMA

Training Session VII / 4

Guidelines for abstracts on students' state of the art lectures

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Session : Management of assessment results

Reference of the lecture : Pharmacological treatment of depression

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Pharmacological treatment of depression

Late-life depression is common and has become recognized as a major public health problem. Therefore, it is desirable to offer elderly people with depressive symptoms effective treatment options.
Clinical trials analysing antidepressants in elderly are limited and the number of participants has usually been low. In addition, efficacy studies did not include common comorbid conditions. Several reviews found antidepressants to be more effective than placebo in elderly depressed people although effects were modest and varied. The findings suggested that serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCA) are of the same efficacy[1]. SSRIs have more favourable safety and tolerability profiles making them more suitable for older patients[2]. However, SSRIs seem to have a similar risk for falls and the risk for hip fractures may be even higher compared to TCA[3,4]. Alternatives are newer antidepressants like mirtazapin or reboxetin. The choice of a specific SSRI or a newer antidepressant depends on concomitant conditions like anxiety or sleep disorders. In patients with vascular depression, stroke or dementia the value of pharmacological treatment is less clear[5].
The treatment effect starts usually after 1 to 2 weeks. Change of the drug is usually recommended if no effect is observed after 10 to 12 weeks. A combination of different antidepressants is not recommended. An exception is the combination of an antidepressant and lithium which should be managed, however, by specialists.

Short bibliography :

[1] Mottram P, Wilson K, Strobl J. Antidepressants for depressed elderly. Cochrane Database Syst Rev. 2006 Jan 25;(1):CD003491. Review.

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[3] Thapa PB, Gideon P, Cost TW, Milam AB, Ray WA. Antidepressants and the risk of falls among nursing home residents. N Engl J Med. 1998 Sep 24;339(13):875-82.

[4] Vestergaard P, Rejnmark L, Mosekilde L. Selective serotonin reuptake inhibitors and other antidepressants and risk of fracture. Calcif Tissue Int. 2008 Feb;82(2):92-101.

[5] Hackett ML, Anderson CS, House AO. Management of depression after stroke: a systematic review of pharmacological therapies. Stroke. 2005 May;36(5):1098-103.

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