Depression in older people – a suitable case for treatment

Some would argue that depression is part and parcel of older life. Increasing frailty, debilitating chronic conditions, the loss of friends and relations, and resulting social isolation all act to lower mood and resilience. Surely it’s no surprise that rates as high as 35% are reported for the presence of depressive-type syndromes among those over retirement age, with major depressive disorder rates running as high as 4%. But getting on a bit shouldn’t necessarily mean the black dog has come to stay permanently. Depression in older people can and should be treated, and outcomes are typically very good. On p12 James Herron and Alison Mitchell call for the effective management of mood disorders in the elderly, arguing that the condition has historically been “under-recognised and undertreated”.

If left untreated, depression not only impacts on quality of life but may exacerbate existing conditions and increase disability. Of course, in major depression, the risk of self-harm and suicide is always present and one in eight people who die by suicide every year in the UK are aged over 65. Men over 75 have the highest rate of completed suicide among any age group or demographic.

Also, depression is more prevalent among those living in care and less likely to be recognised, particularly in patients with cognitive impairment.

The authors recommend adequate assessment with special attention given to symptoms more common in the elderly such as agitation, hypochondriasis and somatic symptoms. All these factors are commonly encountered in patients with other age-related health concerns and it is important not to dismiss them as an unavoidable consequence of cognitive decline, perhaps related to dementia. Indeed, they raise the interesting concept that depression may produce a cognitive state known as ‘pseudodementia’, which may well resolve following effective treatment.

The drugs do work

Recent research has shown that, contrary to some professional opinion, antidepressant medication is effective for the treatment of major depression and depressive syndromes. Older people should not therefore be denied the benefits of these drugs – although, as with all psychotropics, care should be taken to manage the risks of prescribing in this population. “Response to medication can be difficult to predict… ‘start low and go slow’ still holds true for psychotropic prescribing in the elderly,” say the authors before discussing in detail the relative benefits of the various antidepressants on offer.

Justice for the Pharma Bro

Some time ago, we commented on the price-gouging of generic drugs by opportunistic pharma companies. King among the practitioners of this disgraceful trend was Martin Shkreli.

In 2015, the youthful founder of Turing Pharmaceuticals bought the anti-parasitic drug Daraprim (pyrimethamine) and raised its price by 5000% to $750 (£540) per pill. Dubbed “Pharma Bro” and “the most hated man in America” by the press, this month Shkreli was sentenced to seven years in jail after being found guilty of unrelated fraud charges. Few will shed a tear and hopefully we have now seen the end of this truly shameful period for the global pharma business.

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