DEPRESSIVE DISORDER IN THE ELDERLY

Sir,

A consensus update conference on the diagnosis and treatment of late life depression was held in January, 1996 in USA and its proceedings have been summerized by Katz & Alexopolus (1996).

The conclusions drawn are similar to the impression of a large majority of experienced mental health professionals in India viz. :

(i) Depression among elderly persons often remains undiagnosed and untreated because of a wrong common belief that it is a part of normal ageing. The expert panel concluded that nearly 5 million American age 65 or older suffer from depressive symptoms and of these at least one million suffer from major depression (DSM-IIIR). A great majority of elderly persons who committed suicide (75%) had visited primary care physician within the preceeding one month but their symptoms were unrecognised. I also had a similar experience in that three elderly persons known to me who committed suicide had been to their family doctor within 3-4 weeks of the incident but their depressive symptoms were not noticed.

(ii) In elderly person a medical illness or hospitalisation for a surgical intervention is a frequent concomitant for a depressive episode and should be given treatment for depression also.

(iii) Depression is more common in the elderly than in general population. The prevalence rate is 25% to 40% and is more often associated with low socio-economic status loss of spouse or a concomitant physical illness (Kaplan et al.,1994).

(iv) The greatest number of suicides (25%) occurs in the elderly group although they are only 10% of the population (Kaplan et al.,1994).

(v) Treatment : Age alone is no contraindication for ECT which should be used freely where otherwise indicated (Lebourtz, 1996). In older textbooks a condition called "Involutional Melancholia" was described in the elderly age group. It had a very good prognosis and ECT was particularly indicated in this condition. The oldest patient I gave ECT was an eighty six years old lady and at that time we had no facilities to give relaxants. It does not mean that senior citizens requiring ECT now should be denied these facilities.

(vi) Tricyclic antidepressants- fluoxetine and sertraline have been found equally effective (Schneider, 1996).

REFERENCES

Kaplan, H.I., Sadock, B.J. & Curd Grebb, J.A. (1994) *Synopsis of Psychiatry*, Edn.1(Indian). New Delhi : B.I. Waverly Pvt. Ltd.

Katz, I.R. & Alexopoules, G.S.(1996) Diagnosis & treatment of depression in late life N.I.H. consensus statement. *American Journal of Geriatric Psychiatry*, 4,4.

Lebourtz, B.D. (1996) An overview of N.I.H. consensus statement. Supplement 1.

Scheinder, L.Z.(1996) In : Pharmalogic consideration in treatment of late life depression.

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