Centre for Policy on Ageing
Information Service

Selected Readings

Depression and Older People

August 2014
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Age and sex differences in prevalence and clinical correlates of depression: first results from the Irish Longitudinal Study on Ageing; by Claire O Regan, Patricia M Kearney, George M Savva ... (et al.).: Wiley Blackwell, December 2013, pp 1280-1287.

The risk of depression is increased by physical illness, however the nature of this relationship is complex and unclear. The present study aimed to explore the prevalence and clinical correlates of depression, with particular emphasis on factors representing consequences or physical manifestations of disease. The study also aimed to identify age and gender differences in their effects. A population-representative sample of 8,175 community-dwelling adults aged 50 years and over participated in the first wave of the Irish Longitudinal Study on Ageing. The primary outcome measure was clinically significant depressive symptoms defined by a score of 16 or greater on the 20-item Centre for Epidemiologic Studies Depression scale. Overall, 10% of adults reported clinically significant depressive symptoms. Physical illness was found to be associated with depressive symptoms only in adults aged 65 years and older. In adults aged 50-64 years, the association was mediated by medication use, and this age difference was statistically significant. Irrespective of age, chronic pain and incontinence were stronger predictors of depression in men. These findings identify age-specific and gender-specific clinical markers for depression risk among the older population, which may identify those more likely to present with depression in community settings. (JL)

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From: www.orangejournal.org

Birth cohort changes in the depressive symptoms of Chinese older adults: a cross-temporal meta-analysis; by Jingjin Shao, Dan Li, Dajun Zhang ... (et al.).: Wiley Blackwell, November 2013, pp 1101-1108.

With the dramatic changes in Chinese society and economy, the average depressive symptoms of Chinese older adults may have changed across their birth cohort. This study aimed to examine changes in the depressive symptoms of Chinese older adults by analysing data from 1987 to 2010. The study examined changes in the Center for Epidemiologic Studies Depression Scale scores of older adults for the past 24 years (1987 to 2010) by using cross-temporal meta-analysis. A total of 35,299 older adults were included in the data. The results showed the following: (i) Correlations between the mean scores and data collection year were significantly positive. The mean scores in the depressive symptoms of Chinese older adults showed an increase of at least 0.53 standard deviations from 1987 to 2010. (ii) The means of the scores in the depressive symptoms of both male and female older adults exhibited a significant increase in the past 24 years, with the rising tendency of women being considerably higher than that of men. (iii) Depressive symptoms showed a significant increase for different age groups in the past 24 years, whereas scores for depressive symptoms had no significant difference
in terms of age group. These findings demonstrate that social changes play an important role in predicting changes in the depressive symptoms of older adults. (JL)
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Computerised cognitive behaviour therapy for depression and anxiety with older people: a pilot study to examine patient acceptability and treatment outcome; by William McMurchie, Fiona Macleod, Kevin Power ... (et al.): Wiley Blackwell, November 2013, pp 1147-1156.
The objective of the present study was to determine the acceptability and treatment outcome of using 'Beating the Blues' (BTB), a computerised cognitive behaviour therapy package, with older people aged 65 or over. Specific aims included identifying the treatment uptake and drop-out rate, and describing the role of basic demographics in therapy uptake. 58 participants experiencing symptoms of depression were given a free choice of receiving treatment as usual (TAU) plus BTB (TAU + BTB) or TAU alone. All participants completed demographic questionnaires and a range of outcome measures at baseline, two months after baseline (end of treatment) and three months after baseline (follow-up). 33 participants (56.9%) opted to receive BTB and reported having more experience and confidence using a computer than those who declined BTB. 24 participants (72.7%) went on to complete all eight BTB sessions. Statistical analysis found significant differences between the two treatment groups, with the TAU + BTB group showing greater improvements in their symptoms of depression and anxiety than the TAU group by the end of treatment and at follow-up. Furthermore, the TAU + BTB group had a significantly higher percentage of participants who met criteria for clinically significant improvement in their symptoms of depression by the end of treatment and at follow-up. Although further research is required, including a randomised controlled trial, the results of this initial pilot study provide evidence that BTB may offer an acceptable and effective treatment option for older people. (JL)
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This study examined the relationship between depression and functional status among a community-dwelling population of 65 years and older in South Africa. Data from the first wave of the South African National Income Dynamics Study were used, this being the first longitudinal panel survey of a nationally representative sample of households. The study focused on the data for resident adults aged 65 years and older. Depression was assessed using the 10-item version of the Center for Epidemiologic Studies Depression Scale. Functional status, pertaining to both difficulty and dependence in activities of daily living (ADL), instrumental activities of daily living (IADL), and physical functioning and mobility (PFM), were assessed using 11 items. Functional challenges were generally higher in the older age group. There was a significant association between depression and functional dependence in ADL, IADL and PFM, but the relationship between depression and functional status, particularly PFM, appeared weaker in older age. These findings demonstrate that the relationship between depression symptoms and function is complex. Functional characteristics between older and younger old populations are diverse, and caution is indicated against overgeneralising the challenges related to depression and function among this target population. (JL)
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From: www.orangejournal.org

Depressive symptoms among the medically hospitalized older individuals: a 1-year follow-up study; by Anne-Sofie Helvik, Knut Engedal, Geir Selbaek.: Wiley-Blackwell, February 2013, pp 199-207.
The present study of older medically hospitalised patients from a rural area in Norway assessed the prevalence of depressive symptoms at one-year follow-up and also explored whether depressive symptoms were associated with change in the medical, functional or emotional situation between baseline and follow-up. Study participants were 363 older men and women with age ranges 65-98 years. Information was collected at baseline and follow-up using the Hospital Anxiety and Depression scale (HAD), the Mini-Mental State Examination, Lawton and Brody's scales for physical self-maintenance and performance of the instrumental activities of daily living. Results showed that the prevalence of depressive symptoms, as defined by a score ≥ 8 at HAD-D, was 10% at baseline and 7% at follow-up. Of those with depressive symptoms at baseline, 78% had experienced remission. The incidence of depressive symptoms at follow-up was 5%. In logistic regression analyses adjusted for age, gender, and depressive symptoms at baseline, becoming or being in need of assistance from nursing or social
services, having a cognitive decline and exhibiting poorer physical self-maintenance, becoming vision impaired and with increased anxiety during follow-up was associated with depressive symptoms at follow-up. (JL)

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Depressive symptoms and frailty; by Philip D St John, Suzanne L Tyas, Patrick R Montgomery.: Wiley, June 2013, pp 607-614.


Frailty and depressive symptoms are common issues facing older adults and may be associated. The purpose of the present study was to determine whether: (i) depressive symptoms are associated with frailty; (ii) there is a gradient in this effect across the range of depressive symptoms; and (iii) the association between depressive symptoms and frailty is specific to particular types of depressive symptoms (positive affect, negative affect, somatic complaints and interpersonal relations). A secondary analysis of a population-based study originally carried out in 1991 was conducted in which 1,751 community-living adults aged 65+ years were interviewed. Depressive symptoms were measured using the Center for Epidemiologic Studies-Depression (CES-D) scale. Frailty was graded from 0 (no frailty) to 3 (moderate/severe frailty). Age, gender, education, marital status, self-rated health and the number of comorbid conditions were self-reported. Logistic regression models were constructed with the outcome of no frailty/urinary incontinence only versus frailty. Overall results show that depressive symptoms were strongly associated with frailty, and there was a gradient effect across the entire range of the CES-D scale. The odds ratio and 95% confidence interval was 1.08 (1.06, 1.09) per point of the CES-D in unadjusted models. After potential confounding factors were adjusted, the adjusted odds ratio (95% confidence interval) was 1.03 (1.01, 1.05). Positive affect, negative affect and somatic complaints were all associated with frailty, whereas interpersonal relations were not. (JL)

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The diagnosis of depression and use of antidepressants in nursing home residents with and without dementia; by Iris F M van Asch, Jasper Nuyen, Marjolein Veerbeek ... (et al): Wiley Blackwell, March 2013, pp 312-318.


The aim of this cross-sectional study was to compare the prevalence of diagnosed depressive disorders, depressive symptoms and use of antidepressant medication between nursing home residents with and without dementia. The study used Minimal Data Set of the Resident Assessment Instrument 2.1 data collected in seven nursing homes located in an urbanised region in the Netherlands. Trained nurse assistants recorded all medical diagnoses made by a medical specialist, including dementia and depressive disorder, and medication use. Depressive symptoms were measured with the Depression Rating Scale. Multivariate logistic regression analysis was used to compare data between residents with and without dementia. Included in the study were 1885 nursing home residents (aged 65 years or older), of which 837 had dementia. There was no significant difference in the prevalence of diagnosed depressive disorder between residents with (9.6%) and without dementia (9.8%). Residents with dementia (46.4%) had more depressive symptoms than residents without dementia (22.6%). Among those with depressive symptoms, residents with dementia had the same likelihood of being diagnosed with a depressive disorder as residents without dementia. Among residents with a diagnosed depressive disorder, antidepressant use did not differ significantly between residents with dementia (58.8%) and without dementia (57.3%). The same holds true for residents with depressive symptoms, where antidepressant use was 25.3% in residents with dementia and 24.6% in residents without dementia. Findings of the study demonstrate that there is room for improvement not only for the detection of depression but also with regard to its treatment.

(JL)

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Depression in old age is common. Few studies have examined the association of depressive symptoms and direct costs in older people in a cross-sectional way. This study aims to investigate prospectively health service use and direct costs over a course of 4.5 years considering also different courses of depressive symptomatology. 305 primary care patients aged 75 and above were assessed face-to-face regarding depressive symptoms (Geriatric Depression Scale), and service use and costs at baseline and 4.5 years later. Resource utilisation was monetarily valued using 2004/2005 prices. The association of baseline factors and direct costs after 4.5 years was analysed by multivariate linear regression. Mean annual direct costs of depressed individuals at baseline and follow-up were almost one-third higher than of non-depressed, and highest for individuals with chronic
Depressive symptoms. Most relevant cost drivers were costs for inpatient care, pharmaceuticals and home care. Costs for home care increased at most in individuals with chronic depressive symptoms. Baseline variables that were associated with direct costs after 4.5 years were number of medications as a measure of comorbidity, age, gender and depressive symptoms. Presence and persistence of depressive symptoms in old age seems to be associated with future direct costs even after adjustment for comorbidity. The findings design a look to the potential economic consequences of depressive symptoms in older people for the healthcare system in the future. (JL)

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Do changes in coping style explain the effectiveness of interventions for psychological morbidity in family carers of people with dementia?: a systematic review and meta-analysis; by Ryan Li, Claudia Cooper, Allana Austin, Gill Livingston.: Cambridge University Press, February 2013, pp 204-214.
Observational studies find that family carers of people with dementia who use more emotional support and acceptance-based coping, and less dysfunctional coping, are less depressed and anxious. In this study it was hypothesised that interventions effective in reducing psychological symptoms would increase emotional support and acceptance-based coping, or decrease dysfunctional coping. A systematic review was carried out of randomised controlled trials published up to July 2011 of interventions for carers of people with dementia measuring coping and psychological morbidity in which study validity and reported findings were reported. Fixed-effect meta-analyses for interventions were also carried out where possible. Eight of 433 papers identified by the search met inclusion criteria. All measured coping immediately after intervention. Two interventions significantly decreased depressive or anxiety symptoms: the smaller study found no change in dysfunctional coping. Neither measured emotional support and acceptance-based coping. Meta-analysis found that both group coping skills interventions alone and with behavioural activation significantly increased dysfunctional coping, while significantly reducing depressive symptoms. Positive coping (a mix of emotional and solution-focused strategies) increased with group coping skills interventions and behavioural activation. Contrary to the study hypothesis, dysfunctional coping increased when carer depressive symptoms improved. There was preliminary evidence that emotional support and acceptance-based coping increased, as positive coping increased although solution-focused coping alone did not. More research is needed to elucidate whether successful interventions work through changing coping strategies immediately and in the longer term. (JL)
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From: journals.cambridge.org/ipg

Does religiousness and spirituality moderate the relations between physical and mental health among aging prisoners?: by Rebecca S Allen, Grant M Harris, Martha R Crowther ... (et al).
The present study aimed to examine positive and negative religious coping as moderators of the relation between physical limitations, depression and desire for hastened death among male inmates incarcerated primarily for murder. Inmates over the age of 45 years who passed a cognitive screening completed face-to-face interviews. Multiple regression analyses included age, race/ethnicity, parole belief, physical health, positive or negative religious coping, and all two-way interactions represented by the product of health and a religious coping variable. Older inmates and those who reported greater levels of positive religious coping endorsed fewer symptoms of depression, whereas those who reported greater levels of negative religious coping endorsed more symptoms of depression. Inmates who reported higher levels of depression endorsed a greater desire for hastened death. The effect of physical functioning on desire for hastened death was found to be moderated by negative religious coping such that those who endorsed higher levels of negative religious coping reported a greater desire for hastened death. These findings show that examinations of religious/spiritual practices and mindfulness-based interventions in prison research have assumed a positive stance with regard to the potential impact of religious/spiritual coping on physical and mental health. They provide cautionary information that may further assist in selection of inmates for participation in such interventions. (JL)
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Positive effects of humour on older patients with depressive symptoms have been repeatedly reported. Empirical evidence however is rare. The present study investigated the efficacy of a standardised humour therapy group in
a clinical context for older depressed patients. An experimental group with treatment (49 patients) was compared with a control group with no treatment (50 patients) in a semi-randomised design. Included were patients with major depression according to ICD-10. A set of questionnaires (Geriatric Depression Scale, Short Form Health Survey, State-Trait-Cheerfulness Inventory and Satisfaction with Life Scale) was administered pre-treatment and post-treatment. Both groups showed improvement for depression, suicidal tendency, state cheerfulness and state bad mood. Only participants of the humour group showed changes of state seriousness and satisfaction with life. Further trends could be demonstrated for higher changes in state cheerfulness and resilience for the humour group. These results indicate an additional benefit of this specific therapeutic intervention for older depressed patients. (JL)

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From: www.orangejournal.org

Exploring predictors of walking ability among community-dwelling older adults; by Nikhil Satchidanand, Chester Fox, Kimberly Brunton ... (et al). London: Future Medicine, April 2013, pp 189-197.

The objective of this analysis was to examine the association between complex multidimensional factors and walking ability among older adults. 200 patients completed literature-validated questionnaires to assess depressive symptoms, psychosocial stress and chronic pain. Previous medical diagnoses and medication usage were also recorded. Body Mass Index (BMI) was calculated and walking ability was estimated using the Six-Minute Walk Test. Multiple regression was performed to ascertain the contribution of the predictor variables on distance walked. The overall model accounted for 61.2% of the variance in walking ability. Age, number of medications used and number of comorbid conditions were predictive of distance walked along with chronic pain, depressive symptoms and BMI. These findings indicate that walking ability is influenced by complex multidimensional factors, many of which can be managed. Comprehensive intervention should focus on ameliorating depressive symptoms and chronic pain, and preventing excess weight gain in older adults. (JL)

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Exploring psychosocial pathways between neighbourhood characteristics and stroke in older adults: the cardiovascular health study; by Tingjian Yan, José J Escarce, Li-Jung Liang ... (et al).: Oxford University Press, May 2013, pp 391-397.

The authors aimed to investigate whether psychosocial pathways mediate the association between neighbourhood socioeconomic disadvantage and stroke. The research was part of the Cardiovascular Health Study, a longitudinal population-based cohort study of older adults aged 65 years or above, in which the participants were followed up over 11.5 years. The primary outcome was adjudicated incident ischaemic stroke. Neighbourhood socioeconomic status (NSES) was measured using a composite of six census-tract variables. Psychosocial factors were assessed with standard measures for depression, social support and social networks. Of the 3,834 white participants with no prior stroke, 548 had an incident ischaemic stroke over the 11.5-year follow-up. Among whites, the incident stroke hazard ratio (HR) associated with living in the lowest relative to highest NSES quartile was 1.32 (95% CI = 1.01_1.73), in models adjusted for individual SES. Additional adjustment for psychosocial factors had a minimal effect on hazard of incident stroke (HR = 1.31, CI = 1.00_1.71). Associations between NSES and stroke incidence were not found among African-Americans (n = 785) in either partially or fully adjusted models. The study concludes that psychosocial factors played a minimal role in mediating the effect of NSES on stroke incidence among white older adults. (JL)

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Factors associated with depressive symptoms in older Taiwanese adults in a long-term care community; by Ya-Chuan Hsu, Terry Badger, Pamela Reed, Elaine Jones.: Cambridge University Press, June 2013, pp 1013-1021.

International Psychogeriatrics, vol 25, no 6, June 2013, pp 1013-1021.

The purpose of this study was to examine culturally based factors as potential predictors of depressive symptoms in older Taiwanese adults living in eight long-term care institutions in southern Taiwan. A cross-sectional, exploratory design study was used with a purposive sample of 156 participants with a mean age of 79.80 years. Measurements included filial responsibility expectation questions, two questions about degrees of acceptance of institutionalisation, Perceived Stress Scale, Self-Transcendence Scale and Geriatric Depression Scale. An older person's willingness to be institutionalised or remain institutionalised, perceived stress and self-transcendence were significantly associated with depressive symptoms. Although no evidence for the relationship between filial responsibility and depressive symptoms was found in the study, there was evidence that filial responsibility was highly valued. Self-transcendence was the strongest predictor of depressive
situations that may require different therapeutic and supportive approaches. Enhancement of perceived social support, for those who are impaired, and encouragement of social interactions, for those who are ill, may be important intervention targets for well-being in adults in mid-to-late life, but research has not tested whether these tendencies interact. For example, tenacity may only predict well-being in combination with flexibility. This research tests whether these tendencies interact to predict changes in health-related outcomes. A large cohort of 5,666 people, initially aged 55-56 years, completed measures of flexibility, tenacity, health-related outcomes (physical health, depression, hostility), as well as demographics. Participants provided follow-up data on all measures ten years later. Moderation analysis was used to test whether flexibility and tenacity interacted to predict changes in the health-related outcomes over the period. Results showed that the interaction between tenacity and flexibility significantly predicted changes in depression, hostility and physical ill-health symptoms over ten years, such that highly flexible and tenacious individuals experienced the largest decreases in symptoms of depression, hostility and physical ill-health. The interaction between flexibility and tenacity predicts greater well-being, such that one is most protective when an individual also scores highly on the other. The combination of flexibility and tenacity in the pursuit of personal goals may mean individuals can enjoy gains associated with goal pursuit without the detrimental effects of persevering in blocked goals. (JL)

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Tenacious goal pursuit (TGP) involves striving for goals with commitment and determination, modifying the environment if necessary in order to achieve those goals, whereas highly flexible goal adjustment (FGA) involves pursuing goals with flexibility, adjusting to constraints and modifying goals where there are obstacles. Previous research has shown that tendencies to tenaciously pursue goals and flexibly adapt goals independently relate to well-being in adults in mid-to-late life, but research has not tested whether these tendencies interact. For example, tenacity may only predict well-being in combination with flexibility. This research tests whether these tendencies interact to predict changes in health-related outcomes. A large cohort of 5,666 people, initially aged 55-56 years, completed measures of flexibility, tenacity, health-related outcomes (physical health, depression, hostility), as well as demographics. Participants provided follow-up data on all measures ten years later. Moderation analysis was used to test whether flexibility and tenacity interacted to predict changes in the health-related outcomes over the period. Results showed that the interaction between tenacity and flexibility significantly predicted changes in depression, hostility and physical ill-health symptoms over ten years, such that highly flexible and tenacious individuals experienced the largest decreases in symptoms of depression, hostility and physical ill-health. The interaction between flexibility and tenacity predicts greater well-being, such that one is most protective when an individual also scores highly on the other. The combination of flexibility and tenacity in the pursuit of personal goals may mean individuals can enjoy gains associated with goal pursuit without the detrimental effects of persevering in blocked goals. (JL)

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The nature of interpersonal relationships, whether supportive or critical, may affect the association between health status and mental health outcomes. This study examined the potential moderating effects of social support as a buffer, and family criticism as an exacerbating factor, on the association between illness burden, functional impairment and depressive symptoms. A sample of 735 older adults aged 65 years and above was recruited from internal and family medicine primary care offices. Trained interviewers administered the Hamilton Rating Scale for Depression, Duke Social Support Inventory, and Family Emotional Involvement and Criticism Scale. Physician-rated assessments of health, including the Karnofsky Performance Status Scale and Cumulative Illness Rating Scale, were also completed. Linear multivariable hierarchical regression results indicated that social interaction was a significant buffer, weakening the association between illness burden and depressive symptoms, whereas perceived social support buffered the relationship between functional impairment and depressive symptoms. Family criticism and instrumental social support were not significant moderators. The study concludes that the type of medical dysfunction, whether illness or impairment, may require different therapeutic and supportive approaches. Enhancement of perceived social support, for those who are impaired, and encouragement of social interactions, for those who are ill, may be important intervention targets for treatment of depressive symptoms in older adult primary care patients. (JL)

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Gender differences in health service use for mental health reasons in community dwelling older adults with suicidal ideation; by Helen-Maria Vasilidiadis, Sarah Gagné, Natalia Jozwiak, Michel Préville.: Cambridge University Press, March 2013, pp 374-381.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 374-381.

The purpose of this study from Quebec was to ascertain gender-specific determinants of antidepressant and mental health (MH) service use associated with suicidal ideation. Data used in the study came from the ESA (Enquête sur la Santé des Aînés) survey carried out in 2005_2008 on a large sample of community-dwelling older adults. Multivariate logistic regression analyses were carried out. Results of the study showed that the two-year prevalence of suicidal ideation was 8.4% and 20.3% had persistent suicidal thoughts at one-year follow-up.
In males, the prevalence of antidepressant and MH service use in respondents with suicidal ideation reached 32.2% and 48.9% respectively. In females, the corresponding rates were 42.6% and 65.6%. Males were less likely to consult MH services than females when their MH was judged poorly. Male respondents with higher income and education were less likely to use antidepressant and MH services. However males using benzodiazepines were more likely than females to be dispensed an antidepressant. Among respondents with suicidal ideation, gender was not associated with service use. Younger age however was associated with antidepressant use. Increased promotion campaigns sensitising men to the prodromal symptoms of depression and the need to foster access to MH care when the disorder is manageable may be needed. (JL)
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Gender differences in the relation between depression and social support in later life; by C M Sonnenberg, D J H Deeg, T G van Tilburg ... (et al.).: Cambridge University Press, January 2013, pp 61-70.
International Psychogeriatrics, vol 25, no 1, January 2013, pp 61-70.
Prevalence of depression is twice as high in women as in men, also in older adults. Lack of social support is a risk factor for late life depression. The relation between depression and social support may be different for men and women. In the present study, data from the Longitudinal Aging Study Amsterdam were used to investigate gender differences in the relation between social support and depression in a population-based sample aged 55–85 years, with n = 2,823 at baseline and using the 13-year follow-up data on onset of depression. Results showed that respondents without a partner in the household, with a small network and with low emotional support were more often depressed, with men showing higher rates of depression than women. A high need for affiliation was associated with depression in women but not in men. Lack of a partner in the household and having a small network predicted onset of depression in men but not in women. In respondents with high affiliation need and low social support, depression rates were higher, with men being more often depressed than women. Low social support and a high need for affiliation were related to depression in later life, with men being more vulnerable for depression than women. Considering the serious consequences of depression, especially in older people, it is important to identify people with low social support and a high need for affiliation, and to help them increase their social support or adjust their needs. (JL)
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A home-based training program improves Taiwanese family caregivers' quality of life and decreases their risk for depression: a randomized controlled trial; by Li-Min Kuo, Huei-Ling Huang, Hsiu-Li Huang ... (et al.).: Wiley Blackwell, May 2013, pp 504-513.
Little is known about the longitudinal effects of training programmes on family caregivers' health-related quality of life (HRQoL) and depressive symptoms over time. Therefore the purpose of this study was to examine the effects of a home-based caregiver training programme on HRQoL and depressive symptoms for family caregivers of older persons with dementia. Outcomes (caregivers' HRQoL and depressive symptoms) were assessed before the training programme (baseline), and at two weeks, three months, and six months afterwards. HRQoL was measured using the Medical Outcomes Study 36-item Short Form Survey, Taiwan version. Depressive symptoms were measured using the Chinese version Center for Epidemiologic Studies Depression Scale. Family caregivers who received the individualised home-based training programme had better health outcomes in bodily pain, role disability due to emotional problems, vitality, better mental summary score and decreased risk for depression, and confidence interval than those in the control group during the six months following the training programme. Overall the home-based caregiver training programme improved caregivers' HRQoL, especially role limitations due to emotional problems, and decreased their risk for depression. (JL)
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From: www.orangejournal.org

The Hospital Anxiety and Depression Scale: low sensitivity for depression screening in demented and nondemented hospitalized elderly; by Nikolaos Samaras, Francois R Herrmann, Dimitrios Samaras ... (et al.).: Cambridge University Press, January 2013, pp 82-87.
International Psychogeriatrics, vol 25, no 1, January 2013, pp 82-87.
Specialists currently use the depression subscale (HADD) of the Hospital Anxiety and Depression Scale (HADS) for depression screening in older inpatients. Given recent concerns about the performance of the HADD in this age group, the authors performed a quality-control study retrospectively comparing HADD with the diagnosis of depression by a psychiatrist. The effect of dementia on the scale's performance was also studied. HADS produces two seven-item subscales assessing depression or anxiety. The HADD was administered by a neuropsychologist. As 'gold standard' the authors considered the psychiatrist's diagnosis
based on DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) criteria. Patients older than 65 years, assessed by both the HADD and the psychiatrist, with a clinical dementia rating (CDR) score lower than three, were included. The effect of dementia was assessed by forming three groups according to the CDR score (CDR0, CDR1, and CDR2). Simple and multiple logistic regression models were applied to predict the psychiatrist’s depression diagnosis from HADD scores. Areas under the receiver operating characteristics curve (AUC) were plotted and compared by different tests. Results showed that on both univariate and multiple analyses, HADD predicted depression diagnosis but performed poorly, regardless of cognitive status. Because mood could have changed between the two assessments (they occurred at different points of the hospital stay), the multiple analyses were repeated after limiting time interval at 28, 21, and 14 days. No major improvements were noted. Overall the HADD performed poorly in older inpatients regardless of cognitive status. It cannot be recommended in this population for depression screening without further study. (JL)

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This study aimed to test the hypothesis whether self-rated health alone can explain the relationship between depression and medical care utilisation for older people and to determine whether the explanatory power of self-rated health is greater than that of the explanatory power of a major disease and activities of daily living. The study used data from 1,572 older people obtained from the 2005 National Health Interview Survey in Taiwan. The data from the National Health Interview Survey were linked to the 2005 computerised claims data from the National Health Insurance, and from that, the outpatient expenditures and number of outpatient episodes were identified. The contribution of self-rated health, activities of daily living, the presence of major diseases, and self-rated health were estimated using ordinary least squares regressions. Results showed that controlling for self-rated health alone almost eliminates the positive relationship between depressive symptoms and number of outpatient visits. After controlling for self-rated health, the utilisation ratio of outpatient visits for older people with depressive symptoms reduced significantly to only 1.01 and became insignificant. A similar pattern was observed for total outpatient costs. Overall it was found that self-rated health is an important factor in the depressive symptoms_outpatient utilisation relationship. To reduce medical costs for older people with depressive symptoms, it is essential that the self-rated health for this group is improved. Future studies should test the mechanism through which self-rated health impacts on medical utilisation for older people with depressive symptoms. (JL)

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The importance of the supervisor for the mental health and work attitudes of Australian aged care nurses; by John Rodwell, Angela Martin.: Cambridge University Press, March 2013, pp 382-389.


The work attitudes and psychological well-being of aged care nurses are important factors impacting on the current and future capacity of the aged care workforce. Expanding our understanding of the ways in which the psychosocial work environment influences these outcomes is important in order to enable organisations to improve the management of human resources in this sector. Using survey data from a sample of 222 Australian aged care nurses, regression analyses were employed to test the relative impact of a range of psychosocial work environment variables derived from the demand-control-support (DCS) model and organisational justice variables on satisfaction, commitment, well-being and depression. The expanded model predicted the work attitudes and well-being of aged care nurses, particularly the DCS components. Specifically, demand was related to depression, well-being, and job satisfaction, job control was related to depression, commitment and job satisfaction, and supervisor support and interpersonal fairness were related to well-being. The contributions of informational and interpersonal justice, along with the main and interaction effects of supervisor support, highlight the centrality of the supervisor in addressing the impact of job demands on aged care nurses. Psychosocial variables have utility beyond predicting stress outcomes to the work attitudes of nurses in an aged care setting and thus present further avenues of research for the retention of nurses and improved patient care. (JL)

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Incidence and predictors of depression in non-demented primary care attenders aged 75 years and older: results from a 3-year follow-up study; by Siegfried Weyerer, Sandra Eifflaender-Gorfer, Birgitt Wiese ... (et al.).: Oxford University Press, March 2013, pp 173-180.


The present study aimed to determine incidence and predictors of late-life depression. The study was part of a three-year observational cohort study of 3,214 non-demented patients aged 75 and over completing three waves of assessment. The patients were recruited in 138 primary care practices in six urban areas in Germany. Depressive symptoms were measured at baseline, and 18 months and 36 months later using the GDS-15 Geriatric Depression Scale with a cut-off 0.5/6.15. Cox proportional hazard regression models were applied to examine predictors of incident depression, adjusting for sex, age, education, living situation, activities of daily living and instrumental activities of daily living impairment, somatic comorbidity, alcohol consumption, smoking, mild cognitive impairment and apoeE4 status. Study results showed that the incidence of depression was 36.8 per 1,000 person-years in men and 46.0 in women. The incidence increased from 35.4 per 1000 person-years between the ages of 75 and 79 to 75.2 for subjects aged 85 years and older. After full adjustment for confounding variables, hazard ratios (HR) for incident depression were significantly higher for subjects 85 years and older and those with mobility impairment, vision impairment, mild cognitive impairment, subjective memory impairment and current smoking. The authors conclude that the incidence of depression increased significantly with age. In designing prevention programmes, it is important to call more attention on functional impairment, cognitive impairment and smoking. (JL)

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Is enough being done to treat depression in the elderly?; by Helen J Lewis, Deborah J Hems, Kate N Bosanquet, Karen J Overend.

Aging Health, vol 9, no 3, June 2013, pp 243-245.

This article briefly looks at the complexities involved in the identification and management of depression in older adults. (JL)

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Late-life depression and risk of vascular dementia and Alzheimer's disease: systematic review and meta-analysis of community-based cohort studies; by Breno S Diniz, Meryl A Butters, Steven M Albert ... (et al.).: Royal College of Psychiatrists, May 2013, pp 329-335.


Late life depression may increase the risk of incident dementia, in particular of Alzheimer's disease and vascular dementia. The aim of the present study was to conduct a systematic review and meta-analysis to evaluate the risk of incident all-cause dementia, Alzheimer's disease and vascular dementia in individuals with late-life depression in population-based prospective studies. A total of 23 studies were included in the meta-analysis. The research used the generic inverse variance method with a random-effects model to calculate the pooled risk of dementia, Alzheimer's disease and vascular dementia in older adults with late-life depression. Results of the study showed that late life depression was associated with a significant risk of all-cause dementia, Alzheimer's disease and vascular dementia. Subgroup analysis, based on five studies, showed that the risk of vascular dementia was significantly higher than for Alzheimer's disease. The authors conclude that late life depression is associated with an increased risk for all-cause dementia, vascular dementia and Alzheimer's disease. These results suggest that it will be valuable to design clinical trials to investigate the effect of late life depression prevention on risk of dementia, in particular vascular dementia and Alzheimer's disease. (JL)

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Little is known about how depression affects the lives of older African Americans. The purpose of this review was to present a concise report of the prevalence, correlates, course, outcomes, symptom recognition and treatment of depression for these individuals. A literature review of English-language articles published between 1990 and 2012 was carried out. Studies included older adults and contained the key words 'geriatric depression in African Americans', 'geriatric depression in Blacks?', and 'geriatric depression in minorities'. Although in most studies older African Americans had higher or equivalence prevalence of depression compared with Caucasian Americans, lower rates of recognition of depression and treatment were also found. Many studies reported worse outcomes associated for depression among older African Americans compared
Malnutrition and depression in recently hospitalised elderly in Cairo; by Muhammad Fouad Abd-al-Atty Ibrahim.: International Institute on Ageing (United Nations - Malta), February 2013, pp 24-28.

Malnutrition and depression are highly prevalent in institutionalised older people, and can lead to unfavourable outcomes. This cross-sectional study conducted on 210 recently hospitalised older people in Cairo aimed to test the hypothesis that their reduced mood is associated with malnutrition. The study used a culturally adapted Arabic version of the Geriatric Depression Scale (GDS-11-A), the Arabic version of Mini Nutritional Assessment screening tool - short form (MNA-SF-A), and selected anthropometric and laboratory measurements. Depressed mood was found in 33.8% of the studied population. There was a higher percentage of malnutrition among depressed patients (63.8%) compared to 32.5% among non-depressed patients; the difference is highly significant statistically (p<0.001). Also, linear regression analysis showed that MNA score (nutritional status) is an independent risk factor for depressed mood with a negative correlation. Reduced mood is significantly related to poor nutritional status in recently hospitalised older people. (RH)

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A meta-analysis of the factor structure of the Geriatric Depression Scale (GDS): the effects of language; by Giyeon Kim, Jamie DeCoster, Chao-Hui Huang ... (et al).: Cambridge University Press, January 2013, pp 71-81.

International Psychogeriatrics, vol 25, no 1, January 2013, pp 71-81.

The Geriatric Depression Scale (GDS) is a self-report scale consisting of 30 items (10 worded negatively and 20 worded positively) answered using a yes/no response format. Originally developed in English, the GDS has been translated into more than 30 different languages. Given the lack of consensus on the factor structure of the GDS, as well as the fact that the GDS factor structure appears to vary across diverse cultural and/or language groups, the present meta-analysis examined whether the factor structure of the GDS varies by language. A total of 26 published studies using exploratory factor analysis (14,669 participants; 10 languages) were included in the meta-analysis. The factor structure of the GDS was assessed in the overall sample as well as in each language that had been examined in at least two different studies. The analysis of the full sample resulted in a four-factor structure, whereas analyses of the individual languages produced structures with four to six factors. The mean variable cosines between languages ranged from 0.612 to 0.839, suggesting that the different languages produced distinct factor structures. The three factors of dysphoria, social withdrawal-apathy-cognitive impairment, and positive mood were commonly observed across different languages. Of these, the positive mood factor was the most similar across the languages. These results provide strong evidence of language differences in the factor structure of the GDS. The findings suggest a need for researchers and clinicians to be careful when administering the GDS in different languages, as well as a need to take structural differences into account when interpreting results of the GDS. (JL)

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Although engagement in productive activities is associated with favourable outcomes with respect to the health and well-being of older individuals, the association between such activities and depression in older populations remains relatively unexplored. The purpose of this study was to evaluate the association among five productive activities (paid work, formal volunteering, caregiving, informal helping and caring for grandchildren) with depression in older adults in 14 European countries. This cross-sectional study used the first two waves of data collected by the Survey of Health, Ageing and Retirement in Europe and analysed a total sample of 7,238 relatively healthy community residents aged 60 years and older from 14 European countries. The Survey of Health, Ageing and Retirement in Europe excluded potential participants with a past history of depression, cognitive impairment and physical limitations. Depression was categorised using the EURO-D instrument, and associations with participating in productive activities were investigated. Depression was found to be less prevalent among those individuals who were employed or self-employed and those who participated in formal volunteering or informal helping, whereas caregiving was associated with a higher risk of depression. Caring for with older Caucasians. These findings show that serious racial and ethnic disparities persist in the management of older African Americans with depression. Understanding their unmet needs and improving depression care for these individuals is necessary to reduce these disparities. (JL)

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Malnutrition and depression in recently hospitalised elderly in Cairo; by Muhammad Fouad Abd-al-Atty Ibrahim.: International Institute on Ageing (United Nations - Malta), February 2013, pp 24-28.


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grandchildren was not associated positively or negatively with depression. Formal volunteering and caregiving remained associated with depression after adjustment for age, sex, marital status, education, economic status, country and presence of long-term illness. These findings demonstrate that formal volunteering may be important in reducing depression risk, whereas caregiving is associated with a higher risk of depression in older European adults. (JL)

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Patterns of dietary intake and psychological distress in older Australians: benefits not just from a Mediterranean diet; by Allison Hodge, Osvaldo P Almeida, Dallas R English ... (et al.).: Cambridge University Press, March 2013, pp 456-466.

Anxiety and depression contribute to morbidity in older adults and may be associated with diet. The purpose of this study was to investigate the association between diet and psychological distress as a marker for depression. Dietary patterns were defined by factor analysis or the Mediterranean Diet Score (MDS); depression and anxiety were assessed 12 years later. A total of 8,660 generally healthy men and women born in Australia and aged 50-69 years from the Melbourne Collaborative Cohort Study were included. At baseline (1990-1994), diet (food frequency questionnaire), education, Socio-Economic Indexes for Areas (SEIFA) _ Index of Relative Socio-economic Disadvantage, medication use, social engagement, physical activity, smoking status, alcohol use and health conditions were assessed; at follow-up (2003-2007), psychological distress was assessed using the Kessler Psychological Distress Scale (K10). Logistic regression was used to identify associations between diet and a K10 score of 20 or more, indicative of psychological distress. Study results showed that the MDS was inversely associated with psychological distress, with the odds ratio in the top-scoring group relative to the lowest scoring group being 0.72. Stronger adherence to a traditional Australian-style eating pattern was also associated with a lower K10 score at follow-up, with the odds ratio for having a K10 score indicative of psychological distress for the top 20% of adherence to this pattern relative to the lowest being 0.61. Hence a Mediterranean-style diet was associated with less psychological distress, possibly through provision of a healthy nutrient profile. The Australian dietary pattern, which included some foods high in fat and sugar content along with whole foods, also showed a weak inverse association. Adherence to this pattern may reflect a feeling of belonging to the community associated with less psychological distress. (JL)

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A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: effects on mental health, cognition, and telomerase activity; by H Lavretsky, E S Epel, P Saddarth ... (et al.).: Wiley-Blackwell, January 2013, pp 57-65.

This study examined the effects of brief daily yogic meditation on mental health, cognitive functioning and immune cell telomerase activity in family dementia caregivers with mild depressive symptoms. 39 family dementia caregivers (mean age 60.3 years old) were randomised to practising Kirtan Kriya or listening to relaxation music for 12 minutes per day for eight weeks. The severity of depressive symptoms, mental and cognitive functioning were assessed at baseline and follow-up. Telomerase activity in peripheral blood mononuclear cells (PMBC) was examined in peripheral PBMC pre-intervention and post-intervention. Study results showed that the meditation group showed significantly lower levels of depressive symptoms and greater improvement in mental health and cognitive functioning compared with the relaxation group. In the meditation group, 65.2% showed 50% improvement on the Hamilton Depression Rating scale and 52% of the participants showed 50% improvement on the Mental Health Composite Summary score of the Short Form-36 scale compared with 31.2% and 19%, respectively, in the relaxation group. The meditation group showed 43% improvement in telomerase activity compared with 3.7% in the relaxation group. This pilot study found that brief daily meditation practices by family dementia caregivers can lead to improved mental and cognitive functioning and lower levels of depressive symptoms. This improvement is accompanied by an increase in telomerase activity suggesting improvement in stress-induced cellular ageing. These results need to be confirmed in a larger sample. (JL)

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Prevalence and associated behavioral symptoms of depression in mild cognitive impairment and dementia due to Alzheimer’s disease; by Stefan Van der Mussele, Kim Bekelaar, Nathalie Le Bastard ... (et al.).: Wiley Blackwell, September 2013, pp 947-958.


Mild cognitive impairment (MCI) is a clinical concept that categorises subjects who are in an intermediate cognitive state between normal ageing and dementia. The aims of this study were to determine the prevalence of significant depressive symptoms in MCI and Alzheimer's disease (AD) patients and to characterise the behaviour associated with significant depressive symptoms in MCI and AD patients. A cross-sectional analysis of baseline data from a prospective, longitudinal study on behavioural symptoms of dementia and MCI was performed. The study population consisted of 270 MCI and 402 AD patients. Behavioural assessment was performed by means of Middelheim Frontality Score, Behavioural Pathology in Alzheimer’s Disease Rating Scale (Behave-AD) and Cohen-Mansfield Agitation Inventory. The presence of significant depressive symptoms was defined as a Cornell Scale for Depression in Dementia total score of 7 or greater. The prevalence of significant depressive symptoms in AD patients (25%) was higher compared with MCI patients (16%). Patients with significant depressive symptoms showed an increased severity of frontal lobe symptoms, behavioural symptoms and agitation. Also most of the individual frontal lobe and behavioural symptoms were more prevalent and severe, resulting in higher Behave-AD global scores. Mild cognitive impairment patients with depressive symptoms showed more severe Behavioural symptoms and more severe verbally agitated behaviour than AD patients without depressive symptoms. The study concludes that frontal lobe and behavioural symptoms are more prevalent and severe in MCI and AD patients with significant depressive symptoms as compared with patients without depressive symptoms. (JL)

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Quality of life (QOL) of older adult community choral singers in Finland; by Julene K Johnson, Jukka Louhivouri, Anita L Stewart ... (et al.).: Cambridge University Press, July 2013, pp 1055-1064.


Enhancing quality of life (QOL) of older adults has been an international area of focus for several decades. The present study aimed to examine the relationship between perceived benefits associated with choral singing and QOL among community-dwelling older adults. 117 older adults who sang in community choirs in Jyväskylä, Finland, completed self-report measures of QOL (WHOQOL-Bref), depressive symptoms and a questionnaire about the benefits of singing in a choir. Correlational analyses and linear regression models were used to examine the association between the benefits of choir singing and QOL. Both correlation and regression analyses found significant relationships between the benefits of choral singing and three QOL domains: psychological, social relationships and environment. These associations remained significant after adjusting for age and depressive symptoms. As hypothesised, older choral singers who reported greater benefits of choir singing had higher QOL in multiple domains. The older choral singers in the study also reported few symptoms of depression and high overall QOL and satisfaction with health. These results suggest that singing in a community choir as an older adult may positively influence several aspects of QOL. (JL)

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Quality of life in dementia: the role of non-cognitive factors in the ratings of people with dementia and family caregivers; by Maria Fernanda Barroso Sousa, Raquel Luiza Santos, Cynthia Arcoverde ... (et al.).: Cambridge University Press, July 2013, pp 1097-1105.

International Psychogeriatrics, vol 25, no 7, July 2013, pp 1097-1105.

The validity of self-reported quality of life (QoL) assessments of people with dementia (PWD) is a critical issue. This study was designed in order to determine the non-cognitive factors that are associated with self-reported QoL and PWD QoL as rated by family caregivers. The study assessed QoL of 41 people with mild Alzheimer’s disease (AD). The individuals with AD and their family caregivers completed the Quality of Life in Alzheimer's Disease Scale (QoL-AD), the Assessment Scale of Psychosocial Impact of the Diagnosis of Dementia (ASPIDD), the Mini-Mental State Examination (MMSE), the Clinical Dementia Rating (CDR) scale, the Cornell Scale for Depression in Dementia (CSDD), the Pfeffer Functional Activities Questionnaire (FAQ) and the Zarit Burden Interview (ZBI). Univariate and multivariate regression analyses were conducted to examine the contribution of the various cofactors. A significant difference was observed in the QoL measures of PWD after comparing self-reported assessments with the assessments of family caregivers. Linear regression analysis demonstrated that awareness of disease was related to PWD QoL-AD scores. Both the education levels of family caregivers and the depressive symptoms in PWD were related to the family caregivers' ratings of PWD QoL. The difference between self-reported QoL and family caregivers' ratings of QoL in people with mild dementia indicated that cognitive impairment was not the primary factor that accounted for the differences in the
QoL assessments. These findings suggest that non-cognitive factors, such as awareness of disease and depressive symptoms, played an important role in the differences between the self-reported AD QoL ratings and the caregivers’ AD QoL ratings. A major implication is that discrete measures such as cognition or level of function are likely to miss important factors that influence QoL. (JL) ISSN: 10416102
From: journals.cambridge.org/ipg

A randomized control trial to evaluate the beyondblue depression training program: does it lead to better recognition of depression?; by Marita P McCabe, Gery C Karantzas, Dejan Mrkic ... (et al.).: Wiley Blackwell, March 2013, pp 221-226.
The aim of this study was to determine whether a depression training programme could assist care staff to recognise depression among older people in residential care. The use of a 'paper trail' for a screening tool and a study champion in combination with this training was evaluated to determine whether this improved the level of detection of depression. The study took the form of a randomised controlled trial. 107 professional carers from residential aged care services in Melbourne, Australia, participated in the study. 34 carers were allocated to the training-only group and completed a six-session depression training programme, 35 carers were allocated to the training-plus-screening protocol group, and 38 carers were assigned to a wait-list control group. In total, 216 residents were screened for depression. Carers in all conditions were asked to identify those residents who they perceived to be depressed. Residents were independently assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) to determine their depression status. Trained staff were not found to be better at detecting depression than non-trained staff. Staff in the training-plus-screening condition correctly identified more residents as depressed, but also classified more non-depressed residents as depressed. The findings demonstrate the need for a greater focus on recognising depression among carers working in aged care facilities. Protocols should be developed to assist carers to detect, refer and monitor depression in residents. (JL) ISSN: 08856230
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As ageing is a personal experience, an attitude to ageing questionnaire is essential for capturing the most realistic appraisal of this important stage of life. The aim of this study was to look at the psychometric properties of the Attitudes to Ageing Questionnaire (AAQ) in a sample of Spanish older people. 242 participants aged 60 years and older were recruited from community centres, primary care centres and family associations for the mentally ill and dementia. In addition to the AAQ, participants provided information on demographics, self-perception of health, comorbidity, health status, depressive symptoms and quality of life. Analysis was performed using standard psychometric techniques with SPSS v15.0. No floor and ceiling effects were found, and missing data were low. The internal consistency measured by Cronbach’s alpha for AAQ subscales were 0.59, 0.70 and 0.73. Exploratory Factor Analysis produced a three-factors solution accounting for 34% of the variance. A priori expected associations were found between some AAQ subscales with WHOQOL-BREF domains, with WHOQOL-OLD, SF-12, and the GDS-30 indicating good construct validity. In general, AAQ subscales differentiated between participants with lower and higher levels of education, and between a priori defined groups of older people (non-depressed vs. depressed, those with higher vs. lower physical comorbidities, and non-carers vs. carers). Overall the Spanish version of the AAQ questionnaire showed acceptable psychometric properties in a convenience sample of Spanish older people. It is a useful measure of attitude for use with older people in social and clinical services. (JL) ISSN: 10416102
From: www.journals.cambridge.org/ipg

Role of severity and gender in the association between late-life depression and all-cause mortality; by Hyun-Ghang Jeong, Jung Jae Lee, Seok Burn Lee ... (et al.).: Cambridge University Press, April 2013, pp 677-684.
International Psychogeriatrics, vol 25, no 4, April 2013, pp 677-684.
Mortality associated with depression may be influenced by the severity of depression and gender. This study aimed to investigate the differential impacts on all-cause mortality of late-life depression by the type of depression (major depressive disorder, MDD; minor depressive disorder, MnDD; subsyndromal depression, SSD) and gender after adjusting for comorbid conditions in a random sample. 1,000 community-dwelling older individuals were enrolled. Standardised face-to-face clinical interviews, neurological examination and physical examination were conducted to diagnose depressive disorders and comorbid cognitive disorders. Depressive
disorders were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria and SSD to study-specific operational criteria. Five-year survivals were compared between groups using Cox proportional hazards models. By the end of 2010, 174 subjects (17.4%) had died. Depressive disorder and its interaction term with gender were significant in predicting five-year survival. MDD was an independent risk factor for mortality in men whereas MDD and SSD were not when other risk factors were adjusted. These findings show that MDD may directly confer the risk of mortality in older men whereas non-major depression may be just an indicator of increased mortality in both genders. (JL)

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From: journals.cambridge.org/ipg

Self-concept in early stage dementia: profile, course, correlates, predictors and implications for quality of life; by Linda Clare, Christopher J Whitaker, Sharon M Nels ... (et al.): Wiley Blackwell, May 2013, pp 494-503.
Although it is increasingly accepted that people with dementia retain a sense of self, there is a need for empirical evidence regarding the nature of the self-concept in early stage dementia, how this changes over time and how it relates to quality of life. In the present study, self-concept was assessed using the short form of the Tennessee Self-concept Scale in 95 individuals with early stage dementia. Of these, 63 were reassessed after 12 months, and 45 were seen again at 20 months. Participants also completed measures of mood, cognitive functioning and quality of life. Caregivers provided proxy ratings of self-concept, completed measures of symptoms and distress at symptoms and rated their own levels of stress and well-being. Results showed that self-ratings of self-concept were close to the average range for the standardisation sample, and the distribution did not differ significantly from expected values. Although caregiver ratings were slightly lower, discrepancies were small. There were no significant changes over time in self-ratings or informant ratings or discrepancies. At Time 1, self-ratings were predicted by anxiety, depression and memory, caregiver ratings were predicted by caregiver distress and by depression in the person with dementia and discrepancies were predicted by caregiver distress. These models remained predictive at later time points. Self-rated self-concept predicted quality of life, with the relationship only partially mediated by depression and anxiety. Self-concept appears largely intact in early stage dementia, but in view of the association between self-concept and quality of life, a preventive approach focused on supporting self-concept may offer benefits as dementia progresses. (JL)
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Sense of coherence, burden, and affective symptoms in family carers of people with dementia; by Vasiliki Orgeta, Elena Lo Sterzo.: Cambridge University Press, June 2013, pp 973-980.
International Psychogeriatrics, vol 25, no 6, June 2013, pp 973-980.
Caring for a relative with dementia has been associated with high levels of psychological morbidity in carers. Sense of coherence is an important resource of successful coping with caregiving. The purpose of the present study was to examine the relationship between stress associated with caregiving, sense of coherence and self-reported depression and anxiety in family carers of people with dementia. It was hypothesised that carers reporting high levels of anxiety and depression would report low levels of coherence and that the relationship between caregiver stress and affective symptoms would be mediated by sense of coherence. A total of 170 carers of people with dementia took part in the study. Family carers completed the Sense of Coherence Scale, the Relative Stress Scale and the Hospital Anxiety and Depression Scale. A series of multiple linear regressions were conducted to examine the relationship between stress related to caregiving, caregiver anxiety and depression and whether sense of coherence mediated this relationship. Study results showed that self-reported anxiety and depression were associated with low levels of sense of coherence. Sense of coherence mediated the relationship between burden and self-reported depressive effect and anxiety symptoms. Thus carers reporting high levels of anxiety and depression are more likely to report low levels of sense of coherence. The relationship between stress related to caregiving and depressive symptoms is mediated by carers' self-reported sense of coherence. Future psychotherapeutic intervention studies in family carers of people with dementia may incorporate strategies that specifically target sense of coherence. (JL)
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From: journals.cambridge.org/ipg

Six-month outcomes following an emergency hospital admission for older adults with co-morbid mental health problems indicate complexity of care needs; by Lucy E Bradshaw, Sarah E Goldberg, Sarah A Lewis ... (et al.).: Oxford University Press, September 2013, pp 582-588.
Age and Ageing, vol 42, no 5, September 2013, pp 582-588.
Two-thirds of older patients admitted as an emergency to a general hospital have co-existing mental health problems including delirium, dementia and depression. This study describes the outcomes of older adults with
co-morbid mental health problems after an acute hospital admission. This was a follow-up study of 250 patients aged over 70 admitted to one of 12 wards (geriatric, medical or orthopaedic) of an English acute general hospital with a co-morbid mental health problem and followed up at 180 days. 27% of patients did not return to their original place of residence after the hospital admission. After 180 days 31% had died, 42% had been readmitted and 24% of community residents had moved to a care home. Only 31% survived without being readmitted or moving to a care home. However 16% spent more than 170 of the 180 days at home. Significant predictors for poor outcomes were co-morbidity, nutrition, cognitive function, reduction in activities of daily living ability prior to admission, behavioural and psychiatric problems and depression. Only 42% of survivors recovered to their pre-acute illness level of function. Clinically significant behavioural and psychiatric symptoms were present at follow-up in 71% of survivors with baseline cognitive impairment and new symptoms developed frequently in this group. The variable but often adverse outcomes in this group imply a wide range of health and social care needs. Community and acute services to meet these needs should be anticipated and provided for. (JL) 

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From: www.ageing.oxfordjournals.org

Stability and change in level of probable depression and depressive symptoms in a sample of middle and older-aged adults; by Richard A Burns, Peter Butterworth, Mary Luszcz, Kaarin J Anstey.: Cambridge University Press, February 2013, pp 303-309.

Findings from studies investigating depression in adults in later life are mixed due to a lack of large longitudinal studies with the power necessary to yield reliable estimates of stability or change. The purpose of this study was to examine the long-term stability of probable depression and depressive symptomology over a 13-year period in the Dynamic Analyses to Optimize Ageing (DYNOPTA) project. The 35,200 community-living participants were aged 45-103 at baseline, predominantly female (79%), partnered (73%), and educated to secondary school only (61%) and followed for up to 13 years. At baseline increased age was associated with lower prevalence of probable depression and depressive symptomology. Over time prevalence of probable depression was stable while levels of depressive symptomology reported a small decline. However this finding was not consistent for all age groups: there was evidence of increasing levels of depressive symptomology, but not probable depression, as individuals aged. This effect was particularly notable among males aged 70 plus years. These results answer important questions relating to the longitudinal prevalence of probable depression and depressive symptomology in a sample of older Australians. The findings have policy implications for mental health service provision for older adults. (JL) 

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From: journals.cambridge.org/ipg

The structure of affective symptomatology in older adults with osteoarthritis; by Patricia A Parmalee, Tina L Harralson, Jesse A McPherron, H Ralph Schumacher.: Wiley Blackwell, April 2013, pp 393-401.

The objective of this study was to examine the structure of symptoms of affective disorder among older adults with a chronic health problem (osteoarthritis) and to explore cross-sectional and longitudinal associations of obtained affective symptom clusters with key health outcomes (pain, functional disability, perceived health). The study method was a one-year longitudinal study of older adults with diagnosed osteoarthritis of the knee. Symptoms of DSM depression and anxiety were assessed in a research diagnostic interview by using a DSM-IV symptom checklist in which self-reports captured demographic characteristics, objective health, pain, disability and perceived health. Confirmatory factor analysis tested comparability of affective symptom structure in this sample to findings of previous research. Ordinary least squares regression examined cross-sectional and longitudinal associations of affective symptoms with health outcomes, controlling for demographics and objective health. The current sample displayed an affective symptom structure comparable with that observed in previous research, with symptoms clustering into depressed mood (DM), somatic symptoms (SS) and psychic anxiety (PA) factors. DM was cross-sectionally associated with pain and disability and marginally with perceived health. SS predicted current pain and perceived health. Only DM predicted a one year change in disability and perceived health (but not pain). This research confirms the role of SS of distress in fuelling disability and perceived ill health among older adults who are chronically ill. However it is DM that drives changes in perceived health and functional ability. (JL) 

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The objective of this pilot study was to gather preliminary evidence on suicidal ideation in family carers of people with dementia. An online cross-sectional survey was conducted with 120 family carers, the majority of whom were located in Australia and the USA. The survey included measures of suicidality, self-efficacy, physical health, depression, hopelessness, anxiety, optimism, caregiver burden, coping strategies and social support. 26% of carers were found to have contemplated suicide more than once in the previous year. Only half of these had ever told someone they might commit suicide and almost 30% said they were likely to attempt suicide in the future. Carers who had contemplated suicide had poorer mental health, lower self-efficacy for community support service use and greater use of dysfunctional coping strategies than those who had not. In a logistic regression, only depression predicted the presence of suicidal thoughts. These findings demonstrate that a significant number of people might contemplate suicide while caring for a family member with dementia. Although more research is required to confirm this, there are clear implications for policy and clinical practice in terms of identifying and supporting carers who are already contemplating suicide. (JL)

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A systematic review and meta-analysis of group psychotherapy for sub-clinical depression in older adults; by Murali Krishna, Abhijit Honagodu, Rajgopal Rajendra ... (et al.).: Wiley Blackwell, September 2013, pp 881-888.


Studies investigating the effectiveness of group psychotherapy intervention in sub-threshold depression have shown varying results with differing effect sizes. A systematic review of randomised controlled trials of group psychotherapy in older adults with sub-threshold depression was conducted to present the best available evidence in relation to its effect on depressive symptomatology and the prevention of major depression. Following a trawl through the literature four clinical trials met the full inclusion criteria. Group cognitive behavioural therapy (CBT) was found to be an effective intervention for reducing depressive symptoms in older adults with sub-threshold depression in comparison to waiting list. Computerised CBT was at least as effective as group CBT in reducing depressive symptoms. The benefit of group CBT at follow-up was not maintained. Group psychotherapy did not appear to reduce the risk of depressive disorder during follow-up. There were fewer drop outs from group psychotherapy when compared with control conditions. Overall these findings demonstrate that group psychological interventions in older adults with sub-threshold depression have a significant effect on depressive symptomatology which is not maintained at follow-up. Group psychotherapy does not appear to reduce the incidence of major depressive disorders. (JL)

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From: www.orangejournal.org

Telephone-based care management for older adults initiated on psychotropic medication; by Donovan T Maust, Shahrzad Mavandadi, Joel E Streim ... (et al.).: Wiley Blackwell, April 2013, pp 410-416.


This study aimed to explore the longitudinal, six-month symptom course of older adults newly started on an antidepressant or anxiolytic by non-psychiatrist physicians and enrolled in a care management programme. This was a naturalistic cohort study of older adults aged 65 years or over receiving pharmacotherapy and telephone-based care management. Participants were non-institutionalised adults participating in Pennsylvania's Pharmaceutical Assistance Contract for the Elderly who completed telephone-based clinical assessments including demographic data, self-report on history of psychiatric treatment and adherence, and standardised symptom scales. A total of 162 participants with an average age of 77.2 years were followed and, for analysis, split into two groups by PHQ-9 score: 75 (46.3%) scoring 0-4 (minimally symptomatic group, MSG) and 87 (53.7%) scoring 5 or more (symptomatic group, SG). Over six months, the SG improved with PHQ-9 scores beginning on average at 10.0 (SD 4.6) and falling to 5.4 (SD 4.2). The MSG had no significant change in depressive symptoms. Emotional health as measured by SF-12 Mental Composite Score mirrored the PHQ-9 change and lack thereof in the SG and MSG respectively. No clinical or demographic features were associated with symptom improvement in the SG although they were more likely to report medication adherence compared with the MSG. The study concludes that participation of symptomatic older adults initiated on psychotropic medication in a telephone-based care management programme was associated with improvement in depressive symptoms and overall emotional well-being. These were notable findings given participants' advanced age, state-wide distribution and history of limited utilisation of mental health care. (JL)
Activity scheduling as a core component of effective care management for late-life depression; by Genevieve Riebe, Ming-Yu Fan, Jurgen Unutzer (et al).
Activity scheduling is an established component of evidence-based treatment for late-life depression in primary care. We examined participant records from the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial to identify activity scheduling strategies used in the context of successful depression care management (CM), associations of activity scheduling with self-reported activity engagement, and depression outcomes. This study used observational mixed methods analysis of 4335 CM session notes from 597 participants in the intervention arm of the IMPACT trial. Grounded theory was used to identify 17 distinct activity categories from CM notes. Logistic regression was used to evaluate associations between activity scheduling, activity engagement, and depression outcomes at 12 months. All relevant institutional review boards approved the research protocol. Seventeen distinct activity categories were generated. Most patients worked on at least one social and one solitary activity during their course of treatment. Common activity categories included physical activity (32%), medication management (22%), active-non-physical (19%), and passive (14%).

Living alone in later life has been linked to psychological distress but less is known about the role of the transition to living alone and the role of social and material resources. In the present study 21,535 person-years of data from 4,587 participants of the British Household Panel Survey aged 65 or over were analysed. Participants provided a maximum six years' data, with trajectories of living arrangements classified as: consistently partnered/with children/alone; transition from partnered to alone/with children to alone. General Health Questionnaire (GHQ) data were investigated using multi-level logistic regression, controlling for sex, age, activities of daily living, social and material resources. After a transition from partnered at baseline to alone at time 1, the odds for GHQ-12 caseness increased substantially, but by time 3 returned to baseline levels. The odds for caseness at baseline were highest for those changing from living with a child at baseline to living alone at time 1 but declined following the transition to living alone. None of the covariates explained these associations. Living consistently alone did confer increased odds for caseness. The study concludes that living alone in later life is not in itself a strong risk factor for psychological distress. The effects of transitions to living alone are dependent on the preceding living arrangement and are independent of social and material resources. This advocates a longitudinal approach, allowing identification of respondents' location along trajectories of living arrangements. (JL)

Although social engagement and depressive symptoms are important concerns for long-term care facility residents, the dynamic relationship between them has not been adequately studied. This study aimed to examine the relationship between social engagement and depressive symptoms and changes in social engagement and depressive symptoms among Hong Kong Chinese residents of long-term care facilities over six years. A latent growth model was used to analyse six waves of data collected using the Resident Assessment Instrument Minimum Data Set 2.0 in the Hong Kong Longitudinal Study on Long-Term Care Facility Residents. Ten residential facilities with a total of 1,184 eligible older adults at baseline were included in the study. After controlling for demographic variables at baseline, a higher level of social engagement was associated with fewer depressive symptoms. Trajectories of social engagement were significantly related to trajectories of depressive symptoms. Participants who recorded positive social engagement growth reported reduction in depressive symptoms. The findings of this study extend previous research by showing that increased social engagement is associated with decreased depressive symptoms over time. In long-term residential care settings it is important for services to engage residents in meaningful social activities in order to reduce depressive symptoms. (JL)

Living alone in later life has been linked to psychological distress but less is known about the role of the transition to living alone and the role of social and material resources. In the present study 21,535 person-years of data from 4,587 participants of the British Household Panel Survey aged 65 or over were analysed. Participants provided a maximum six years' data, with trajectories of living arrangements classified as: consistently partnered/with children/alone; transition from partnered to alone/with children to alone. General Health Questionnaire (GHQ) data were investigated using multi-level logistic regression, controlling for sex, age, activities of daily living, social and material resources. After a transition from partnered at baseline to alone at time 1, the odds for GHQ-12 caseness increased substantially, but by time 3 returned to baseline levels. The odds for caseness at baseline were highest for those changing from living with a child at baseline to living alone at time 1 but declined following the transition to living alone. None of the covariates explained these associations. Living consistently alone did confer increased odds for caseness. The study concludes that living alone in later life is not in itself a strong risk factor for psychological distress. The effects of transitions to living alone are dependent on the preceding living arrangement and are independent of social and material resources. This advocates a longitudinal approach, allowing identification of respondents' location along trajectories of living arrangements. (JL)
activities. The authors found significant, positive associations between activity scheduling, self-reported engagement in activities at 12 months, and depression outcomes at 12 months. Older primary care patients in CM for depression worked on a wide range of activities. Consistent with depression theory that has placed emphasis on social activities, the data indicate a benefit for intentional social engagement versus passive social and solitary activities. Care managers should encourage patients to balance instrumental activities (e.g. attending to medical problems) with social activities targeting direct interpersonal engagement. (RH)

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From: www.orangejournal.org

Anxiety symptoms and suicidal feelings in a population sample of 70-year-olds without dementia; by Mattias Jonson, Ingmar Skoog, Thomas Marlow (et al).
The association between anxiety symptoms and suicidal feelings was explored in a population sample of 70-year-olds without dementia, and to test whether associations would be independent of depression. Data for this study derive from the H70 longitudinal study initiated in Gothenburg, Sweden in 1971. Face-to-face interviews with 560 people born in 1930 were carried out by psychiatric nurses. Past month symptoms were rated with the Comprehensive Psychopathological Rating Scale (CPRS). The Brief Scale for Anxiety (BSA) was derived from the CPRS to quantify anxiety symptom burden. Past month suicidal feelings were evaluated with the Paykel questions. Anxiety symptom burden was associated with suicidal feelings. The association remained after adjusting for major depression. One individual BSA item (Inner tension) was independently associated with suicidal feelings in a multivariate regression model. The association did not remain, however, in a final model in which depression symptoms replaced depression diagnosis. Results from this population study suggest an association between anxiety and suicidal feelings in older adults. The role of anxiety and depression symptoms needs further clarification in the study of suicidal behaviour in late life. (RH)
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From: www.journals.cambridge.org/ipg

International Psychogeriatrics, vol 24, no 8, August 2012, pp 1197-1206.
Accurate measures of mood state are important for understanding and optimising health and well-being in later life. The authors undertook a conceptual review of the literature relating to mood and its assessment in older populations. Moods are subjective states of mind that are typically described and quantified using self-report measures. Moods can be conceptually differentiated from the related psychological concepts of emotion, well-being, quality of life, and depression. Quantitative tools for assessing mood state include single-item mood ratings, composite factor scales, and clinical depression assessments. Mood assessments may be administered retrospectively or contemporaneously to the mood state of interest. The method and temporal perspective used to assess mood state will impact on the nature and precision of the mood data that are collected, and the types of research questions that can be addressed. No single mood assessment technique can be considered optimal for all situations. Rather, both the type of tool and the temporal perspective taken must be selected according to the nature of the study design and the research question being addressed. More thorough and frank reporting of the rationale for, and limitations of, mood assessment techniques are also essential for continued development of mood research with older adults. (RH)
ISSN: 10416102
From: www.journals.cambridge.org/ipg

Association between obesity and depression: evidence from a longitudinal sample of the elderly in Taiwan; by Hung-Hao Chang, Steven T Yen.
Obesity has been identified as a worldwide epidemic. In Taiwan the highest prevalence of obesity is observed in adults aged 65 and above. This article investigates the effects of body weight status on the likelihood of depression among older adults in Taiwan. A longitudinal sample of older persons (1351 males and 1165 females) interviewed in both the 1999 and 2003 Surveys of Health and Living Status of the Elderly in Taiwan was used. A random effect logit model was estimated to examine the effects of body weight status, lifestyle and socio-demographic characteristics on the likelihood of depression. Findings showed that about 10.4% of older men were overweight and 13.4% were obese in 2003. A higher prevalence of obesity was found among older women, with 19.3% being overweight and 26.4% obese. Older men who were underweight were more likely to be depressed than those from other weight categories, while overweight and obese women were less likely to be depressed than their counterparts with normal weight. In contrast to most findings for Western countries, a negative association between obesity and depression among older persons is evident in Taiwan. The different
findings between Western and Asian countries may be due to cultural differences. Unlike Western countries that attach a stigma to being excessively overweight, the phenomenon in Chinese society is not a symbol of poor health because only the wealthy can afford to eat more and put on more weight. (JL)

ISSN: 13607863
From: http://www.tandfonline.com

Benefits of chair yoga for persons with mild to severe Alzheimer's disease; by Lyn G Litchke, Jan S Hodges, Robert F Reardon.; Taylor and Francis, October-December 2012, pp 317-328.

This study evaluated a 10-week chair yoga intervention on cognition, balance, activities of daily living (ADLs), anxiety and depression for people with Alzheimer's disease (AD). Residents were assigned to three groups: (a) mild AD, (b) moderate AD and (c) severe AD. There was no significant change in balance, anxiety or cognition. ADLs showed a significant effect, which suggests that yoga may have more benefit early in the progression of AD. Unexpectedly, depression increased significantly. The study concludes that yoga over an extended period of time with a larger sample size may demonstrate benefits to persons with AD and serve as means to improve overall quality of life. (JL)

ISSN: 01924788
From: http://www.tandfonline.com

Cognition, coping, and outcome in Parkinson's disease; by Catherine S Hurt, Sabine Landau, David J Burn (et al).
Cognitive impairment and depression are common and disabling non-motor symptoms of Parkinson's disease (PD). Previous studies have shown associations between them but the nature of the relationship remains unclear. In chronic illness, problem- or task-oriented coping strategies are associated with better outcome, but often require higher level cognitive functioning. This study investigated the relationships between cognitive function, choice of coping strategies, and a broad index of outcome including depression, anxiety, and health-related quality of life (HRQoL). It was hypothesised that the coping strategy used could mediate the association between cognition and outcome. 347 patients with PD completed the Coping Inventory for Stressful Situations, the Hospital Anxiety and Depression Scale (HADS), the Parkinson's Disease Questionnaire-8, the Unified Parkinson's Disease Rating Scale, and the Addenbrooke's Cognitive Examination - Revised. Structural equation modelling was used to test the hypothesised model of cognition, coping, and outcome based on a direct association between cognition and outcome and an indirect association mediated by coping. Overall, poorer cognition predicted less use of task-oriented coping, which predicted worse outcome (a latent variable comprised of higher depression and anxiety and lower QoL). The analyses suggest a small indirect effect of cognition on outcome mediated by coping. (RH)

ISSN: 10416102
From: www.journals.cambridge.org/ipg

Correlates of agitation and depression in nursing home residents with dementia; by Tomislav Majic, Jan P Pluta, Thomas Mell (et al).
The authors investigated the relationship between dementia severity, age, gender, and prescription of psychotropics, and syndromes of agitation and depression in a sample of nursing home residents with dementia. The study was part of the Leuchtturm Projekt Demenz, a service research programme on dementia funded by the German Federal Ministry of Health. The Cohen-Mansfield Agitation Inventory (CMAI) was administered to residents with dementia (N = 304) of 18 nursing homes in Berlin. Agitation symptoms were clustered using factorial analysis. Depression was estimated using the Dementia Mood Assessment Scale (DMAS). Dementia severity was assessed categorically using predefined cut-off scores derived from the Mini-Mental State Examination (MMSE). The relationship between agitation and its sub-syndromes, depression, and dementia severity was calculated using chi squared statistics. Linear regression analyses were used to calculate the effect of dementia severity and psychotropic prescriptions on agitation and depression, controlling for age and gender. Increasing stages of dementia severity were associated with higher risk for physically aggressive (p < 0.001) and non-aggressive (p < 0.01) behaviours, verbally agitated behaviour (p < 0.05) and depression (p < 0.001). Depressive symptoms were associated with physically aggressive (p < 0.001) and verbally agitated (p < 0.05) behaviours, beyond the effects of dementia severity. Prescription of antipsychotics was correlated with depression and all agitation sub-syndromes except hiding and hoarding. Dementia severity is a predictor for agitation and depression. Beyond that, depression increased with dementia severity, and the severity of depression was associated with both physically and verbally aggressive behaviours, indicating that in advanced stages of dementia, depression in some patients might underlie aggressive behaviour. (RH)
Cultural differences in depression-related stigma in late-life: a comparison between the USA, Russia, and South Korea; by Carolyn L Turvey, Gerlad Jogerst, Mee Young Kim (et al). International Psychogeriatrics, vol 24, no 10, October 2012, pp 1642-1647.

Depression is a common and treatable illness in late-life. However, many do not seek treatment and may suffer from the stigma of the illness, which may vary across cultures. This cross-sectional study compared attitudes about depression in primary care practices in South Korea, Russia, and the USA. The study was undertaken using a self-administered questionnaire and PHQ-9 diagnostic survey with 1,094 patients aged 60-93 years (mean age 71 years; 61% female) who attended a primary care clinic in Korea, Russia, or the USA. American patients were older and had higher education levels. Russian participants were more likely to be widowed and had lower self-rated health. The majority of participants agreed that depression is a kind of disease (Korea 77%, Russia 61%, USA 79%). Only 6% of US patients believed depression means a person is weak, compared to 78% (Korea) and 61% (Russia). Fewer US patients endorsed depression as a normal part of aging (29% vs. Korea at 42% and Russia at 54%). Among participants in the USA, age correlated negatively with endorsement of a medical model of depression (p = <0.001). Although there was wide variation between countries in attitudes about depression, the majority for each item endorsed reflected a medical model of depression. Korean and Russian participants endorsed the view of depression as a personal weakness more than participants in the USA. Demographic correlates of negative attitudes about depression were moderate to weak. (RH)

Daily hassles, physical illness, and sleep problems in older adults with wishes to die; by Sylvie Lapierre, Richard Boyer, Sophie Desjardins (et al). International Psychogeriatrics, vol 24, no 2, February 2012, pp 243-252.

Using a representative sample of 2777 community living older adults aged 65 years and over in Quebec, the authors compared 163 individuals with the wish to die with those without the wish to die on the basis of the presence and severity of daily hassles, physical illness, and sleep quality. Logistic regression revealed that when depression and sociodemographic variables were held constant, self-rated physical health, number of chronic illnesses, number and intensity of daily hassles, as well as sleep problems were significantly associated with the wish to die in older adults. Painful illnesses and daytime dysfunction due to sleep problems were also associated factors with the wish to die. Since desire for death is the first step into the suicidal process, health professionals should seriously consider the important and unique contribution of these variables, in order to have more opportunities for detection and intervention. (RH)


The objective of this study was to explore the relationship between depression and body composition among older adults. Data were from a case-cohort study of adults aged 60 and older nested within the Baltimore Epidemiologic Catchment Area (ECA) Study. Lifetime depression syndrome was assessed using the Diagnostic Interview Schedule (DIS). Body composition (total and central lean and fat mass) was assessed by dual-energy x-ray absorptiometry (DEXA). The association between depression and body composition was evaluated using linear regression with bootstrap standard errors. Overall, there was no association between depression and total fat or total lean body mass. Among women, depression was associated with reduced central fat and lean mass adjusting for age, race, smoking status and physical activity. Depression was unrelated to total or central fat or lean mass among men. The study concludes that depression is associated with significantly lower central fat and lean mass among older women. These findings are consistent with the hypothesis that depression and frailty are interrelated in later life, particularly among women. (JL)


Frailty is defined as a state or indication of being vulnerable to declining health in later life. Depression in later life is predictive of many of the same kinds of outcomes as frailty, including cognitive impairment, disability,
fracture, and mortality. The aim of this review was to explore the conceptual and empirical interrelationships between depression and frailty among older adults. A literature search was conducted using PubMed for publications through to 2010. Reviewers assessed the eligibility of each report and abstracted information on study design, sample characteristics, and key findings. Of these abstracted articles, 39 met the inclusion criteria. The findings from both cross-sectional and cohort studies indicated that frailty, its components and functional impairment are risk factors for depression. Although cross-sectional studies indicated a positive association between depression and frailty, findings from cohort studies were less consistent. The majority of studies included only women and non-Hispanic Whites. None used diagnostic measures of depression or considered antidepressant use in the design or analysis of the studies. (JL)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Depression is common among older in-patients in general hospitals, and is associated with poor outcomes, increased length of stay and compromised care. The recognition and diagnosis of depression is therefore a key first step in managing the condition, and this may be facilitated by the use of an appropriate screening instrument. The aim of this study was to review all relevant literature on rating scales used to detect depression in older people in general hospitals so as to identify the most appropriate tool and cut-off score with optimal performance. An electronic search was conducted applying key search terms. Only 14 studies satisfied the inclusion criteria and only one instrument - the Geriatric Depression Scale (GDS) - was found to have been studied to an adequate extent in older people in the acute general hospital setting. Best performance for the GDS was for a cut-off of 5/6 for the GDS-15 and 10/11 for the GDS-30. The authors conclude that further research is required before recommending the use of brief depression screening instruments in the acute hospital setting. Though a number of tools show promise, the GDS would appear the most validated instrument currently in use. (JL)
ISSN: 00020729

Determinants of disability among the elderly population in a rural south Indian community: the need to study local issues and context; by A S Duba, A P Rajkumar, M Prince (et al). International Psychogeriatrics, vol 24, no 2, February 2012, pp 333-341.
Disability among older people is a cause of significant burden; but there is dearth of relevant research from low- and middle-income countries. The authors aimed to establish the nature and factors associated with disability among 1000 participants aged over 65 years from a rural community in Kaniyambadi block, Vellore, in south India. Disability status, sociodemographic profile, psychiatric morbidity, cognitive functioning and anthropometrics were assessed using the following structured instruments: WHO Disability Assessment Scale II, Geriatric Mental State, Community Screening Instrument for Dementia, and Neuropsychiatric Inventory (NPI). The authors used appropriate multivariate statistics to study the factors associated with a higher level of disability, and to determine the population attributable fractions for various modifiable risk factors. Advanced age, illiteracy, hunger, poor nutrition, arthritis, hearing impairment, gastro-intestinal and respiratory diseases, dementia and travel costs to primary health facilities increased the risk of disability significantly. Hypertension, diabetes and depression were not associated with disability. Modifiable social determinants and medical diseases together contributed to disability in this population. Locally relevant social determinants combine with prevalent medical diseases to produce the disability burden among elderly. There is a need to focus on local contexts and modifiable risk factors to design locally appropriate public health policies and interventiions. (RH)
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Poststroke depression (PSD) occurs in the context of abrupt, often catastrophic disability. It finds the patient and their family unprepared and can have a devastating effect. The authors developed the Ecosystem Focused Therapy (EFT), a systematic intervention that targets the ensuing 'psychosocial storm'. It consists of five integrated components: action orientated perspectives on recovery; enhanced treatment adherence; problem solving structures; reengineered family goals; and coordination of care. This paper looked at a preliminary study of the efficacy of EFT in reducing depression and disability in 24 patients with PSD. Patients were randomly assigned to receive weekly sessions of EFT or Education on Stroke and Depression alongside their treatment for
12 weeks. The results suggest that EFT may be more effective than Education on Stroke and Depression in reducing depressive symptoms and signs, in leading to a higher remission rate, and in lessening disability in PSD. Reduction of disability in the early part of the trial mediated later improvement in depressive symptoms. The authors suggest that beyond its potential direct benefits in PSD, EFT may also provide an appropriate context for the timely administration of pharmacotherapy and of physical, speech and occupational therapy. (JL)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Effect of exercise on depression severity in older people: systematic review and meta-analysis of randomised controlled trials; by Christopher Bridle, Kathleen Spanjers, Shilpa Patel ... (et al).: Royal College of Psychiatrists, September 2012, pp 180-185.
The prevalence of depression in older people is high and treatment is inadequate. Furthermore it creates a substantial burden and is a public health priority for which exercise has been proposed as a therapeutic strategy. The aim of this study was to estimate the effect of exercise on depressive symptoms among older people and to assess whether treatment effect varies depending on the depression criteria used to determine participant eligibility. The study used a systematic review and meta-analysis of randomised controlled trials of exercise for depression in older people. Nine trials met the inclusion criteria and seven were meta-analysed. Exercise was associated with significantly lower depression severity, irrespective of whether participant eligibility was determined by clinical diagnosis. The results remained significant in sensitivity analyses. These findings suggest that for older people who present with clinically meaningful symptoms of depression, prescribing structured exercise tailored to individual ability will reduce severity. (JL)

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From: www.rcpsych.ac.uk

The effect of lifetime cumulative adversity on change and chronicity in depressive symptoms and quality of life in older adults; by Amit Shrira.
Lifetime cumulative adversity (LCA) has a detrimental effect on mental health. However, it is less clear whether it also increases the risk for mental health deterioration across time, and whether it is related to a continuous impairment in mental health among older adults. This study examines whether LCA is related to deterioration and to continuous vulnerability in depressive symptoms and quality of life. 9154 older adults (mean age = 63 at Wave 1) who participated in the first three waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) reported exposure to negative life events, depressive symptoms, and quality of life. Respondents with more LCA were at greater risk of high level of depressive symptoms and low level of quality of life. Those with more adversity were at greater risk of reporting an increase in depressive symptoms and a decrease in quality of life between waves. LCA was also related to continuous high level of depressive symptoms and low level of quality of life. The effect of LCA was stronger for depressive symptoms than for quality of life. Thus, LCA is associated with decline, as well as with continuous impairment, in major markers of mental health at the second half of life. The overall modest effects imply that resilience to LCA is widespread among older adults. Still, prevention and intervention programmes should target older people with cumulative adversity, as they are in risk for deterioration and chronic vulnerability in important components of mental health.

ISSN: 10416102
From: journals.cambridge.org/ipg

The effectiveness of a minimal psychological intervention on self-management beliefs and behaviors in depressed chronically ill elderly persons: a randomized controlled trial; by Catherina C M Jonkers, Femke Lamers, Hans Bosma (et al).
Chronically ill patients often develop symptoms of depression. A minimal psychological intervention (MPI) has been developed to break through the spiral by applying principles of self-management and cognitive behavioural therapy. This Netherlands study examines the effects of the MPI on self-efficacy, anxiety, daily functioning and social participation. A randomised controlled trial compared the MPI with usual care in 361 primary care patients. Nurses visited patients at home over a period of three months. Patients were aged 60 years and older, had minor depression or mild to moderate major depression, and either type 2 diabetes mellitus (DM) or chronic obstructive pulmonary disease (COPD). Outcomes were measured at baseline and at one week, three months, and nine months after the intervention period. At nine months after treatment, the MPI was associated with less anxiety (mean difference 2.5; 95% CI 0.7-4.2) and better self efficacy skills (mean difference 1.8; 95% CI 3.4-0.2), daily functioning (mean difference 1.7; 95% CI 0.6-2.7), and social participation (mean difference 1.3; 95% CI 0.4-2.2). Effect sizes for these outcomes were small to medium (0.29-0.40). Differences were primarily
due to a stabilization of outcomes in the intervention group and deterioration in the control group. No major differences were observed between DM and COPD patients. The intervention appears to be reasonably effective in improving care for chronically ill elderly people. We recommend further evaluation of the MPI, including emphasis on detection and watchful waiting. (RH)

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From: http://www.journals.cambridge.org/ipg

Effects of a stepped-care intervention programme among older subjects who screened positive for depressive symptoms in general practice: the PROMODE randomised controlled trial; by Gerda M van der Weele, Margot W M de Waal, Wilbert B van den Hout ... (et al).

Age and Ageing, vol 41, no 4, July 2012, pp 482-488.

This Dutch study aimed to determine the cost-effectiveness of a stepped-care intervention programme among subjects aged 75 years or over who screened positive for depressive symptoms in general practice. Programme design consisted of a cluster-randomised controlled trial with 12-month follow-up. 239 study participants screened positive for untreated depressive symptoms. Usual care was then compared with the stepped-care intervention consisting of three steps: individual counselling, Coping with Depression course and - if indicated - referral back to general practitioner to discuss further treatment. Measurements included severity of depressive symptoms using the Montgomery-Asberg Depression Rating Scale (MADRS), quality of life, mortality and costs. Study results showed that at baseline subjects mostly were mildly or moderately depressed. At six months MADRS scores had improved more in the usual care than the intervention group but not at 12 months. No significant differences were found within two separate age groups (75-79 years and 80 years or over). In intervention practices, 83% accepted referral to the stepped-care programme, and 19% accepted course participation. The control group appeared to have received more psychological care. Among older subjects who screened positive for depressive symptoms, an offered stepped-care intervention programme was not cost-effective compared with usual care, possibly due to a low uptake of the course offer. (JL)

ISSN: 00020729

Exploring causal effects of combining work and intergenerational support on depressive symptoms among middle-aged women; by Suzanna J Opree, Matthijs Kalninijn.

Ageing and Society, vol 32, part 1, January 2012, pp 130-146.

Previous studies have supported the idea that many middle-aged women struggle to combine paid employment and intergenerational support, and that the subsequent stress leads them to experience an increase in depressive symptoms. However a question remains as to whether combining work and intergenerational support actually causes an increase in depressive symptoms. This study investigated the proportion of middle-aged women aged 50 and above combining paid work and support to an adult child or parent, and the extent to which combining these roles affected their depressive symptoms over time. Analysis indicated that 14 per cent of middle-aged women combine the roles of employee and support provider to an adult child or a parent. Combining roles can take away some of the positive mental health effects of fulfilling a role. In conclusion the findings support the idea that role combination increases stress. (JL)

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From: http://www.journals.cambridge.org/aso

Factors associated with suicidal thoughts in a large community of older adults; by Osvaldo P Almeida, Brian Draper, John Snowden ... (et al): Royal College of Psychiatrists, December 2012, pp 466-472.


Thoughts about death and self-harm in old age have been commonly associated with the presence of depression, but other risk factors may also be important. The aim of the present study was to determine the independent association between suicidal ideation in later life and demographic, lifestyle, socioeconomic, psychiatric and medical factors. A cross-sectional study was conducted of a community-derived sample of 21,290 adults aged 60-101 years enrolled from Australian primary care practices. The authors considered that participants endorsing any of the four items of the Depressive Symptom Inventory _Suicidality Subscale were experiencing suicidal thoughts. They used standard procedures to collect demographic, lifestyle, psychosocial and clinical data. Anxiety and depressive symptoms were assessed with the Hospital Anxiety and Depression Scale. Study findings showed that over a two-week period, the prevalence of suicidal ideation was 4.8%. Male gender, higher education, current smoking, living alone, poor social support, no religious practice, financial strain, childhood physical abuse, history of suicide in the family, past depression, current anxiety, depression or comorbid anxiety and depression, past suicide attempt, pain, poor self-perceived health and current use of antidepressants were independently associated with suicidal ideation. Poor social support was associated with a population attributable fraction of 38.0%, followed by history of depression (23.6%), concurrent anxiety and depression.
(19.7%), prevalent anxiety (15.1%), pain (13.7%) and no religious practice (11.4%). These findings show that prevalent and past mood disorders seem to be valid targets for indicated interventions designed to reduce suicidal thoughts and behaviour. However the data also indicate that social disconnectedness and stress account for a larger proportion of cases than mood disorders. Should these associations prove to be causal, then interventions that succeed in addressing these issues would contribute the most to reducing suicidal ideation and, possibly, suicidal behaviour in later life. (JL)
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From: www.rcpsych.ac.uk

Frailty, depression, and anxiety in later life; by Aine M Ni Mhaolain, Chie Wei Fan, Roman Romero-Ortuno (et al).
International Psychogeriatrics, vol 24, no 8, August 2012, pp 1265-1274.
Anxiety and depression are common in older people but are often missed; to improve detection, we must focus on those elderly people at risk. Frailty is a geriatric syndrome inferring increased risk of poor outcomes. The authors explore the relationship between frailty and clinically significant anxiety and depression in later life. This study has a cross-sectional design and involved the assessment of 567 community-dwelling people aged 60+ recruited from the Technology Research for Independent Living (TRIL) Clinic, Dublin. Frailty was measured using the Fried biological syndrome model; depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale (CES-D); and anxiety symptoms measured using the Hospital Anxiety and Depression Scale (HADS). Higher depression and anxiety scores were identified in both pre-frail and frail groups compared to robust older people (three-way factorial ANOVA, p =0.0001). In a logistic regression model, the odds ratio for frailty showed a significantly higher likelihood of clinically meaningful depressive and anxiety symptoms even controlling for age, gender and a history of depression or anxiety requiring pharmacotherapy (OR = 4.3; 95% CI 1.5, 11.9; p = 0.005; OR = 4.36; 95% CI 1.4, 13.8; p = 0.013 respectively). The findings suggest that even at the earliest stage of pre-frailty, there is an association with increased symptoms of emotional distress. Once frailty develops, there is a higher likelihood of clinically significant depression and anxiety. Frailty may be relevant in identifying older people at risk of deteriorating mental health. (RH)
ISSN: 10416102
From: www.journals.cambridge.org/ipg

Functional disability and psychological well-being in later life: does source of support matter?; by Shiau-Fang Chao.
Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 236-244.
This study explored the buffering effects of instrumental and emotional support from different sources against the impact of increasing functional disability on depression and life satisfaction. Random effects modelling was utilised with data from a nationwide longitudinal study in Taiwan. A total of 6722 observations from 2856 older adults over a seven-year period served as subjects of the study. The results suggested that instrumental support from family members and formal organisations as well as emotional support from families, friends and formal organisations was significantly associated with better psychological well-being among older persons in Taiwan. In addition, receiving instrumental support from family members and formal organisations can moderate the linkage between increasing functional disability and depression. The results emphasise the importance of encouraging a partnership between natural helpers and health care professionals. A good integration between formal and informal networks could more effectively meet the needs of frail older adults and their families. This study also calls for more attention to the cultural competence of health care policy and service delivery. (JL)
ISSN: 13607863
From: http://www.tandfonline.com

Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later; by Bamini Gopinath, Louise Hickson, Julie Schneider ... (et al).
The present study aimed to assess both cross-sectional and temporal links between measured hearing impairment and self-perceived hearing disability, and health outcomes. 811 Blue Mountains Hearing Study participants (Sydney, Australia) aged 55 years or over were examined twice, in 1997-99 and 2002-04. Hearing levels were measured with pure-tone audiometry. The shortened version of the hearing handicap inventory (HHIE-S) was administered. Scores of 8 or below defined hearing disability. Results showed that baseline hearing impairment was strongly associated with seven of the ten HHIE-S questions five years later. Individuals with and without hearing impairment at baseline reported that they felt embarrassed and/or frustrated by their hearing problem, and that it hampered their personal/social life five years later. Hearing-impaired, compared with non-hearing-impaired adults had a significantly higher risk of developing moderate or severe hearing
disability, Cross-sectionally (at wave 2), hearing disability increased the odds of depressive symptoms and low self-rated health by 80 and 46%, respectively. The authors conclude that older, hearing-impaired adults were significantly more likely to experience emotional distress and social engagement restrictions (self-perceived hearing disability) directly due to their hearing impairment. (JL)
ISSN: 00020729

Homicide perpetrated by older people; by Ross Overshott, Cathryn Rodway, Alison Roscoe (et al).
The circumstances in which older people commit homicide, the form of assessment they undergo, and the proportion of those who suffer from mental illness are described and examined. This study was carried out as part of the England and Wales National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, based on a five-year sample. The Inquiry was notified of the names of those aged over 60 convicted of homicide, together with details of the offence, sentencing and outcome in court by the Home Office. The Inquiry collected clinical data of those known to have had contact with mental health services from the responsible service, and also retrieved psychiatric reports of those convicted. Homicide incidents perpetrated by older people typically involve a man killing his partner in an impulsive manner. The most common method was by using a sharp instrument (34%), followed by the use of a blunt instrument (26%). The use of firearms was rare (11%). Perpetrators aged 65+ were significantly more likely to kill a current or former spouse/partner and less likely to kill an acquaintance. 44% of perpetrators aged over 65 suffered from depression at the time of the offence, whereas rates of schizophrenia and alcohol dependence were low. The characteristics and the circumstances of homicides perpetrated by older people are different to other age groups. Homicides of and by older people may be preventable if depression is identified early. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Identification and recognition of depression in community care assessments: impact of a national policy in England; by Paul Clarkson, Michele Abendstern, Caroline Sutcliffe (et al).
Depression continues to be under-recognized in older people; and most policies addressing this issue focus on the primary health care team. However, recognition may be improved by use of assessment tools and collaboration between secondary health and social care, particularly at the assessment stage. This PSSRU, University of Manchester study aimed to evaluate whether the Single Assessment Process (SAP), introduced in England from April 2004, promoting such processes, improved the identification and correct recognition of depression by enhancing the content of statutory community care assessments by social services care managers. An observational study compared depression identification and its accuracy (“correct recognition”) in samples of older people before and after SAP introduction. Participants were interviewed using standardized measures including the Geriatric Depression Scale (GDS). Depression elicited from the GDS was compared with that recorded in community care assessments with calculation of inter-rater reliabilities (kappa statistic) pre- and post-SAP. Logistic regression examined the associations between the policy's introduction, potential confounding factors (depression, cognitive impairment, function, behaviour and characteristics) and the identification and correct recognition of depression. Whilst the identification of depression was more likely after SAP, its correct recognition did not improve after the policy, with only slight agreement between GDS and community care assessments. The existence of depression and cognitive impairment made identification, but not correct recognition, more likely. Correct recognition of depression was not improved in these statutory care assessments following the policy. Recognizing and thus responding to depression in a coordinated and appropriate way in the community requires further action. (RH)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg

Identifying target groups for the prevention of depression among caregivers of dementia patients; by Karlijn J Joling, Filip Smit, Harm W J van Marwijk (et al).
Depression in informal caregivers of persons with dementia is a major, costly and growing problem. However, it is not yet clear which caregivers are at increased risk of developing depression. With this knowledge preventative strategies could focus on these groups to maximize health gain and minimise effort. The onset of clinically relevant depression was measured with the Center for Epidemiologic Studies - Depression Scale (CES-D) in 725 caregivers who were not depressed at baseline and who were providing care for a relative with dementia. Caregivers were followed over 18 months. The indices calculated to identify the most important risk indicators were: odds ratio, attributable fraction, exposure rate and number needing to be treated. The following significant
indicators of depression onset were identified: increased initial depressive symptoms, poor self-rated health status, and white or Hispanic race/ethnicity. The incidence of depression would decrease by 72.3% (attributive fraction) if these risk indicators together are targeted by a completely effective intervention. Race/ethnicity was not a significant predictor if caregivers of patients who died or were institutionalised were left out of the analyses. Detection of only a few characteristics makes it possible to identify high-risk groups in an efficient way. Focusing on these easy-to-assess characteristics might contribute to a cost-effective prevention of depression in caregivers. (RH)

ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

Identity, mood, and quality of life in people with early-stage dementia; by Lisa S Caddell, Linda Clare.
International Psychogeriatrics, vol 24, no 8, August 2012, pp 1306-1315.
There is little empirical research regarding the relationships between identity and well-being in people with dementia. The aim of this cross-sectional questionnaire-based study was to explore the relationship of identity with mood and quality of life (QoL) in the people in the early stages of dementia. 50 people in the early stages of dementia completed measures pertaining to different aspects of identity, mood, and QoL. Multiple regression analyses were carried out to determine whether it was possible to predict any of the variance in mood and QoL from aspects of identity. It was possible to predict 12.8% of the variance in anxiety, 23.4% of the variance in depression, and 25.1% of the variance in QoL from different aspects of identity. Predictors varied for each dependent variable. Thus, aspects of identity predict a modest proportion of the variance in anxiety, depression, and QoL. This suggests that supporting identity in people with dementia who are experiencing difficulties in this regard might have a positive impact on mood and QoL. However, the majority of the variance in mood and QoL must be accounted for by other variables. (RH)

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From : www.journals.cambridge.org/ipg

International migration and health inequalities in later life; by Donatella Lanari, Odoardo Bussini.
This paper examined differences in self-perceived health and depression between immigrants and native-born populations aged 50 years and older living in Western and Northern European countries. It examined the effect of country of origin, length of time in the host country and citizenship on the health of adults, using data from the Survey on Health, Ageing and Retirement in Europe (SHARE). Findings revealed that some immigrant groups were more likely to perceive worse self-rated health and to suffer from depression than native-born groups, even when demographic and socio-economic variables were taken into account. In particular, people born in Eastern Europe living in Germany, France and Sweden had the highest chances of poor health with respect to natives. Also the perception of poor health rose as the length of stay increased. Results indicate that greater efforts by policy makers are needed in order to improve the health of specific middle-aged and older groups of immigrants. (JL)

ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

Late-life bereavement and complicated grief: a proposed comprehensive framework; by Shruti N Shah, Suzanne Meeks.
Following a bereavement, some older adults experience grief reactions that are considered to be difficult or complicated in terms of duration and emotional intensity. The recent proposal to include the construct of complicated grief (CG) as a diagnostic category for the upcoming Diagnostic and Statistical Manual of Mental Disorders–V (DSM-V) has resulted in a proliferation of research on CG. The aim of this review is to critically examine the construct validity in light of a proposed conceptual framework that considers pre-loss conditions in the prediction of late-life grief outcomes, and to determine the degree to which research supports the inclusion of CG as a valid standardised diagnostic entity. The review critically examines current bereavement and grief models, exploring discriminant and convergent validity between CG and uncomplicated grief and other psychopathological constructs in terms of symptom intensity, symptom trajectories, bereavement outcomes, and treatment response. The findings show mixed support for differentiating CG from other outcomes of bereavement. They also emphasise the importance of considering pre-bereavement circumstances, such as pre-existing depression, in the conceptualisation of broader bereavement outcome. A comprehensive framework that emphasises pre-bereavement circumstances is proposed in order to better predict various grief trajectories and outcomes of late-life loss. (JL)
Late-life depression in home healthcare; by Yolonda R Pickett, Patrick J Raue, Martha L Bruce.
Major depression is disproportionately common among older adults receiving home healthcare and is characterised by greater medical illness, functional impairment and pain. Depression is persistent in this population and is associated with numerous poor outcomes such as increased risk of hospitalisation, injury-producing falls and higher healthcare costs. Despite the need for mental healthcare in these patients, significant barriers unique to the home healthcare setting contribute to the underdetection and undertreatment of depression. Intervention models target the home healthcare nurse as liaison between patients and physicians, and instruct in the identification and management of depression for their patients. Successful implementation requires interventions that 'fit' how home healthcare is organised and practised, and long distance implementation strategies are required to increase the reach of these interventions. (JL)
ISSN: 1745509X
From : http://www.futuremedicine.com/loi/ahe

Mistreatment and self-reported emotional symptoms: results from the National Elder Mistreatment Study; by Josh M Cisler, Angela M Begle, Ananda B Amstadter, Ron Acierno.
Many American older people living in the community report past year mistreatment; hitherto, though, little is known about mental health correlates of abuse. This study investigated whether a recent history of emotional, physical, or sexual abuse is associated with self-reported emotional symptoms (e.g. anxiety, depression) among older adults. Data was drawn from the US National Elder Mistreatment Study, a telephone survey of a representative sample of 5,777 American older people aged 60+. Results demonstrate that each type of abuse increased the likelihood of reporting emotional symptoms. However, when other known correlates (such as social support and physical health) were controlled, only emotional abuse remained a significant predictor. Additional study of mistreatment-related correlates of depression and anxiety is needed, with a focus on the often overlooked category of emotional mistreatment. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

The Nottingham Health Profile: a feasible questionnaire for nursing home residents?; by Manuela Tabali, Elke Jeschke, Theo Dassen et al.
The Nottingham Health Profile (NHP) assesses perceived emotional, social, and physical health problems and the extent to which such problems affect daily activities. The feasibility of the NHP for nursing home residents was determined in a prospective multi-centre observational study conducted in 11 nursing homes from April 2008 to December 2009, in which 286 newly admitted residents were included. Cognitive status was evaluated using the Mini-Mental State Examination (MMSE). The feasibility of the NHP was determined by administration rate, time and type of administration, and missing items. A cut-off point stating the MMSE score up to which the NHP can be applied was determined with receiver operating characteristics curves (ROC). Internal consistency (Cronbach’s alpha) and test-retest reliability (intraclass correlation; ICC) were evaluated. Administration rate was 44.4% (n=127), ranging from 76.1% for normal residents to 5.9% for residents with a severe cognitive impairment. An average of 12.6 (SD + 6.0) minutes was required for data collection; 92.1% (n=117) of the questionnaires were completed during an interview. Frequently missing items were in the domain “Pain” (47.2). MMSE scores were significantly higher in the group with a completed NHP (P < 0.001) and analyses of ROC curves indicated a cut-off point of >16 on the MMSE score. Cronbach's a was >0.7 in four domains and >0.6 in two domains, while the ICC in all domains was >0.7. The NHP is a feasible questionnaire for residents with normal cognitive function and moderate cognitive impairment, and can be administered in nursing homes. (RH)
ISSN: 10416102
From : www.journals.cambridge.org/ipg
The problem with 'problem behaviors': a systematic review of the association between individual patient behavioral and psychological symptoms and caregiver depression and burden within the dementia patient-caregiver dyad; by Katherine Ornstein, Joseph E Gaugler. 

Behavioural and psychological symptoms of dementia (BPSDs) are routinely cited as important predictors of caregiver burden and depression. Although BPSDs include a wide variety of patient behaviours, they are routinely grouped together as one construct to differentiate them from cognitive symptoms of dementia. Determining the specific BPSDs that result in increased depression and burden for caregivers may elucidate the stress process for caregivers and facilitate the development of effective interventions for caregivers. The authors conducted a systematic review of English language articles published from 1990 to 2010, to determine whether there are known symptoms or symptom clusters which exert undue negative impact on caregiver depression and burden. They also review systems used for classifying BPSD symptom clusters, and determine whether there have been any mechanisms studied by which individual BPSD symptoms negatively affect caregivers. Lastly, they examine how the role of timing of symptoms has been examined within the literature. 35 original research articles examined the impact of an individual behaviour symptom on caregiver burden or depression or depressive symptoms. The studies had no consistent system for categorising symptoms. Although depression, aggression and sleep disturbances were the most frequently identified patient symptoms to affect caregivers negatively, a wide range of symptoms was associated with caregiver burden and depression. The evidence is not conclusive as to whether some symptoms are more important than others. The studies reviewed were largely exploratory, relative to the differential impact of individual BPSDs and did not focus on testing causal mechanisms by which specific symptoms exert more impact on caregiver mental health than others. (RH)
ISSN: 10416102
From: www.journals.cambridge.org/ipg

Psychological resilience in young and older adults; by P A Gooding, A Hurst, J Johnson, N Tarrier. 
The goal of this study was to investigate psychological resilience in older versus young adults. Participants were 60 community dwelling older adults aged 65 years or older, and 60 students aged between 18-25 years. Questionnaire measures of depression, hopelessness, general health and resilience were administered to the participants. The resilience measure comprised three sub-scales of social support, emotional regulation and problem solving. Study results showed that the older adults were the more resilient group especially with respect to emotional regulation ability and problem solving. The young adults had more resilience related to social support. Poor perceptions of general health and low energy levels predicted low levels of resilience regardless of age. Low hopelessness scores also predicted greater resilience in both groups. Experiencing higher levels of mental illness and physical dysfunction predicted high resilience scores especially for the social support resilience scale in the older adults. The negative effects of depression on resilience related to emotional regulation were countered by low hopelessness but only in the young adults. These results highlight the importance of maintaining resilience-related coping skills in both young and older adults but indicate that different psychological processes underlie resilience across the lifespan. (JL) ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Negative mood is an important construct when assessing the health of older people. The profile of mood states questionnaire is commonly used to measure mood, however it might not be suitable for use outside the North American context. The present study aimed to examine a negative mood scale formed by nine items in the Mood Section of the Minimum Data Set-Home Care of the Resident Assessment Instrument. Study participants were 3,523 Hong Kong Chinese people aged 60 or over who had first applied for long-term care services and completed the screening tool in 2006. Exploratory and confirmatory factor analyses were used to test the factor structure and multiple-group confirmatory factor analysis to test the gender invariance of the Negative Mood Scale in the Minimum Data Set-Home Care. Its reliability using Cronbach's alpha was examined. Results showed that both a three-factor model at the first level and a one-factor model at the second level provided excellent fits to the overall data, and held equally well for both men and women as well as two randomly split samples. Multiple-group confirmatory factor analyses revealed both genders demonstrating an equivalent pattern of factor loadings. Cronbach's alpha value was acceptable for the overall data. The study concludes that the Negative Mood Scale is a reliable and valid scale and both genders responded to it using the same framework and metric, suggesting it could be used to measure negative mood in Chinese community-dwelling older adults. Further testing of the instrument is needed. (JL)
The relationship between attitudes to aging and physical and mental health in older adults; by Christina Bryant, Bei Bei, Kim Gilson (et al). International Psychogeriatrics, vol 24, no 10, October 2012, pp 1674-1683.

Attitudes are known to exert a powerful influence on a range of behaviours. The authors investigated the contribution of attitudes toward one's own aging to satisfaction with life and physical and mental health measured in a sample of community-dwelling older adults. 421 people aged 60+ who were part of a larger study of health and well-being in rural and regional Australia completed a cross-sectional postal survey comprising the Attitudes to Aging Questionnaire, the 12-Item Short Form Health Survey (SF-12), the Satisfaction with Life Scale, the Geriatric Anxiety Inventory, and the Center for Epidemiological Studies Depression Scale. Overall, attitudes to aging were positive in this sample. More positive attitudes to aging were associated with higher levels of satisfaction with life, better self-report physical and mental health on the SF-12, and lower levels of anxiety and depression, after controlling for confounding variables. Better financial status and being employed were both associated with more positive attitudes to aging and better self-reported physical health. Relationship status was also significantly associated with mental health and satisfaction with life, but not physical health. The promotion of successful ageing is increasingly becoming important in ageing societies. Having positive attitudes to ageing may contribute to healthier mental and physical outcomes in older adults. Overcoming negative stereotypes of ageing through change at the societal and individual level may help to promote more successful ageing. (RH)

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From: www.journals.cambridge.org/ipg


Understanding the complex relationship between the environmental context and the well-being of older adults is paramount as ageing in place is increasingly acknowledged as a policy goal. This study investigated how the social environment (measured by social capital) is related to both physical and mental health including depression. A sample of 3,219 older adults (60 years and older) from Philadelphia, Pennsylvania, and the surrounding area was obtained from the Philadelphia Health Management Corporation survey collected in 2006. Participation in groups, a sense of belonging and neighbours willing to help were associated with self-rated physical health, whereas trust in neighbours and sense of belonging and neighbours willing to help were associated with depressive symptoms even when sociodemographic indicators were controlled. This study furthers our understanding of how social capital may relate to the physical and mental health of older people and illustrates the usefulness of this important concept in environmental gerontology. (JL)

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From: http://www.tandfonline.com


Research indicates that spirituality and self-efficacy have been associated with higher levels of caregivers' well-being. However, these two concepts have rarely been examined simultaneously. This Spanish cross-sectional study of 122 dementia family caregivers analyses the combined effect of spirituality and self-efficacy on the caregiving stress process. The caregivers were assessed in relation to the following variables: stressors (time since caregiving began, daily hours caring, frequency of behavioural problems, patient's functional status); appraisal (caregiver's appraisal of behavioural problems), caregiver's personal resources (self-efficacy, spiritual meaning, social support), and outcomes (depression and anxiety). Participants were divided into four groups corresponding to four profiles defined by their scores on spiritual meaning and self-efficacy: LELS = Low self-efficacy and low spirituality; HELS = High self-efficacy and low spirituality; LEHS = Low self-efficacy and high spirituality; and HEHS = High self-efficacy and high spirituality. No differences were found between groups in stressors, appraisal, or personal resources. Caregivers in the HEHS group had significantly less depression compared to the LEHS group. Regression analysis showed that being a HEHS caregiver, low appraisal of behavioural problems and high social support were associated with low caregiver depression. Only high appraisal of behavioural problems was associated with high levels of anxiety. These results suggest that spirituality and self-efficacy had an additive effect on caregivers' well-being. A high sense of spiritual meaning and a high self-efficacy, in combination, was associated with lower levels of depression in caregivers. (RH)
Which categories of social and lifestyle activities moderate the association between negative life events and depressive symptoms among community-dwelling older adults in Japan?; by Yuriko Katsumata, Asuna Arai, Kazo Ishidu (et al).


Social and lifestyle activities may serve as potential moderators of the association between negative life events (NLEs) and depressive symptoms among older adults. In this study, the authors examined whether social and lifestyle activities moderate the association between NLEs and depressive symptoms among older adults, and which activities are significant moderators. They used data from a community-based sample of non-institutionalised adults aged 65 years or older. Of the 731 eligible older adults, 682 completed the Japanese version of the 30-item Geriatric Depression Scale (GDS-30). They measured 15 specific negative life events as well as 17 social and lifestyle activities which were grouped into four categories. Specific NLEs pertaining to human relationships, physical condition and financial status were all or were mostly associated with depressive symptoms. Significant moderating roles of social and lifestyle activities on the association of NLEs with depressive symptoms were observed between "loss of a significant other" and "contact with family members and friends" (β = -0.282, SE = 0.091, p = 0.002); "change in human relationships" and "contact with family members and friends" (β = -0.270, SE = 0.137, p = 0.048); and "change in human relationships" and "community involvement" (β = -0.344, SE = 0.133, p = 0.010). The most statistically significant variable moderating the associations between negative life events and depressive symptoms was "having frequent contact with family members". Depressive symptoms arising from troublesome interpersonal relationships in one's proximal network might be moderated by positive interpersonal relationships. (RH)

ISSN: 10416102
From : http://www.journals.cambridge.org/ipg

Why may older people with depression not present to primary care?: messages from secondary analysis of qualitative data; by Carolyn Chew-Graham, Marija Kovandzic, Linda Gask ... (et al).

Health and Social Care in the Community, vol 20, no 1, January 2012, pp 52-60.

Depression in older people is common, under-recognised and often undertreated. This study aimed to explore reasons why older people with depression may not present to primary care. Secondary analysis was carried out of qualitative data collected in two previous studies in North-West England. Study findings showed that older people are reluctant to recognise and name 'depression' as a set of symptoms that legitimises attending their general practitioner (GP). They do not consider themselves candidates for help for their distress. This is partly due to perceptions of the role of the GP but also to previous negative experiences of help seeking. In addition, treatments offered, which are predominantly biomedical, may not be acceptable to older people. Interventions offered to older people need to encourage social engagement, such as befriending, and enhancement of creative, physical and social activity. (JL)

ISSN: 09660410
From : http://www.ingentaconnect.com/content/bsc/hscc

2011

Age and anxiety and depressive symptoms: the effect on domains of quality of life; by Patrick J Brown, Steven P Roose.


This study examined whether anxiety and depressive symptomatology moderated the relationship between age and quality of life. The community-based sample consisted of 443 adults aged 30 to 98 years. Quality of life was assessed using the World Health Organisation Quality of Life-BREF assessment. Depression was assessed using the 15-item Geriatric Depression Scale and anxiety was assessed using the Social Interaction Anxiety Scale, a measure of social anxiety. Depression and anxiety, but not age, were negatively associated with quality of life in the Psychological and Social domains. Age negatively associated for the Physical domain and positively associated for the Environmental domain, with respect to quality of life. The authors conclude that older people with high levels of anxiety and depressive symptoms reported better environmental and higher quality of life compared with middle-aged adults with similar conditions. (JL)

ISSN: 08856230
From : http://www.interscience.wiley.com/journal/gps
Antidepressant use and risk of adverse outcomes in older people: population based cohort study; by Carol Coupland, Paula Dhiman, Richard Morris (et al).
Comparatively little is known about the safety of antidepressant drugs in older people. Use of selective serotonin reuptake inhibitors (SSRIs) or drugs in the group of other antidepressants may be associated with an increased risk of some adverse outcomes compared with other tricyclic antidepressants in older people. This is a summary of a study published on bmj.com based on data for 60,746 patients diagnosed as having depression aged 65 to 100 from the QResearch primary care database followed for a mean of 5 years, 54,038 of these patients (89%) received at least one prescription for an antidepressant drug during follow-up. SSRIs were associated with the highest risk of falls and hyponatremia. The group of other antidepressants was associated with the highest risks of all cause mortality, attempted suicide or self-harm, stroke or transient ischaemic attack (TIA), fracture, and epilepsy or seizure. (RH)
ISSN: 09598138
From: www.bmj.com;BMJ2011;343:d4551
The Center for Epidemiological Studies Depression Scale (CES-D) is an adequate screening instrument for depressive and anxiety disorders in a very old population living in residential homes; by Els Dozeman, Digna J F van Schaik, Harm W J van Marwijk ... (et al).
The Center for Epidemiological Studies Depression Scale (CES-D) is an instrument that is commonly used to screen for depression in community-based studies of older people, but the characteristics of the CES-D in a residential home population have not yet been studied. The aim of this study was to investigate the criterion validity and the predictive power of the CES-D for both depressive and anxiety disorders in a vulnerable, very old population living in residential homes. 277 residents were screened with the CES-D, and subsequently interviewed with a diagnostic instrument, the Mini International Neuropsychiatric Instrument (MINI). The sensitivity, specificity, and positive and negative predictive value of the CES-D were calculated by cross-tabulation at different cut-off scores. Receiver Operating Characteristics (ROC) curves were used to assess the optimal cut-off point for each disorder and to assess the predictive power of the instrument. Results showed that CES-D had satisfactory criterion validity for depressive disorders and for any combination of depressive and/or anxiety disorders. With a desired sensitivity of at least 80%, the optimal cut-off scores varied between 18 and 22. The predictive power of the CES-D in this population was best for major depression and dysthymia, closely followed by the score for any combination of depressive and/or anxiety disorder. In conclusion, the use of one single instrument to screen for both depression and anxiety disorders at the same time has obvious advantages in this very old population. (JL)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps
Age and Ageing, vol 40, no 1, January 2011, pp 54-61.
The study aimed to identify common symptoms and conditions that predict early retirement. 1,693 male and female workers aged between 50 and retirement age (60 for women or 65 for men) took part in the study. When followed up four years later nearly 20% of the participants were found to have left employment before the statutory retirement age. Advancing age, female gender, partner retirement, greater pension wealth, high alcohol consumption and fair or poor self-rated health were all predictive of early work exit. Older workers reporting symptoms of depression or impaired physical mobility, especially with lower limb pain and shortness of breath, were particularly at risk. Suggests that health interventions targeting these conditions may enable older workers to remain in the workforce for longer. (JL)
ISSN: 00020729
Coping processes and health-related quality of life in Parkinson's disease; by R S Bucks, K E Cruise, T C Skinner ... (et al).
The study investigated the predictive value of various coping processes for the psychological and disease specific aspects of health-related quality of life (HRQoL) in Parkinson's disease (PD). 85 patients with PD were assessed for depression, anxiety, stress, quality of life and other variables. Results showed that greater use of planned problem solving was significantly associated with better HRQoL in relation to cognitive impairment, communication and bodily discomfort. In addition to greater disease duration, greater use of escape-avoidance coping processes were identified as significant predictors of poorer HRQoL outcomes in the domains of mood
and emotional well-being. Concludes that psychological interventions such as mindfulness training, aimed at reducing the use of escape-avoidance coping, may help to improve HRQoL in PD. (JL)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Depression among the very old with dementia; by Ellinor Bergdahl, Per Allard, Yngve Gustafson. International Psychogeriatrics, vol 23, no 5, June 2011, pp 756-763.
The aim of the study, from Sweden, was to investigate the prevalence of depression among very old individuals with dementia compared to those without dementia and to examine whether there were any differences regarding associated factors between people with or without depression in these conditions. 363 participants aged 85 years and above were evaluated for depression and dementia. Results showed that the prevalence of depression was significantly higher among the people with dementia than without dementia. Approximately two-thirds of the depressed in both groups used antidepressants and of those, approximately 50% had responded. Depression in the group without dementia was, among other factors, associated with higher medication use including the use of analgesics and benzodiazepines, loneliness, inability to go outside and the recent loss of child. The loss of a child was the only factor that was independently associated with depression in those with dementia. The present study confirms that in the very old, depression is more common among people with dementia than without dementia. (JL)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg

There is a large body of published research relating to depression in residential homes for older people. However, despite increased detection and more frequent treatment in recent years, depression remains a significant problem for many older people living in such settings. This guest editorial summarises current knowledge about prevalence, etiology, detection and screening, treatment and outcomes of depression in residential homes and concludes with a summary of key issues requiring urgent future action. (JL)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg

Depression is twice as likely in adults treated badly as children; by Caroline White. British Medical Journal, vol 343, no 7820, 20-27 August 2011, p 387.
A combined meta-analysis of data from 16 epidemiological studies and 10 clinical trials in which maltreatment was defined as physical or sexual abuse, neglect, or family conflict or violence found that childhood maltreatment was associated with more than double the risk of recurrent and persistent depressive episodes in adulthood. This short article outlines the findings of a study led by Andrea Danese of the Institute of Psychiatry, King's College, London, and published online in the American Journal of Psychiatry (doi: 10.1176/appi.ajp.2011.11020335 ). (RH)
ISSN: 09598138
From: www.bmj.comBMJ2011;343:d5246

Population-based cross-sectional research was undertaken using data from a study conducted in a poor area of Sao Paulo, Brazil. The participants were 303 older adults aged 65 years and over who attended a single-session data collection effort carried out at community centres. The protocol comprised sociodemographic and self-reported health variables, and the Geriatric Depression Scale. Most subjects reported five or fewer symptoms of depression (79.21%), reported one or two self-reported chronic diseases (56.86%), declared themselves to have one or two self-reported health problems (46.15%), and had good perceived health assessment (40.27%). The presence of depressive symptoms was associated with a higher number of self-reported health problems, poor perceived health assessment, and lower schooling levels, in the total sample and in analyses including men only. For women, depressive symptoms were associated with the number of self-reported health problems and family income. The presence of health problems, such as falls and memory problems, lower perceived health, and low education (and low family income for women) were associated with a higher presence of depressive symptoms. (JL)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg

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The effect of productive activities on depressive symptoms among older adults with dual sensory loss; by Michele Capella McDonnall.


The purpose of the study was to evaluate the ability of three productive activities (paid employment, volunteer work and informal helping) to mitigate the negative effects of dual sensory loss (DSL) on depressive symptoms among older adults. Multilevel modelling was used to analyse longitudinal data from the nationally representative Health and Retirement Study. The sample consisted of 2,688 persons: 1,380 who developed DSL during the study and 1,308 who did not. Although participation in each of the productive activities was associated with fewer depressive symptoms for older adults with DSL, volunteering was also the only variable that moderated the relationship between DSL and depressive symptoms. Persons with a DSL who volunteered exhibited a larger decrease in depressive symptoms compared to persons without sensory loss who volunteered. A volunteer intervention for older adults with DSL may be a viable option to help reduce depression in this population. (JL)

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From: http://roa.sagepub.com/


This review examined the effectiveness of behavioural therapy in depressed older adults over 55 years. Four randomised controlled trials (RCTs) of behavioural therapy compared with waiting list controls or other psychotherapies in older adults with clinical depression were included in the review. For post-treatment self-rated depression symptoms, behavioural therapy was not significantly more effective than a waiting list control, cognitive therapy or brief psychodynamic therapy. For post-treatment clinician-rated depression, behavioural therapy was not significantly more effective than cognitive therapy or brief psychodynamic therapy but was significantly more effective than a waiting list control. Behavioural therapy in depressed older adults appeared to have comparable effectiveness with alternative psychotherapies. The authors conclude that further research is required with larger sample sizes, more clarity on trial design and the intervention, longer term follow-up and concomitant economic evaluations. (JL)

ISSN: 08856230

From: http://www.interscience.wiley.com/journal/gps


Aging & Mental Health, vol 15, no 8, November 2011, pp 1008-1017.

The Enriched Opportunities Programme (EOP) was a multi-level intervention focusing on improved quality of life for people with dementia. This study compared the experience of people living with dementia and other mental health problems in extra care housing schemes that utilised EOP with schemes that employed an active control intervention. Ten extra care housing schemes were cluster randomised to receive either the EOP intervention or an active control intervention for an 18-month period. Residents with dementia or other significant mental health problems were assessed on a number of outcome measures at baseline, six months, one year and 18 months. The primary outcome measure was quality of life. Self-reported depression was an important secondary outcome. The EOP-participating residents rated their quality of life more positively over time than the active control. There was also a significant group-time interaction for depressive symptoms. The EOP-participating residents reported a reduction of 25% at both six and 12 months and a 37% reduction at 18 months. EOP residents were less likely than residents in the active control sites to move to a care home or be admitted to a hospital inpatient bed. They were more likely to be seen by a range of community health professionals. Overall the EOP had a positive impact on the quality of life of people with dementia in well-staffed extra care housing schemes. (JL)

ISSN: 13607863

From: http://www.tandfonline.com

Environmental mastery and depression in older adults in residential care; by Tess Knight, Tanya Ellen Davison, Marita Patricia McCabe, David Mellor.


Environmental mastery, reflecting a sense of control, is thought to be an important predictor of mental health in older people. The study examined this association in 96 older people, aged 64 to 98 years, in residential care homes in Melbourne, Australia. Participants completed an assessment to measure risk factors for depression. Analysis revealed that 49% of the variance in participants' scores in depression could be attributed to their self-reported level of environmental mastery. It was hence concluded that environmental mastery may be one of the
more important factors affecting the mental health of older adults living in residential care and that strategies for increasing their environmental mastery are important to their psychological well-being. (JL)

ISSN: 0144686X
From : http://www.journals.cambridge.org/aso

Factors associated with loneliness of noninstitutionalized and institutionalized older adults; by Maria-Eugenia Prieto-Flores, Maria Joao Forjaz, Gloria Fernandez-Mayoralas ... (et al).
The study aimed to seek whether sociodemographic and health factors contribute differentially to the explanation of loneliness in institutionalised and non-institutionalised older adults. A secondary aim was to analyse the influence of institutionalisation on older people's loneliness. The work was based on two surveys of older adults aged 60 years or more in Spain, in which a group of 234 community-dwelling people and 234 nursing homes residents participated. Study results showed that depression was associated with loneliness in both populations. Sex and marital status contributed to explain loneliness among those living at home, whereas gathering with family, friends, and neighbours showed a significant effect in the institutionalised group. Institutionalisation per se showed a strong effect on loneliness. (JL)

ISSN: 08982643
From : http://jah.sagepub.com/

Functional fitness of older adults; by Linda D Wilkin, Bryan L Haddock.: Taylor and Francis, July-September 2011, pp 197-209.
The purpose of this study was to compare differences in the functional fitness of a group of older adults to determine whether they were ageing successfully, to analyse the differences in functional fitness between women and men, and to determine differences in four categories by gender. Participants were placed into four categories based on senior fitness test (SFT) scores. More than 50% of the participants had scores that placed them in the average or above average categories. The most common variables affecting scores for women were age and medications, and for men the most common variable was depression. In conclusion, older adults with average and above average functional fitness appear to age successfully.  (JL)

ISSN: 01924788
From : http://www.tandfonline.com

Is group psychotherapy effective in older adults with depression?: a systematic review; by Murali Krishna, Archana Jauhari, Peter Lepping ... (et al).
The authors conducted a systematic review based on randomised controlled trials in order to assess the effectiveness of group psychotherapy with older adults with depression. The trials included in the review examined group interventions based on the cognitive behavioural therapy (CBT) model with active therapeutic interventions or waiting list controls. Study findings showed that while group psychotherapy is an effective intervention in older adults with depression in comparison to waiting list controls, the overall effect size is very modest. The reported benefits of group intervention in comparison to other active interventions did not reach statistical significance. (JL)

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From : http://www.interscience.wiley.com/journal/gps

Laughter yoga versus group exercise program in elderly depressed women: a randomized controlled trial; by Mahvash Shahidi, Ali Mojtahed, Amirhossein Modabbernia ... (et al).
Kataria's Laughter Yoga is a combination of unconditioned laughter and yogic breathing whose effect on mental and physical health has been shown to be beneficial. The objective of this study, based in Tehran, Iran, was to compare the effectiveness of Laughter Yoga and group exercise therapy in decreasing depression and increasing life satisfaction in older adult women. 70 depressed older women participated in the study. After completion of Life Satisfaction Scale pre-test and demographic questionnaire, subjects were randomised into three groups of laughter therapy, exercise therapy, and control. Subsequently depression post-test and life satisfaction post-test were done for all three groups. The data were analysed using analysis of covariance and Bonferroni's correction. The analysis revealed a significant difference in decrease in depression scores of both Laughter Yoga and exercise therapy group in comparison to the control group. There was no significant difference between Laughter Yoga and exercise therapy groups. The increase in life satisfaction of Laughter Yoga group showed a significant difference in comparison with the control group. Overall findings showed that Laughter Yoga is at
least as effective as group exercise programme in improvement of depression and life satisfaction of older depressed women (JL)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Living arrangements, social networks and depressive symptoms among older men and women in Singapore; by Angelique Chan, Chetna Malhotra, Rahul Malhotra, Truls Ostbye.
The study aimed to examine the association of living arrangements and social networks outside the household with depressive symptoms among older men and women. It also looked at whether these relationships differ between older men and women, and investigated whether the association of living arrangements with depressive symptoms varies by strength of social networks. Data for 4,489 community-dwelling Singaporeans aged 60 and above from a recent nationally representative survey were analysed. Depressive symptoms were assessed using the 11-item CES-D (Center for Epidemiologic Studies) scale, social networks through Lubben's revised social network scale, and living arrangements through household composition. Analysis was stratified by gender, and descriptive and multivariate statistics were used to assess the risk of depressive symptoms by living arrangements and social networks, adjusting for age, ethnic group, education, housing type, functional status, number of chronic diseases and involvement in social activities. Results indicated that women had higher depressive symptom scores than men. Living alone and living with one or more children but no spouse and weak social networks outside the household were associated with higher depressive symptom scores among both men and women. Men living alone with weak social networks outside the household had higher depressive symptom scores than those with strong networks. (JL)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Meals on Wheels: exploring potential for and barriers to integrating depression intervention for homebound older adults; by Namkee G Choi, Michael Goldstein.
The organisational potential of Meals on Wheels (MOW) for integrating depression screening, referral and treatment for housebound older people is explored. In a US survey of 104 MOW administrators, MOW's current practice of depression services was examined, and the administrators perceptions of MOW's organisational potential was measured focusing on external environment, financial resources, staffing and skills, and values and goals. Only 20% of 104 MOWs provide depression screening, and 19 provide in-home counselling for their clients, while 85 provide referral services. About 64% to 72% of MOWs that are not current providers of screening and/or referrals want to provide the services, and 21% of those that are not current providers of in-home counselling want to provide it. (RH)
ISSN: 01621424
From: http://www.tandfonline.com

Neighbourhood social environment and depressive symptoms in mid-life and beyond; by Mai Stafford, Anne McMunn, Roberto de Vogli.
Ageing and Society, vol 31, part 6, August 2011, pp 893-910.
The study aimed to examine the relationship between aspects of the neighbourhood social environment and subsequent depressive symptoms in over 7,500 people aged 50 and above taking part in the English Longitudinal Study of Ageing (ELSA). Neighbourhood social environment at baseline was operationalised using four items capturing social cohesion and three items capturing perceived safety and associations with the Center for Epidemiologic Studies Depression Scale (CES-D) at two-year follow-up were assessed. Friendship quality and personal sense of control were tested as mediators of this relationship using structural equation modelling. Neighbourhood social cohesion was found to be associated with reporting fewer depressive symptoms independent of demographic and socioeconomic factors and baseline depressive symptoms. Friendship quality and sense of control mediated this association. The study highlights that greater personal sense of control, higher quality friendships and fewer depressive symptoms are found in neighbourhoods seen to be characterised by higher social cohesion. (JL)
ISSN: 0144686X
From: http://www.journals.cambridge.org/aso
The study aimed to investigate the association between depression observed during life and neurofibrillary tangles, diffuse and neuritic plaques, Lewy bodies, brain atrophy and cerebrovascular disease found in the brain at post-mortem. 153 brains were selected for study from deceased individuals with no known history of dementia. Alzheimer and vascular pathology measures, Lewy bodies and neuronal loss were compared between those with and without depression ascertained using a fully structured diagnostic interview during life. Brain areas examined included frontal, parietal, temporal and occipital cortical areas as well as the entorhinal cortex, hippocampus and brain-stem monoaminergic nuclei. Depression was significantly associated with the presence of subcortical Lewy bodies. No association was found between depression and cerebrovascular or Alzheimer pathology in cortical or subcortical areas, although depression was associated with neuronal loss in the hippocampus as well as in some of the subcortical structures investigated (nucleus basalis, substantia nigra, raphe nucleus). The authors conclude that late-life depression is associated with subcortical and hippocampal neuronal loss but not with cerebrovascular or Alzheimer pathology. (JL)

ISSN: 00071250
From: http://bjp.rcpsych.org

Positive and negative exchanges in social relationships as predictors of depression: evidence from the English Longitudinal Study on Aging; by Mai Stafford, Paola Zaninotto, James Nazroo.
The study aimed to investigate whether the impact of negative and positive social exchanges on depression depends on relationship type among late middle aged and older adults. Using data from the English Longitudinal Study of Ageing, baseline positive and negative exchanges with partners, children, other family and friends were linked to two-year changes in depression on the eight-item Center for Epidemiologic Studies Depression Scale. Results showed that positive and negative exchanges with partners and with children were independently associated with depression, adjusting for age, gender, wealth, and baseline depression. Negative but not positive exchanges with other family and with friends were associated with depression. The association between depression and positive/negative exchanges was weaker among people over 70 compared with those in the 50-70 age group. (JL)
ISSN: 08982643
From: http://jah.sagepub.com/

Purpose in life over a five-year period: a longitudinal study in a very old population; by Pia Hedberg, Christine Brulin, Lena Aléx, Yngve Gustafson.
Few studies have specifically examined purpose in life among very old people. The aim of this study was to examine changes in purpose in life over five years in very old men and women (aged 85 and above) and to investigate whether depressed mood, malnutrition, inactivity in daily life, or cognitive impairment increased the risk for developing low purpose in life. The study included data from 51 participants (42 women and 9 men) living in northern Sweden who completed the Purpose in Life (PIL) test once at baseline and again five years later. Overall purpose in life was shown to have decreased over five years and the decrease was significantly associated with being a woman and having depressed mood or depression at baseline. There were no differences in baseline PIL scores between depressed and not depressed, but those who had depression had significantly decreased PIL scores after five years. The authors conclude that a strong purpose in life in depression and positive/negative exchanges was weaker among people over 70 compared with those in the 50-70 age group. (JL)
ISSN: 10146102
From: http://www.journals.cambridge.org/ipg

Quantifying the effect of early retirement on the wealth of individuals with depression or other mental illness; by Deborah J Schofield, Rupendra N Shrestha, Richard Percival ... (et al).
The study aimed to quantify the cost of lost savings and wealth to Australians aged 45-64 who retire from the labour force early because of depression or other mental illness. Findings showed that people who are not part of the labour force because of depression or other mental illness have 78% and 93% less wealth accumulated respectively, compared with people of the same age, gender and education who are in the labour force with no chronic health condition. People who are out of the labour force as a result of depression or other mental illness are also more likely to have the wealth that they do have in cash assets, rather than higher-growth assets such as superannuation, home equity and other financial investments. This lower accumulated wealth is likely to result
Regulation of affect in late adulthood: effects of mild depressive symptoms; by Vasiliki Orgeta.
Aging & Mental Health, vol 15, no 7, September 2011, pp 866-872.
Research has highlighted the important role of emotion regulation in individuals with depression. The purpose of this study was to test the effects of mild depressive symptoms (MDS) on older adults' ability to regulate emotional experiences. 70 community dwelling older adults ranging in age from 60 to 82 years completed self-report measures of affect and were asked to report how often they used specific emotion regulation strategies. Consistent with previous theories older adults experiencing MDS reported greater difficulties in regulating affect compared to normal controls. The present results provide support for previous findings demonstrating that experiencing depressive symptoms affects the ability to regulate emotional responses. These findings are likely to be informative in terms of understanding emotion dysregulation in older adults at risk of experiencing clinical depression. (JL)
ISSN: 13607863
From: http://www.tandfonline.com

Reminiscence and adaptation to critical life events in older adults with mild to moderate depressive symptoms; by Jojanneke Korte, Ernst T Bohlmeijer, Gerben J Westerhof, Anne M Pot.
Aging & Mental Health, vol 15, no 5, July 2011, pp 638-646.
This study examined reminiscence therapy in older people as a way of adapting to critical life events and chronic medical conditions. Participants included 171 Dutch adults with a mean age of 64 years, all with mild to moderate depressive symptoms. Critical life events, chronic medical conditions, depressive symptoms, symptoms of anxiety and life satisfaction were measured. The reminiscence functions included were: identity, problem solving, bitterness revival and boredom reduction. Findings revealed that critical life events were positively correlated with identity and problem solving. Bitterness revival and boredom reduction were positively correlated with depressive and anxiety symptoms, and negatively to life satisfaction. Problem solving had a negative relation with anxiety symptoms. When all the reminiscence functions were included, problem solving was uniquely associated with symptoms of anxiety, and bitterness revival was uniquely associated with depressive symptoms and life satisfaction. The authors recommended that therapists focus on techniques which reduce bitterness revival in people with depressive symptoms, and focus on problem-solving among older people presenting with anxiety symptoms. (JL)
ISSN: 13607863
From: http://www.tandfonline.com

Sense of coherence in elderly suicide attempters: the impact of social and health-related factors; by Madeleine Mellqvist, Stefan Wiktorsson, Erik Joas ... (et al).
An association between sense of coherence (SOC) and suicidal behaviour has been suggested. The aim of this Swedish study was to identify factors associated with low SOC in older suicide attempters. 80 non-demented hospital-treated suicide attempters aged 70 years and older (38 men, 42 women, mean age 79.4 years) took part in an interview with a research psychologist and completed the 29-item SOC questionnaire. The interview included questions regarding social situation and health-related factors. The Comprehensive Psychopathological Rating Scale (CPRS) provided symptom ratings that were used in a diagnostic algorithm for DSM-IV major depression. The Cumulative Illness Rating Scale for Geriatrics (CIRS-G) was used to identify individuals with serious physical illness. Results showed that there was a strong relationship between major depression and SOC. While no relationship was found between severe physical illness and SOC, associations were demonstrated with social variables including too little time spent with children, too little time spent with grandchildren and having moved within the past five years. These associations remained significant in regression models adjusted for sex, age and major depression. The authors conclude that a number of social variables were independently related to SOC in older suicide attempters. Prospective studies are needed in order to determine whether SOC-strengthening interventions can reduce the risk of suicidal behaviour in older adults. (JL)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg
The spectrum of worry in the community-dwelling elderly; by Jeannette Golden, Ronan M Conroy, Irene Bruce ... (et al).

Aging & Mental Health, vol 15, no 8, November 2011, pp 985-994.
The study looked at the prevalence and distribution of worry, its content, and its associations with quality of life and depression, based on a community sample of 2,136 people aged between 65 and 96. The GMS-AGECAT structured psychiatric interview was used to rate symptoms which were classified into five levels of severity of worry ranging from simple, non-excessive to generalised anxiety disorder (GAD). In the study, 79% of the participants reported worrying, 37% reported worrying excessively, while 20% reported excessive, uncontrollable worry. Overall, 6.3% met criteria for GAD. Prevalence of all types of worry declined with age and was lower in men. The prevalence of depressed mood was similar in those without worry and those with non-severe worry but rose significantly with each level of severe worry. Major depression was absent in those who did not worry, and had a prevalence of only 0.2% in those with non-severe worry. It had a significantly elevated prevalence at all levels of excessive worry, and a significantly higher prevalence in those with GAD. All levels of excessive worry were associated with reduced quality of life. In conclusion, severe worry is highly prevalent in the elderly. Although most severe worryers do not meet criteria for GAD they do have a reduced quality of life and an increased prevalence of depression. (JL)

ISSN: 13607863
From: http://www.tandfonline.com

A systematic review of the effects of physical activity on physical functioning, quality of life and depression in older people with dementia; by Rachel Potter, David Ellard, Karen Rees (et al).

Depression is common in older people with dementia. Physical activity is effective in reducing depression in adults, but there is limited evidence about its effectiveness in people with dementia. A systematic review and partial meta-analysis of physical activity interventions in people with dementia is reported. The authors searched for English language papers and reference lists of relevant papers. Included studies reported physical activity intervention lasting at least 12 weeks in which participants were older and had a diagnosis of dementia. Studies compared the intervention with a non-active or no-intervention control and reported at least one outcome related to physical function, quality of life or depression. At least two authors independently assessed each paper for inclusion and for study quality and extracted data. 13 randomised trials with 896 participants were included. Three of six trials that reported walking as an outcome found an improvement, as did four of the five trials reporting timed get up and go tests. Only one of the four trials that reported depression as an outcome found a positive effect. Both trials that reported quality of life found an improvement. There is some evidence that physical activity interventions improve physical function in older people with dementia. Evidence for an effect on depression and quality of life is limited. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Unemployment during working life and mental health of retirees: results of a representative survey; by Marcus Zenger, Elmar Brahler, Hendrik Berth, Yve Stobel-Richter.

The aim of this German study was to examine differences in mental health and satisfaction with life in retired men and women depending on experienced unemployment during working life. 1396 retirees in the age range of 60-92 years were interviewed face-to-face, assessing two screening instruments for anxiety and depression as well as the Questions on Life Satisfaction questionnaire. Among others, analyses of variance were used to test the differences between groups with distinct experiences of unemployment periods. Retirees with the experience of repeated unemployment - but not with one-time unemployment - during working life reported worse mental health and satisfaction with life. Differences between men and women emerged, but similarities dominated. Participants with higher current household incomes were found to be less affected. In conclusion, the experience of repeated unemployment periods during working life is associated with more psychosocial distress in retired men and women. Thus unemployment may have serious negative implications even for persons now retired. (JL)

ISSN: 13607863
From: http://www.tandfonline.com

What is the quality of life in the oldest old?; by Maria I Lapid, Teresa A Rummans, Bradley F Boeve ... (et al).

The study aimed to investigate the relationship between self-perceived and caregiver-perceived quality of life (QOL), cognitive functioning, and depressive symptoms in the oldest old. Participants were 144 community dwellers aged 90-99 years. Collected data included neurological evaluation, DSM III-R criteria for dementia,
Mini-Mental State Examination (MMSE), Dementia Rating Scale (DRS), Geriatric Depression Scale (GDS), Record of Independent Living (ROIL), and QOL assessment using the Linear Analogue Self Assessment (LASA). Of the 144 subjects, 56 had normal cognitive functioning, 13 had mild cognitive impairment (MCI), 41 had dementia, and 34 had dementia with stroke and parkinsonism (DESP); all were analysed over a three-year period. Mean ages ranged from 93 to 94 years, and the majority were female with at least high school education. Overall functional ability was higher in groups without dementia. All subjects reported high overall QOL, regardless of cognitive functioning. However, caregivers perceived the subjects' overall QOL to be lower with increasing severity of cognitive impairment. Lower GDS scores correlated with higher self-perceived overall QOL. Overall there was a fairly high level of QOL, whether or not cognitive impairment existed. Individuals perceived their QOL better than did caregivers, and the difference in subjects' and caregivers' perception was more pronounced for the groups with dementia. QOL was more strongly correlated with depressive symptoms than with dementia severity. (JL)

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2010

Age and depression in patients with metastatic cancer: the protective effects of attachment security and spiritual wellbeing; by Christopher Lo, Judy Lin, Lucia Gagliese (et al).
Psychological distress in cancer patients is inversely related to age, although the reasons are unclear. The adult development literature suggests that ageing may be associated with the development of adaptive capacities, specifically greater attachment security (the sense that others will be available and supportive when needed) and spirituality (the capacity to view one's life as having meaning, purpose and value), that enable older people to cope better with disease. The authors examined whether age-related patterns in attachment security and spiritual well-being account for the protective effect of age against distress. Measures of depression, attachment security, spiritual well-being and disease burden were collected from 342 Canadian patients aged from 21 to 88 years with advanced, metastatic cancer. Attachment security and spiritual well-being were tested as mediators of the effect of age on depression, controlling for disease burden. It was found that age was associated inversely with depression and positively with spiritual well-being and attachment security. Depression was inversely related to attachment security and spiritual well-being, and the effect of age on depression was fully mediated by attachment security and spiritual well-being. The relative protection from psychological distress among older cancer patients may be the result of age-related developmental accomplishments and/or differences in the response to adverse life-events. (KJ/RH)
ISSN: 0144686X
From: http://www.journals.cambridge.org/asodoi:10.1017/S0144686X09990201

Alone? perceived social support and chronic interpersonal difficulties in suicidal elders; by Katrin E Harrison, Alexandre Y Dombrovski, Jennifer Q Morse (et al).
Social networks may protect depressed older people against suicidal behaviour. However, conflict in important relationships may undermine the sense of social support, potentially negating the protective effects. Thus, the authors investigated the role of chronic interpersonal difficulties and perceived social support in depressed older people with and without suicidal thoughts and attempts. 106 individuals aged 60+ participated in this cross-sectional, case-control study. They were placed in three groups: suicidal depressed, non-suicidal depressed and non-depressed. Following a detailed clinical characterization, perceived social support (Interpersonal Support Evaluation List) and chronic interpersonal difficulties (Inventory of Interpersonal Problems) were assessed. Using general linear models, the authors explored the relationship between suicidal thoughts or attempts, social support, and chronic interpersonal difficulties. The authors also examined whether lower perceived social support explained the relationship between chronic interpersonal difficulties and suicidal thoughts/tempts. Suicidal depressed older people reported the lowest levels of perceived social support (belonging, tangible support, and self-esteem) and higher levels of chronic interpersonal difficulties (struggle against others and interpersonal hostility), compared to both non-suicidal depressed and non-depressed older people. The relationship between chronic interpersonal difficulties and suicidal behaviour was partially explained by low perceived social support. The experience of strong affects, interpersonal struggle, and hostility in relationships may undermine the sense of social support in depressed elders, possibly leading them to contemplate or attempt suicide. Depressed elders with a history of interpersonal difficulties need to be carefully monitored for suicidal behaviour. (KJ/RH)
Association of depression with subsequent mortality, cardiovascular morbidity and incident dementia in people aged 80 and over and suffering from hypertension: data from the Hypertension in the Very Elderly Trial (HYVET); by Ruth Peters, Elisabete Pinto, Nigel Beckett (et al).
Depression is common in older people and may be associated with increased cardiovascular risk and incident dementia. Participants in the Hypertension in the Very Elderly Trial (HYVET) completed a depression screening instrument, the Geriatric Depression Score (GDS), at baseline and annually. The authors examined the association of GDS score with incident stroke, mortality and dementia using Cox proportional hazards models (hazard ratios, HR and 95% confidence intervals, CI) adjusted for treatment group and other potential confounders. Results are from 2,656 HYVET participants who completed the GDS. The mean follow-up was 2.1 years. Each additional GDS point at baseline gave rise to a significantly increased risk of fatal and non-fatal cardiovascular events, all-cause mortality and dementia. There was a strong association between baseline depression scores and later fatal and non-fatal cardiovascular endpoints over a mean follow-up of 2 years in a hypertensive very elderly group. The mechanism of this association warrants further study. (KJ/RH)

Challenges of depression and suicidal ideation associated with aging with HIV/AIDS: implications for social work; by David E Vance, Tom Struzick, Gwendolyn Childs.: Routledge, 2010, pp 159-175.
As the number of older adults with HIV/AIDS increases, new challenges are emerging that threaten their ability to age with this disease. Threats of particular concern are depression and suicidal ideation. Studies show that those aging with HIV/AIDS have a number of stressors that tax their coping mechanisms, increasing vulnerability to depression and suicidal ideation. These stressors can be categorized into three areas. First, there are psychosocial stressors that can contribute to depression. Second, there are health and biochemical stressors that can contribute to depression, as well as compromise cognitive abilities needed to adapt to such stressors. Third, cognitive stressors may create predispositions to depression. In particular, certain cognitive abilities needed to cope with depression and suicidal ideation may be compromised by aging with HIV/AIDS. A model of these stressors is provided for didactic purposes, as well as to suggest implications for social work practice and research. (RH)

Comprehensive assessment of depression and behavioral problems in long-term care; by Raymond T C M Koopmans, Sytse U Zuidema, Roesslan Leontjevas (et al).
The IPA Taskforce on Mental Health Issues in Long-Term Care Homes seeks to improve mental health care in long-term care (LTC) homes. The aim of this paper is to provide recommendations on comprehensive assessment of depression and behavioural problems, in order to further stimulate countries and professionals to enhance their quality of care. Existing guidelines on comprehensive assessment of depression or behavioural problems in nursing home (NH) patients or patients residing in LTC homes were collected; and a literature review was carried out to search for recent evidence. Five guidelines from several countries all over the world and two additional papers were included in this paper as a starting point for the recommendations. Comprehensive assessment of depression in LTC homes consists of a two-step screening procedure: an investigation to identify factors that influence the symptoms, followed by a formal diagnosis of depression according to DSM-IV-TR or the Provisional Diagnostic Criteria for Depression in Alzheimer Disease in cases of dementia. Comprehensive assessment of behavioural problems encompasses three steps: description and clarification of the behaviour, additional investigation, and assessment of probable causes of the behavior. The procedure starts in the case of moderate behavioural problems. The recommendations given in this paper provide a useful guide to professional workers in the LTC sector, but clinical judgment and the consideration of the unique aspects of individual residents and their situations is necessary for an optimal assessment of depression and behavioural problems. The recommendations should not be rigidly applied and implementation will differ from country to country. (KJ)
Cost-effectiveness of a stepped care intervention to prevent depression and anxiety in late life: randomised trial; by Petronella van't Veer-Tazelaar, Filip Smit, Hein van Hout (et al).
There is an urgent need for the development of cost-effective preventive strategies to reduce the onset of mental disorders. The aim of this study was to establish the cost-effectiveness of a stepped care preventive intervention for depression and anxiety disorders in older people at high risk of these conditions, compared with routine primary care. An economic evaluation was conducted alongside a pragmatic randomised controlled trial (ISRCTN26474556). Consenting individuals presenting with sub-threshold levels of depressive or anxiety symptoms were randomly assigned to a preventive stepped care programme (n = 86) or to routine primary care (n = 84). The intervention was successful in halving the incidence rate of depression and anxiety at Ç563 (£412) per recipient and Ç4367 (£3196) per disorder-free year gained, compared with routine primary care. The latter would represent good value for money if the willingness to pay for a disorder-free year is at least Ç5000. The prevention programme generated depression- and anxiety-free survival years in the older population at affordable cost. (KJ/RH)
ISSN: 00071250

Depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease: prevalence, relevance, clinical implications and management principles; by A M Yohannes, T G Willgoss, R C Baldwin, M J Connolly.
The purpose of the study was to review evidence regarding the prevalence, causation, clinical implications, aspects of healthcare utilisation and management of depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease. A critical review of research published between 1994 and 2009 was carried out. Findings showed that the prevalence of depression and anxiety is high in both chronic obstructive pulmonary disease and chronic heart failure. However methodological weaknesses and the use of a wide range of diagnostic tools make it difficult to reach a consensus on rates of prevalence. Co-morbid depression and anxiety are associated with increased mortality and healthcare utilisation and impact upon functional disability and quality of life. Despite these negative consequences, the identification and management of co-morbid depression and anxiety in these two diseases is inadequate. There is some evidence for the positive role of pulmonary and/or cardiac rehabilitation and psychotherapy in the management of co-morbid depression and anxiety, however this is insufficient to guide recommendations. In conclusion, the high prevalence and associated increase in morbidity and mortality justifies future research regarding the management of anxiety and depression in both chronic heart failure and chronic obstructive pulmonary disease. Current evidence suggests that multi-faceted interventions such as pulmonary and cardiac rehabilitation may offer the best hope for improving outcomes for depression and anxiety. (JL)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Depression and hypertension among Chinese nonagenarians and centenarians; by Zhao Wen, Dong Bi-Rong, Huang Chang-Quan (et al).
In this cross-sectional study, the authors explored the association between hypertension and depression in the very old using a sample ranged in age from 90 to 108 years. The sample included 687 unrelated Chinese nonagenarians and centenarians (67.4% women, mean age 93.51 years). The mean depression score (measured with brief 23-item geriatrics depression scale Chinese-edition (GDS-CD)) was 8.46 (standard deviation (SD) 3.33 range 0-20). There was no significant difference in depression scores between subjects with and without hypertension and there was also no significant difference in depression prevalence between subjects with and without hypertension. There was no significant difference in prevalence of hypertension between subjects with and without depression and there were also no significant differences in levels of arterial blood pressure (including SBP and DBP). Neither odd ratio (OR) of depression as a function of increased hypertension nor OR of hypertension as a function of increased depression was significant. In summary, depression was not directly correlated with hypertension among Chinese nonagenarians and centenarians. (KJ/RH)
ISSN: 08856230
Depression and parkinsonism in older Europeans: results from the EURODEP concerted action; by Arjan W Braam, Aartjan T F Beekman, Michael E Dewey (et al).


The prevalence rate of depression among patients with Parkinson's disease (PD) has been estimated at 25%, although prevalence figures range between 7-76%. Relatively few studies on PD and depression are based on random samples in the general population. Some depressive symptoms can also be understood as symptoms of parkinsonism, and the current study aims to describe which 'overlap' symptoms can be identified in a community sample. Data are employed from the EURODEP collaboration. Nine study centres, from eight western European countries, provided data on depression (most GMS-AGECAT), depressive symptoms (EURO-D items and anxiety), parkinsonism (self-report of PD or clinical signs of PD), functional disability and dementia diagnosis. Data were complete for 16,313 respondents, aged 65 and older; 306 (1.9%) reported or had signs of parkinsonism. The rate of depression was about twice as high among respondents with parkinsonism (unadjusted Odds Ratio 2.44, 95% Confidence Interval 1.88-3.17), also among those without functional disability. Overlap symptoms between parkinsonism and depression were represented by motivation and concentration problems, appetite problems and especially the symptom of fatigue (energy loss). However, principal component analysis showed that these 'overlap' symptoms loaded on different factors of the EURO-D scale. As among clinical patients with PD, depression is highly common in community dwelling older people with parkinsonism, even among those without functional disability. Although fatigue did not strongly relate to motivational symptoms, both types of overlap symptoms possibly trigger a final common pathway towards a full depressive syndrome. (KJ/RH)

ISSN: 08856230

Depression in Dutch homes for the elderly: under-diagnosis in demented residents?; by Menke Baller, Marijke Boorsma, Dinus H M Frijters (et al).


Although community-based studies reported an increased incidence of depression among demented people compared with non-demented people, it is not clear whether this relationship also exists among institutionalised older people. The aim of this study was to compare the prevalence of diagnosed depressive disorders and mood symptoms between demented and non-demented residents living in Dutch homes. Cross-sectional analysis was conducted between January 2007 and April 2008 in 16 care homes of routine outcome measurements by trained nurse assistants using the Resident Assessment Instrument (RAI). The nurse assistants recorded all known medical diagnoses including dementia and depression, as well as a structured observation of the presence or absence of 11 mood symptoms over the last 3 days. 313 demented and 463 non-demented residents with complete data were included (99% of all residents, mean age 84 years). 24.6% of participants were diagnosed with a depressive disorder, with no statistically significant difference between demented and non-demented persons (p = 0.237). Mood symptoms were more prevalent in demented residents. Among residents with mood symptoms, demented residents were less likely to be diagnosed with a depressive disorder than non-demented residents. The prevalence of diagnosed depressive disorders was comparable between demented and non-demented residents. However, demented residents suffered more from mood symptoms and may be at risk of under-diagnosis of depression. (KJ/RH)

ISSN: 08856230

Depression in nursing homes; by John Snowdon.


Although studies have shown the prevalence of depression in nursing homes to be high, under-recognition of depression in these facilities is widespread. Use of screening tests to enhance detection of depressive symptoms has been recommended. This paper aims to provoke discussion about optimal management of depression in nursing homes. The utility of the Cornell Scale for Depression in Dementia (CSDD) is considered. CSDD data relating to residents assessed in 2008-2009 were collected from three Sydney nursing homes. CSDD scores were available from 162 residents, though raters stated they were unable to score participants on at least one item in 47 cases. Scores of 13 or more were recorded for 23% of residents in these facilities, but in most of these cases little was documented in case files to show that the results had been discussed by staff, or that they led to interventions, or that follow-up testing was arranged. Results of CSDD testing should prompt care staff (including doctors) to consider causation of depression in cases where residents are identified as possibly depressed. In particular, there needs to be discussion of how to help residents to cope with disability, losses, and feelings of powerlessness. Research is needed, examining factors that might predict response to antidepressants, and what else helps. Accreditation of nursing homes could be made to depend partly on evidence that staff regularly search for, and (if found) ensure appropriate responses to, depression. (KJ)
Depression in relation to purpose in life among a very old population: a five-year follow-up study; by Pia Hedberg, Yngve Gustafson, Lena Alex (et al.). Taylor & Francis, August 2010, pp 757-763.
Aging & Mental Health, vol 14, no 6, August 2010, pp 757-763. A cross-sectional study of 189 participants (120 women and 69 men) aged 85-103 years living in a county in northern Sweden investigated the relationship between purpose in life and depression. In a five-year follow-up, the study also investigated whether purpose in life, adjusted for different background characteristics, can prevent very old men and women from developing depression. Those who had not been diagnosed as depressed at baseline (n = 78) were included in the five-year follow-up study. Depression was assessed using the Geriatric Depression Scale-15 (GDS-15), the Organic Brain Syndrome scale, the Montgomery-Aringsberg Depression Rating Scale (MADRS), and Diagnostic and Statistical Manual of Mental Disorders-IV criteria (DSM-IV). Purpose in life was assessed with the Purpose in Life (PIL) scale. In the cross-sectional study, 40 participants out of 189 (21.2%) were depressed, and those with depression had significantly lower PIL scores (mean score 107 vs. 99, p = 0.014). In the follow-up study, 78 persons were available for the assessment of depression. Of those, 21 (26.9%) were diagnosed as depressed and their mean PIL score at baseline was 106 (SD = 17.4) versus 108 (SD = 16.0, p = 0.750) among those not depressed. Using multivariate logistic regression analysis controlling for possible confounders, the authors found no association between purpose in life and the risk of developing depression after five years (OR = 1.0, 95% CI 0.97-1.03). The results show a significant inverse relationship between purpose in life and depression in the cross-sectional study; however, a high PIL score does not seem to serve very old people as a protection against the risk of developing depression. (KJ/RH)

ISSN: 13607863
From: http://www.tandfonline.com

Depression, cognitive reserve and memory performance in older adults; by Mike Murphy, Eleanor O’Leary.
The purpose of this Irish research study was to examine the relationship between education and leisure, as markers of cognitive reserve, depressive symptoms and memory performance in a sample of cognitively normal Irish older adults. A cross-sectional survey style design was employed to gather data. A sample of 121 older adults in the Cork area was recruited through publicly advertising for volunteers. Only those volunteers who obtained a score of greater than 23 on the MMSE, and were not taking antidepressant or anxiolytic medications, were included. Data from 99 participants were included in the analysis. Controlling for age and gender, depressive symptoms were found to be associated with poorer immediate recall performance, while greater than 12 years of education was positively associated with delayed recall and savings. Leisure did not emerge as being associated with any of the dimensions of memory assessed. Depressive symptoms emerged as associated with immediate recall, even though few of the participants met the cut-off for caseness. This may indicate a need for intervention in cases of subclinical depression with associated memory complaints. The association between education level and both delayed recall and savings provides support for the cognitive reserve hypothesis, and may suggest useful non-pharmacological approaches to memory deficits in later life. (KJ/RH)
ISSN: 08856230

Do you think you suffer from depression?: Reevaluating the use of a single item question for the screening of depression in older primary care patients; by Liat Ayalon, Margalit Goldfracht, Per Bech.
The majority of older adults seek depression treatment in primary care. Despite impressive efforts to integrate depression treatment into primary care, depression often remains undetected. This Finnish study compared a single item screening for depression with existing depression screening tools. Participants comprised a cross-sectional sample of 153 older primary care patients. They completed several depression-screening measures (e.g. a single depression screen, Patient Health Questionnaire-9, Major Depression Inventory, and Visual Analogue Scale). Measures were evaluated against a depression diagnosis made by the Structured Clinical Interview for DSM-IV. Overall, 3.9% of the sample was diagnosed with depression. The most notable finding was that the single-item question, 'do you think you suffer from depression?' had as good or better sensitivity (83%) than all other screens. Nonetheless, its specificity of 83% suggested that it has to be followed up by a through diagnostic interview. Additional sensitivity analyses concerning the use of a single depression item taken directly from the depression screening measures supported this finding. An easy way to detect depression in older primary care patients would be asking the single question, 'do you think you suffer from depression?' (KJ/RH)
Earlier stress exposure and subsequent major depression in aging women; by Stephanie Kasen, Henian Chen, Joel R Sneed (et al).
Despite evidence that stress exposure earlier in the life course may have long-term consequences for psychopathology, most models of vulnerability for late life depression are limited to current stressors or to retrospective reports of stress history. This study estimates the influences of earlier stressors assessed longitudinally on subsequent major depressive disorder (MDD) in women at average age 60 (range 50-75). MDD, negative life events (NLE), and marital stress were assessed multiple times in a community-based sample of 565 women followed for three decades. Adverse events experienced in childhood also were assessed prior to outcome. Greater childhood adversity, earlier high levels of NLE and marital stress, and a more rapid increase in marital stress over time elevated the odds of MDD at average age 60 independent of all stressors and other salient risk factors. Childhood adversity was mediated in part by intervening risks. Prior depression, earlier poor health status, a more rapid deterioration in health with age, and current disability owing to physical problems also were related independently to later MDD. These findings support the enduring effects of earlier stress burden on MDD in women into old age and, in light of the increasing proportion of older women in the population, have important clinical implications for identification and treatment of those at risk for depression. Findings also underscore the need to develop resources to counteract or buffer similar stress exposure in younger generations of women. (KJ/RH)
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The current study examines the effects of helping behaviour and physical activity on mood states and depressive symptoms of older adults. Participants (n = 102) reported their chronic conditions, volunteering, supporting behaviour, and physical activity. Helping behaviour, as well as physical activity, was practiced by more than half of the participants. Physical activity was positively associated with cheerfulness and vigour and explained 4% of the variance in both moods. No links were detected between the level of physical activity and depressive symptoms. Helping behaviour was positively correlated with cheerfulness and vigour and explained 6% and 22% of these moods, respectively. It was negatively correlated with depressive symptoms and explained 6% of the variance in their occurrence. The positive link between helping behaviour and physical exercise can be explained by adaptation theories of ageing which regard the psychological benefits of multiple forms of activity in late life. (KJ)
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From : http://www.tandfonline.com

The effects of a high-intensity functional exercise programme on depressive symptoms and psychological well-being among older people dependent in activities of daily living (ADL) and living in residential care facilities were evaluated in this Swedish cluster-randomised controlled study. Participants were 191 older people, aged 65-100, dependent in activities of daily living (ADL) and with Mini Mental State Examination (MMSE) scores between 10 and 30. One hundred (52%) of the participants had a diagnosed dementia disorder. A high-intensity functional weight-bearing exercise programme and a control activity were performed in groups. Sessions were held five times over each two week period for three months, a total of 29 times. The outcome measures, Geriatric Depression Scale (GDS-15) and Philadelphia Geriatric Center Morale Scale (PGCMS) were blindly assessed at baseline, three and six months. At baseline, mean ± SD (range) for GDS was 4.4 ± 3.2 (0-14), and for PGCMS 11.0 ± 3.5 (2-17). There were no significant differences in GDS or PGCMS between the exercise and the control group at the three and six month follow-ups in the total sample. Among people with dementia, there was a between-group difference at three months in PGCMS scores in favour of the exercise group. A high-intensity functional exercise programme seems generally not to influence depressive symptoms or psychological well-being among older people dependent in ADL and living in residential care facilities. An individualized and multifactorial intervention may be needed in this group. However, an exercise programme as a single intervention may have a short-term effect on well-being among people with dementia. (KJ/RH)

High rates of emotional distress and depressive symptoms in the community can reflect difficult life events and social circumstances. There is a need for appropriate, low-cost, non-medical interventions for many individuals. Befriending is an emotional support intervention commonly offered by the voluntary sector. The aim of this study was to examine the effectiveness of befriending in the treatment of emotional distress and depressive symptoms. The authors conducted a systematic review of randomised trials of interventions focused on providing emotional support to individuals in the community. Compared with usual care or no treatment, befriending had a modest but significant effect on depressive symptoms in the short term (standardised mean difference SMD = -0.27, 95% CI -0.48 to -0.06, nine studies) and long term (SMD = -0.18, 95% CI -0.32 to -0.05, five studies). Befriending has a modest effect on depressive symptoms and emotional distress in varied patient groups. Further exploration of active ingredients, appropriate target populations and optimal methods of delivery is required. (KJ/RH)

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In an experimental study design, 92 institutionalised people aged 65+ in nursing homes in Taipei, Taiwan were recruited and randomly assigned to two groups. Participants in the experimental group were assigned to reminiscence therapy eight times during 2 months, to examine the effects of this therapy on their psychological well-being. After providing the reminiscence therapy to those in the experimental group, a significant positive short-term effect (3 month follow-up) on depression, psychological well-being and loneliness, as compared to those in the comparison group was found. Reminiscence therapy in this study sample improved socialisation, induced feelings of accomplishment in participants, and assisted to ameliorate depression. (RH)

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This American cross-sectional study examined the relationship between self-reported physical health, depressive symptoms, and the occurrence of depression diagnosis in 89 Hispanic female dementia caregivers enrolled in the Reducing Stress in Hispanic Anglo Dementia Caregivers study sponsored by the National Institute on Aging. Baseline depression and physical health data were collected from participants. Physical health was assessed using the Medical Outcome Study Short Form-36 (SF-36), a one-item self-report health rating, body mass index (BMI), and the presence or history of self-reported physical illness. Depressive symptoms were assessed using the Center for Epidemiologic Studies-Depression Scale (CES-D). The occurrence of depression diagnosis was assessed using the Clinical Interview for DSM-IV Axis I Disorders (SCID). Multiple linear and logistic regression analysis was used to examine the extent to which indices of physical health and depressive symptoms accounted for variance in participants' depressive symptoms and depressive diagnoses. Self-reported indices of health (e.g. SF-36) accounted for a significant portion of variance in both CES-D scores and SCID diagnoses. Caregivers who reported worsened health tended to report increased symptoms of depression on the CES-D and increased likelihood of an SCID diagnosis of a depressive disorder. Thus, self-reported health indices are helpful in identifying Hispanic dementia caregivers at risk for clinical levels of depression. (KJ/RH)

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This study aimed to examine the factor structure of a Chinese version of the 15-item Geriatric Depression Scale (GDS-15) with a sample of community dwelling older Chinese people living alone in Shanghai, China. Data were obtained between August and October 2008 through face-to-face interviews, using a structured survey
questionnaire, from a random sample of 228 Chinese who were aged 60+ and living alone in one of the ageing communities in Shanghai, China. Depressive symptoms were measured by a 15-item Chinese version Geriatric Depression Scale. Both exploratory factor analysis and confirmatory factor analysis were conducted to examine the factor structure of the GDS. Over 30% of the elderly Chinese living alone reported having symptoms that indicated they had mild or an above mild level of depression. Furthermore, the findings also indicated that the depression symptoms were loaded into a four-factor model: positive and negative mood; energy level; inferiority; and disinterested, explaining over 58% of the total variance of depressive symptoms. The findings presented evidence of the applicability of the GDS to older Chinese people living alone in China. This instrument would be useful for identifying potential depression concerns among older Chinese living alone.

(KJ/RH)
ISSN: 08856230

Family caregivers' compassion fatigue in long-term facilities; by Beth Perry.
A Canadian study offers staff in the UK insight into the feelings of hopelessness and sadness that can engulf relatives assisting with care. The aim of this study was to explore the presence of compassion fatigue in family carers who assist staff with care of older relatives in long-term settings. Narrative data were collected through observation and conversations with five purposively selected family carers. Thematic and poetic analysis suggest that family carers exhibit symptoms associated in the literature with fatigue in nurses and other healthcare professionals. Two major themes emerged: role engulfment and enveloping sadness. Nurses working in long-term care settings should educate family carers about compassion fatigue, recognize its presence in them, and provide support to family carers experiencing the condition. (RH)
ISSN: 14720795
From: http://www.nursingolderpeople.co.uk

Focus on prevention in psychogeriatrics: special issue; by Mark Rapoport, Benoit Mulsant.
In September 2009, Montreal, Quebec hosted the International Psychogeriatric Association's 14th International Congress, in collaboration with the American Association for Geriatric Psychiatry, the Canadian Academy of Geriatric Psychiatry, the Canadian Coalition for Seniors' Mental Health, the Canadian Geriatrics Society, and the Société Québécoise de Psychogériatrie. The theme of the Congress was the 'Pathway to Prevention', and the presentations focused on progress made to date on the prevention of late-life mental disorders, barriers the field is still facing, and future achievements that will be needed for this goal to be achieved. A guest editorial precedes six papers which were first presented at the Congress: three on dementia, two on depression, and one on functional disability. One of the dementia papers is based on data from the Sao Paulo Ageing and Health Study (SPAH) in Brazil. (RH)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210001882

General health status and vascular disorders as correlates of late-life depressive symptoms in a national survey sample; by Robert Stewart, Vasant Hirani.
The associations between vascular disease, vascular risk factors and depressive symptoms were investigated using data from the Health Survey for England 2005, a nationally representative cross-sectional population survey comprising 4269 adults aged 65+ living in private households. Alos examined were the extent to which these associations are accounted for by general health status and the extent to which the association between depressive symptoms and worse general health is accounted for by level of vascular risk. Data collected included depressive symptoms (10-item Geriatric Depression Scale, GDS-10), self-reported general health and vascular disease or risk factors, resting blood pressure and lipid profile. Case level depressive symptoms were associated with reported previous stroke, ischaemic heart disease and diabetes, as well as with current smoking. These associations were attenuated substantially when adjusted for general health status. On the other hand, the association between worse subjective health and depressive symptoms was not altered following adjustment for vascular disease or risk status. Worse general health appears to account for a large part of associations between cardiovascular disorders and depression, although this may represent 'over-adjustment'. Cardiovascular disease/risk does not appear to account for much of the association between worse general health and depression. (KJ/RH)
ISSN: 08856230
Global and caregiving mastery as moderators in the caregiving stress process; by Mark F Pioli.: Taylor & Francis, July 2010, pp 603-612.


The study tests the circumstances under which global mastery and caregiving mastery moderate the impact of objective and subjective stressors on depressive and anxious symptoms among Alzheimer's caregivers. Data from the first wave of the US Alzheimer's Family Study (AFS), a sample of 200 spousal caregivers to people with Alzheimer's disease, were examined. Sixteen separate models were tested with depression and anxiety regressed on two measures of objective demand (activities of daily living and problem behaviours), and two measures of subjective demand (role overload and role captivity), matched with each of the two mastery measures and their relevant interaction terms. Caregiving mastery functions as a moderator in the relationship between subjective demands and depression, and anxiety, that is, at higher levels of caregiving mastery, the positive association between role overload and role captivity on depression and anxiety was weaker. Although there is a strong main effect of global mastery on mental health, it was not found to act as a moderator in this study. The findings demonstrate the importance of evaluating role-specific measures, such as caregiving mastery, as well as assessing a variety of stressful demands, in order to explicate the pathways through which psychosocial resources exert their protective effects. (KJ/RH)

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From : http://www.tandfonline.com

High incidence of clinically relevant depressive symptoms in vulnerable persons of 75 years or older living in the community; by Els Dozeman, Harm W J van Marwijk, Digna J F van Schaik (et al).: Taylor & Francis, September 2010, pp 828-833.


Clinically relevant depressive symptoms are highly prevalent in people who are 75 years of age or older. However, very old people with a vulnerable health status are under-represented in studies focussing on incidence and risk factors, while the risk of developing depressive symptoms is expected to be very high in this group. The incidence rates of clinically relevant depressive symptoms and their predictors were investigated in a vulnerable elderly population. In a community-based cohort, 651 vulnerable elderly (75+) people were identified by means of the COOP-WONCA charts (Dartmouth Coop Functional Health Assessment Charts/World Organisation of Family Doctors). To study the incidence of clinically relevant symptoms of depression and their predictors, 266 people with no symptoms (Centre for Epidemiologic Studies Depression Scale, CES-D score <16 at baseline) were selected and measured again at six and 18 months. The incidence of clinically relevant symptoms of depression was defined as a CES-D score ?16, in combination with at least a five-point change between measurements. Logistic regression analyses were applied to determine risk indicators. After 18 months, the incidence rate of all clinically relevant symptoms of depression was 48% (95% confidence interval, CI 44.2-51.8). No specific risk factors were identified within this population. Estimates of the incidence of depressive symptoms were considerably higher than those previously found in elderly populations living in the community. A vulnerable health status is associated with a high risk of depressive symptoms. (KJ)

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From : http://www.tandfonline.com

The impact of life review on depression in older adults: a randomized controlled trial; by Anne Margriet Pot, Ernst T Bohlmeijer, Simone Onrust (et al).


The authors developed an indicated preventive life-review course, "Looking for Meaning", based on the assumption that reminiscence influences coping with depressive symptoms. This study describes the impact of this course in a pragmatic randomised controlled trial (RCT) conducted at the Netherlands Institute of Mental Health and Addiction. Inclusion criteria were age over 50, a score of 5 or higher on the Center for Epidemiological Studies Depression Scale (CES-D), and no depressive disorder or psychotropic or psychological treatment. Participants were randomised and stratified by gender: the experimental group (N = 83) was offered the course and the comparison group (N = 88) a movie. There were three measurements: pre-treatment, post-treatment, and 6 months after post-treatment. Depressive symptoms constituted the primary outcome. Secondary outcomes were anxiety symptoms, satisfaction with life, mastery and reminiscence styles. All analyses were conducted according to the intention-to-treat principle. Missing values were replaced by regression imputation. The course reduced depressive symptoms, a decrease that was retained during follow-up. A significant between-group effect size was found (d = 0.58). There was also a reduction in symptoms of anxiety; however, the comparison group showed the same reduction, resulting in a small between-group effect size. Gender and level of depressive symptoms were found to be prognostic factors for the change in depressive symptoms; age was not. Post hoc analyses showed significant between-group effect sizes for females and those
with a score above the cut-off of the CES-D. The course “Looking for Meaning” can be recommended for people aged over 50 years, females and older adults with a clinically relevant level of depressive symptoms (above cut-off) in particular. (KJ/RH)

Incidence and persistence of sleep complaints in a community older population; by Marcella Fok, Robert Stewart, Alain Besset (et al).


Factors associated with incidence and persistence of sleep complaints in an older population were investigated, with particular focus on the role of depression, subclinical depression and physical health status as predictors. An analysis was carried out from data from the Gospel Oak Study, a community survey of 656 residents aged 65+ within a geographic catchment area in north London, who were followed up after 1 year. Subjective sleep complaint was ascertained using a single question at baseline and follow-up. Independent variables included age, sex, marital status, social class, number of physical illnesses, disability, social support deficit and depression (according to SHORT-CARE, both a categorical measure and a scale based score). Baseline prevalence of sleep complaint was 44.7%. Incidence after 1 year was 21.4%, and persistence was 66.3%. After adjustment, female sex and depression predicted incidence of sleep complaint whereas only depression caseness predicted persistence of complaint. The population attributable fractions of depression caseness for incidence and persistence of sleep complaint were 37.4% and 23.4%, respectively. Positive but weaker associations were found between sub-case depressive symptoms and these outcomes. Depression was the strongest predictor of incidence and persistence of sleep complaints in this older sample. However, overall it accounted only for a minority of instances of incident or persistent symptoms. (KJ/RH)

ISSN: 08856230


Late life depression: a comparison of risk factors and symptoms according to age of onset in community dwelling older adults; by Damien Gallagher, Aine N Mhaolain, Elaine Greene (et al).


It has been reported that late onset depression is more frequently associated with acquired organic pathology and that patients are less likely to report a family history of depression. Differences in phenomenology according to age of onset have been described although these have not been consistently replicated. The majority of these studies have been in hospital populations. The aim of this Irish study is to address this question in a sample of community dwelling older adults. 89 subjects with GMS-AGECAT depression were identified from a sample of 1231 community dwelling adults aged 65 years and over. Subjects were analysed across a range of aetiological and phenomenological variables according to age of onset of first depressive episode. Subjects with late onset depression (60+) were significantly less likely to report a family history of depression, were less likely to report previous hospitalisation for depression and had greater cognitive impairment. Late onset subjects were also less likely to report feelings of guilt or thoughts that life was not worth living in the previous month. While the study found that patients with late onset depression differed from early onset patients according to certain aetiological risk factors, it did not find a distinctive profile of depressive symptomatology which might be considered clinically useful at an individual level. These findings are consistent with studies based in hospital populations. (KJ/RH)

ISSN: 08856230


Late-life depression and the death of Queen Victoria; by Robert C Abrams.


The objective of this study was to evaluate relationships between the death of Queen Victoria and the depressive episode she experienced during the last year of her life. The last volume of Queen Victoria's personal journal was reviewed from a geriatrician's perspective, tracing the onset and course of depressive symptoms from entries beginning on 17 August 1900 and ending on 13 January 1901, nine days before her death. The Queen's own words are supplemented with observations from contemporaneous secondary sources. The antecedents of Queen Victoria's late-life depression, including multiple losses, disabilities, and chronic pain, taken together with the presentation of vegetative, affective, and late cognitive symptoms, suggested the presence of a distinctively geriatric major depressive disorder. The absence of any other medical condition to explain the clinical picture seemed probable but not certain. Although historians and biographers have long been aware of Queen Victoria's final depression, the emphasis has mostly been on her earlier and prolonged mourning for her husband Prince Albert. Re-examined now, the Queen's Journal suggests that a severe late-life depressive episode occurring approximately in her last five months contributed meaningfully to her death. (JL)
Late-onset depressive disorder; by Devender Singh Yadav.
GM (Geriatric Medicine), vol 40 no 1, January 2010, pp pp 34-37.
Evidence is growing for a distinct subtype of depression arising in later life, characterised by a distinct clinical presentation and an association with cognitive impairment. Awareness of late-onset depressive disorder as a separate entity that contributes heavily to the morbidity and mortality is the first step. Identification of both depression and cognitive impairment using structured scales and appropriate investigation, including neuropsychological assessment and prompt referral to the specialist memory clinic, or old-age services is paramount. Using eclectic treatment modalities and following a patient-centred approach, aggressively treating the depressive disorder can prevent further cognitive decline and thereby improve the quality of life of both the patients and their carers. (KJ/RH)

Osteoarthritis (OA) is the most common form of arthritis, and depressive symptoms are common in older people with arthritic pain. However, relatively little attention has been given to the efficacy of interventions that may be beneficial for older people with OA with concomitant depressive symptoms. The aim of this review was to evaluate data from clinical trials testing the effectiveness of various interventions for older patients suffering from OA and depression. Systematic searches were conducted on MEDLINE, CINAHL, Scopus, PsychInfo, Web of Knowledge and Pubmed (January 1990-July 2009). Fourteen studies were identified and examined. Interventions highlighted in these studies were: patient education programmes (N = 3); cognitive behavioural therapy (CBT) (N = 2); depression care and pharmacological intervention (N = 2); and exercise therapy (N = 7). 11 out of 14 interventions showed some improvement in patients' depressive symptoms in the short term. Three of the interventions did not affect depressive symptoms on patients with OA. There was some evidence to suggest that the intervention of CBT, integrated depression care management and exercise therapy were associated with reduced depressive symptoms in the short term. However, the long-term benefits of depression management in patients with OA with co-morbid depression are unknown. Future well-controlled clinical trials are needed. (KJ/RH)

Measuring depression in a multicultural social: conceptual issues and research recommendations; by Giyeon Kim.
Despite the extensive research on culture and depression in the social and behavioural sciences, little has been critically addressed regarding how to measure depression in a multicultural society. This article aims to provide conceptual issues related to assessing the cross-cultural comparability of depression, as well as recommendations for future depression research. Three conceptual issues were addressed: 1) two approaches for cross-cultural depression research; 2) DSM criteria for depression across cultures; and 3) establishing measurement equivalence in depression research. In addition, implications for different conceptualizations of depression in diverse cultural groups are discussed. Specifically, the author discusses the need for a conceptual model and proposes one for the relationship of culture to depression for future research. (KJ)

Mental health literacy, folic acid and vitamin B12, and physical activity for the prevention of depression in older adults: randomised controlled trial; by Janine G Walker, Andrew J Mackinnon, Philip Batterham (et al).
Few randomised controlled trials (RCTs) have examined potential preventive agents in high-risk community populations. The aim of this study was to determine whether a mental health literacy intervention, the promotion of physical activity, or folic acid plus vitamin B12 reduce depression symptoms in community-dwelling older adults with elevated psychological distress. The initial target sample size was 2000; however, only 909 adults (60-74 years) met the study criteria. Interventions were delivered by mail with telephone calls. The main outcome was depressive symptoms on the Patient Health Questionnaire (PHQ-9) at 6 weeks, 6, 12 and 24 months. The Clinicaltrials.gov registration number is NCT00214682. From randomisation to 24-month
assessment, the drop-out rate was low (13.5%). Neither folic acid + B12 nor physical activity reduced depressive symptoms at any time point. At 6 weeks, depressive symptoms were lower for the mental health literacy intervention compared with its control condition. In conclusion, mental health literacy had a transient effect on depressive symptoms. Other than this, none of the interventions significantly reduced symptoms relative to their comparator at 6 weeks or subsequently. Neither folic acid plus B12 nor physical activity were effective in reducing depressive symptoms. (KJ/RH)

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Nutrition and late-life depression: etiological considerations; by Martha E Payne.
Aging Health, vol 6, no 1, February 2010, pp 133-143.

Depression is a debilitating mental disorder that frequently occurs in older adults, especially in those with vascular diseases. Nutritional factors have the potential to decrease the occurrence of late-life depression but have not been adequately studied. Low folate levels, disturbed omega-3 fatty acid metabolism and obesity have been associated with depression, and may be causal factors. Longitudinal studies are urgently needed in order to examine the potential of dietary factors to prevent late-life depression. (KJ/RH)

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Aging & Mental Health, vol 14, no 1, January 2010, pp 33-43.

This US study focused on the associations between older adults' health-related problems and their late-life alcohol consumption and drinking problems. A sample of 719 late-middle-aged community residents (55-65 years old at baseline) participated in a survey of health and alcohol consumption, and this survey was followed 10 years and 20 years later. Health-related problems increased and alcohol consumption and drinking problems declined over the 20-year interval. Medical conditions, depressive symptoms, medication use, and acute health events were associated with a higher likelihood of abstinence; acute health events were also associated with less alcohol consumption. In contrast, reliance on alcohol to reduce pain was linked to more alcohol consumption. Moreover, an individual's overall health burden and reliance on alcohol to reduce pain were associated with more drinking problems. Reliance on alcohol to reduce pain potentiated the association between health burden, alcohol consumption and drinking problems. Older adults who have more health problems and rely on alcohol to manage pain are at elevated risk for drinking problems. Health care providers should target high-risk older adults, such as those who drink to reduce pain, for screening and brief interventions to help them identify new ways to cope with pain and curtail their drinking. (KJ/RH)

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PTSD in older bereaved people; by Maja O'Connor.: Taylor & Francis, August 2010, pp 670-678.
Aging & Mental Health, vol 14, no 6, August 2010, pp 670-678.

Late life bereavement has been associated with psychological problems, mainly depression. A few studies indicated that post-traumatic stress disorder (PTSD) was an important issue in late life bereavement reactions. This study aimed to assess the prevalence of PTSD in recently bereaved older people compared with married controls; and to investigate whether the loss of a spouse in old age, in contrast with earlier assumptions, could lead to PTSD. 296 Danish older bereaved people (mean age 73 years, 113 males) were chosen from national registers and assessed two months post-bereavement. They were compared with a control group of 276 married older people. The prevalence of PTSD and depression were measured through a self-report questionnaire. Results showed that 16% of the bereaved and 4% of the control group had a PTSD diagnosis (ES = 0.35; Cohen's d = 0.74). Additionally, 37% of the bereaved and 22% of the control group had mild to severe depression (ES = 0.19; Cohen's d = 0.37). The results suggested that late life spousal bereavement result in PTSD with equal frequency to general samples of bereaved persons. Furthermore, the prevalence of PTSD in the first months after bereavement was more elevated than the level of depression. This makes PTSD an important factor when studying late life bereavement reactions. (KJ/RH)

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From: http://www.tandfonline.com
The reliability of three depression rating scales in a general population of Dutch older persons; by Ondine van de Rest, Nikita van der Zwaluw, Aartjan T F Beekman (et al).


The aim of this study was to compare the reliability of three rating scales for assessing depressive symptoms in a community-based, non-clinically depressed older population. The study sample comprised of 302 independently living subjects aged 65 years or older. Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale (CES-D), the Geriatric Depression Scale (GDS-15) and the Montgomery and Asberg Depression Rating Scale (MADRS) at three time points: at baseline, after 13 weeks (except the GDS-15) and after 26 weeks. Three dimensions of reliability were compared: (i) internal consistency (Cronbach's alpha), (ii) reproducibility (Spearman correlations) and (iii) the intra- and inter-rater reliability (Spearman correlations to compare the differences between correlations of subjects tested by the same vs different raters at three time points). Cronbach's alpha was high for the CES-D (0.84), good for the MADRS (0.72) and relatively low for the GDS-15 (0.55). Reproducibility was also higher for the CES-D (0.71) than for the MADRS (0.61) and the GDS-15 (0.52). The rater had little influence on CES-D scores (intra/inter-rater ratio = 0.99). The GDS-15 and the MADRS, however, performed better when administered by the same rater. The CES-D was the most reliable scale for measuring depressive symptoms in a non-clinically depressed older population. (KJ/RH)

ISSN: 08856230

Social intervention for British Pakistani women with depression: randomised controlled trial; by R Gater, W Waheed, N Husain (et al).


British Pakistani women have a high prevalence of depression. There are no reported psychosocial interventions for depression in ethnic minorities in the UK. The aim of this research was to determine the efficacy of a social group intervention compared with antidepressants, and whether the combination of the two is more efficacious than either alone. A total of 123 women with depression participated in the primary care-based cluster randomised controlled trial (ISRCTN19172148). Outcome measures were severity of depression (Hamilton Rating Scale for Depression), social functioning and satisfaction at 3 and 9 months. Greater improvement in depression in the social intervention group and the combined treatment group compared with those receiving antidepressants alone fell short of significance. There was significantly greater improvement in social functioning in the social intervention and combined treatment groups than in the antidepressant group at both 3 and 9 months. Pakistani women with depression found the social groups acceptable and their social function and satisfaction improved if they received social treatment compared with the receipt of antidepressants alone. (KJ)

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From: http://bjp.rcpsych.orgDOI: 10.1192/bjp.bp.109.066845

The structure of the Hospital Anxiety and Depression Scale in four cohorts of community-based, health older people: the HALCyon program; by Catharine R Gale, Michael Allerhand, Avan Aihie Sayer (et al).

International Psychogeriatrics, vol 22, no 4, June 2010, pp 559-571.

The Hospital Anxiety and Depression Scale (HADS) is widely used, but evaluation of its psychometric properties has produced equivocal results. Little is known about its structure in non-clinical samples of older people. The authors used data from four cohorts in the HALCyon collaborative research program into healthy aging: the Caerphilly Prospective Study, the Hertfordshire Ageing Study, the Hertfordshire Cohort Study, and the Lothian Birth Cohort 1921. They used exploratory factor analysis and confirmatory factor analysis with multi-group comparisons to establish the structure of the HADS and test for factorial invariance between samples. Exploratory factor analysis showed a bi-dimensional structure (anxiety and depression) of the scale in men and women in each cohort. Researchers tested a hypothesised three-factor model but high correlations between two of the factors made a two-factor model more psychologically plausible. Multi-group confirmatory factor analysis revealed that the sizes of the respective item loadings on the two factors were effectively identical in men and women from the same cohort. There was more variation between cohorts, particularly those from different parts of the UK and in whom the HADS was administered differently. Differences in social-class distribution accounted for part of this variation. Scoring the HADS as two subscales of anxiety and depression is appropriate in non-clinical populations of older men and women. However, there were differences between cohorts in the way that individual items were linked with the constructs of anxiety and depression, perhaps due to differences in sociocultural factors and/or in the administration of the scale. (KJ/RH)

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From: http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210000256
Subjective memory problems; by Steve Iliffe, Louise Pealing.  
The National Dementia Strategy for England (2009) urges general practitioners (GPs) to become skilled in recognising dementia at an early stage, and to promptly refer those at risk to specialist memory services. Subjective memory problems are much more common in later life than the objective problems that suggest minor cognitive problems or dementia. Depression is associated with subjective memory problems, as are old age, female sex, and low educational attainment. The authors report on a systematic review of published work in three databases - Embase, Medline, and PsychINFO - using 17 search categories that cover the breadth of patient demographics and health thought to have a possible association with memory problems. They searched for reviews of studies in human beings that were published in the English language between January 1989 and May 2009. They use their findings to answer questions such as the extent to which subjective memory problems are associated with concurrent memory problems, are a risk factor for developing dementia, or indicate other problems. They conclude by considering GPs’ approach to patients with concerns about their memory, also questions for further research. (RH)  
ISSN: 09598138  
From: www.bmj.com doi: 10.1136/bmj.c1425

Suicidal ideation and its correlates among elderly in residential care homes; by Daniela Malfent, Tanja Wondrak, Nestor D Kapusta (et al).  
The highest suicide rates are found among the older population; therefore suicidal ideation is prevalent in long-term care facilities. Despite these facts and multiplying losses, most residents show no signs of suicidal ideation. There is a lack of information on which factors protect against suicidal thoughts among the elderly. The aim of this pilot study was to assess the prevalence and correlates of suicidal ideation with risk and protective factors among older residential care home residents in Vienna. This cross-sectional study was conducted in 15 Viennese residential care homes. Participants completed a self-report questionnaire containing socio-demographic factors, physical health, mental health, and protective factors like optimistic attributional style, self-efficacy, and internal locus of control as well as satisfaction with life and were finally asked about active and passive suicidal thoughts and behaviours. With the voluntary participation of 129 residents aged 60 years or more, active suicidal ideation during the last month was identified in 7% of the elderly, 11% reported active suicidal ideation during the past year. Primarily, it was found that protective factors like internal locus of control, self-efficacy, and satisfaction with life were important single predictors of active suicidal ideation during the past month. Depressive symptoms and current psychotherapeutic treatment were additionally important predictors. Suicidal ideation is prevalent in Viennese residential care homes; consequently it is necessary to recognize and treat suicidal ideation in an adequate way. The findings suggest that research and prevention strategies could not merely target risk, but also include protective factors. (KJ/RH)  
ISSN: 08856230  

Suicidality in the elderly; by Amit Kishore, Jason Raw.  
GM (Geriatric Medicine), vol 40, no 9, September 2010, pp 483-487. 
Elderly people have a higher risk of completed suicide than any other age group. While suicidality is multi-determined, mental health disorders, especially depression, have been consistently shown to have associations with suicidality in the older population group. Risk assessment is best accomplished through clinical interview of the patient; validated risk assessment scales have yet to be developed. While there are several measures that can be used to tackle this issue, identifying and treating depression are two key areas that could improve outlook. (KJ)  
ISSN: 0268201X  
From: http://www.gerimed.co.uk

Trajectories of mobility and IADL function in older patients diagnosed with major depression; by Celia F Hybels, Carl F Pieper, Dan G Blazer (et al).  
Research has shown an association between depression and functional limitations in older adults. The aim was to explore the latent traits of trajectories of limitations in mobility and instrumental activities of daily living (IADL) tasks in a sample of older adults diagnosed with major depression. Participants were 248 patients enrolled in a naturalistic depression treatment study. Mobility/IADL tasks included walking a quarter of a mile, going up or down stairs, getting around the neighbourhood, shopping, handling money, taking care of children, cleaning house, preparing meals and doing yardwork or gardening. Latent class trajectory analysis was used to identify classes of mobility/IADL function over a 4-year period. Class membership was then used to predict
functional status over time. Using time as the only predictor, three latent class trajectories were identified: patients with few mobility or IADL limitations (42%); patients with considerable mobility or IADL limitations (37%); and patients with basically no limitations (21%). The classes differed primarily in their initial functional status, with some immediate improvement followed by no further change for patients in Classes 1 and 2 and a stable course for patients in Class 3. In a repeated measures mixed model controlling for potential confounders, class was a significant predictor of functional status. The effect of baseline depression score, cognitive status, self-perceived health and sex on mobility/IADL score differed by class. These findings show systematic variability in functional status over time among older patients with major depression, indicating that a single trajectory may not reflect the pattern for all patients. (KJ/RH)

ISSN: 08856230

The purpose of this study was twofold: (1) to examine the association between volunteering and trajectories of depression; and (2) to evaluate whether this relationship varies by age. Data comes from three waves of the Americans' Changing Lives (ACL) study. ACL is a nationally representative sample of adults 25 years of age or older who lived in the United States. Latent growth model analysis indicates that although volunteering is associated with lower levels of baseline depression, it does not predict trajectories of depression. Nevertheless, further analyses reveal an age variation in the relationship between volunteering and trajectories of depression. Specifically, it was found that volunteering affects the decline of depression for individuals above age 65; yet there is no effect of volunteering on trajectories of depression for younger and middle-aged adults. Overall findings highlight the importance of assessing the long-term health impact of volunteering and doing so under diverse social structural contexts. (KJ/RH)

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This study examined the relative contribution of cortisol levels, brain atrophy and white matter hyperintensities to the persistence of cognitive deficits in older adults with depression. Thirty-five people aged 60+ with DSM-IV major depression and twenty-nine healthy comparison controls underwent magnetic resonance imaging (MRI) and were followed up for 18 months. The authors analysed the relationship between baseline salivary cortisol levels, whole brain, frontal lobe and hippocampal volumes, severity of white matter hyperintensities and follow-up cognitive function in both groups by testing the interaction between the groups and these biological measures on tests of memory, executive functions and processing speed in linear regression models. Group differences in memory and executive function follow-up scores were associated with ratings of white matter hyperintensities, especially of the deep white matter and periventricular regions. Compared with healthy controls, participants with depression scoring within the third tertile of white matter hyperintensities dropped two and three standard deviations in executive function and memory scores respectively. No biological measure related to group differences in processing speed, and there were no significant interactions between group and cortisol levels, or volumetric MRI measures. White matter hyperintensities, rather than cortisol levels or brain atrophy, are associated with continuing cognitive impairments in older adults with depression. The findings suggest that cerebrovascular disease rather than glucocorticoid-mediated brain damage are responsible for the persistence of cognitive deficits associated with depression in older age. (KJ/RH)

ISSN: 00071250

This paper examines the association between being in paid work and depression among older adults in three poor urban communities in Beirut, Lebanon. In view of the rapid ageing of Lebanon's population and the growing number of older persons, the deteriorating economic conditions and the lack of pension systems, paid work is an important source of income for older people and deserves special attention. The sample was 328 men aged 65 or more years. Depression was assessed using the 15-item Geriatric Depression Scale (GDS-15). The exposure variable was working for pay at the time of the survey, and the covariates included socio-demographic measures, health characteristics, financial resources and social capital. Around one-third of the men were working, and approximately the same fraction were depressed. Adjusted data showed a protective effect of work...
Worry and rumination in older adults: differentiating the processes; by Geoffrey D'Hudson, Lauren L Saling.: Taylor & Francis, July 2010, pp 524-534.

This study examined the factor structure of the adapted Ruminative Response Scale in a large Australian older adult sample. Previously, the factor structure has only been explored in small UK sample and thus remains tentative. A further objective was to explore overlapping and distinct characteristics of worry, brooding and reflection in relation to coping behaviour which has not previously been examined in older adults. A total of 138 older adults aged between 65 and 97 years (M=77, SD=7.9) completed a number of instruments to measure worry, rumination, anxiety and coping behaviour. A three-factor structure comprised of worry, brooding and reflection emerged. However, no unique relationship was found between the rumination components (brooding and reflection) and worry and coping pathways. The factor structure supports the idea that worry, brooding and reflection are distinguishable constructs in the older adult. However, the lack of differential associations between the rumination components and worry in relation to coping strategies provided evidence that rumination and worry are part of the same theoretical construct of repetitive thought. The implications of these findings for the management of anxiety and depression in the older population are discussed. (KJ/RH)

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2009

Agitation in the morning: symptom of depression in dementia?; by Anne-Katharina Theison, Urban W Geisthoff, Hans Förstl (et al).


Data were collected from three independent nursing homes in an urban setting in Bochum, Germany. Trained nursing home staff pre-selected 110 demented and agitated patients aged 60+. Three main groups were formed based on agitation peak either in the morning, evening or none. Each is respectively "sunrisers", "sundowners" and "constants". Agitation was assessed by the same staff twice a day for a 2-week timeframe using the Cohen- Mansfield Agitation Inventory (CMAI), Mini Mental State Examination ((MMSE) for dementia re-evaluation and staging, and Cornell Score for Depression in Dementia (CSID). 63 patients (60%) were depressive, but only 16 of them were treated with antidepressants. 44 patients were classified as "sunrisers", 38 as "sundowners", and 23 as "constants". There were no significant differences in depression between the three groups for the difference in proportion of depressed or not depressed people. "Sunrising" appears to play an important role in morning agitation does not seem to be related to depression in dementia. The data supports that the diagnosis of depression is still often overlooked in demented and agitated people. (RH)

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From: http://www.interscience.wiley.com/journal/gps

Alcohol misuse, gender and depressive symptoms in community-dwelling seniors; by Philip D St John, Patrick R Montgomery, Suzanne L Tyas.


Objectives of this Canadian study are to describe the characteristics of older people who score 1 or more on the CAGE (Cut down, Annoyed, Guilty, Eye-Opener) questionnaire of alcohol problems; and to determine if depressive symptoms are associated with alcohol misuse after accounting for other factors. In a cross-sectional sample of people aged 65+ from the Manitoba Study of Health and Aging (MSHA), trained interviewers initially interviewed participants in 1991-1992 and re-interviewed them in 1996-1997. Data from Time 2 were used: 1028 people were included in the analysis. Males were more likely to score positive on the CAGE questionnaire. After adjusting for gender, age and education, there was a strong association between depressive symptoms and alcohol misuse. Poor self-rated health and impairments in instrumental activities of daily living (IADLs) were also associated with alcohol misuse. Attention to depressive symptoms and functional status may be important in the care of older people with alcohol misuse; physicians should enquire about their older patients' use of alcohol. (RH)
Beyond telecare: the future of independent living; by Charles Lowe. 

This paper is an argument for a more holistic approach to independent living. Telecare and telehealth, as these services are being delivered in practice, risk increasing the isolation of vulnerable people. Though undesirable in its own right, this isolation often leads to depression, which in turn typically increases the costs of medical treatment substantially. The resultant lack of mental stimulation also creates the conditions for earlier onset of dementia. Finally, loss of identity exacerbates both depression and lack of stimulation. To overcome these problems, the technology should be used to encourage users of telecare and telehealth to maintain and extend their engagement with wider society to promote - rather than restrict - their mobility. (KJ/RH)

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From: http://www.interscience.wiley.com/journal/gps

Caregiver depression is associated with a low sense of coherence and health-related quality of life; by Tarja H Välimäki, Katri M Vehviläinen-Julkunen, Anna-Maija K Pietilä (et al.).: Taylor & Francis, November 2009, pp 799-807.


The sense of coherence (SOC) of spouse caregivers was examined, the aim being to further investigate the association of SOC, health-related quality of life (HRQoL), depressive symptoms, distress and how severity of Alzheimer's disease (AD) affects SOC. Subjects were 170 Finnish patient-spouse caregiver dyads in which the patient had recently diagnosed mild AD. Caregivers completed SOC scale (SOC-29), HRQoL (15D), Beck Depression and General Health Questionnaire scale. The assessment of AD-related symptoms was made using Mini Mental State Examination (MMSE), clinical dementia rating, neuropsychiatric inventory, and functional performance using activities of daily living (ADCS-ADL) scale. Male caregivers' SOC was significantly higher than female caregivers. The main predictor for low SOC was depression, with 37% of spousal caregivers reporting depressive symptoms. Women reported more depressive symptoms and distress. Caregivers' HRQoL was as high as 0.8714, and a significant correlation was found between SOC and depression, (r = -0.632 and distress r = -0.579). Furthermore, significant correlations were found between HRQoL and depression (r = -0.572) and distress (r = -0.568). The main predictors for high HRQoL were female gender and low distress. Spouse caregivers with low SOC seem to be a vulnerable group of caregivers. The many negative effects of perceived health accumulate in these caregivers during the very early phases of the caregiving process. Vulnerable caregivers need to be recognized at the time of AD diagnosis so that they can receive psychological support and counselling in addition to prevent morbidity in these caregivers. (KJ/RH)

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From: http://www.pavilionjournals.com

Co-occurrence of depression and anxiety in elderly subjects aged 90 years and its relationship with functional status, quality of life and mortality; by Gerda M Van der Weele, Jacobijn Gussekloo, Margot W M De Waal (et al).


The objective of this study was to examine the prevalence of concurrent depression and anxiety and its relationship with functional status, quality of life and mortality in individuals at age 90. In the Leiden 85-plus Study, a population based cohort study, depression (15-item Geriatric Depression Scale, GDS-15, 5 points) and anxiety (Anxiety Screening Questionnaire, 1 positive answer) were assessed in all 90-year-old subjects with 19 points on the Mini Mental State Examination (MMSE). Functional status included: cognitive function (MMSE) and disability in activities of daily living (Groningen Activity Restriction Scale). Quality of life included: loneliness (Loneliness Scale of De Jong-Gierveld) and life satisfaction (Cantril's ladder). For all subjects, mortality data were available up to a maximum age of 95.3 years. Of the subjects aged 90 years with MMSE 19 points (56 men, 145 women), 50 subjects (25%, 95% CI 19-31%) experienced depression and 25 subjects (12%, 95% CI 9-18%) anxiety; of them 34 (17%) experienced depression only, 9 (4%) anxiety only, and 16 (8%) both depression and anxiety. Presence of depression was associated with an overall decreased functional status and quality of life and with increased mortality. Within the depressed group, subjects with anxiety did not differ from subjects without anxiety, except for higher loneliness scores. In conclusion, among individuals aged 90 years, depression and anxiety and their co-occurrence are highly prevalent. Anxiety does not add to poor functional status and increased mortality beyond that associated with depression, and is probably part of the phenomenology of depression in old age. (KJ/RH)
Cognitive status and the psychological well-being of long-term care residents over time; by Norm O'Rourke, Sienna Caspar, Gloria M Gutman (et al.). Taylor & Francis, March 2009, pp 280-287.


Most of the research within long-term care (LTC) has emphasised the physical health of residents, has been cross-sectional in design, and has focused almost exclusively on residents with dementia. Few longitudinal studies have followed participants over intervals longer than one year. In contrast, this Canadian study set out to examine the experience of LTC residents with and without cognitive loss over a 2-year period comparing the physiological well-being of groups over time. Significant Group x Time interaction effects were observed between residents with and without significant cognitive loss in life satisfaction and depressive symptomatology. Results of this study underscore the need for longitudinal measurement in LTC research, the use of multivariate statistical procedures, and the need to identify and meet the distinct needs of residents with and without significant cognitive loss. (RH)

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From: http://www.tandfonline.com

Cognitive, functional and behavioral factors associated with the burden of caring for geriatric patients with cognitive impairment or depression: evidence from a South American sample; by Gerardo Machnicki, Ricardo F Allegrì, Carol Dillon (et al).


Primary caregivers were included in this Buenos Aires, Argentina study if the geriatric patient cared for had a cognitive impairment or dementia (degenerative, vascular or mixed; Group 1) or depression and cerebrovascular disease (CVD, Group 2). Caregivers completed the Zarit questionnaire, the Neuropsychiatric Inventory (NPI) and instrumental activities of daily living (IADLs). Patients were evaluated for dementia severity using the Clinical Dementia Rating (CDR), Mini Mental State Examination (MMSE), and Beck Depression Inventory (BDI). Structural equation modelling (SEM) was used to assess measurement models and the factors associated with burden. 258 caregiver-patient pairs were included. The best model fit was obtained with a model with two constructs: function-cognition (CDR, MMSE and IADL) and behaviour (neuropsychiatric symptoms from NPI). In Group 1, both function and behaviour were significantly correlated with caregiver burden, although the strength of the association was more than two times higher for behaviour. In Group 2, behaviour was related to caregiver burden but not function-cognition. These findings suggest that behaviour symptoms are an important factor associated with caregiver burden in patients with cognitive impairment, dementia or depression, while functional and cognitive factors seem to also have an influence in patients with cognitive impairment. (RH)

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From: http://www.interscience.wiley.com/journal/gps

Correlates of depressive symptoms in rural elderly Chinese; by Sujuan Gao, Yinlong Jin, Frederick W Unverzaglì (et al).


Late life depression has been studied in many populations around the world. However, findings on risk factors for late life depression have remained inconsistent. A cross-sectional survey of 1737 rural Chinese age 65 and over from two provinces in China was conducted assessing cognitive functions using various cognitive instruments and collecting information on demographic characteristics and medical history. Depressive symptoms were assessed using the Geriatric Depression Scale (GDS). Analysis of covariance and logistic regression models were used to identify factors associated with the continuous GDS score, mild or severe depression. In this cohort, 26.5% (95% CI: 24.4-28.6%) met the criteria for mild depression and 4.3% (95% CI: 3.4-5.4%) for severely depression. Living alone, history of head injury, and fracture were associated with higher depressive symptoms. Alcohol consumption and higher cognitive function were associated with lower depressive symptoms. Living alone, not attended school, history of head injury, fracture, and low cognitive function were associated with increased probability of mild depression. Living alone, history of stroke or heart attack, and low cognitive function were associated with severe depression. Thus, depression, particularly mild depression, is common in rural older Chinese people. Among a number of factors identified in this cohort as being significantly associated with depressive symptoms, living alone and lower cognitive function were the most consistent factors associated with depressive symptoms, mild and severe depression. History of stroke, heart attack, and fracture were also risk factors for depressive symptoms. (KJ)

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Depression is associated with an increased mortality risk, but the extent of the association of depression characteristics (such as severity and length of exposure to depression) with excess mortality is not known. This study uses data for a randomly selected cohort of 3746 non-demented community-living people aged 65+ from two waves (1990/1991) of the Amsterdam Study of the Elderly (AMSTEL) with a 10-year follow-up of vital status. At baseline, depression was present in 455 subjects; and of the 229 participating at follow-up, 95 (41.5%) had remitted and 134 (56.5%) were still depressed. Incident depression was present in 302 subjects (14.4% of those participating in both waves). 1844 subjects died during the study period (49.2%); and both moderate and severe depression predicted 10-year mortality after multivariate adjustment. Chronic depression was associated with a 41% higher mortality risk in 6-year follow-up compared to subjects without depression. In combination with other findings, a causal relationship between depression and mortality is suggested, and may have implications for both preventive and treatment strategies of late-life depression. (RH)
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From: http://www.interscience.wiley.com/journal/gps


About 5% of - generally very frail - older people live in long-term care in the UK; approximately a fifth of all deaths occur in care homes. Depression and dementia are prevalent mental health conditions in care homes: depression is reported in around a third of residents and dementia in two-thirds. While there is some evidence about efficacy of medication in treating psychiatric and behavioural symptoms in residents, much less is known about the potential role of psychosocial interventions in enhancing mental health and quality of life. Quality of care varies widely across the care home sector including support from primary and specialist health and quality and level of training. In terms of enhancing care quality, there is evidence that investing in staff training and conditions, establishing good links with healthcare providers, and developing care standards that genuinely promote good practice are likely to improve resident quality of life. This is an exciting area for research development and practice innovation for the future; taking account of users' perspective holds particular potential. (RH)
ISSN: 14717794
From: http://www.pavpub.com


This special edition of Quality in Ageing comprises seven expert papers drawn from a conference held in London in September 2008, which indicate depression, suicide and self-harm as major concerns for all of the authors. A number of key themes emerge, particularly that mental health in later life is "everybody's business": it is the concern of primary care services, specialist mental health services, care homes, health and social care professionals and staff, and the older people themselves. (RH)
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From: http://www.pavpub.com


Previous studies of diet and depression have focused primarily on individual nutrients. Using an overall diet approach, the association between dietary patterns and depression was examined. Analyses were carried out on data from 3486 participants (26.2% women, mean age 55.6) from the Whitehall II prospective cohort, in which two dietary patterns were identified: whole food (heavily loaded by vegetables, fruits and fish) and "processed" food (heavily loaded with sweetened desserts, fried food, processed meat, refined grains and high-fat dairy products). Self-reported depression was assessed 5 years later using the Center for Epidemiologic Studies-Depression (CES-D) scale. After adjusting for potential confounders, participants in the highest tertile of the whole food pattern had lower odds of CES-D depression than those in the lowest tertile. In contrast, high consumption of processed food was associated with an increased odd of CES-D depression. In middle-age participants, a processed food dietary pattern is a risk factor for CES-D depression 5 years later, whereas a whole food pattern is protective. (RH)
ISSN: 00071250
From: http://bjp.rcpsych.org

The aim of the present study was to determine the effects of culture on caregiver psychological morbidity among informal caregivers of institutionalised persons with dementia in three different populations: Shanghai, Australian-Chinese, and Australian mainstream (non-Chinese). Caregivers and residents with dementia were recruited from a dementia hospital in Shanghai, three ethno-specific Chinese nursing homes in Sydney, and four mainstream nursing homes in Sydney. Psychological morbidity was assessed using the Geriatric Depression Scale (GDS), mental health component (MHC) of the RAND-36 Health Status Inventory and a guilt scale. There were no significant differences between the three groups as measured by the guilt scale and MHC. Shanghai caregivers had higher mean depression scores than Australian-Chinese caregivers (p < 0.001), who in turn had higher mean depression scores than Australian mainstream caregivers (p = 0.015). Higher depression scores were found to be inversely associated with the caregiver’s education level and physical health status, and associated with increased frequency of nursing home visits, but not with levels of behavioural and psychological symptoms of dementia (BPSD). Levels of depression in caregivers of institutionalised persons with dementia differ by culture and country of residence. (KJ/RH)

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Depressive symptoms are common in older people and may predict mortality. This study uses data taken from the Manitoba Study of Health and Aging (MSHA), Canada, to determine: if depressive symptoms predict mortality; if there is a gradient in this effect; and which depressive factors predict mortality. In 1991-1992, 1751 community dwelling older people sampled from a population-based registry, were interviewed. Depressive symptoms were measured using the CES-D scale (Center for Epidemiologic Studies - Depression), age, gender, the Modified Mini-Mental State Examination (MMSE), self-rated health, and functional status. Time to death was the main outcome measure for these analyses. Those scoring 16+ on the CES-D were considered depressed. To determine if a gradient was present, the CES-D was treated as a continuous variable. Four depressive factors from the CES-D (depressed affect, positive affect, somatic, and interpersonal) were analysed. Cox regression models were constructed. Results showed that the mortality in those with depressive symptoms was higher in those without depressive symptoms (Hazard Ratio of 1.71, p < 0.001, Log rank test). In multivariable models, this association was no longer significant after accounting for self-rated health and functional status. There was a gradient in risk of mortality across the range of the CES-D. Somatic factors, depressed affect, and positive affect were all associated with mortality in bivariate analyses, but not in multivariable models adjusting for functional status. Interpersonal factors were not associated with mortality. Depressive symptoms predict mortality in older people. (RH)

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Do improvements in emotional distress correlate with becoming more mindful?: A study of older adults; by Kate Splevins, Alistair Smith, Jane Simpson.: Taylor & Francis, May 2009, pp 328-335.


The study aimed to investigate changes in older people’s emotional well-being (specifically depression, anxiety and stress levels) and mindful ability following a mindfulness-based cognitive therapy (MBCT) course. The study also explored correlations between mindfulness (measured as an overall ability and as individual components: observe, describe, act with awareness and accept without judgement) and changes in depression, anxiety and stress levels. 22 participants took an 8-week MBCT course. Levels of depression, anxiety and stress were recorded pre- and post-intervention, as was mindfulness ability (measured both as overall ability and as individual components). Significant improvements in emotional well-being and mindfulness were reported post MBCT with large to moderate effect sizes. Increases on all four components of mindfulness were positively associated with greater emotional well-being. However, only one act with awareness and accept without judgement were significantly correlated (with reduced depression). Older people in the sample reported higher scores on observe and act with awareness than other populations. This study adds to a growing evidence base indicating the efficacy of MBCT for depression, anxiety and stress, and extends these findings to older people. The study found older people to have elevated levels of certain facets of mindfulness. Recommendations are made for researching the possibility that mindfulness may be an extension of the developmental process. (RH)
Early psychosocial intervention in a memory clinic: addressing isolation in older people with early dementia; by Hannah Wilkinson, Sue Whiteing, Karen Hawcroft (et al).: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2009, pp 31-38.
The structure and progress of a group for older women identified as vulnerable to mood disorders following a diagnosis of dementia is described. The aim of the community-based group intervention used was to facilitate integration into local community facilities rather than mental health services. The authors review how this social integration intervention has helped six participants with early-stage dementia whose perceived loneliness rendered them vulnerable to distress and depression in the longer term. (RH)

The effect of developing a dual sensory loss (DSL) on depression over time was determined; and the impact of pre-existing single sensory loss on this effect was evaluated. Multilevel modelling was used to analyse data (N = 2,689) from the US Health and Retirement Study (HRS). A significant increase in depression at the first report of DSL occurred; and depression increased at a significantly faster rate following DSL, in a curvilinear pattern. In addition, those who eventually developed DSL began the study with a depression score significantly higher than those who did not experience sensory loss. A pre-existing single sensory loss did not alter the effect of DSL on depression. Two sources of disparity in depression between those with and without DSL were identified: preexisting differences, and differences that occurred due to the DSL. The relationship exhibited between depression and developing a DSL indicated an adjustment process. (RH)

Elders with first psychiatric hospitalization for depression; by Sunha Choi, Philip Rozario, Nancy Morrow-Howell (et al).
Little is known about the first psychiatric hospitalisation episode of older adults with depression. Guided by the Network Episode Model and the Andersen model, this study identifies and compares the characteristics of depressed older adults with (n=108) and those without (n=77) prior psychiatric hospitalisation, upon admission to the psychogeriatric unit, using logistic regression. Data on a lifetime history of inpatient psychiatric treatment, clinical characteristics, demographics, social resources, and psychosocial or medical service use were obtained from patients' medical records and self-reports. Compared with patients who had previous psychiatric admission, first-time inpatients were associated with having: late-onset depression; no lifetime psychotic symptoms; lower scores on the Brief Psychiatric Rating Scale (BPRS) at admission; higher numbers of doctors seen; and lower use of senior centres 6 months prior to the admission. Depressed older adults' previous psychiatric inpatient service use is closely related to their past and current psychiatric needs. Also, the two groups show significant differences in health and social service use prior to psychiatric hospitalisation. However, severity of depression at admission was not different. (RH)

Factors associated with depression in Norwegian nursing homes; by Maria Lage Barca, Geir Selbaek, Jerson Laks (et al).
Depression among patients in nursing homes is frequent and apparently under-diagnosed. The aim of this Norwegian study was to confirm or reject the hypothesis that depression in nursing homes is associated with worse medical health, cognitive and functional impairment. A sample of 902 randomly selected nursing home patients was assessed using the Cornell Scale, the Clinical Dementia Rating Scale (CDR), the Self-Maintenance Scale and a general measurement of medical health. Additionally, information was collected from the patients' records. A multiple linear regression was performed with the CS total social and mood and non-mood sub-scale scores as the dependent variables. In the adjusted analysis, depression according to the Cornell total score was associated with worse medical health (strongest) and worse cognitive impairment but not with worse functional impairment. The mood sub-scale score was associated with worse medical health (strongest), pulmonary
In the analysis of cognitive performance in depressed older patients, as well as the relevance of education and depression was found. The results of this study underscore the importance of considering the level of education when assessing cognitive function.

Impact of forced displacement during World War II on the present day mental health of the elderly: a population-based study; by Philipp Kuwert, Elmar Brähler, Heide Glaesmer (et al).
International Psychogeriatrics, vol 21, no 4, August 2009, pp 748-753.
The effects of traumatisation amongst the generation who experienced the Second World War is a neglected topic in research and clinical settings. Forced displacement of civilians is one of the main traumatic features of modern armed conflict. Roughly 12 million German people were displaced in World War II (WWII), and to our knowledge there has been no representative study investigating the mental health outcomes of such trauma in this population group. The survey assessed whether current depression, anxiety, resilience and life satisfaction were significantly associated with forced displacement in WWII. A nationwide representative face-to-face household survey was conducted in Germany. A representative sample of the German population aged 61 years or older (N = 1513 participants, N = 239 displaced in WWII) was approached using 258 sample points. Measurements included depressive symptoms (Patient Health Questionnaire, PHQ-2), anxiety (Generalized Anxiety Disorder, GAD-7), resilience (RS-11), general and domain-specific life satisfaction (FLZM) and socio-demographic variables. Results showed that forced displacement in WWII is significantly associated with higher levels of anxiety and lower levels of resilience and life satisfaction 60 years later. In regression analyses, forced displacement in WWII significantly predicted current anxiety, life satisfaction and resilience. To the researchers' knowledge this is the first nationwide representative survey to examine the late-life effects of forced displacement, particularly of persons displaced during WWII in Germany. Further research is needed to identify mediating variables and to evaluate psychotherapeutic interventions in older trauma survivors. (KJ/RH)
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From: http://www.journals.cambridge.org/ipg

Influence of education and depressive symptoms on cognitive function in the elderly; by Renata Avila, Marco Antonio Aparício Moscosa, Salma Ribeiz (et al).
This study was conducted at the Institute of Psychiatry, University of Sao Paulo School of Medicine, Hospital das Clínicas. All of the individuals evaluated were aged 60 or older. The study sample consisted of 59 outpatients with depressive disorders and 51 healthy controls. The sample was stratified by level of education: low = 1-4 years of schooling; high = 5 or more years of schooling. Evaluations consisted of psychiatric assessment, cognitive assessment, laboratory tests and cerebral magnetic resonance imaging. The researchers found that level of education influenced all the measures of cognitive domains investigated (intellectual efficiency, processing speed, attention, executive function and memory) except the Digit Span Forward and Fuld Object Memory Evaluation (immediate and delayed recall), whereas depressive symptoms influenced some measures of memory, attention, executive function and processing speed. Although the combination of a low level of education and depression had a significant negative influence on Stroop Test part B, Trail Making Test part B and Logical Memory (immediate recall), no other significant effects of the interaction between level of education and depression was found. The results of this study underscore the importance of considering the level of education in the analysis of cognitive performance in depressed older patients, as well as the relevance of developing new cognitive function tests in which level of education has a reduced impact on the results. (KJ/RH)
Interpersonal psychotherapy as a treatment for late-life depression; by Gregory A Hinrichsen.
This article discusses how interpersonally relevant life events may crate vulnerability to depression in both older and younger adults. It reviews the structure of interpersonal psychotherapy (IPT) which has been specifically designed to reduce depressive symptoms and help improve interpersonal issues that appear to be associated with the onset of depression. It focuses on the use of IPT for treatment of common interpersonal problems among older IPT clients, and draws attention to IPT clinical research studies available through the International Society for Interpersonal Psychotherapy. (RH)
ISSN: 13684345
From: http://www.signpostjournal.org.uk

Is psychotherapy for depression equally effective in younger and older adults?: A meta-regression analysis; by Pim Cuijpers, Annemieke van Straten, Filip Smit (et al).
It is well established that psychotherapy is effective in the treatment of depression in younger as well as in older adults. Whether psychotherapy is equally effective in younger and older age groups has not been examined in meta-analytic research. The researchers conducted a systematic literature search and included 112 studies with 170 comparisons between a psychotherapy and a control group (with a total of 7,845 participants). 20 studies with 26 comparisons were aimed at older adults. No indication was found that psychotherapy was more or less effective for older adults compared to younger adults. The effect sizes of both groups of comparisons did not differ significantly from each other. In a multivariate meta-regression analysis, in which the researchers controlled for major characteristics of the participants, the interventions and the study designs, no indication of a difference between psychotherapy in younger and older adults was found. There appears to be no significant difference between psychotherapy in younger and older adults, although it is not clear whether this is also true for clinical samples, patients with more severe depression, and the oldest old. (KJ/RH)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg

It's all in how you view it: pessimism, social relations and life satisfaction in older adults with osteoarthritis; by Tana Luger, Kelly A Cotter, Aurora M Sherman.: Taylor & Francis, September 2009, pp 635-647.
Current treatments for osteoarthritis (OA) continue to leave those burdened by the condition with pain and disability, which affects physical and psychological well-being. The present US study examines other psychosocial factors, such as dispositional personality and social relationships, in order to investigate their influence on the well-being of 160 older adults with OA (80% women). Older adults were recruited for self-reported knee or hip OA. Participants completed self-report measures of optimism and pessimism, social support, social strain, and life satisfaction using the computer program MediaLab. Measures were taken twice 9-12 months apart. Results showed that, both cross-sectionally and longitudinally, pessimism was related to lower social support and higher social strain. In addition, pessimism was mediated by social support in its relationship to life satisfaction. The models support the combined roles of pessimism and social support influencing life satisfaction over time. Future interventions may want to concentrate on improving the social relationships of people with OA to enhance psychological well-being. (KJ/RH)
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From: http://www.tandfonline.com

Late-life depression in Peru, Mexico and Venezuela: the 10/66 population-based study; by Mariella Guerra, Cleusa P Ferri, Ana L Sosa (et al), 10/66 Dementia Research Group.
The prevalence and correlates of late-life depression, associated disability and access to treatment in five locations in Latin America were estimated in a one-phase cross-sectional survey of 5886 people aged 65+ from urban and rural locations in Peru and Mexico and an urban site in Venezuela. Depression was identified according to DSM-IV and ICD-10 criteria, Geriatric Mental State-Automated Geriatric Examination for Computer Assisted Taxonomy (GMS-AGECAT) algorithm and EURO-D cut-off point. Poisson regression was used to estimate the independent associations of sociodemographic characteristics, economic circumstances and health status with ICD-10 depression. For DSM-IV major depression, overall prevalence varied between 1.3% and 2.8% by site; for ICD-10 depressive episode, between 4.5% and 5.1%; for GMS-AGECAT depression, between 30.0% and 35.9%; and for EURO-D depression, between 26.1% and 31.2%. Therefore, there was a considerable prevalence of clinically significant depression beyond that identified by ICD-10 and DSM-IV
Levels of anxiety and depression as predictors of mortality: the HUNT study; by Arnstein Mykletun, Ottar Bjerkeset, Simon Overland (et al).
Depression is reported to be associated with increased mortality, although underlying mechanisms are uncertain. Associations between anxiety and mortality are also uncertain. The aim of this study was to investigate associations between individual and combined anxiety/depression symptom loads (using the Hospital Anxiety and Depression Scale (HADS)) and mortality over a 3-6 year period. The authors utilised a unique link between a large Norwegian population survey (HUNT-2, n = 61,349) and a comprehensive mortality database. Results showed that case-level depression was associated with increased mortality (hazard ratio (HR) = 1.52, 95% CI 1.35-1.72) comparable with that of smoking (HR = 1.59, 95% CI 1.44-1.75), and which was only partly explained by somatic symptoms or conditions. Anxiety comorbid with depression lowered mortality compared with depression alone (anxiety depression interaction P = 0.017). The association between anxiety symptom load and mortality was U-shaped. In conclusion, depression as a risk factor for mortality was comparable in strength to smoking. Comorbid anxiety reduced mortality compared with depression alone. The relationship between anxiety symptoms and mortality was more complex with a U-shape and highest mortality in those with the lowest anxiety symptom loads. (KJ/RH)

The authors examined the contents and intensities of both life regrets and pride in a convenience sample of 213 low-income older Americans and the association between the contents and intensities of life regrets and pride on the one hand, and the older adults’ current life stressors, coping resources and depressive symptoms on the other. Regrets about education, career and marriage were common, but intensities of regret were higher for issues related to finance or money, family conflict and children's problems, loss and grief, and health. Common sources of pride were related to children and parenting, career, volunteering or informal caregiving, long or strong marriage, and personal growth or self. Controlling for current life stressors of disability, money worries, loneliness and overdependence on others for management of daily life and coping resources for social support and religiosity, the intensities of loss- and grief-related regrets, and the pride in long or strong marriage were significant predictors of the Geriatric Depression Scale (GDS) scores. However, the regrets and pride explained a small amount of the variance in the GDS scores, while the current life stressors explained a large portion of the variance. (RH)

Lifestyle and depression; by John Wattis, Stephen Curran.
GM (Geriatric Medicine), vol 39, no 10, October 2009, pp 570-573.
The reciprocal link between depression and poor physical health has long been recognised. Exercise is a useful intervention, and its direct benefits may be enhanced by the increased social engagement elicited. A healthy diet is probably helpful, but no specific nutritional deficiencies have been conclusively linked with depression. Religious and spiritual activities seem beneficial, in part due to social functioning. Loneliness and isolation are associated with both development of and maintenance of depression. (KJ/RH)
Making more sense of verbosity in cognitive behavioural therapy (CBT) with older people; by Chris Clarke.
Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2009, pp 44-49.
Verbosity (excessive, off-topic talking) has been identified as posing a suitability problem for cognitive behavioural therapy (CBT) generally, and may create procedural problems for using CBT in older people in particular. This article describes some of the psychosocial factors that might contribute to verbosity in older people who are receiving therapy for depression and/or anxiety. More light is shed on this complex area by reference to a wide literature spanning older people's verbal behaviour, the nature and functions of storytelling, and cognitive or emotional avoidance processes. (RH)
ISSN: 13603671
From: http://www.psige.org.uk

Meeting the horizon: [mental health provision]; by Andrew Mickel.
Community Care, issue 1783, 13 August 2009, pp 26-27.
Using cognitive behavioural therapy and evidence-based therapies, the Improving Access to Psychological Therapies (IAPT) programme is filling a void in mental health provision for the 15% of the population who have depression or anxiety disorder. The IAPT began at two pilot sites in 2006, and this article looks at examples of provision to people of all ages. However, despite successes, its future funding after 2011 seems uncertain. (RH)
ISSN: 03075508
From: www.communitycare.co.uk

A model for intervention research in late-life depression; by George S Alexopoulos, Martha L Bruce.
The objective of this study was to serve as a conceptual map of the role of new interventions designed to reduce the burden of late-life depression. The authors identified three needs to be addressed by intervention research: (1) the need for novel interventions given that the existing treatments leave many older adults depressed and disabled; (2) the need for procedures enabling community-based agencies to offer interventions of known efficacy with fidelity; and (3) the need to increase access of depressed older adults to care. Their model orders novel interventions according to their role in serving depressed older adults and according to their position in the efficacy, effectiveness, implementation, and dissemination testing continuum. The authors describe three interventions designed by their institute to exemplify intervention research at different level of the model. A common element is that each intervention personalises care both at the level of the individuals served and the level of community agencies providing care. To this end, each intervention is designed to accommodate the strengths and limitations of both patients and agencies and introduces changes in the patients' environment and community agencies needed in order to assimilate the new intervention. The authors suggest that this model provides conceptual guidance on how to shorten the testing cycle and bring urgently needed novel treatments and implementation approaches to the community. While replication studies are important, it is proposed that most of the support should be directed to those projects that take rational risks, and after adequate preliminary evidence, make the next step along the testing continuum. (KJ/RH)
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Morphometric analysis of neuronal and glial cell pathology in the dorsolateral prefrontal cortex in late-life depression; by Ahmad Khundakar, Christopher Morris, Arthur Oakley (et al).
Late-life depression has been associated with cerebrovascular disease and especially with ischaemic white matter hyperintensities on magnetic resonance imaging (MRI). Neuroimaging and morphometric studies have identified abnormalities in the dorsolateral prefrontal cortex. The aim of this study was to examine glial and neuronal density and neuronal volume in the dorsolateral prefrontal cortex in late-life major depression. The disector and nucleator methods were used to estimate neuronal density and volume and glial density of cells in the dorsolateral prefrontal cortex in a post-mortem study of 17 individuals with late-life major depression and 10 age-matched controls. The authors found a reduction in the volume of pyramidal neurones in the whole cortex, which was also present in layer 3 and more markedly in layer 5. There were no comparable changes in non-pyramidal neurones and no glial differences. Overall, the authors found a decrease in pyramidal neuronal size in the dorsolateral prefrontal cortex in late-life depression. (KJ/RH)
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From: http://bjp.rcpsych.org
Morphometric changes in early- and late-life major depression disorder: evidence from postmortem studies; by Ahmad A Khundakar, Alan J Thomas.


Neuroimaging studies have revealed structural and functional changes in brain regions associated with major depressive disorder (MDD). These abnormalities appear to be more common and extensive in patients with late-life depression than in younger patients. It has therefore been hypothesised that different morphometric and pathological changes may be associated with MDD, depending on age. This review stratifies the findings of the various studies on cell morphology in MDD according to age and assesses any possible differences in neuronal and glial cell changes in younger and older age groups. Recent morphological studies in postmortem tissue have revealed alterations in neuron and glial cell populations in the frontal and subcortical circuitry associated with depression. These may differ by age, with glial reduction consistently reported in younger groups in cortical areas and neuronal changes identified in studies with older subjects. Apparent differences in the morphological changes between younger and elderly patients may suggest a differing pathological basis in MDD, dependent on age. (KJ/RH)

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Neuroimaging in geriatric psychiatry; by Gwenn S Smith, George S Alexopoulos (eds).


Neuroimaging methods represent the interface between basic and clinical neuroscience. Advances in instrumentation, radiotracer chemistry, positron emission tomography (PET) and magnetic resonance (MR) imaging methodologies provide the opportunity to test mechanistic hypotheses generated from basic neuroscience studies in normal function and disease. Over the past decade, the impact of geriatric depression on cognitive decline, disability and mortality has been increasingly recognized and has stimulated translational research in this area. The eleven papers in this issue represent unique observations regarding neural circuitry of geriatric depression and anxiety symptoms, and of cognitive impairment associated with vulnerability to cognitive decline and Alzheimer's dementia; and they pave the way for novel treatment development. The papers also illustrate the value of integrating a variety of methodologies, including genetics, cognition, structural and functional neuroimaging to understand the neurobiology of late life psychopathology. (KJ/RH)

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Many mentally ill older adults are stigmatised, which reduces quality of life and discourages help-seeking. This study's goal was to identify factors associated with stigma. 101 community-dwelling older adults were asked to indicate their attitudes toward and reactions to three hypothetical older women with depression, anxiety, or schizophrenia. The results suggest that schizophrenic persons are viewed as most dangerous and dependent, while anxious persons are seen as most responsible for their illness. Age, gender, and educational level of participants were associated with desired social distance and differing perceptions of the hypothetical persons. These findings can be used to improve educational efforts that seek to reduce the stigma associated with mental illness in older adults. (KJ/RH)

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Outcome of depression in later life in primary care: longitudinal cohort study with three years' follow-up; by E Licht-Strunk, H W J Van Marwijk, T Hoekstra (et al).


Depression was studied in 234 patients age 55+ from 32 general practices in West Friesland, the Netherlands, to determine the duration of depressive episodes, recovery over time, and predictors of prognosis. The authors used structured interviews (primary care evaluation of mental disorders according to diagnoses in 'Diagnostic and statistical manual of mental disorders', 4th ed), and a measure of severity of symptoms (Montgomery Asberg depression rating scale). The median duration of a major depressive episode was 18 months. 35% of depressed patients recovered within one year, 60% within 2 years, and 68% within 3 years. A poor outcome was associated with severity of depression at baseline, a family history of depression, and poorer physical functioning. During follow-up, functional status remained limited in patients with chronic depression, but not in those who had recovered. Depression in patients aged 55+ in primary care has a poor prognosis. Using readily available prognostic factors (for example, severity of the index episode, a family history of depression, and functional decline) could help direct treatment to those at higher risk of a poor prognosis. (RH)
The authors studied the prevalence of hospital-treated Parkinson's disease (PD) among suicide victims and the profile of these persons, taking into account suicide attempts, timing of depression and comorbid somatic diseases. The database of this study consisted of suicide victims aged 50 years of age or older (n = 555) during a fourteen-year period in the province of Oulu in Northern Finland. Hospital-treated Parkinson's disease occurred in 1.6% of the subjects, indicating a rather low prevalence of suicide in this group of patients. Those with PD had attempted suicide earlier in 44% of the cases, while the corresponding percentage for other victims in older age was 9.9% (p = 0.009 Fischer exact test). Based on the case characteristics of this study, the profile of the PD person who completed suicide was as follows: male subject with recently diagnosed disease, living in rural area, having multiple physical illnesses, and having attempted suicide earlier. Psychiatric consultation is thus highly recommended for the PD patients with this disease profile. (KJ/RH)

The feel-good factor we feel after exercise is well-documented. Aside from the endorphines - the "happy hormones" - that our bodies produce, the sense of achievement, being outdoors and doing something different can all lead to a sense of well-being and contentment. The authors report on the findings of their study into hospital-based exercise groups to help patients overcome depression. Subjects in their study were 11 patients aged 68-86 who had been admitted as in-patients in West Yorkshire and who had also experienced an episode of severe depression in 2007. All had participated in a minimum of six exercise groups while in hospital and had returned home at least 3 months before being interviewed. Participants were motivated to be physically active as a means of regaining independence. (RH)

A group cognitive behaviour therapy (CBT-G) manual was produced and the Cognitive Therapy Rating Scale 9CTS-R (modified to assess therapy delivery. 45 adults aged 60+ in Oxford and Southampton who had met ICD-10 criteria for major depression in the previous year and were still taking antidepressant medication were randomly allocated to CBT-G/antidepressant combination or antidepressant alone. Depression severity was measured at baseline, randomisation and 6 and 12 months after start of CBT-G using the Montgomery Asberg Depression Rating Scale for Depression (MADRS). One-year recurrence rates on the MADRS were encouragingly lower in participants receiving CBT-G (5/18 or 27% compared with controls (8/18 44.4%), although this did not achieve statistical significance. In contrast, overall scores on the secondary outcome measure, the Beck Depression Inventory, increased in participants receiving CBT-G. The CBT-G manual was successfully implemented and therapy delivery achieved an overall satisfactory level of competence. The authors believe that evaluation of this intervention in a full-scale trial is warranted. (RH)

A community-based prospective longitudinal study was conducted with a convenience sample of 31 older Chinese people in Hong Kong who were newly diagnosed with depression. Assessments were conducted at the first session of the psychiatric consultation and after 12 months. Measures included subjective perception of health-related quality of life (HRQoL), level of depression, number of medical conditions, activities of daily living (ADLs), functional abilities and social support. Most of the participants had significant improvement in HRQoL, level of depression and general health condition at 12-month follow-up. The ability of instrumental activity of daily living (IADL) skills was a predictor of baseline HRQoL and changes in 12-month follow-up. Level of depression was also a predictor of changes in HRQoL over the 12 month period. Treatment and
Predictors of change in health-related quality of life among older people with depression: a longitudinal study; by Sally Wai-chi Chan, Helen F K Chiu, Wai-tong Chien (et al).
Depression is a common psychological problem among older people. Health-related quality of life (HRQoL) is now recognized by healthcare providers as an important treatment goal for people with depression. This study aimed to identify predictors of change in HRQoL among older people with depression. In a longitudinal study, data were collected when participants were newly diagnosed with a depressive disorder at a regional outpatient department in Hong Kong and 12 months later. Seventy-seven Chinese participants aged 65 years or older completed the study. Measures included the Physical Health Condition Checklist (PHCC), Geriatric Depression Scale (GDS), Modified Barthel Index (MBI), Instrumental Activities of Daily Living (IADL) scale, Social Support Questionnaire (SSQ), and World Health Organization Quality of Life Scale - Brief Version (WHOQOL). Significant improvements between the first and second assessments were noted in the total WHOQOL scores, GDS scores, and the number of the social support. The results of linear regression models showed that the increases in the IADL scores and decreases in the PHCC and GDS scores were significantly associated with higher final WHOQOL scores. Treatment for depression was effective in improving the participants' overall condition and their perceived HRQoL. The results suggest that interventions to alleviate older people's level of depression, manage their physical ill health and enhance their instrumental activities of daily living ability could help improve their perceived HRQoL. (KJ/RH)

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Psychiatric disorders and other health dimensions among Holocaust survivors 6 decades later; by Asaf Sharon, Izhak Levav, Jenny Brodsky (et al).
No previous community-based epidemiological study has explored psychiatric disorders in those who survived the Holocaust. Anxiety and depressive disorders, sleep disturbances, other health problems, also use of services were examined among individuals exposed or unexposed to the Holocaust. The relevant population samples were part of the Israel World Mental health Survey. The interview schedule included the Composite International Diagnostic Interview and other health-related items. The Holocaust survivor group had higher lifetime (16.1%) and 12-month (6.9%) prevalence rates of anxiety disorders, and more current sleep disturbance (62.4%) and emotional distress than their counterparts who did not have higher rates of depressive disorders or post-traumatic stress disorder (PTSD). Early severe adversity was associated with psychopathological disorder long after the end of the second World War, but not in all survivors. Age during the Holocaust did not modify the results. (RH)

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From : http://bjp.rcpsych.org

Recent trends in the incidence of recorded depression in primary care; by Greta Rait, Kate Walters, Mark Griffin (et al).
There is a paucity of data describing how general practitioners (GPs) label or record depression. This study aims to determine incidence and sociodemographic variation in GP-recorded depression diagnoses and depressive symptoms. Annual incidence rates were calculated using data from 298 UK general practices between 1996 and 2006, adjusted for year of diagnosis, gender, age and deprivation. Incidence of diagnosed depression fell from 22.5 to 14.0 per 1000 person-years at risk (PYAR) from 1996 to 2006. The incidence of depressive symptoms rose threefold from 5.1 to 15.5 per 1000 PYAR. Combined incidence of diagnoses and symptoms remained stable. Diagnosed depression and symptoms were more common in women and in more deprived areas. In conclusion, depression recorded by general practitioners has lower incidence rates than depression recorded in epidemiological studies, although there are similar associations with gender and deprivation. General practitioners increasingly use symptoms rather than diagnostic labels to categorise people's illnesses. Studies using standardised diagnostic instruments may not be easily comparable with clinical practice. (KJ/RH)
Recognition and response: approaches to late-life depression and mental health; by Steve Iliffe.


The boundaries between what is a healthy response to stress and anxiety and what is abnormal are often difficult to determine, especially in primary care. Even symptoms of conditions such as psychosis and dementia can present as relatively normal behaviour. This paper considers depression in late life as an example of this tension. On the one hand, depressive symptoms may be viewed as an "understandable" response to bereavement or physical illness, while on the other, it can be a serious, disabling and life-threatening condition if left untreated.

Primary care has a key role in supporting depressed older people, through improved pattern recognition and diagnosis, by tailoring effective treatments to fit the individual, and by providing or signposting the older person to information and advice. This is a pivotal role that primary care plays in relation to other mental health problems that older people experience. (RH)

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From: http://bjp.rcpsych.org

Rural-urban migration and depression in ageing family members left behind; by Melanie A Abas, Sureeporn Punpuing, Tawanchai Jirapramukpitak (et al).


It has been suggested that rural-urban migration will have adverse consequences for older parents left behind. The aim of this study was to describe correlates of out-migration and to estimate any association between out-migration of children and depression in rural-dwelling older parents. Population-based survey of 1147 parents aged 60 and over in rural Thailand. The authors randomly oversampled parents living without children. They defined an out-migrant child as living outside their parent's district, and measured depression as a continuous outcome with a Thai version of the EURO-D. Out-migration of all children, compared with out-migration of some or no children, was independently associated with less depression in parents. This association remained after taking account of social support, parent characteristics, health and wealth. Parents with all children out-migrated received more economic remittances and they perceived support to be as good as that of those with children close by. Out-migration of children was not associated with greater depression in older parents and, after taking account of a range of possible covariables, was actually associated with less parental depression. This could be explained by pre-existing advantages in families sending more migrants and by the economic benefits of migration. (KJ/RH)

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From: http://bjp.rcpsych.org

Screening for depression in high-risk groups: prospective cohort study in general practice; by Kim D Baas, Karin A Wittkampf, Henk C van Weert (et al).


Currently, only about half of the people who have major depressive disorder are detected during regular health care. Screening in high-risk groups might be a possible solution. The authors evaluated the effectiveness of selective screening for major depressive disorder among 2005 people in three high risk groups in primary care in the Netherlands. 1687 were invited for screening, of whom 780 participated. Screening disclosed 71 with major depressive disorder, 36 already received treatment, 14 refused treatment, and 4 did not show up for an appointment. As a final result of the screening, 17 individuals (1%) started treatment for major depressive disorder. Screening for depression in high-risk populations does not seem to be effective, mainly because of the low rates of treatment initiation, even if treatment is freely and easily accessible. (RH)

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From: http://bjp.rcpsych.org


Long hours, little acknowledgement, poor sleep and high-stress work environments all contribute to making doctors prone to psychological distress and burnout, which have been much studied in younger doctors but less so in older doctors. 158 doctors were recruited from in and around the St George's Hospital, a major teaching hospital in Sydney, Australia. Participants completed a self-report questionnaire comprising the Maslach Burnout Inventory (MBI) and Kessler 10 Psychological Distress Scale. A sub-sample of 51 completed a semi-structured interview about issues related to burnout. These data were subjected to qualitative analysis. Older doctors and doctors with more years of experience had significantly lower scores on MBI subscales of
Depersonalisation and Emotional exhaustion, and K-10 measured psychological distress. Aspects of working conditions such as being in private practice were associated with increased scores on MBI subscales of Personal accomplishment and lower scores on MBI subscales of Emotional exhaustion and Depersonalisation and K10 measured psychological distress. Older doctors more frequently worked in private practice. These quantitative findings were supported by the qualitative data that suggested that older doctors perceived that they experienced less psychological distress compared with earlier in their careers, which they attributed to the development of protective defences in their relationship with patients and the liberation afforded by accumulation of expertise and changed work conditions. This study's findings suggest that older, more experienced doctors report lower psychological distress and burnout than younger doctors, which the older doctors attributed to lessons learned over the years of training and practice. It may be of considerable value to find ways to more efficiently pass on these lessons to younger doctors, to aid them in dealing with this challenging profession. By soliciting older doctors to aid this transfer of knowledge, this approach may also have the added benefit of assisting older doctors in the transition from active clinical practice to the role of mentoring the new physician cohort. (RH)

From: http://www.tandfonline.com

Self-harm in older people; by Mick Dennis.
The importance of self-harm in older people is not restricted to the distress of the individual and those around, but includes the strong association with subsequent suicide and depression. This article considers the epidemiology and methods of self-harm, and the motives and reasons behind such behaviour. It looks at factors associated with self-harm: previous attempts and psychiatric history; social characteristics; high rates of physical illness; and genetic susceptibility. Important areas of prevention are discussed, particularly the better identification and management of depression in the community and general hospitals, and the need for a careful assessment of risk and need for a specialist after an episode of self-harm. (RH)

From: http://www.signpostjournal.org.uk

A small-scale study comparing the impact of psycho-education and exploratory psychotherapy groups on newcomers to a group for people with dementia; by Richard Cheston, Roy Jones.: Taylor & Francis, May 2009, pp 420-425.
The importance of providing emotional support to people newly diagnosed as having dementia is now widely recognised. However, the evidence base for this work is limited. This study compared the effectiveness of exploratory psychotherapy and psycho-educational group interventions for new group members at three memory assessment centres or clinics in south-west England. Participants had received a diagnosis of dementia of the Alzheimer's type (DAT) or a similar for of dementia and had a mild level of cognitive impairment. Interventions occurred in ten, weekly sessions with participants attending either a psychotherapy or psycho-educational group, each of which were facilitated by the same team of clinicians, and had the same amount of therapist contact. Data relating to levels of mood was collected at the start and at the end of the group intervention from eight participants in each arm of the study. Data collection occurred independently from the intervention by a researcher who was blind to the form of intervention. There was a significant interaction between mode of therapy and levels of depression and a borderline significant interaction between therapy type and levels of anxiety. However, once the low affect level of participants in the psycho-educational groups was controlled for, differences between the interventions were non-significant. Although the results that can be drawn from this study are limited, nevertheless it supports previous research indicating that a 19-week group intervention can be effective in reducing levels of depression for people with a mild level of dementia. (RH)

From: http://www.tandfonline.com

Social support, life events, and psychological distress among the Puerto Rican population in the Boston area of the United States; by Luis M Falcon, Irina Todorova, Katherine Tucker.: Taylor & Francis, November 2009, pp 863-873.
The aim of this article is to investigate the role of social network support in ameliorating the psychological impact of life stressors that are prevalent for the older Puerto Rican population. Social support was measured through the Norbeck Social Support Questionnaire, and psychological distress through the Center for Epidemiological Studies Depression Scale (CES-D) and the Perceived Stress Scale. The authors describe the life stressors (Norbeck Life Events) faced by Puerto Ricans and their implications for psychological distress. They present associations between depression, perceived stress, social support, and socio-demographic indicators. The
role of social network support - emotional and instrumental - in buffering the effect of negative events is
examined. Attention is given to the interacting effect of gender and the type of support. The analysis shows that
dimensions of social support, particularly emotional support, are generally protective of psychological health.
However, when delineating the moderating effects of gender, social support is beneficial for men, but manifestly
less so for women. Emotional, tangible support and duration of social contacts show a moderate effect on the
impact of life stressors on psychological distress which, however, is in a direction opposite to that proposed by
the buffering hypothesis. (KJ/RH)
ISSN: 13607863
From: http://www.tandfonline.com

Stress and depression among the oldest-old: a longitudinal analysis; by Hae-Sook Jeon, Ruth E Dunkle.
Stress and psychosocial resources play a crucial role in late-life depression. While most studies focus on
predominantly those who are young-old, this study used a sample aged 85 and older. The authors' study aims to
examine three research questions: (1) What are the trajectories of depression and its associated factors such as
types of stress and psychosocial resources among the oldest-old? (2) What are the longitudinal relationships
among the changes in stress, psychosocial resources, and depressive symptoms? (3) Are the effects of the
changes in stress on depression trajectory mediated by changes in psychosocial resources? The study used a
convenience sample of 193 community-dwelling people aged 85 and older with four interviews every six
months from 1986 to 1988. Using multilevel modelling analyses, longitudinal results showed that changes in
positive life events, daily hassles (worries), and mastery were significantly associated with changes in late-life
depression among the oldest-old. (KJ/RH)
ISSN: 01640275
From: http://roa.sagepub.com

Subjective health-related quality of life of Chinese older persons with depression in Shanghai and Hong Kong:
relationship to clinical factors, level of functioning and social support; by Sally Chan, Shoumei Jia, Helen Chiu
(et al).
Older people with depression have both psychological and physical health care needs. This study aimed to
measure and compare the perceptions of health-related quality of life (HRQoL) among Chinese older people
with depression in Shanghai and Hong Kong, and to explore the association between HRQoL with clinical
factors, levels of functioning and social support in the two sites. A cross-sectional study was conducted with a
convenience sample of 80 older people from Hong Kong and 71 from Shanghai with a diagnosis of depression.
Results showed that both groups had a poor perception of their HRQoL when compared with Caucasian
populations. The Shanghai group had a significantly higher HRQoL perception than did the Hong Kong group.
Physical health problems that affected functional abilities also influenced older people's satisfaction with life.
The severity of depression, number of medical conditions that affected functional abilities and satisfaction
towards social support were predictors of HRQoL. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Suicide and self-harm in older people; by Michael S Dennis.
Suicide is a tragic cause of of death and causes considerable distress for families, carers and healthcare
professionals. Thankfully, suicide rates in older people in the UK have steadily declined in both men and
women since the mid 1980s. An understanding of the clinical and demographic characteristics of both
completed suicide and non-fatal self-harm in older people is important in informing the development of
preventive strategies to sustain this decline. Non-fatal self-harm in older people is relatively uncommon
compared with younger age groups, but research indicates that self-harm among older people is frequently a
failed attempt at suicide. Thus, the important factors associated with self-harm in this age group are similar to
those linked with completed suicide, particularly high rates of clinical depression, poor physical health and
social exclusion. Unfortunately, there is also a high rate of subsequent completed suicide. For this reason, self-
harm in later life needs to be taken very seriously and a careful assessment of risk and need by a specialist in
older people's mental health should be conducted. The identification and appropriate management of older
people with depression in the community and general hospitals is a key area for the prevention of self-harm and
suicide in this age group and requires further attention, particularly with targeted support programmes for those
at high risk. (RH)
Take the challenge: [Resources for 'Down, but not out', Age Concern and Help the Aged's campaign to improve the quality of life of older people with depression]; by Age Concern and Help the Aged; Royal College of General Practitioners - RCGP. London: Age Concern, 2009, 1 CDROM + 2 leaflets.

This CD accompanies two leaflets: 'Spotting the signs of depression' and 'Discussing depression with your GP'. All of these resources support the 'Down, but not out', Age Concern and Help the Aged's campaign to improve the quality of life of older people with depression. The programme itself is geared towards primary care professionals with an online resource to use, but the leaflets are aimed at the general public. Further information can be obtained from the weblink given. (KJ/RH)

From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.
http://www.ageconcern.org.uk/AgeConcern/depressioncampaign.asp


Previous studies have found that declining health, decreased social interaction, and inadequate financial resources were significant risk factors for late-life depression, and social support from families and friends and religiosity were significant protective factors. In this study, the researchers examined if low-income older adults' perceived unmet need for home- and community-based services for many ageing-associated problems would be independently associated with their depressive symptoms, controlling for these known risk and protective factors. A total of 213 community-residing older adults were interviewed to assess their depressive symptoms, using the Geriatric Depression Scale (GDS). Respondents were asked about unmet needs in the areas of personal assistance, instrumental and environmental support, emotional support, and other facilitative/enabling services. It was found that the number of unmet needs was significantly positively associated with these older adults' depressive symptoms, although it explained only a small proportion of the variance of the GDS scores. Future research and practice implications are discussed. (KJ/RH)

ISSN: 01634372
From: http://www.tandfonline.com

Using postal questionnaires to identify carer depression prior to initial patient contact; by Candida R Graham, Sube Banerjee, Randeep S Gill.

The Geriatric Depression Scale (GDS) and a questionnaire collecting information on the carer's circumstances were sent to carers of consecutive patients routinely referred to a community mental health team for older adults in south London. The aim was to assess whether postal questionnaires, used as a local initiative, were useful in identifying carer depression allowing early support for community-dwelling carers of older adults with mental health needs. Rates of carer depression between postal questionnaire responders and non-responders were compared. The response rate to the postal questionnaires (33%) was similar to that observed in other postal studies; 42% of responders had depression compared with only 4.5% of non-responders. Pre-contact postal questionnaires may present a simple method of enhancing early detection of carer depression for minimal economic outlay. (RH)

ISSN: 09556036
From: http://pb.rcpsych.org

Utilization of herbal and nutritional compounds among older adults with bipolar disorder and with major depression; by Daniel Keaton, Nathan Lamkin, Kristin A Cassidy (et al).

Herbal and nutritional compounds (HNC) are widely used among geriatric populations with depression, however little data exists on HNC use in older populations with bipolar disorder. The goal of this American study was to evaluate orally-ingested HNC use in individuals with bipolar disorder and with major depression. This was a cross-sectional analysis of self-reported factual knowledge of HNC, individual perspective on efficacy and safety of HNC, patterns of HNC use, and discussion of HNC with health care providers in 50 older adults with bipolar disorder and 50 older adults with major depression. In this sample, approximately 30% of older individuals with depression or bipolar disorder used orally-ingested HNC. Over 40% of older adults believed HNC to be regulated by the Food and Drug Administration (FDA), and 14-20% preferred to take HNC compared to physician-prescribed psychotropic medications. Use of HNC was more common among older adults with bipolar disorder (44%) compared to older adults with major depression (16%, p<0.003). The majority of older adults with mood disorders (64%) had not discussed use of HNC with their treating physicians.
Orally ingested HNC was used by nearly one in three older adults with mood disorders, and was more common among those with bipolar disorder compared to those with major depression. Most individuals did not discuss HNC use with their physicians. Clinicians need to assess for HNC use, particularly with respect to potential drug-drug interactions. (KJ/RH)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Validation and factor structure of the Thai version of the EURO-D scale for depression among older psychiatric patients; by Tawanchai Jirapramukpitak, Niphon Durawuttiprakorn, Sureeporn Punpuing (et al).: Taylor & Francis, November 2009, pp 899-904.

The concurrent and construct validity of the Euro-D in older Thai people was assessed. Eight local psychiatrists used the major depressive episode section of the Mini International Neuropsychiatric Interview (MINI) to interview 150 consecutive psychotic clinic attendees. A trained interviewer administered the Euro-D. Receiver operating characteristic (ROC) analysis was used to assess the overall discriminability of the Euro-D scale and principal components factor analysis to assess its construct validity. The area under the ROC curve for the Euro-D with respect to major depressive episode was 0.78 [95% confidence interval (CI) 0.70-0.90] indicating moderately good discriminability. At a cut-point of 5/6, the sensitivity for major depressive episodes is 84.3%, specificity 58.6%, and kappa 0.37 (95% CI 0.22-0.52) indicating fair concordance. However, at the 3/4 cut-point recommended from European studies, there is high sensitivity (94%) but poor specificity (34%). The principal components analysis suggested four factors. The first two factors conformed to affective suffering (depression, suicidality and tearfulness) and motivation (interest, concentration and enjoyment). Sleep and appetite constituted a separate factor, whereas pessimism loaded on its own factor. Among Thai psychiatric clinic attendees, Euro-D is moderately valid for major depression. A much higher cut-point may be required than that which is usually advocated. The Thai version also shares two common factors as reported from most of previous studies. (KJ/RH)

ISSN: 13607863
From: http://www.tandfonline.com

What cognitive functions are associated with passive suicidal ideation?: findings from a national sample of community dwelling Israelis; by Liat Ayalon, Howard Litwin.

The objective was to identify the specific cognitive domains associated with passive suicidal ideation (e.g. thoughts of being better off dead) in a cross-sectional, national based study of 1,712 Israelis aged 50+. The outcome measure, passive suicidal ideation, was evaluated by the question, “In the past month, have you felt that you would rather be dead?”, taken from the Euro-D. Cognitive domains assessed were time orientation, verbal learning, verbal recall, word fluency, and arithmetic. After adjusting for demographic and clinical information, those reporting passive suicidal ideation were significantly more likely to have impaired performance on the time orientation task. None of the other cognitive domains were associated with passive suicidal ideation. Clinicians working with older adults need to be aware not only of demographic and clinical information, but also of cognitive functioning and more specifically, time orientation, as a potential determinant of passive suicidal ideation. Possibly, cognitive domains that are less affected by education and prior learning (e.g. time orientation) have a unique association with passive suicidal ideation. (KJ/RH)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

When the solution is part of the problem: problem solving in elderly suicide attempters; by Lawrence M Gibbs, Alexandre Y Dombrovske, Jennifer Morse (et al).

Depression, loss, and physical illness are associated with suicide in older people. However, the nature of individual vulnerability remains poorly understood. Poor problem solving has been suggested as a risk factor for suicide in younger adults. Unresolved problems may create an accumulation of stressors. Thus, those with perceived deficits in problem-solving ability may be predisposed to suicidal behaviour. To test this hypothesis, the authors investigated whether older suicide attempters perceived their problem solving as deficient. 64 individuals aged 60 and older participated in the study, including depressed suicide attempters, depressed non-attempters, and non-depressed controls. The social problem solving inventory - revised short-version was used to measure participants' perceived social problem solving, assessing both adaptive problem-solving dimensions (positive problem orientation and rational problem solving) and dysfunctional dimensions (negative problem orientation, impulsivity or carelessness, and avoidance). Depressed older adults who had attempted suicide perceived their overall problem solving as deficient, compared to non-suicidal depressed and non-depressed
older people. Suicide attempters perceived their problems more negatively and approached them in a more impulsive manner. On rational problem solving and avoidant style sub-scales, suicide attempters did not differ from non-suicidal depressed. However, both depressed groups reported lower rational problem solving and higher avoidance compared to non-depressed controls. A perception of life problems as threatening and unsolvable and an impulsive approach to problem solving appear to predispose vulnerable older people to suicide. (KJ/RH)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Working with older people from black and minority ethnic groups who have depression: from margin to mainstream; by Jill Manthorpe, Jo Moriarty.
Despite the growing evidence base about depression and anxiety and its application to service settings and practice, we are short of practice examples about what works and for whom. This applies to older people in general but particularly to groups, such as people from black and minority ethnic backgrounds. This article discusses policy and legislative encouragements to think about equality of access and diversity issues in mental health services and wider mental health promotion activities. It analyses recent research and policy documents in the context of demographic change and practice. It argues that the context of personalisation in England may provide new opportunities to consider what older people will find most acceptable and effective in meeting their needs, but notes the challenges that this will bring to community-based organisations and specialist services. (RH)
ISSN: 14717794
From: http://www.pavpub.com

2008

This is one of seven articles in this issue of Aging & Mental Health on the theme “Promoting mental health in later life”. Social and solitary pastimes with the potential to ameliorate older people’s experiences of loneliness were investigated with the purpose of informing future interventions designed to reduce the negative consequences of social isolation. Several pastimes were described by 19 Australian interviewees as instrumental in determining whether the increasing social isolation they experience in older age are results of feelings of emotional isolation and thus of loneliness. Specific behaviours that were found to ameliorate loneliness included using friends and family as an emotional resource, engaging in eating and drinking rituals as a means of maintaining social contacts, and spending time constructively by reading and gardening. Specific recommendations are provided for interventions designed to prevent and treat loneliness in older people. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Contributors from the UK and Australia examine theological and ethical issues of ageing, disability and spirituality. The emphasis is on how ageing affects people with mental health and developmental disabilities, for whom it is contended that well-being is possible and achievable. Contributors present ways of moving towards more effective relationships between carers and older people with disabilities; also ways in which to connect compassionately and beneficially with the personhood of all people regardless of age and of disability. They identify factors inherent in personhood, and provide ways of affirming and promoting spiritual well-being. (RH)
Price: £19.99
From: Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: post@jkp.com Website: www.jkp.com

Analysis of the efficacy of a psychotherapeutic program to improve the emotional status of caregivers of elderly dependent relatives; by Javier López, Maria Crespo.: Taylor & Francis, July 2008, pp 451-461.
The long-term impact was examined of a psychotherapeutic cognitive-behavioural program with two intervention formats (traditional weekly sessions and minimal therapeutic contact) in caregivers who suffered from emotional problems due to caring for an older dependent relative. The 86 Spanish participants who lived with an older person at home, were randomised into one of the two intervention formats for 8 weeks. Measures
of anxiety, depression, burden, coping, social support and self-esteem were analysed pre- and post-treatment, and at 1, 3, 6 and 12 month follow-ups. Significant effects were found in the expected direction in most of the measures analysed. Participants in the intervention reduced significantly their levels of anxiety, depression and burden, and they improved the levels of problem-focused coping, social support and self-esteem. The two intervention formats had different evolutions, with better effects in the TWS format, especially at the first post-test measurements, but the difference tended to decrease over time. The data suggest that individual therapeutic interventions with caregivers are efficient to reduce their emotional problems, and that the effect is mediated by improvement both in their appraisal of the situation and in their personal resources. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Anxiety, depression and disability across the lifespan; by G A Brenes, B W J H Penninx, P H Judd (et al.):
The relationship between anxiety, depression and physical disability was examined, after controlling for demographic and health variables, in a sample of 374 adults aged 18-94 in San Diego County, California. Results indicate that anxiety, depression and comorbid anxiety and depression are associated with higher levels of disability, after controlling for factors such as age, gender, income, self-rated health, number of medical conditions and number of physician visits in the past year. Furthermore, anxiety, depression and comorbid anxiety and depression have a differential effect on disability according to age, with older people with any of these symptoms reporting higher levels of disability than younger adults. These findings suggest that physicians working with older people should assess for and treat anxiety as well as depressive symptoms. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Are patients' attitudes towards and knowledge of electroconvulsive therapy transcultural?: a multi-national pilot study; by Julian Bustin, Mark J Rapoport, Murah Krishna (et al).
Electroconvulsive therapy (ECT) is an effective yet controversial treatment. Most patients receiving ECT have depression, and it is likely that most of them are older people. However, attitudes toward and knowledge of ECT in this population has never been studied in relation to patients' cultural background. This study compared attitudes and knowledge of ECT in older depressed patients in three culturally different populations. A total of 75 patients were recruited: 30 from England, 30 from Argentina, and 15 from Canada. There was a significant difference in knowledge about ECT across the three countries. No significant differences were found in terms of attitudes. Knowledge was poor in all three countries. The most influential factor shaping subjects' attitudes and knowledge of ECT differed for the three countries. A weak correlation was found between knowledge of and attitudes towards ECT across all patients from the three countries. Attitudes towards ECT are a very complex phenomenon. No evidence could be found that a particular cultural background affects attitudes towards ECT. Generalising the results of the study is restricted by the fact that this was a pilot study that suffered from limitations including small sample size and number of settings. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Association of depressive symptoms with bone mineral density in older men: a population-based study; by Alice Laudisio, Emanuele Marzetti, Alberti Cocchi (et al).
30% of hip fractures occur in men, whose mortality rates are significantly higher than in women. Depression is being increasingly recognised in older populations, and is associated with several adverse outcomes. A few studies suggested a possible association between depression and low bone mineral density parameters. The authors assessed the association of ultrasound-derived bone mineral density (UD-BMD) with depressive symptoms as measured by the 30-item Geriatric Depression Scale (GDS-30) and the Stiffness Index in 306 subjects aged 75+ living in Tuscany, Italy. Results indicate that depressive symptoms are associated with UD-BMD parameters in older Caucasian men, but not in women. As depression is a common feature in older populations, and because subjects with depression are infrequent users of preventive services, older men with depression should be prompted to undergo screening for osteoporosis. Conversely, assessment for depression should be performed in older men with diagnosis of osteoporosis. (RH)
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From: http://www.interscience.wiley.com

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Studies that have investigated the relationship between obesity and depressive symptoms in older people have produced conflicting findings, partly because of the use of body mass index (BMI) alone to measure obesity. Using BMI fails to account for varying proportions of muscle, fat and bone, and few studies have used other measures of central obesity, such as waist-hip ratio (WHR) or waist circumference (WC). This study used cross-sectional data from the Singapore Longitudinal Ageing Study (SLAS) for 2904 community-dwelling Chinese people aged 55+ to examine whether individually BMI, WHR and WC were consistently associated with depressive symptoms in older people. Measurements used included socio-economic characteristics, self-rated health and functional status, anthropometric measurements, and 15-item Geriatric Depression Scale (GDS-15). Increased BMI was associated inversely with depressive symptoms, and it may indicate greater physiological and functional reserve that protects against depression. The results also suggest that WHR and WC measures of central obesity did not support an inverse relationship of obesity with depression. The findings may have significance for mental health promotion, since physical activity which enhances muscle and skeletal strength may have a favourable impact on older people's psychological well-being. (RH)

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From: http://www.interscience.wiley.com


The authors examined the relationship between church attendance, membership in the Church of Jesus Christ of Latter-Day Saints (LDS), and major depressive episode, in a population-based study of ageing and dementia in Cache County, Utah. Participants included 2,989 non-demented individuals aged between 65 and 100 years who were interviewed initially in 1995 to 1996 and again in 1998 to 1999. LDS church members reported twice the rate of major depression that non-LDS members did (odds ratio = 2.56, 95% confidence interval = 1.07-6.08). Individuals attending church weekly or more often had a significantly lower risk for major depression. After controlling for demographic and health variables and the strongest predictor of future episodes of depression, a prior depression history, it was found that church attendance more often than weekly remained a significant protectant (odds ratio = 0.51, 95% confidence interval = 0.28-0.92). Results suggest that there may be a threshold of church attendance that is necessary for a person to garner long-term protection from depression. Sociological factors relevant to LDS culture are discussed. (KJ/RH)

ISSN: 10795014
From: http://www.geron.org

Church attendance mediates the association between depressive symptoms and cognitive functioning among older Mexican Americans; by Carlos A Reyes-Ortiz, Ivonne M Berges, Mukaila A Raji (et al). Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 5, May 2008, pp 480-486.

Church attendance appears to moderate the impact of clinically relevant depressive symptoms on subsequent cognitive function. Data are from the Hispanic EPESE (Established Populations for Epidemiologic Studies of the Elderly), a population-based study of 3050 older Mexican Americans. Cognitive function was assessed using the Mini-Mental State Examination (MMSE) at baseline, and follow-ups at 2.5, 7 and 11 years. Depressive symptoms were assessed by the Center for Epidemiologic Studies Depression Scale (CES-D). Infrequent church attendees (never or less than once a month) had a greater decline in MMSE scores (drop of 0.151 more each year) compared to frequent attendees; participants having scores CES-D of 16 or more also had greater declines in MMSE scores (drop of 0.131 more each year), compared to participants with CES-D score < 16 at follow-up. In fully adjusted models, a significant church attendance x CES-D x Time interaction indicated that, among participants with CES-D scores of 16 or more, infrequent church attendees had greater decline in MMSE scores (drop of 0.236 points more each year) compared to frequent attendees at follow-up. Church attendance appears to be beneficial for maintaining older people's cognitive function. (RH)

ISSN: 10795006
From: http://www.geron.org
Church attendance mediates the association between depressive symptoms and cognitive functioning among older Mexican Americans; by Carlos A Reyes-Ortiz, Ivonne M Berges, Mukaila A Raji (et al).

The objective of this study was to examine how the effect of depressive symptoms on cognitive function is modified by church attendance. The study used a sample of 2759 older Mexican Americans. Cognitive function was assessed using the Mini-Mental State Examination (MMSE) at baseline, 2, 5, 7, and 11 years of follow-up. Church attendance was dichotomised as frequent attendance (e.g. going to church at least once a month) versus infrequent attendance (e.g. never or a few times a year). Depressive symptoms were assessed by the Center for Epidemiologic Studies Depression Scale (CES-D; score 16 vs <16). General linear mixed models with time-dependent covariates were used to explore cognitive change at follow-up. In unadjusted models, infrequent church attendees had a greater decline in MMSE scores (drop of 0.151 points more each year, standard error [SE] = 0.02, p <.001) compared to frequent church attendees; participants having CES-D scores 16 also had greater declines in MMSE scores (drop of 0.132 points more each year, SE = 0.03, p <.001), compared to participants with CES-D score <16 at follow-up. In fully adjusted models, a significant Church attendance x CES-D x Time interaction (p =.001) indicated that, among participants with CES-D scores of 16 or more, infrequent church attendees had greater decline in MMSE scores (drop of 0.236 points more each year, SE = 0.05, p <.001) compared to frequent church attendees at follow-up. Church attendance appears to be beneficial for maintaining older people's cognitive function. Church attendance moderates the impact of clinically relevant depressive symptoms on subsequent cognitive function. (KJ/RH)
ISSN: 10795006
From : http://www.geron.org

Co-occurrence of anxiety and depressive disorders in a community sample of older people: results from the MRC CFAS (Medical Research Council Cognitive Function and Ageing Study); by Kari Kvaal, Fiona A McDougall, Carol Brayne (et al).

Few population-based studies have examined the whole range of sub-threshold syndromes and disorders of anxiety and depression in older people. The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) included 13004 people aged 65+ who completed the initial screening interview. A stratified random sub-sample of 2040 participated in the assessment interview where the Geriatric Mental State Examination (GMS) was administered. The AGECAT diagnostic system was used to generate sub-threshold and disorder levels of anxiety and depression as well as the combination of these into eight syndrome categories plus a group without any of the syndrome categories. Prevalence, adjusted and unadjusted odds ratio calculations were calculated in the syndrome categories in relation to cross-sectional personal and environmental factors, and odds ratios of sub-threshold and disorder levels were estimated. The overall prevalence of anxiety and depression were 3.1% and 9.7% respectively. There was a high prevalence of anxiety and depression occurring in parallel: overlap was 8.4%. The highest odds ratios unadjusted and adjusted for age and gender of anxiety and depressive disorders and significant for trend were found for increasing disability. The study found environmental factors to be strongly related to anxiety and depression; and overall, women have significantly higher estimates of anxiety and depression than men. (RH)
ISSN: 08856230
From : http://www.interscience.wiley.com


Suicide rates are higher among older people than any other age group, and suicidal ideation is one of the best predictors of completed suicide in older people. Despite this, few studies have evaluated predictors of suicidal ideation and other correlates of death by suicide (e.g. hopelessness) in older people. Even fewer studies on this topic have been conducted in samples characterised as poor responders to treatment (e.g. depressed individuals with co-occurring personality disorder). This study examined coping styles and thought suppression as predictors of a suicide risk composite score in a sample of depressed older people with co-occurring personality disorders. Based on the extant literature, it was hypothesised that maladaptive coping (i.e. emotional and avoidable coping) and chronic thought suppression would significantly predict suicide risk. The results of this study indicate that elevated emotional coping was associated with increased risk, although this finding is moderated by Axis II diagnosis. Thus, treatments that focus on decreasing emotional coping and chronic thought suppression may result in decreased suicidal ideation and hopelessness for older people with depression ad Axis II pathology. (RH)

The hypothesis was explored that the relationship between caregiver burden and depression is mediated by coping style. As part of the LASER-AD study in London and the South East, 93 (73.8%) people with Alzheimer's disease (AD) and their family caregivers recruited at baseline were re-interviewed 1 year later. Sampling aimed to ensure that the participants were representative of people living in the UK with AD in terms of dementia severity, gender and care setting. The Hospital Anxiety and Depression Scale (HADS), the Zarit Burden scale and the brief COPE were used to measure coping strategies. Using fewer emotion-focused strategies and more problem-focused strategies (but not dysfunctional strategies) mediated the relationship between caregiver burden and anxiety a year later. Using fewer emotion focused strategies also predicted higher psychological morbidity in general. The results suggest that a psychological intervention package to emphasise emotion-focused coping may be a rational approach to reduce anxiety in dementia caregivers. Studies are needed to test such interventions. (RH)


Coping and social support are regarded as major modifiers of the caregiving stress and negative mental health effects experienced by caregivers. Under Japan's Long-term Care Insurance (LTCI) system, care managers have played a major role in providing psychosocial support for family caregivers while coordinating formal and informal care resources for older people. However, since the launch of the LTCI system in 2000, no evaluation of the role care managers play in buffering the negative effects of family caregiver burden in Japan, which this study now examines. A self-administered questionnaire survey was conducted in February and March 2005 in a rural suburb in southwestern Japan. Subjects were 371 family caregivers caring for community-dwelling people aged 65+ who were having difficulties with activities of daily living (ADLs). Hierarchical regression analyses revealed three things. First, coping strategies and "social talk" by care managers had direct effects on caregiver burden and depression. Second, "avoidant" coping and "social talk" by care managers had buffering effects on the care needs and depression relationship. Third, "information giving" by care managers had no significant direct effect, but it had a negative effect on the care needs and depression relationship. Overall, results concerning "approaching" coping were in line with those of previous studies, while findings concerning "avoidant" coping were not consistent with findings in western countries. The type of care managers support appeared to have a variable influence on caregiver burden and depression. (RH)


196 family carers of 196 dementia patients living at home in Norway were studied. Carers were assessed by the Impact of Events Scale (IES), the Geriatric Depression Scale (GDS), the State Trait Anxiety Inventory (STAI) and the Distress scale of the Neuropsychiatric Inventory (NPI-D). Patients were assessed with the Mini Mental State Examination (MMSE), the Disability Assessment for Dementia (DAD) and the Neuropsychiatric Inventory (NPI). 20 carers (10%) scored above 19 on the intrusion and avoidance subscales the IES, whereas 90 (47%) scored above 8 on both subscales. The moderate to high stress response was independently explained by being a spouse, high scores on GDS, and high scores on NPI-D. Spouses and other family cares having daily contact with patients with dementia experience moderate to high levels of intrusion and avoidance. These symptoms are associated with symptoms of anxiety, distress and depression and should be taken into account when tailoring interventions for carers. (RH)
Depression and elder abuse and neglect among a community-dwelling Chinese elderly population; by XinQi Dong, Melissa A Simon, Richard Odwazny (et al).
The authors’ recent survey of a cohort of older people in mainland China suggests that elder abuse and neglect are common. Unfortunately, there is minimal knowledge about the risk factors for abuse and neglect in this population. The authors performed a cross-sectional analysis in a major urban medical centre in Nanling, China, to examine depression as a risk factor for elder abuse and neglect. Depression was assessed using the Geriatric Depression Scale (GDS), and direct questions were asked of the 412 people (34% female; mean age 70) completing a survey regarding any abuse and neglect experienced since the age of 60. Depression was found in 12% of the participants, and abuse and neglect in 35%. After multiple logistic regression, feeling of dissatisfaction with life, often feeling helpless, and feeling worthless were associated with increased risk of elder abuse and neglect. Multiple logistic regression modelling showed that depression is independently associated with elder abuse and neglect. These findings suggest that depression is a significant risk factor associated with elder abuse and neglect in Chinese older people. (RH)
ISSN: 08946566
From: http://www.tandfonline.com

Depression and sleep disturbance in elderly patients; by Alan Wade, Susan Downie.
Depression and insomnia are both increasingly prevalent in elderly patients, and a reciprocal relationship exists between the two conditions. Effective treatment relies on an accurate diagnosis of the primary condition. Older patients with depression should be helped to improve their sleep hygiene before initiating pharmacological therapy to treat sleep disturbance. Behavioural approaches may also be effective before, or as an adjunct to, medication. Drug treatment is prescription of one or more antidepressants, alone or with a hypnotic agent. Many existing treatments are associated with side-effects, rebound insomnia, or withdrawal problems, hence the need for more effective antidepressants which improve, not exacerbate, sleep disturbance. (KJ/RH)
ISSN: 0268201X

Depression in elderly life sentence prisoners; by Nicholas Murdoch, Paul Morris, Clive Holmes.
The life sentence population is growing older and increasing in number. Despite the potential negative physical and social environment of prison life, little is known about the prevalence or aetiology of depression in older "lifers". To determine the prevalence and associated risk factors of depression in older life sentence prisoners, 121 such prisoners from two category B prisons in the UK were interviewed using the Geriatric Depression Scale (GDS); and the relationship with prison and non-prison specific variables was analysed. More than half of the prisoners scored above the threshold for mild depression. The length of sentence served and other prison-related variables were not associated with the depression score. However, the imported-chronic physical ill health was strongly related to depression score. Depression in long term prisoners is common and is related to the burden of imported chronic illness as opposed to specific effects of imprisonment. (RH)
ISSN: 08856230
From: http://wwwinterscience.wiley.com

Depression in older nursing home residents: the influence of nursing home environmental stressors, coping and acceptance of group and individual therapy; by Namkei G Choi, Sandy Ransom, Richard J Wyllie.: Taylor & Francis, September 2008, pp 536-547.
Based on in-depth interviews with 65 older nursing home residents, this study examined the residents’ own understanding and perceptions of depressive symptoms, causes of their depression, their self-reported coping strategies, and their preferences for acceptable depression interventions. About half of the interviewees (n=32) stated that they were feeling depressed or experiencing negative affects. Major themes relating to the causes of their depression were loss of independence, freedom and continuity with their past life; feelings of social isolation and loneliness; lack of privacy and frustration at the inconvenience of having a room-mate and sharing a bathroom; loss of autonomy due to the institutional regimen and regulations; ambivalence toward cognitively impaired residents; ever-present death and grief; staff turnover and shortage; and stale programming and lack of meaningful in-house activities. Self-reported coping mechanisms included religion and stoicism, a sense of a really positive attitude, and family support. With regard to depressive treatment, the interviewees appeared to prefer nursing home programmes that reduce their isolation over group or individual psychotherapy. (RH)
ISSN: 13607863
From: http://www.tandfonline.com
Depressive symptoms among grandparents raising grandchildren: the impact of participation in multiple roles; by Lindsay A Baker, Merrill Silverstein.: The Haworth Press, 2008, pp 285-304. Journal of Intergenerational Relationships, vol 6, no 3, 2008, pp 285-304. Using the US Health and Retirement Study (HRS), this research examines well-being among grandparents raising grandchildren during middle to late life, specifically looking at how other roles in which a grandparent is participating (such as worker, volunteer, parent, or caregiver) may influence depressive symptoms among grandparent caregivers. Results indicate that grandparents who have recently begun raising a grandchild experience lower levels of well-being when compared to grandparents who are not raising a grandchild regardless of the grandparent's level of participation in roles beyond that of grandparent caregiver, while grandparents who have been raising a grandchild for longer periods of time seem to benefit from, while participation in multiple roles. However, a higher level of participation in outside roles is associated with a decline in well-being among grandparents who stopped raising a grandchild, suggesting that, for these grandparents, participation in multiple roles acted mainly as a stressor rather than as a resource. (RH) ISSN: 15350770 From: http://www.tandfonline.com

Depressive symptoms in aged Chinese patients with silicosis; by Cheng Wang, Lin-Sehng Yang, Xiao-He Shi (et al.): Taylor & Francis, May 2008, pp 343-348. Aging & Mental Health, vol 12, no 3, May 2008, pp 343-348. In this Chinese cross-sectional cohort study, about 121 patients with silicosis randomly selected from a case registry of a non-ferrous metal company and 110 controls completed questionnaires on sociodemographic variables. Beck Depression Inventory (BDI) and lung function test chi square test were performed to compare the prevalence of depressive symptoms between the two groups. Logistic regression analysis of the resulting data indicates that prevalence of depressive symptoms in patients with silicosis was 27.3%, and for controls 7.3%. Severe respiratory symptoms, severe impaired physical function and pulmonary functions were associated with depressive symptoms. These findings provide evidence for physicians to screen for depressive symptoms in patients with silicosis. (RH) ISSN: 13607863 From: http://www.tandfonline.com

Depressive symptoms in four racial and ethnic groups: the Survey of Older Floridians (SOF); by Yuri Jang, David A Chiriboga, Giyeon Kim (et al). Research on Aging, vol 30, no 4, July 2008, pp 488-502. Responding to the need for research on the mental health of older people from ethnic and racial minority groups, the present study explored determinants of depressive symptoms using a statewide sample of African Americans, Cubans, non-Cuban Hispanics and Whites from the Survey of Older Floridians (SOF). The investigators focused on direct and interactive effects of demographic variables and stressful life conditions (chronic health conditions, functional disability, and negative life events) on depressive symptoms. A hierarchical regression model showed that lower income, more chronic health conditions, greater disability, and more life events were common risk factors for depressive symptoms across all groups. The impacts of age and education were found to be group specific. Significant interactions were also obtained among predictor variables for each group, identifying risk-reducing and risk-enhancing factors within each group. The findings of race-specific risk factors and within-group variability should be taken into consideration when developing and implementing services for diverse older populations. (RH) ISSN: 01640275

Depressive symptoms in late life: associations with apathy, resilience and disability vary between young-old and old-old; by Mona Mehta, Ellen Whyte, Eric Lenz (et al). International Journal of Geriatric Psychiatry, vol 23, no 3, March 2008, pp 238-243. The effect of age on the association between disability and apathy with depression when we refer to their occurrence in "late life" is ambiguous. The authors investigated the association of depression with apathy, resilience and disability across the age range of late life. 105 community-dwelling older people with moderate levels of disability were assessed using the Geriatric Depression Scale (GDS), Harley-Gill Resilience Scale, Starkstein Apathy Scale and instrumental activities of daily living / activities of daily living (IADL/ADL). Multiple regression analysis was used to assess relationships between depression, apathy, resilience and disability, stratified by age (under age 80 vs 80+). In the under 80s, apathy, resilience and disability scores equally contributed to the variability of the GDS score. In contrast, in the 80+ group, apathy had the greatest contribution to GDS score. These data suggest that depressive symptoms in older people have different clinical features along the age spectrum from young-old to old-old. (RH)
Self-reported experiences of negative affectivity and emotional regulation were evaluated in a sample of older (age 51-80) and younger (age 12-20) adults with and without psychiatric comorbidity. Study participants were divided into four groups (younger non-psychiatric, younger psychiatric, older non-psychiatric, and older psychiatric). Findings indicate that as hypothesised, individuals in the OP and YP groups reported more negative affect intensity and reactivity and more maladaptive emotion regulation than individuals in the ON and YN groups. Contrary to hypotheses, when collapsed across psychiatric conditions, older adults did not report significantly less negative affect intensity than younger adults. A significant age by psychiatric group interaction effect on negative affect intensity occurred such that individuals in YN and ON groups reported similar levels of negative affect intensity and individuals in the YP group reported more negative affect intensity than those in the OP group. The findings that older adults with Axis I and Axis II diagnoses differ in their symptom reports from younger adults with similar diagnoses suggests there may be important assessment and intervention issues related to interactions of ageing and psychopathology. Clinical implications and directions for future studies are discussed. (RH)

Dissecting the influence of race, ethnicity and socioeconomic status on mental health in young adulthood; by Krysia N Mossakowski.
Studies have provided contradictory findings about the influence of race and ethnicity on mental health. Using data from the US National Longitudinal Study of Youth (NLSY) for 1979 to 1992, this study examines the extent to which multiple dimensions of past and present socioeconomic status explain the influence of race and ethnicity on depression in young adulthood. Results indicate that Blacks and Hispanics have significantly higher levels of depressive symptoms than Whites, which supports social stress theory. These racial and ethnic differences are partially explained by family background and wealth, and substantially explained by the duration of poverty across 13 years of the transition to adulthood. Moreover, the robust depressive effect of past poverty duration is independent of present socioeconomic status and family background. Overall, this study was inspired by the life-course perspective, and highlights the importance of wealth and histories of poverty for understanding racial and ethnic mental health disparities among young adults in the US. (RH)

Does depression predict adverse outcomes for older medical inpatients?: a prospective cohort study of individuals screened for a trial; by Sarah Cullum, Chris Metcalfe, Chris Todd (et al).
Despite research suggesting that depression may be independently associated with adverse hospital outcomes, recognition of depression is poor and treatment is often inadequate. This study examined the relationship between depressive symptoms and hospital outcomes in 617 older medical inpatients aged 65+ in the medical wards of district general hospitals in rural East Anglia. Using the 15-item Geriatric Depression Scale (GDS-15), the Abbreviated Mental Test Score (AMTS) and the Cumulative Illness Rating Scale - Geriatric (CIRS-G), the study found depressive symptoms to be independently associated with an increased likelihood of inpatient death and transfer to a community hospital for rehabilitation, but not associated with longer length of stay. Inpatient death and use of rehabilitation services should be considered as potential outcomes in research evaluating the effectiveness of identifying and treating depression in older medical inpatients. (RH)

BGS Newsletter, issue 18, October 2008, pp 14-17.
The recent report by Age Concern England, 'Undiagnosed, untreated, at risk: the experiences of older people with depression' (ACE, 2008), highlights the "scandalous treatment" of older people suffering from depression. This article outlines the report's findings, which point to ageism in the treatment of depression in older people, but notes the Government's intentions towards age equality in health and social care. It discusses three obstacles
to recovery: lack of awareness and negative attitudes; ageist attitudes among health professionals; and a system that discriminates against older people. It notes Age Concern’s three-point plan to improve the lives of older people with depression: encourage them to seek help; ensure they are correctly diagnosed; and ensure they get the treatment they need. (RH)

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1967 community-dwelling older couples from the 1993 US Health and Retirement Study (HRS) were followed until 2002 (six bi-annual surveys) or death. Depressive symptoms were measured by the Center for Epidemiological Studies - Depression (CES-D) scale. Adjusted depressive symptoms were higher for females for three of the four caregiving arrangements tested (as were unadjusted baseline levels). Depressive symptoms were lowest when neither spouse received caregiving. They were highest when females provided care to their husband with assistance from another caregiver. A gender by caregiving arrangements interaction was not significant, showing no differential effect of caregiving on CESD by gender. Depressive symptoms peaked for bereaved spouses within three months of spousal death, but declined steadily more than 15 months after death. Depressive symptoms initially increased for the community spouse after institutionalisation of the care recipient, but later declined. The authors conclude that caregiving increases depressive symptoms in the caregiver, but does not have a differential effect by gender. Increases in depressive symptoms following bereavement are short-term. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

The effects of ECT on cognitive functioning in the elderly: a review; by Caroline E M Tielkes, Hannie C Comijs, Esmeé Verwijk (et al).
Electroconvulsive therapy (ECT) as a single course or in maintenance form (M-ECT) is an effective treatment for depressed older people. However, ECT may have adverse effects on cognition. The authors reviewed all studies from 1980 to 2006 on ECT and cognition in people aged 55+ or a mean age of 55, and with valid measurements of cognition before and after ECT. Of 15 eligible studies, 9 were focused exclusively on older people. Three studies reported verbal learning recall problems post-ECT, while three studies found positive effects of ECT on memory, speed of processing and concentration. Global cognitive functioning in patients with cognitive impairment improved in all studies. At follow-up, most studies reported improvement of cognitive functions. Learning verbal information and executive functioning were impaired in M-ECT patients, whereas global cognition remained stable after M-ECT over a year. Given the limited amount of research on ECT on older people's cognitive functioning, more extensive research is needed - and with larger sample sizes. (RH)

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This systematic review aims to explore whether depressive symptoms and fear of falling have been used as outcome measures in fall prevention trials; and to determine the effects of fall prevention trials on these variables in older people. A literature search covering various medical databases was conducted to identify randomised controlled trials regarding the effects of fall prevention programmes on depressive symptoms and fear of falling in older people. Studies were classified according to the intervention method (single or multifactorial) and study results (positive/negative) regarding depressive symptoms and fear of falling. Methodological quality was assessed in relation to blinding at outcome assessment, follow-up, and whether intention-to-treat analysis was used. Depressive symptoms were used a an outcome measure in eight and fear of falling in 21 studies. A multifactorial approach seems the most effective method in reducing fear of falling, while some single methods such as Tai Chi also seem beneficial. Little evidence was found relating to the effects of fall prevention trials on depressive symptoms. Fear of falling may be reduced by fall prevention programmes. More studies assessing the effects on depressive symptoms - especially among depressed older people - are needed. (RH)

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From: http://www.tandfonline.com


The extent and impact of depression on BME older people and the acceptability, accessibility and effectiveness of social care provision; by Nadira Sharif, Walt Brown, Deborah Rutter, Social Care Institute for Excellence - SCIE; Social Care Workforce Research Unit, King's College London.: Social Care Institute for Excellence - SCIE, December 2008, 94 pp (Adults' services systematic map report 03).

Systematic maps aim to describe the existing research literature on a broad topic area and also highlight any gaps. This report focuses on depression in older people from black and minority ethnic (BME) communities to consider three map questions. First, what is the extent and impact of depression in older people from BME communities in the UK? Second, are there barriers to recognition of depression for these groups? Lastly, what

The Three City Study (3C) is a community-based study of people aged 65+ in Bordeaux, Dijon and Montpellier. The present study of 7868 French people aged 65+ used the Center for Epidemiological Studies-Depression scale (CES-D) and the Mini International Neuropsychiatric Interview to define three groups: non-depressed, high depressive symptoms (HDS), and current major depressive disorders (MDD). Separate analyses were performed to identify the factors which were associated with antidepressant use in each group. Antidepressant use (55% selective serotonin re-uptake inhibitors - SSRIs, 25% tricyclic antidepressants, 20% other types) increased from 4.9% in non-depressed subjects to 17.3% in HDS, and 33.6% in those with current MDD. The factors associated with antidepressant use varied according to depression status. In particular, men with current MDD were more often treated with antidepressants than women, whereas in both the HDS and non-depressed groups, antidepressant use was, as has been observed elsewhere, more frequent in women. Gender also had a strong modifying effect on the relationship between antidepressant use and history of major depression. Finally, the direction of the association between antidepressant use and cognitive performance varied according to depression status. This study showed that the direction and strength of the association between antidepressant use and demographic and health-related factors varied according to the severity of depression symptoms. Further studies are needed to clarify the relationship between gender, cognition and antidepressant use. (RH) ISSN: 08856230

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Depressive symptoms are common in older people, particularly those living in long-term care facilities. The authors examined the relationship between functional status and depressive symptoms in 308 older people in residential care facilities (RCFs) in the Czech Republic. They used baseline data from two randomised controlled trials testing the effects of dance and reminiscence therapies on quality of life (QoL) in older RCF residents. Functional status was measured as cognitive function, general ability to perform basic activities of daily living (ADLs), mobility, and functional limitation by pain. Depressive symptoms were measured using the 15-item Geriatric Depression Scale (GDS-15). In multiple regression analyses, adjusted for sociodemographic factors and taking antidepressants, cognitive function and functional limitation by pain were most strongly associated with depressive symptoms. ADLs and mobility were also related to depressive symptoms. In the first such study in the Czech Republic, these findings suggest factors that may be important in efforts to improve psychological well-being in this population. (RH) ISSN: 08856230

From: http://www.interscience.wiley.com


Depression is typically considered relative to individuals, and is thought to originate from both biological and environmental factors. However, the environmental constraints and insults that African Americans experience likely influence the concordance by age and gender for depression scores among older African American twins. 102 monozygotic (MZ) and 110 dizygotic (DZ) twins aged 25-88 in the Carolina African American Twin Study
of Aging (CAATSA) were examined using the 11-item version of the CES-D measure of depressive symptomatology. Those participants with scores above 9 were considered depressed. Overall, the MZ pairs had a higher concordance than the DZ pairs, implying genetic influence. Both DZ and MZ males had higher concordance than either female zygotic groups. The differences between the concordance rates for MZ and DZ twin pairs was greater in males than females. By age group, the difference between concordance rates for younger MZ and SZ twin pairs was much larger than for older pairs. The results suggest that even though African Americans may be at risk for depression due to contextual environmental factors, genetic influences remain important. (RH)

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From: http://www.tandfonline.com

Get happy: the secret to a healthy old age; by Gordon Lishman.
There is clear evidence that older people benefit from preventive healthcare. For the fulfilled old age that people want, services must spot depression early, and support good diet and mobility (through foot care services). The Director General of Age Concern England (ACE) writes in the light of findings in the organisation’s report, 'Just what the doctor ordered', that one in ten general practices offer a benefits advice service which has led to reduced demands on health services. (RH)

ISSN: 09522271
From: http://www.hsj.co.uk

This study examined predictors of reasons for living among 104 community-dwelling older adults (mean age 69.7 years). Participants completed the Geriatric Depression Scale (GDS), the Elders Life Stress Inventory (ELSI), the Life Orientation Test (LOT), and the Reasons for Living Inventory, and also rated their global health status. Standard multiple regression assessed the extent to which age, depression, stress, optimism, and health status predicted total reasons for living. The model explained 12% of the variance in reasons for living (R² = .12, p < .05). Health made the strongest unique and significant contribution to RFL (β = 0.26, p < .05) and age approached significance (β = -0.19, p = .055). The GDS, ELSI, and LOT all made minimal and non-significant contributions. An implication is that attention to physical health status should be a standard part of suicide risk assessment, especially among older adults. Results suggest that reduced quality of life due to poor overall health may erode an individual's protective factors against suicide. (KJ/RH)

ISSN: 07317115
From: http://www.tandfonline.com

Healthcare costs associated with recognised and unrecognised depression in old age; by Melanie Luppa, Sven Heinrich, Matthias C Angermeyer (et al).
Inadequate recognition of depression in old age in primary care and the consequences for individuals are now well reported, but little research has been undertaken on its impact on healthcare costs. It is not known whether these costs differ between GP recognised and unrecognised depressed individuals; and differ between these groups and non-depressed individuals. 451 primary care patients in Leipzig, Germany aged 75+ were interviewed face-to-face regarding depressive symptoms (Geriatric Depression Scale, GDS), chronic medical illness (Chronic Disease Score), resource utilization and healthcare costs (questionnaire of service utilization and costs). A general practitioner (GP) questionnaire was used to measure recognition of depression by GPs. Resource utilization was valued in monetary terms using 2004/2005 prices. 38 (60%) of the 63 depressed patients were not identified by the GPs. From a societal perspective, mean annual healthcare costs were Ç5,582 for unrecognised depressed and Ç4,722 for recognized depressed patients with no significant difference. Healthcare costs of recognised and unrecognised depressed exceeded the healthcare costs of non-depressed patients (Ç3,648) by 23% and 35% respectively (p < 0.05). Although mean annual healthcare costs for GP-unrecognised depressed patients exceed the costs of GP-recognised depressed patients in absolute numbers, differences were not found to be statistically significant. Both groups differ from non-depressed individuals regarding their healthcare costs. Results encourage further research into the effect of recognition on healthcare costs of depression in large-scale studies.

ISSN: 10416102
Impact of late-life self-reported emotional problems on disability-free life expectancy: results from the MRC Cognitive Function and Ageing Study; by Karine Pérès, Carol Jagger, Fiona E Matthews (et al.).


Depression in old age is a major public health problem, though its relationship to onset of disability and death is not well understood. Longitudinal analysis of 11022 individuals from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool have been followed at intermittent times intervals over 10 years. Subjects reporting at baseline that they had consulted about emotional problems for the first time since the age of 60 were considered along with a subgroup where a general practitioner suggested depression. Disability was defined as an IADL or ADL disability that required help at lest once a week. Total Disability-Free Life Expectancy (TLE or DFLE) were calculated using multi-state models, separately by gender, and with presence of emotional problems of depression and multi-morbidity as covariates. Emotional problems after age 50 before first interview resulted in significantly reduced remaining years without disability. The effect of depression was most marked in the subgroup of older people with three or more other health conditions. (RH)

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The goal of this study was to determine whether differences in incidence of depression and level of well-being are manifested between older women, aged 60 plus, who attend either a peer-run support group, a staff-run support group, or a comparison group (i.e., who do not attend a support group). Thirty-six women participating in peer-run and staff-run support groups and 9 women receiving non-group support were administered the Geriatric Depression Scale (GDS) and the Philadelphia Geriatric Center Morale Scale. Separate analyses of variance were employed on each scale to determine the significance of differences in scores according to facilitator type (i.e., peer-run vs staff-run vs comparison group). Analysis of scores on the Geriatric Depression Scale indicated significant differences between women in the peer-run groups and women in the comparison group, but no significant differences between women in the peer-run groups and women in the staff-run groups or between women in the staff-run groups and women in the comparison group. Analysis of scores on the Philadelphia Geriatric Center Morale Scale did not indicate any significant differences between women based on facilitator type. Results of this study have implications for those who run face-to-face support groups for older adults, for those who train peer group facilitators, and for community agencies that desire to initiate a support group system for their clientele. (KJ/RH)

ISSN: 01634372

From: http://www.tandfonline.com


Depression is one of the most common mental health problems facing older people, and it is often unrecognised and usually under-treated. This book provides a new approach to understanding late-life depression, by using a series of case studies with commentaries from practitioners internationally (Australia, Bulgaria, Canada, Denmark, France, Hong Kong, Japan, and The Netherlands). The book covers the epidemiology, presentation and diagnosis of depression in older people, and outlines current evidence for effective management from recently published work. The substantive part of the book presents ten case studies of increasing complexity. Each case has a commentary from a primary care clinician and a health or social care professional to outline how professionals would work together to manage the patient within their community. The emphasis is on self-management strategies, which can be implemented in primary care and collaborative care approaches, depending on the complexity of the case. The addition of commentaries from experts in the field adds an international perspective, which will be suited to health and social care professionals and students. (KJ/RH)

Price: £29.99 (pbk)

From: Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU.

http://www.cambridge.org

Knowledge and skills of professional carers working with older people with depression; by Marita P McCabe, Tanya Davison, David Mellor (et al.).: Taylor & Francis, March 2008, pp 228-235.


In this Australian study, 321 professional carers, 10 general practitioners (GPs) and 7 aged care managers participated in focus groups, which involved completion of a semi-structured interview related to knowledge, recognition, confidence, referral procedures and use of screening tools for the detection of depression. Results
Lifestyle and diet-related factors in late-life depression - a 5-year follow-up of elderly European men: the FINE study; by Sinikka Bots, Marja Tijhuis, Simona Giampaoli (et al).
Late-life depression is one of the main health problems in older populations and a key element of healthy ageing. Causal relationships of lifestyle- and diet-related factors in late-life depression are unclear, and have been investigated as part of the FINE (Finland, Italy and the Netherlands) study. Altogether, 526 non-demented European men aged 70-89 at baseline were included in the analyses. The association of lifestyle-related and dietary factors with development of categorically defined depression (> = 48/80 on the Zung Self-rating Depression Scale - ZSDS) was assessed in a 3-year follow-up. 59 of the men (11%) developed depression during follow-up. An independent association with development of depression was found for baseline depressive status, a decline in serum total cholesterol level between study years, physical activity, and moderate alcohol intake, but not dietary factors. This study of a well-documented population of older European men confirms that physical activity and moderate alcohol consumption may protect against depression in the old-old. These results are the first to suggest that a decline in serum cholesterol level may predict development of late-life depression. As the effects of age, medication and incipient cognitive decline could not be entirely ruled out, this finding must be treated with care. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Lifetime hormonal factors may predict late-life depression in women; by Joanne Ryan, Isabelle Carrière, Jacqueline Scali (et al).
Fluctuating hormone levels are known to influence a woman's mood and well-being. This study aimed to determine whether lifetime hormonal markers are associated with late-life depression symptoms among older community-dwelling women. As part of the ESPRIT Study, detailed reproductive histories of 1013 French women aged 65+ were obtained using questionnaires, and depressive symptoms were assessed using the Centre for Epidemiological Studies Depression Scale (CES-D). Multivariate logistic regression models were generated to determine whether any lifetime endogenous or exogenous hormonal factors were associated with late-life depression. The prevalence of depressive symptoms was 17%. Age at menopause was associated with depressive symptoms, but only among women with a lower education level. For these women, an earlier age at menopause increased their risk of late-life depression. The odds of late-life depression were also increased for women who were past hormonal treatment (HT) but were not current users. On the other hand, long-term oral contraceptive use was protective against depression. These associations remained significant even after extensive adjustment for a range of potential confounding factors, including sociodemographic factors, mental and physical incapacities, antidepressant use and past depression. The other factors examined - including age at menopause...
first menses, parity, age at childbirth and surgical menopause - were not associated with late-life depressive symptoms. Lifetime hormonal factors that are significantly associated with depression symptoms in later life have been identified. Further work is needed to determine how potential hormonal interventions could be used in the treatment of late-life depression in certain subgroups of women. (KJ/RH)

ISSN: 10416102

Limited English proficiency, social network characteristics and depressive symptoms among older immigrants; by Sadhna Diwan.

The purpose of the study was to examine differences in social network characteristics and their relationship to depressive symptoms among two groups of older Asian Indian immigrants: those with limited English proficiency and those proficient in English. Telephone surveys were conducted with 226 English-speaking (Sample 1) and 114 Gujarati-speaking (Sample 2) immigrants in Atlanta. Results found that the samples differed significantly in demographics and patterns of social integration. Sample 2 had shorter residence in the United States, a more traditional ethnic identity, greater reliance on family for social activities, greater participation in religious events, lower likelihood of having good friends nearby, and less frequent interactions with friends. Rates of depressive symptoms did not differ, and network composition was unrelated to symptoms. For both samples, poorer health and a more traditional ethnic identity were related to depressive symptoms. Quality of relationship with children was predictive of symptoms for Sample 2. The author found no differences in depressive symptoms despite differing social network structures. This may be due to the differing expectations of social ties among older immigrants. Interventions to improve well-being should focus on issues that generate acculturative stress. Cognitive and social support interventions may help individuals develop the adaptive coping strategies needed to live in a different culture. (KJ/RH)

ISSN: 10795014
From: http://www.geron.org

Older people who live alone have been found to have lower psychological well-being than their age peers who live with someone. 205 Chinese people aged 65+ in Hong Kong were recruited to this study which examined whether downward social comparison (i.e. perceiving oneself as better than others) would moderate this relationship. Participants rated themselves and "someone their age" on a list of personal descriptions. Downward social comparison was defined as the extent to which their ratings of self were better than ratings of age peers. Life satisfaction and depression were measured by the Satisfaction with Life Scale and the CFS-D Scale respectively. Those living alone were more depressed than those living with someone, yet this difference was larger among those with lower levels than those with higher levels of downward social comparison. The interaction effect was not found for life satisfaction. Findings suggest that, although living alone is a risk factor for depression in old age, its negative effect can be reduced or even eliminated when downward social comparison is practised. These findings highlight the importance and effectiveness of psychological adaptation in the face of relatively more objective challenges in old age. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Loneliness and the health of older people; by Conor O Luanagh, Brian A Lawlor.
The intense focus of major psychiatric disorders in both contemporary psychiatric research and clinical practice has resulted in constructs such as loneliness and how such entities might affect health outcomes being relatively neglected. This review aims to raise awareness among physicians and psychiatrists of the medical impact and biological effects of loneliness, as well as making the argument that loneliness should be a legitimate therapeutic target. The authors used Pubmed to search for research and review papers looking at loneliness as a construct, how it is measured, and its health effects. A review of the relevant papers finds that loneliness has strong association with depression and may in fact be an independent risk factor for depression. Furthermore, loneliness appears to have a significant impact on physical health, being linked detrimentally to higher blood pressure, worse sleep, immune stress responses and worse cognition over time in older people. There is a relative deficiency in adequate evidence-based treatments for loneliness. Loneliness is common in older people and is associated with adverse health consequences both from a mental and physical health point of view. There needs to be an increased focus on initiating intervention strategies targeting loneliness, to determine if increasing loneliness can improve quality of life and functioning in older people. (RH)
The long-term consequences of childbearing: physical and psychological well-being of mothers in later life; by Naomi J Spence.


Growing evidence points to relationships between patterns of childbearing and health outcomes for mothers, yet a need remains to clarify these relationships over the long term and to understand the underlying mechanisms. Using data for 1608 participants from the US National Longitudinal Study of Mature Women (NLS-MW), the authors found that the long-term consequences of childbearing vary by health outcome. Early childbearing is associated with higher risk of activities of daily living limitation at age 65 to 83, though effect appears stronger among White than Black mothers until socioeconomic status (SES) is controlled. Early childbearing is also associated with greater levels of depressive symptomatology, though this association is mediated by SES and health. Late childbearing is associated with more depressive symptoms net of early life and current SES, child proximity and support, and physical health. Finally, no significant effects of high parity are found. These findings emphasise the need to better understand the mechanisms linking childbearing histories to later physical and psychological well-being. (RH)

Long-term effects of bereavement and caregiver intervention on dementia caregiver depressive symptoms; by William E Haley, Elizabeth J Bergman, David L Roth (et al).


254 Alzheimer's caregivers from the New York University Caregiver Intervention (NYUCI), a randomised trial enhanced caregiver support versus usual care who had experienced the death of their spouse, were repeatedly assessed with the Geriatric Depression Scale (GDS) prior to and following bereavement. Random effects regression growth curve analyses examined the effects of treatment group and bereavement while controlling for other variables. The death of the care recipient led to reductions in depressive symptoms for both caregiving groups. Enhanced support intervention led to lower depressive symptoms compared with controls both before and after bereavement. Post-bereavement group differences were stronger for caregivers of spouses who did not previously experience a nursing home placement. These caregivers maintained these differences for more than one year after bereavement. Caregivers who received the enhanced support intervention were more likely to show long-term patterns of fewer depressive symptoms both before and after bereavement, suggesting resilience, whereas control caregivers were more likely to show chronic depressive symptoms before and after the death of their spouse. Clinical strategies such as that described may protect caregivers against chronic depressive symptoms that would otherwise persist long after caregiving ends. (RH)

Longitudinal assessment of psychotherapeutic day hospital treatment for elderly patients with depression; by Alesandra Canuto, Corina Meiler-Mititelu, François R Herrmann (et al).


Psychotherapeutic day hospitals may provide an effective treatment for older patients with depression and also improve their quality of life. The authors performed an assessment of a psychiatric day hospital treatment containing individual and group psychotherapy in a series of 122 older depressed patients in Geneva, Switzerland. The Geriatric Depression Scale Short Form Survey (GDS), as well as a Therapeutic Community Assessment Scale and Group Evaluation Scale were reported at admission, 3, 6, and 12 months and discharge. All patients presented with major depression or a depressive episode or bipolar disease. Variables included severity of depressive symptoms, quality of life, adhesion to therapeutic community treatment, and progress in groups of psychotherapy, art therapy, and psychomotricity. There was a significant reduction of depressive symptoms, and movement in mental quality of life across all point studied. Adhesion to therapeutic community increased from admission to discharge. This was the case for the progress in group therapy for all three groups used, yet the evolution of this parameter at intermediate time points was highly variable. Neither demographic characteristics nor pharmacological treatment or presence of stressful life events produced the clinical improvement. (RH)
Mental health and cognitive function in adults aged 18 to 92 years; by David Bunce, Maya Tzur, Anusha Ramchurn (et al).


In research partly funded by the Economic and Social Research Council (ESRC), the authors investigated mental health and cognitive function in 195 community-dwelling adults aged 18 to 92 (mean age 46.64). Several cognitive domains were assessed, including psychomotor, executive function and episodic memory. A significant Age x Mental Health interaction was found in relation to within-person (WP) variability (trial-to-trial variability in reaction time performance) to a 4-choice psychomotor task and a Stroop test, but not in relation to mean reaction time measures from those tasks. Poorer mental health was associated with greater WP variability to older adults; this effect was not found in relation to memory. The findings suggest that WP variability may be sensitive to relatively subtle effects associated with age and poor mental health, and that they provide a valuable insight into cognitive function in old age. (RH)

ISSN: 10795014
From: http://www.geron.org

More than just a communication medium: what older adults say about television and depression; by Giang T Nguyen, Marsha N Wittink, Genevra F Murray (et al).


Older people watch more television than do younger people. Television’s role in mental health has been described in the general population, but less is known about how older people think of television in the context of depression. The authors conducted a qualitative study of 102 patients aged 65+, using a semi-structured interview created to help clinicians understand how older people conceptualise depression diagnosis and treatment. During analysis, the authors found that many respondents offered spontaneous thoughts about the relationship between television and depression. All television-related content was extracted from the interview transcripts, and themes were identified using grounded theory. Participants cited television as a way to identify depression in themselves or others (either through over-use or lack of interest) or as a way to cope with depressive symptoms. Some felt that television could be harmful, particularly when content was high in negativity. A substantial number discussed more than one of these themes; a few mentioned all three. Married people were more likely to discuss television’s role in identifying depression. Those with low education more often mentioned that television could be helpful, whereas those with a history of depression treatment were more likely to discuss television’s potential harm. Researchers should conduct further studies to better understand the relationship between depression, television viewing, and opinions regarding television’s role in geriatric depression. Exploring these issues may yield new approaches to tackling depression in later life. (RH)

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The level of agreement between caregiver and Parkinson’s disease (PD) patient reports of neuropsychiatric patients was examined. Participants were 43 patients and 43 informants who knew the patient well (caregivers) in the Canterbury area of New Zealand. Caregivers rated patients’ behaviour as well as their own stress, using the Neuropsychiatric Inventory (NPI). Information was obtained from patients by means of commonly used scales: Beck Depression Inventory, Apathy Scale, Unified Parkinson’s Disease Rating Scale, and the Hamilton Anxiety Depression Scale. Both patients and caregivers also completed the Frontal Systems Behaviour Scale, which assesses behaviours associated with apathy, disinhibition and executive dysfunction. The level of agreement between these self and caregiver reports was low, with only 45.8% agreement for depression, 45% for apathy, 286% for hallucinations, 26.9% for sleep problems and 6.7% for anxiety. Given this low level of agreement, these two methods of assessment cannot be considered interchangeable. (RH)

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From: http://www.tandfonline.com

New perspectives on subjective memory complaints: editorial and special section; by Steven H Zarit (ed).


Three papers in this issue of Aging & Mental Health (and Oyebode et al’s in the November 2007 issue) provide further perspectives on memory complaints, representing the Netherlands, Portugal, the UK and the US. Two
provide clarification of the role of depression for memory complaints, while another considers the psychosocial determinants of forgetfulness. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

The patient with dementia, the caregiver and the doctor: cognition, depression and quality of life from three perspectives; by Sönke Arlt, Juliane Hornung, M Eichenlaub (et al).
Patients with mild to moderate dementia are capable of reporting their own health-related quality of life (HRQOL) and depressive symptoms. Family caregivers tend to rate patients’ HRQOL lower than patients themselves. Patients tend to underestimate their cognitive impairment. Information from the patient, the caregiver and the health care professional should be combined in order to obtain a comprehensive view of the patient’s condition-related situation. These are among the findings from a study of 100 outpatients with mild to moderate dementia or mild cognitive impairment (MCI) at the University of Hamburg Medical Centre Department of Psychiatry and Psychotherapy's Memory Clinic. Depression and cognitive impairment were examined using self- and proxy-ratings as well as the Mini Mental State Examination (MMSE), SF-12 Health Survey and the EUROHIS quality of life index. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

The pattern of depressive symptoms and factor analysis of the Cornell Scale among patients in Norwegian nursing homes; by Maria Lage Barca, Geir Selbæk, Jerson Laks (et al).
Depression is more prevalent in subjects with dementia than in those without it. Due to both psychological and biological risk factors, it is hypothesised that a bi-modal distribution of depressive symptoms exists with higher prevalence rate being found in patients suffering both with mild and with severe dementia. A sample of 1159 randomly selected nursing home patients was assessed using the Cornell Scale, the Clinical Dementia Rating Scale (CDR) and Lawton’s Scale of the activities of daily living. Additionally, information was collected from patients’ records. The use of antidepressants and demographic characteristics, except for gender distribution, did not differ across CDR groups. Patients with dementia had more symptoms such as anxiety, irritability, agitation, retardation, loss of interest, lack of joy, and delusion than those without dementia. Mo symptoms was more frequent among non-demented subjects. Factor analysis of the Cornell Scale resulted in a five factor solution: mood, cyclic, physical, retardation and behavioural. The score on the mood subscale did not differ across CDR groups, whereas scores on the four other subscales increased with increasing CDR scores. A bi-modal distribution of depressive symptoms was not found. The explanation for the occurrence of the typical core symptoms of depression, the mood symptoms, is probably complex. The non-mood symptoms are probably strongly influenced by biological factors. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Personal losses and relationship quality in dementia caregiving; by Kathryn Betts Adams, McKee J McClendon, Kathleen A Smyth.
Models of the dementia caregiving stress process specify that the impairments and behavioural problems of the person with Alzheimer’s disease or related disorder (ADRD) and primary subjective stressors, such as burden, along with secondary stressors and appraisals, lead to negative outcomes such as depression. This cross-sectional study focused on the affective and relational aspects of this process, examining the associations of personal and relational losses and perceived relationships quality to ADRD caregivers’ depressive symptoms, using a series of multiple regression to specify a path model. The theoretical model specified personal losses and the subjective relationship quality as intervening variables between the care recipient impairments and subsequent subjective stressors, overload and role captivity. Loss of intimate exchange, current quality of relationship, and loss of self each had direct or indirect effects on caregiver depression that suggest the important role of personal and relational losses in the stress process. (RH)
ISSN: 14713012
From: http://www.dem.sagepub.com
Personality traits and perceived social support among depressed older adults; by Kelly C Cukrowicz, Alexis T Franzese, Steven R Thorp (et al). Taylor & Francis, September 2008, pp 662-669.


The contribution of personality traits and social support to mental health is well established, but to the authors' knowledge, there has been no longitudinal investigation of the relation between personality and social support in depressed older people. In this study, a repeated measures multi-level mixed model of change in perceived social support was examined to determine whether personality traits and depressive symptoms were associated with changes in perceived social support over the 3-year study interval in a sample of depressed older Americans. Results suggest that Conscientiousness and Extraversion were personality traits that were significantly predictive of changes in perceived social support over the time interval. Based on these results, it appears that, among depressed older adults, those with conscientious or extraverted personality traits are more likely to resist impulses to withdraw from relationships. In addition, these traits may lead to more satisfying interactions and greater perceived social support over time. (RH)

ISSN: 13607863

From: http://www.tandfonline.com


Empirical literature concerning reactivated memories of trauma in older people is sparse. 12 older White British people (mean age 74.25) with re-emergent, involuntary memories of previous adversity were given a structured interview exploring phenomenological aspects of the experience. Intense and highly vivid components of memory were common as was a sense of current threat. This was compared with data available from the literature on adult post-traumatic stress disorder (PTSD). The authors conclude that the process of trauma memory reactivation after years of attention seems not to have affected involuntary intrusive representations of what happened. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

A predictive depression pattern in mild cognitive impairment; by Michèle Houde, Howard Bergman, Victor Whitehead (et al).


The prognostic utility of the presence, persistence and patterns of depression in people with amnestic mild cognitive impairment (MCI) was evaluated. 60 amnestic MCI patients referred to a memory clinic in Quebec, Canada were assessed cognitively and for presence of depression using the 30-item Geriatric Depression Scale (GDS). They were followed annually for an average 4.3 years. Simple presence or absence of depression at referral did not predict progression of MCI to Alzheimer's disease (AD). Positive answers to specific GDS questions referring to "melancholic" affect as well as the persistence of depression over two or three years significantly predicted cognitive deterioration leading to AD. The affective characteristics of depression at referral and the presence of depression were better predictors of conversion to AD than the simple presence or absence of depression measured at referral time. (RH)

ISSN: 08856230

From: http://www.interscience.wiley.com

Predictive value of folate, vitamin B12 and homocysteine levels in late-life depression; by Jae-Min Kim, Robert Stewart, Sung-Wan Kim (et al).


The role of folate, vitamin B12 and homocysteine levels in depression is not clear. The aim of this study was to investigate cross-sectional and prospective associations between these three and late-life depression. A total of 732 Korean people aged 65 years or over were evaluated at baseline. Of the 631 persons who were not depressed, 521 (83%) were followed over a period of 2-3 years, and incident depression was ascertained with the Geriatric Mental State schedule (GMS). Serum folate, serum vitamin B12 and plasma homocysteine levels were assayed at both baseline and follow-up. Lower levels of folate and vitamin B12 and higher homocysteine levels at baseline were associated with a higher risk of incident depression at follow-up. Incident depression was associated with a decline in vitamin B12 and an increase in homocysteine levels over the follow-up period. Lower folate, lower vitamin B12 and raised homocysteine levels may be risk factors for late-life depression. (KJ/RH)

ISSN: 00071250

From: http://bjp.rcpsych.org
Predictors of depression among older adults with dementia; by Jason M Stroud, Victoria Steiner, Cletus Iwuagwu.


Dementia and depression are common disorders among older populations. Their frequent co-morbidity and similar presentations create a complex clinical scenario for the health care professional. The objective of this study was to determine common characteristics of older people with dementia that were associated with depression. Data from a retrospective chart review of 242 patients visiting an outpatient geriatric clinic in Toledo, Ohio were analysed to determine the potential relationship between depression and several social- and health-related variables. Results from regression analysis show that taking greater numbers of medications and living in a less independent environment were both associated with greater depression, while using alcohol was associated with less depression. This information could be easily obtained during an office visit and used to help identify patients who suffer from dementia and are at risk from depression and require further evaluation. (RH)

ISSN: 14713012

A preliminary investigation of the reliability and validity of the Brief Assessment Schedule Depression Cards and the Beck Depression Inventory-Fast Screen to screen for depression in older stroke survivors; by A K Healey, I I Kneebone, M Carroll (et al).


Depression affects about one-third of stroke survivors and is associated with poor outcome. An initial assessment was conducted of the reliability and validity of the Brief Assessment Schedule Depression Cards (BASDEC) and the Beck Depression Inventory - Fast Screen (BDI-FS) in screening for depression in older stroke survivors. Participants from four inpatient rehabilitation units completed the BASDEC and the BDI-FS together with the Hospital Anxiety and Depression Scale (HADS) for comparison. The Structured Clinical Interview for DSM-IV Axis 1 Disorders (SCID) was then completed with all participants to ascertain a criterion depression analysis. The BASDEC and the BDI-FS were subsequently completed for a second time. 49 stroke survivors (mean age 78.8; standard deviation 6.79 years) were included. The BASDEC and the BDI-FS demonstrated acceptable internal consistency and test-retest reliability. For detecting major depression, BASDEC resulted in a sensitivity of 1.0 and specificity of 0.95, whereas the BDI-FS had a sensitivity of 0.71 and specificity of 0.74. When participants with minor depression were included in analyses, sensitivity lowered to 0.79 (specificity 0.97) for the BASDEC and 0.62 (specificity 0.78) for the BDI-FS. The BASDEC and the BDI-FS were found to have acceptable reliability. The BASDEC demonstrated some advantage in criterion validity over the BDI-FS at the examined cut-offs. (RH)

ISSN: 08856230

Prevalence and predictors of carer burden and depression in carers of patients referred to an old age psychiatric service; by G J Molyneux, G M McCarthy, S McEniff (et al).


This study seeks to assess the prevalence of depression, using the Geriatric Depression Scale-15 (GDS-15), the degree of carer burden or strain, and their risk factors among the primary informal carers of patients referred to a community-based old age psychiatry service. A cross-sectional study design was used, with the subjects comprising 100 primary informal carers of patients who live at home and were referred to the service based in a hospital in Dublin, Ireland. The main carer measures were the GDS-15 and an adapted version of Gilillard's Strain Scale. Patients were assessed the Clifton Assessment Procedure for the Elderly-Survey version, the GDS-15 and the Mini Mental State Examination (MMSE). Depression was found in 21% of the carers (a score of 5 or more on the GDS-15). The more problem behaviours identified and the greater the functional impairment of the patient, the higher the strain score deciles and the more likely the carer was to be depressed. Spouses were associated with lower carer strain scores. Patient diagnoses did not affect carer depression or carer strain. High levels of depression were found in the primary carers of community-dwelling patients attending an old age psychiatric service. The patients' behaviour and their cognitive and functional ability conferred greater risk of carer depression or strain than their diagnosis. These risk factors may help identify carers at risk of strain and depression. (KJ/RH)

ISSN: 10416102


In a cross-sectional study of a sample of 402 people aged 65+ visiting the Community Health Centre of Aga Khan University, Karachi, questionnaire based interviews were conducted and the 15-item Geriatric Depression
Scale (GDS-15) was used to screen for depression. Univariate and multivariate logistic regression analyses performed, with the following factors identified as being associated with depression: higher number of daily medications, total number of health problems, urinary incontinence, and inadequately fulfilled spiritual needs. These risk factors need to be taken into account by family doctors and health care workers. (RH)

ISSN: 13607863

From: http://www.tandfonline.com


58 Oregonians, most terminally ill with cancer or amyotrophic lateral sclerosis, who had either requested aid in dying from a physician or contacted an aid in dying advocacy organisation participated in this cross sectional survey. Diagnosis for depression or anxiety was ascertained according to the Hospital Anxiety and Depression Scale (HADS) and the structured clinical interview for the Diagnostic and Statistical Manual of Mental Disorders. 15 participants met "caseness" criteria for depression, and 13 for anxiety. 42 died by the end of the study; 18 received a prescription for a lethal drug under the Death with Dignity Act; and 9 died by lethal ingestion. 15 participants who received a prescription for a lethal drug did not meet criteria for depression; three did. All three depressed participants died by a legal ingestion within two months of the research interview. Although most terminally ill Oregonians who receive aid in dying did not have depressive disorders, the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug. (RH)

ISSN: 09598138

From: www.bmj.com

Prevalence of depression and anxiety symptoms in elderly patients admitted in post-acute intermediate care; by A M Yohannes, R C Baldwin, M J Connolly.


Clinical depression and anxiety are common in older patients admitted to intermediate care. The study investigated the prevalence of depression and anxiety symptoms in 173 older patients (60 male; mean age 80) admitted for further rehabilitation to an intermediate care unit in north-west England. Depression and anxiety symptoms were assessed by the Hospital Anxiety and Depression Scale (HADS), and severity of depression by the Montgomery Asberg Depression Rating Scale. Physical disability was assessed by the Nottingham Extended ADL Scale and quality of life by SF-36. 65 patients (38%) were identified with depressive symptoms, 29 (17%) with clinical depression, 73 (43%) with anxiety symptoms, and 43 (25%) with clinical anxiety. 15 (35%) of the latter did not have elevated depression scores (9% of the sample). Of those with clinical depression, 14 (48%) were mildly depressed and 15 (52%) were moderately depressed. Longer stay in the unit was predicted by severity of depression, physical disability, low cognition and living alone. The benefits of structured management programmes for anxiety and depression patients admitted in intermediate care are worth evaluating. (RH)

ISSN: 08856230

From: http://www.interscience.wiley.com


Using three waves of panel data collected from a national sample of Japanese adults aged 55 to 64, the authors examined the relationship between productive roles and depressive symptoms. Their particular emphasis was on multiple roles, role transitions, and gender differences. It was found that, among men, engaging in more hours of paid or volunteer work was related to fewer depressive symptoms. Although men who lost their paid work role reported more depressive symptoms, volunteer work attenuated the negative effect of losing their paid work role. For women, none of the productive roles examined in this study were found to be independently linked with depressive symptoms. However, engaging in multiple productive roles, in comparison with doing only housework, was related to fewer depressive symptoms. These findings suggest the psychological benefits of paid and volunteer work for retirement-aged men in Japan, and the need to be attentive to gender differences in the impact of productive roles. (KJ/RH)

ISSN: 10795014

From: http://www.geron.org


Depression is an under-diagnosed disorder in older people, even in those who are in receipt of aged care services. One factor associated with under-diagnosis is the reluctance of older people to discuss their mood and emotions with their medical practitioners. This Australian study focuses on why depression is not recognised and acted on by those providing residential or home-based care to older people. The authors interviewed 15 older people residing in high-level or low-level aged care facilities, and three older people who were receiving personal care in their homes. All participants had been identified by their care agencies as depressed. Participants reported their perceptions of their personal carers' knowledge and practices in managing the residents' depression. Although the participants described their carers in positive terms, they were critical of their knowledge and skills in recognising depression, and indicated that the communication between personal carers and care recipients about depressive symptomatology were seriously flawed. Training for personal carers in these areas, and efforts to change organisational culture are recommended. (RH)

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From: http://www.tandfonline.com


In light of large variation in the quality of medical care, this study uses the Donabedian model to assess factor related to two quality measures: medical service fit, and medical provider contact. 110 depressed older Americans with comorbid conditions were assessed. The authors found large variation in the quality of medical care and differences between two quality measures. Structure (Medigap insurance and clinical factors) and process factors (medical professional visits, emergency room visits, and adequacy of informal care) influenced the quality of medical care. Emphasising accuracy in quality measures, quality disparities to medical conditions call attention to the risky population with certain conditions targeted for closer follow-up. Appropriate medical care processes can enhance the quality. (RH)

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From: http://www.tandfonline.com


The effects of arthritis-related stress and chronic life stress on depressive symptoms were examined among African Americans and Whites with arthritis. Participants included 155 African American and White women aged 45-90 who completed structured questionnaires assessing arthritis-related stress (i.e. pain, functional impairment, perceived stress), chronic life stress (i.e. discrimination, financial stress, life stressors) and well-being (i.e. depressive symptoms). African Americans reported more functional impairment and lower perceived arthritis stress, but more life stressors, financial stress, and discrimination, than Whites. Arthritis strain accounted for similar proportions of variance in depressive symptoms across African Americans and Whites. However, chronic stressors explained significantly more variance among African Americans. Findings demonstrate the importance of considering contextual factors influencing women's health and well-being, particularly for those women with a chronic illness, including arthritis. Although arthritis-related stressors may be the predominant factors affecting well-being for Whites with arthritis, well-being for African Americans with arthritis is also closely tied to broader life stressors. Results suggest the importance of looking beyond illness-specific stressors when studying ageing and health. (RH)

ISSN: 10795014
From: http://www.geron.org

A randomised controlled trial of cognitive behaviour therapy vs treatment as usual in the treatment of mild to moderate late life depression; by Ken Laidlaw, Kate Davidson, Hugh Toner (et al).


An empirical evaluation of cognitive behaviour therapy (CBT) alone vs treatment as usual (TAU) alone (generally pharmacotherapy) for late life depression is provided. General practitioners (GPs) in Fife and Glasgow referred 114 participants to the study; 44 met inclusion criteria, and 40 provided data that permitted analysis. All participants had a diagnosis of mild to moderate major depressive episode, and were randomly assigned to receive either TAU alone or CBT alone. Participants to both treatment conditions benefited from
treatment, with reduced scores on primary measures of mood at end of treatment and at 6 month follow-up. CBT on its own is shown to be an effective treatment procedure for mild to moderate late life depression and has utility as a treatment alternative for older people who cannot or will not tolerate physical treatment approaches for depression. (RH)

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Using longitudinal data collected on 321 Chinese primary care patients aged 65+, the authors investigated the reciprocal relationship between fear of falling and depression. They examined whether functional disability and social functioning mediated the link between fear of falling and depression. Participants were recruited from three primary care units in Hong Kong, and were assessed in Cantonese by two trained assessors with Minimum Data Set - Home Care twice over a 1-year period. Findings revealed that fear of falling at baseline significantly predicted depression at 12-month follow-up assessment after age, gender, marital status, education and depression at baseline were adjusted, but depression at baseline did not predict fear of falling at 12 months after fear of falling at baseline was adjusted. Moreover, social functioning mediated the impact of fear of falling on depression. These findings indicate that fear of falling potentially increase the risk of depression in Chinese older people in primary care settings. (RH)

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Screening with the Cornell Scale for Depression in Dementia (CSDD) and the 15-item Geriatric Depression Scale GDS-15 enables staff of aged care facilities to identify residents who may be depressed, and then to alert their general practitioners (GPs) to this possibility. CSDD ratings by staff showed that about 40% of high care (nursing home) residents and 25% of low-care residents scored in the depressed range. These were the main findings of a survey of direct care staff in 168 Australian aged care facilities (AFCs) concerning their care for a sample of every fourth resident. The CSDD and the GDS-15 in those without severe cognitive impairment proved useful in identifying residents who were depressed. Survey questions helped draw attention to factors of importance in the development or persistence of these depressions, and hence to strategies for intervention. (RH)

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In-patients with a DSM-IV diagnosis of major depression were interviewed on admission to the psychogeriatric unit of a geriatric centre in Melbourne, Australia. Information collected included patient demographics, intrinsic and extrinsic religiosity, cognitive function, severity of depression, number of chronic illnesses, physical function, and numbers and quality of social support. Pearson correlation and multivariate analysis using a standard regression model were used to examine the relationship between the religious and other variables. Of the 86 patients completing the assessment, 25% attended church regularly and 37% prayed, meditated or read the Bible at least once a day. Just over half rarely or never engaged in such behaviours. Three in eight patients were “inextrinsically” religious. Religious patients expressed higher levels of social support; physically disabled patients were more likely to be religious. Depressed older in-patients are less religious than their North American counterparts. Nevertheless, religion remains important for a large minority of such individuals. Clinicians need to be aware that such individuals may turn to religion when depressed, especially to cope with the presence of physical disability. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com


Two sets of secondary data were combined and used to achieve the objectives of this study that compared the extent of depression in nursing home and community-dwelling older people, and those variables that explain depression in Korea. One data set was part of the 2002 Kyunggi Long-term Care system Construction Study by Kyunggi Research Institute (for those in nursing homes), the other was part of the 2001 National Long-term
Risk of late-life depression across 10 European Union countries: deconstructing the education effect; by Keren Ladin.
A cross-sectional study of 22777 men and women aged 50-104 from 10 European countries was conducted to assess the influence of education and non-education based measures of socioeconomic status on depression. Individual level data were collected from the Survey of Health, Ageing and Retirement in Europe (SHARE). Educational attainment was a strong predictor of late-life depression across all countries. Depression rates ranged from 8.1% in Denmark to 36.8% in Spain, reflecting a north-south gradient. Odds of depression were approximately twice as high among adults with less than a high school education compared with those of lower educational background. Inverse association between educational attainment and depression remained significant, independent of all other sociodemographic variables. Socioeconomic disparities in depression persist throughout later life. Variation in impact of education on depression cross-nationally illuminates need for future research into the protective effects of early life education. (RH)
ISSN: 096960410
From: http://www.blackwellpublishing.com/hsc

Screening for depression and assessing change in severity of depression: is the Geriatric Depression Scale (30-, 15- and 8-item versions) useful for both purposes in nursing home patients?; by Martin Smalbrugge, Lineke Jongenelis, Anne Margriet Pot (et al);: Taylor & Francis, March 2008, pp 244-248.
The Geriatric Depression Scale (GDS) and the Montgomery-Asberg Depression Rating Scale (MADRS) were administered to 150 older nursing home patients by trained interviewers. The presence of major (MaD) or minor depression (MinD) was evaluated with the Schedules for Clinical Assessment in neuropsychiatry. Receiver Operator Characteristic (ROC) curves of the GDS versions were performed to measure the ability to screen for depression. The ability to change in severity of depression was measured by differences in means terms of effect sizes. It was found that in ROC curves, all three GDS versions performed well. The MADRS showed larger effect sizes for the differences between MaD, MinD and no depression that the GDS versions. The effect sizes of the three GDS versions were comparable. Thus, all three versions of the GDS can be used for screening on depression for NH patients. The MADRS is superior to the GDS for assessing (changes in) severity of depression, but the GDS also appears to be an acceptable instrument for this purpose and is less time-consuming. (RH)
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From: http://www.sagepublications.com

Severity of depression and risk for subsequent dementia: cohort studies in China and the UK; by Ruoling Chen, Zhi Hu, Li Wei (et al).
Depression and dementia often exist concurrently. The authors aimed to determine the effects of depressive syndromes and cases of depression on the risk of incident dementia. Participants in China and the UK aged 65+ without dementia were interviewed using the Geriatric Mental State (GMS). 1254 Chinese were interviewed and re-interviewed 1 year later; and 3341 and 2157 British participants (from the Ageing in Liverpool Project Health Aspects part of the Medical Research Council Cognitive Function and Ageing Study, MRC CFAS) were interviewed and re-interviewed 2 and 4 years later respectively. Incident dementia was associated with only the most severe depressive symptoms in both Chinese and British participants. The risk of dementia increased, not in the less severe cases of depression, but in the most severe cases. The multiple adjusted hazard ratio (HR)=5.44 in Chinese participants at 1-year follow-up, and HR=2.47 and 2.62 in British participants at 2- and 4-


Information gathered from a representative sample of 1905 older people in Havana, Cuba as part of the SABE study (Salud, Bienestar y Envejecimiento - a study of health, well-being and ageing) was used to examine the main and stress-buffering effects of social networks on depressive symptoms. Depressive symptoms were measured using the 15-item Geriatric Depression Scale (GDS). The structure and functions of social networks were studied. Gender-specific multivariate logistic regressions were fitted to test the main (independent of stressors) and the stress-buffering effects (in the presence of financial strain or disabilities) on depressive symptoms. Social ties were associated with a lower prevalence of depressive symptoms in women and men independently of the presence of stressors. Women who were or had been married, lived in an extended family, and enjoyed balanced exchanges with relatives and children reported low prevalence of depressive symptoms. Men were less likely to report depressive symptoms if they were currently married, and did not live alone. Social networks buffered the effect of financial strain on depression, but not in the event of disability. In Cuba, networks centred on children and extended family were associated with low frequency of depressive symptoms, ruling contrary to common findings in developed societies. (RH)

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From: http://www.tandfonline.com

Social productivity and depressive symptoms in early old age: results from the GAZEL study; by M Wahrenendorf, C Ribet, M Zins (et al.): Taylor & Francis, May 2008, pp 310-316.


This is one of seven articles in this issue of Aging & Mental Health on the theme "Promoting mental health in later life". The authors test associations or frequency of performing three types of socially productive activities (voluntary work, informal help, and caring for a person) with depressive symptoms in older people. Are depressive symptoms negatively associated with frequency in all three types or rather in those activities that are characterised by a high degree of autonomy and personal control? Data on social activities and frequency of performance were collected in the frame of the annual follow-up of the French GAZEL cohort study in 2005 (of 1447 people aged 52-66 working for the national gas and electricity companies). Depressive symptoms were measured by the CES-D scale. Perceived control was assessed by two items of quality of life measure (CASP-19). In activities characterised by high autonomy (particularly voluntary work), a negative association of frequency with depressive symptoms was observed, whereas the reverse effect was found in the type of activity with low autonomy (care for a person). Perceived control mediated in part the association of frequency of activity with depressive symptoms. Being often socially productive in early old age may contribute to well-being to the extent that autonomy and perceived control are given. (RH)

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Depression and lower cognitive functioning are common conditions in older populations. While links between psychopathology and neuropsychological performance have been studied in the White majority population, little is known about such links in the American Indian population. 140 American Indians aged 60+ completed structured interviews that included a depression screener and two cognitive screening measures, the Mini Mental State Examination (MMSE) and the Morris Dementia Rating Scale (MDRS). Participants had mean values of 26.7 /30 on the MMSE and 125.8 /144 on the MDRS. The depression screen was not associated with with the MMSE or MDRS total scores. However, older American Indians who screened positive for depression scored lower than did those American Indians who screened negatively for depression (27.7 versus 29.8 respectively) on the MDRS conceptualisation sub-scale after adjusting for the sociodemographic and health variables. The combined effects of psychopathology and cognitive impairment are likely to adversely affect the health and welfare of American Indians and their families. More research is needed to provide a better understanding of the relationship between psychopathology and cognition that will help inform clinical treatment for psychopathology in older ethnic minorities. (RH)
Apathy is defined as an important loss of motivation in all domains of daily functioning. There are indications that apathy in older people is associated with vascular disease. This association was assessed as part of the Leiden 85-Plus Study, a population-based study of 500 older Dutch people. Vascular disease was determined at baseline, and symptoms of apathy were assessed annually from ages 85 to 90 using the apathy questions of the 15-item Geriatric Depression Scale (GDS). Diagnostic accuracy of the apathy questions was estimated both at baseline and longitudinally. The apathy items of the GDS showed a sensitivity of 60% and a specificity of 85%. At baseline, 69 subjects with apathy but free from depression had significantly more cardiovascular pathologies compared to 287 without apathy. In the 287 who were free of apathy and depression, increase of apathy but not depression during the follow-up was significantly higher for each cardiovascular pathology at baseline. In community-dwelling older people, those with vascular disease were at higher risk of developing apathy but not depression. This suggests that apathy and depression in old age have different aetiologies. (RH)

Vascular factors and depression; by Emma Teper, John T O'Brien.
Possible mechanisms that may explain the bi-directional relationship between vascular disease and depression were examined in a literature review using Medline from 1996 to 2007 supplemented by key references to earlier work. Several mechanisms were considered, including autonomic dysfunction, platelet activation, hypothalamic pituitary axis activation, endothelial dysfunction, cytokines, omega 3 fatty acids, genetics, homocysteine and effects of treatment. The relationship between vascular disease and depression cannot solely be explained by current established risk factors of the effects of treatment for depression. Other mechanisms must apply, and there is some evidence for common genetic factors. Promising future lines of investigation include homocysteine, cytokines and endothelial dysfunction. More longitudinal studies combined with measurement of these biomarkers are needed. (RH)

Widowhood and the end of spousal care-giving: relief or wear and tear?; by Jennifer Reid Keene, Anastasia H Prokos.
The impact of spousal care-giving on survivors' depressive symptoms 6 months into widowhood is analysed, and the applicability of a "relief model" of spousal adjustment during bereavement is examined. The authors examined several aspects of the care-giving situation, including caregiver stress, caregiving demands, and type and duration of care, and how these affect survivors' depressive symptomatology. The sample is drawn from two waves of the US Changing Lives of Older Couples (CLOC) survey, which was conducted in the Detroit Metropolitan Area, Michigan (MI). The first wave of data was collected from couples, and the second from the surviving spouse 6 months after the partner's death. Multiple regression analysis was used to examined the effects of key variables on depressive symptoms 6 months into widowhood, controlling for various demographic characteristics and personal circumstances. The results demonstrate that the duration of caregiving is the most influential predictor of survivors' depressive symptoms 6 months after the death. Indeed, long-term caregivers experience greater relief than both non-caregivers and short-term caregivers, as the predicted probabilities indicate. The results lead us to emphasise that caregiving and spousal bereavement should be studied as related processes rather than distinct phenomena. Indeed, relief from a chronically stressful care situation may actually ameliorate the negative effect of spousal loss from survivors. (RH)

It is still largely unknown which actions people take to improve their mood when they feel they are getting depressed. The authors use the 5-factor model of personality to explore coping actions in a population of older people in residential care in relation to personality traits. 350 non-cognitively impaired inhabitants of residential homes in the Netherlands participated in this study (mean age 85). They indicated which of 22 actions to cope with depression they had used in the past 3 months, and which of these they had considered to be helpful in reducing depression. Other measures included the NEO-PFI, CES-D and MINI. Almost 60% of all subjects had used one or more actions to reduce depression in the previous 3 months, and almost 90% considered one or more actions to be helpful in reducing depression. Those scoring high on neuroticism had used more coping actions, including relaxing, eating chocolate, praying, seeking professional help, engaging in more pleasurable activities, and talking to friends and relatives. Those scoring high on openness considered many of the actions to be helpful. The authors conclude that actions taking to cope with depression and their helpfulness differ considerably for subjects with differing personality traits. (RH)

Adapting CBT using a compassionate mind approach with older people who experience dementia and depression; by Paul Green. PSIGE Newsletter, no 99, Spring 2007, pp 5-8.

Cognitive behavioural therapy (CBT) may be adapted in various ways to meet the needs of older people who are depressed. The author illustrates his formulation of CBT with a case study of a man aged 81 with depression following a diagnosis of dementia who attended his day clinic in Dewsbury, West Yorkshire. The compassionate mind approach used in conjunction with CBT aims to persuade the client to challenge the negative perceptions he has of himself and to make use of his abilities. Although largely anecdotal, this article outlines points covered in therapy sessions, also the setting up of the Gentlemen’s Club. Among themes that emerged from this informal group for men with memory problems were the acceptance of losses and of help, and being ‘normal’. (RH)


There has been no comprehensive investigation of psychological health in Australia's Korean War veteran population, and few researchers are investigating the health of Korean War veterans into old age. The association between war service, anxiety, post-traumatic stress disorder (PTSD) and depression was investigated in Australia's 7525 surviving male Korean War veterans and a community comparison group. A survey was conducted using a self-report questionnaire which included the PTSD Checklist, the Hospital Anxiety and Depression Scale (HADS) and the Clinical Exposure Scale. PTSD, anxiety and depression were more prevalent in veterans than in the comparison group. These disorders were strongly associated with heavy combat and low rank. Effective intervention is necessary to reduce the considerable psychological morbidity experienced by Korean War veterans. Attention to risk factors and early intervention will be necessary to prevent similar long-term psychological morbidity in veterans of more recent conflicts. (RH)


In this community-based cross-sectional study investigating lifestyle activity patterns, participants were 656 men and women aged 65+ in 2004 who lived in a rural town in Japan, neither in institutions nor in hospital and who did not have symptoms of dementia. The study found that less interaction with neighbours, society and friends was highly associated with depressed mood for men. Additionally, although they were physically active in gardening or farming, it did not necessarily mean that they were mentally healthy if they did not have close ties with friends, family and children or grandchildren. For women to be in less depressed mood, it seemed...
important to engage in several types of activities relating to society, leisure, and children or grandchildren. Even if they were socially inactive, if they had frequent contact with family and children or grandchildren or going out for pleasure, they were less likely to be depressed. Distinguishing gender differences in lifestyle activity patterns and the association of activities with depressed mood will help to guide the development of depression intervention programmes. (RH)

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From: http://www.tandfonline.com

Bipolar disorder and the elderly patient; by Charlotte O'Callaghan, Biswadeep Majumdar, Anna Richman.
Geriatric Medicine, vol 37, no 10, October 2007, pp 45-52.
Older patients with bipolar disorder can present some of the most difficult management challenges for old age psychiatrists. The National Institute for Health and Clinical Excellence (NICE) guidelines on bipolar disorder contain few references to the management of this condition in this population group. Doctors O'Callaghan, Majumdar and Richman discuss acute depression management and long-term prophylaxis. However, lower medication doses and drug levels are required than for younger bipolar patients. A key point made is that treatment of this disorder in older patients has a very limited evidence base and more research is needed, as suicide risk is high, as it is for all age groups, but lithium does reduce this risk. (KJ/RH)

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From: http://www.tandfonline.com

Care recipients' psychological well-being: the role of sense of control and caregiver type; by Edna Brown.
Mediation and moderation hypotheses were tested to examine the link between caregiver type, sense of control, and depressive symptoms in older adult care recipients. All 127 recipients (aged 60-98) in this study reported at least one instrumental activity of daily living (IDL) impairment and 75% reported at least one activity of daily living (ADL) limitation. Results indicate that care recipients' depressive symptoms varied by caregiver type and level of sense of control. Recipients with low sense of control and family caregivers reported higher depressive symptoms than those with a low sense of control and non-family caregivers. The findings suggest that although some care recipients have caregivers, they may yet experience poor psychological well-being. Implications for practitioners are that in addition to their medical and physical health needs, the psychological well-being of care recipients is also important to consider. (RH)

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From: http://www.tandfonline.com

Co-occurrence of chronic physical pain and psychiatric morbidity in a community sample of older people; by Sergio Luis Blay, Sergio Baxter Andreoli, Michael E Dewey (et al).
The association of psychiatric morbidity and painful physical conditions was examined in a random sample of 7040 household residents aged 60+ in Rio Grande do Sul state, Brazil. The overall prevalence of pain conditions was 76%. Age-sex specific prevalence of chronic pain conditions such as back pain, joint, abdominal, chest, headaches reported by respondents ranged from 11.6% up to 51.1%. In logistic regress models, chest pain, head pain, back pain, joint pain and abdominal pain emerged as predictors of psychiatric morbidity. The odds of psychiatric morbidity were also affected by income, ethnicity, origin (rural or urban), and marital status. The association of chronic painful condition and psychiatric morbidity in late life was statistically strong in this surveyed population. (RH)

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From: http://www.interscience.wiley.com

Comparison of depressive symptoms between homebound older adults and ambulatory older adults; by Namkee G Choi, Graham J McDougall.
Due to the social isolation imposed by chronic illness and functional limitations, housebound older people are more vulnerable to depression than their mobility-unimpaired peers. This study compared 81 low-income housebound older people aged 60+ with 130 ambulatory peers attending senior centers (day centres) in a large Texas city, with respect to their depressive symptoms, depression risk and protective factors, and self-reported coping strategies. Even controlling for sociodemographics, health problems and other life stressors, being homebound, as opposed to participating in day centres, was significantly associated with higher depressive symptoms. However, when the coping resources, social support and engagement in frequent physical exercise in particular were added to the regression model, the housebound state was no longer a significant factor, showing that the coping resources buffered the effect of the housebound state on depressive symptoms. In terms of self-
reported coping strategies even among depressed respondents, only a small proportion sought professional help, and that was largely limited to consulting their regular physician and social workers, who may not have had professional training in mental health interventions. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Dementia and depression among nursing homes residents in Lebanon: a pilot study; by L M Chahine, A Bijlsma, A P N Hospers (et al).
The proportion of older people in the Lebanese population is 7.1% and this is expected to increase to 10.2% in 2025. In this pilot study on the prevalence of dementia and depression among a portion of nursing homes residents (NHR) in Lebanon, 102 NHR from three nursing homes were included. Data on demographic and medical history were collected; and an Arabic version of the Mini Mental Status Examination (MMSE) and Geriatric Depression Scale (GDS) were administered. 61 (59.8%) had dementia of some kind. 17 (27.9%) had mild dementia, 14 (22%) had moderate dementia; and 30 (49.2%) had severe dementia. 45 (57%) of the NHR tested had depression as measured by a GDS score of more than 10. Dementia and depression were present in more than half of the sample, so that screening NHR for dementia and depression on admission and at regular intervals is a must. More studies targeting all aspects of the older population in Lebanon are needed. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Depression; by Ken O'Neill.
Geriatric Medicine, vol 37, no 5, supplement GM2, May 2007, pp 6-12.
Depression is common in older age groups, yet detection rates can be low in primary care. A range of screening tools now exist, which could help make detection more successful and assist in better management of the condition. The author reviews the methods available to general practitioners for managing depression in older people. (RH)
ISSN: 0268201X

Depression and apathy affect functioning in community active subjects with questionable dementia and mild Alzheimer's disease; by Linda C W Lam, Cindy W C Tam, Helen F K Chiu (et al).
195 Hong Kong Chinese subjects aged 60+ with questionable dementia (QD) and 96 with mild Alzheimer's disease (AD) were recruited for this study. Apathy and depression were rated using the Neuropsychiatric Inventory and functional disability was measured using the Disability Assessment for Dementia (DAD). Severity of apathy and depression symptoms were associated with poorer functional performance in QD and apathy was associated with poorer functional performance in AD. In QD, subjects with apathy, depression or coexistence of the two had poorer functional performance than those with neither apathy nor depression. The coexistence of apathy and depression did not produce more severe functional disability than apathy alone or depression alone. In AD, subjects with apathy and depression had poorer functional performance that those without apathy. Depression in the absence of apathy was not associated with more severe functional disability. Apathy and depression symptoms are common in the early course of AD. Apathy and depression had different effects on functional performance in those with QD than those with AD. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Depression and associated factors in residents of a health care institution for the elderly; by Yuka Watanabe, Fumiko Kaneko, Hideaki Hanaoka (et al).
This Japanese study evaluated the prevalence of depression in residents of a health care institution for older people. Subjects were 44 people aged 65+ who had resided in a health care institution for 3 months or more. The Cornell Scale for Depression in Dementia (CSD) was used to evaluate depression. Results showed that 50% of the residents exhibited mild to moderate depression; and that visual impairment, hypochondriac symptoms, grooming ability, and social cognition ability were significantly associated with it. These results suggest that rehabilitative interventions focusing on grooming and social cognition may prevent or mitigate the depression for these residents. (RH)
ISSN: 02703181

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Depression in older adults: exploring the relationship between goal setting and physical health; by Helen Street, Moira O'Connor, Hayley Robinson.
Depression in older adults is associated with a decreased quality of life, increased physical and emotional suffering, and an increased risk of death. It is often associated with declining physical health. Older people with physical illness have higher rates of depression, and studies have also noted the particularly high rate of comorbidity between depressive disorder and general medical conditions. However, other studies have shown those suffering from poor physical health do not necessarily become depressed and, in particular, the goal setting style of the individual affects the relationship between poor physical health and depression. This study argues that those who are conditional goal setters and suffer from poorer physical health will be more prone to depression as their perceived ability to achieve their goals is negatively affected. The 187 participants in Perth, Western Australia recruited completed the Center for Epidemiological Studies Depression Inventory (CES-D) and the physical health subscale of the SF-12 Health Survey. They were asked to rank their three most important goals and to give the main reason for setting each of their top three goals. Correlations revealed significant negative associations between physical health and depression, physical health and progress towards goals, and progress toward goal and depression. A partial correlation between physical health and depression scores controlling for progress demonstrated that the relationship between physical health and depression is mediated through perceived progress. (RH)
ISSN: 08856230
From: http://bjp.rcpsych.org

Depression in the oldest old in urban and rural municipalities; by E Bergdahl, P Allard, B Lundman (et al.).: Taylor & Francis, September 2007, pp 570-578.
In this cross-sectional study in five depopulated areas and one expanding city in northern Sweden, 363 participants aged 85+ were evaluated for depression. Data were collected from structured interviews and assessments and from relatives, caregivers and medical charts. Depression was screened using the Geriatric Depression Scale (GDS-15) and evaluated by the Montgomery-Asberg Depression Rating Scale (MADRS). 29% of the participants were depressed (34% in the rural areas, 27% in the city). 51% versus 69% were receiving treatment with antidepressants. In the rural areas, those with depression were less frequently treated with selective serotonin re-uptake inhibitor (SSRI) medications (36% vs 65%); instead there were participants treated with tricyclic antidepressants (TCAs) (10% vs 0%). A larger proportion of the participants in the urban sample had responded to treatment (59% vs 27%). Depression in old age appears to be a common cause of emotional suffering in the oldest old. In the rural areas, depression was more often inadequately treated and it was also treated with inappropriate medications. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Depressive symptoms in the very old living alone: prevalence, incidence and risk factors; by Kenneth Wilson, Patricia Mottram, Andrew Sixsmith.
Older people living alone are at high risk of suffering from depression. As part of the ENABLE-AGE project, the authors describe the prevalence, incidence and associated risk factors of clinically significant depressive symptoms with particular emphasis on the role of the home environment. They conducted a one-year follow-up of 376 subjects aged 80-90 in the Wirral regarding housing, social circumstances, physical health and...
Distinguishing worry from rumination in older people: a preliminary investigation; by C Rewston, C Clarke, E Moniz-Cook (et al.).: Taylor & Francis, September 2007, pp 604-611.

Anxiety and depression are common mental health problems in later life. Since worry and rumination are thought to underpin the respective primary cognitive processes in anxiety and depression, the authors developed a measure to distinguish worry from rumination in later life. The Ruminative Response Scale was adapted to include items that characterise the cognitive features of worry. The authors examined its properties using 92 clinical and non-clinical participants aged over 65. Factor analysis demonstrated a 3-factor structure: brooding, reflections, and worry. They found no evidence for concurrent validity of these factors using the Penn State Worry Questionnaire. Modest but significant associations between reflection and brooding (r=0.36), and reflection and worry (r=0.2), were found. Brooding and worry scales remained unrelated. The authors suggest that it is possible to distinguish worry from rumination in older people, and that differentiating between their key underlying characteristics in the assessment of mood problems may enhance the targeting and evaluation of cognitive behavioural therapy (CBT) for anxiety and depression in later life. Future research with a substantial clinical sample is needed to explore the underlying dimensions and correlates of worry in later life. (RH)

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From: http://www.tandfonline.com

Effects of community occupational therapy on quality of life, mood, and health status in dementia patients and their caregivers: a randomized controlled trial; by Maud J L Graff, Myrra J M Vernooij-Dassen, Marjolein Thijsen (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 9, September 2007, pp 1002-1009.

Cure of dementia is not possible, but quality of life for patients and caregivers can be improved. In this Dutch study, 135 pairs of community-dwelling patients aged 65+ with mild to moderate dementia and their informal caregivers were randomly assigned to 10 sessions of occupational therapy over 5 weeks or no intervention. Cognitive and behavioural interventions were used to train patients in the use of aids to compensate for cognitive decline, and caregivers in coping behaviours and supervision. The Dementia Quality of Life Instrument (DQOL), Cornell Scale for Depression (CSD), Center for Epidemiologic Studies Depression Scale (CES-D) and General Health Questionnaire (GHQ-12), and Mastery Scale (for caregivers' sense of control over life) were used. Overall improvement of DQOL in both patients and caregivers was significantly better in the intervention group as compared to controls. Scores on other outcome measures also improved significantly. This improvement was still significant at 12 weeks. Community occupational therapy should be advocated both for dementia patients and their caregivers, because it improves their mood, quality of life and health status, and caregivers' sense of control over life. (RH)

ISSN: 10795006
From: http://www.geron.org

Employment and occupation effects on depressive symptoms in older Americans: does working past age 65 protect against depression?; by Sharon L Christ, David J Lee, Lora E Fleming (et al).


The effects are examined of work status, occupational sector and occupation type on type of depression in older Americans. The authors analysed a nationally representative sample of 23247 respondents aged 65-88 from the US National Health Interview Survey (NHIS) combined for 1997 to 2000. They used structured equation models with latent variables to assess relationships between work or occupation and depressive symptoms. Older Americans who work had lower levels of depressive symptoms as compared to older non-workers. Membership in several worker groups or generally higher status occupations protected against depressive symptoms. After controlling for disability, the difference in level of depressive symptoms for workers versus non-workers did not persist. However, workers in specific occupational sectors and types reported different
levels of depressive symptoms, even when controlling for disability. The mental health benefits of working for people aged 65+ may be due to the healthy worker effect. However, the particular job sector in which older workers are employed matters. Socio-economic status and financial versus personal motivations for working are potentially important explanations for differences. (RH)

ISSN: 10795014
From: http://www.geron.org

Evaluating the stress-buffering function of meaning in life among older people; by Neal Krause.
The author uses data from a nationwide US longitudinal survey of 1093 older adults to see whether a strong sense of meaning in life helps them to cope more effectively with the effects of lifetime stressors. Questions were asked about traumatic events at any point in an individual's life and depressive symptoms. While the findings suggest that meaning tends to offset such deleterious impacts, these effects were observed only when the cross-sectional data were examined. In contrast, statistically significant stress-buffering effects were not present when the impact of trauma and meaning on change in depressive symptoms over time was evaluated. These findings provide a basis for devising interventions to help older people cope more effectively with the effects of traumatic events that have arisen in their lives. (RH)
ISSN: 08982643
From : http://www.sagepublications.com

88 of 203 older people with confirmed chronic heart failure (CHF) responded to a postal survey and participated in a face-to-face interview. The Geriatric Depression Scale 15-item (GDS-15) and the Hospital Anxiety Depression Scale (HADS) were compared to diagnoses from the Structured Clinical Interview for DSM-IV (SCID-I), using a receiver operating characteristic (ROC) analysis of positive and negative predictive values, sensitivity and specificity for cut-off points. The GDS-15 and HADS were both found to be valid scales for detecting depression in older CHF out-patients. However, use of the HADS requires reduced cut-points to ensure that patients with mood disorder are not missed in this population. (RH)
ISSN: 08856230
From : http://www.interscience.wiley.com

Examination of the relationship among hearing impairment, linguistic communication, mood and social engagement of residents in complex continuing care facilities; by Peter Brink, Michael Stones.
Earlier evidence has not been conclusive about whether hearing loss in older people is associated with mood (i.e. depressive symptoms and anhedonia) and social engagement (i.e. reduced psychosocial involvement and reduced activity levels). If hearing impairment results in poor mood and lower levels of social engagement, then remedying hearing impairment might result in higher quality of life. This study aimed to determine whether functional hearing impairment in continuing care residents is associated with mood and social engagement. It included all residents in Ontario admitted to complex continuing care facilities between April 2000 and March 2001. Through the Canadian Institute of Health Information, the authors gathered health information by using the Minimum Data Set 2.0 questionnaire (MDS 2.0). The results were consistent with the hypothesised direct effect of functional hearing impairment on mood. Path analyses showed that hearing impairment impairs linguistic communication and that impaired linguistic communication is related to lower levels of mood and social engagement. This study adds to the literature supporting an association between hearing impairment and mood. The study also suggests that questionnaires used to assess hearing such as the MDS 2.0 are suitable for early detection of hearing problems and may be used to refer residents to audiology services. (RH)
ISSN: 00169013
From : http://www.geron.org

Financial distress and depressive symptoms: how do older women and men differ?; by Yoon G Lee, Susan Brown.
Using data from the US Health and Retirement Study (HRS) for 2000, this study attempted to look at the role of financial distress in perpetuating depression problems in older women and men. The study also investigates factors associated with the level of depressive symptoms for older women and men aged 65+. As expected, all else being equal, older women reported significantly higher levels of depressive symptoms than did older men.
This study concludes that financial distress factors such as higher consumer debt and lower retirement wealth were the significant predictors of depressive symptoms for both older women and men. (RH)
ISSN: 15356523
From: http://baywood.com

Further evidence of attention bias for negative information in late life depression; by Niall M Broomfield, Rachel Davies, K MacMahon (et al).
Pilot research using the manual (card based) emotional Stroop paradigm shows depressed older people selectively attend negative words, whereas dementia patients do not. This study aimed to confirm this effect, using a more controlled, computerised, emotional Stroop paradigm and accounting for comorbid anxiety. 19 depressed (DEP) and 20 non-depressed control (CON) participants (all Greater Glasgow residents) completed a computerised Emotional Stroop task. This task involves colour, naming individually presented negative, positive and neutral words. Mean participant age was 72.25 years. All participants were free of significant cognitive impairment. Consistent with hypotheses, analysis of variance revealed general cognitive slowing amongst DEP, and a specific interference effect for negative words in this group, suggesting attention bias. Previous pilot data are confirmed. The emotional Stroop paradigm may have clinical potential for distinguishing geriatric depression and dementia, although as yet this is far from clear. Detailed development work including a comparison with depressed and non-depressed Alzheimer's patients will be necessary to demonstrate diagnostic validity. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Humour therapy in patients with late-life depression or Alzheimer's disease: a pilot study; by Marc Walter, Beat Hanni, Myriam Haug (et al).
The impact of humour therapy on quality of life (QoL) in patients with depression or Alzheimer's disease (AD) was evaluated with 20 patients with late-life depression and 20 patients with AD. 10 patients in each group underwent a humour therapy group (HT) once in 2 weeks for 60 minutes in addition to standard pharmacotherapy, which was given as usual to the other group as standard therapy (ST). All patients completed a psychometric test battery at admission and before discharge from the clinic. The quality of life scores improved in both HT and ST groups for depressive patients, but not for those with AD irrespective of the therapy group. Depressive patients receiving HT showed the highest quality of life after treatment. In addition, those with depression in both therapy groups showed improvements in mood, depression score and instrumental activities of daily living (IADLs). Although the effects of HT were not significant, depressed patients have profited from it. The results also suggest that HT can provide an additional therapeutic tool. Further studies with humour groups that meet more frequently are required to investigate the impact of HT to gerontopsychiatric treatment. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

The importance of family relationships with nursing facility staff for family caregiver burden and depression; by Cory K Chen, Myra Sabir, Sheryl Zimmerman (et al).
Burden as a mediator in the relationship between family caregiver depression and the quality of staff-family relationships was tested. The authors used structural equation modelling with data from the Partners in Caregiving study, for a representative sample of 932 family members from 20 nursing homes in Central New York, to examine the association between staff-family relationships and family caregiver depression. Staff-family relationship quality - specifically, perceived conflict with staff - is significantly associated with family caregiver depression. Further, caregiver burden mediates this relationship. Interventions to improve staff-family relationships may have an effect on family caregiver depression by reducing the stress that family caregivers experience. (RH)
ISSN: 10795014
From: http://www.geron.org
In sure and uncertain faith: belief and coping with loss of spouse in later life; by Peter G Coleman, Fionnuala McKiernan, Marie Mills (et al).
This paper reports a study of the religious, spiritual and philosophical responses to spouse bereavement. 25 bereaved spouses aged 60+ living in the south of England and from Christian backgrounds were followed from the first to the second anniversary of the loss. The participants expressed a range of attitudes, from devout religious belief to well-articulated secular conceptions of the meaning of life, but the largest group had moderate spiritual beliefs that were characterised by doubts as much as hopes. Uncertain faith was more often associated with depressive symptoms and low levels of experienced meaning. Nine case studies are presented that illustrate different levels of adjustment to bereavement and both changing and stable expressions of faith across the one year of observation. Attention is drawn to the importance of both secular agencies and religious organisations developing a better understanding of older people's spiritual responses to loss. Although to many British older people, practise of the Christian faith may be less evident now than in their childhood, quality of life assessment should not ignore sources of spiritual satisfaction and dissatisfaction. Moreover, previous and especially early-life religious experiences provide useful points of reference for understanding present religious and spiritual attitudes. The study suggests that there may be a substantial need for pastoral counselling among today's older people, especially those of uncertain or conflicted belief. (KJ/RH)
ISSN: 0144686X
From: http://www.journals.cambridge.org/jid_ASO

The joint effects of life stress and negative social exchanges on emotional distress; by Kristin J August, Karen S Rook, Jason T Newsom.
Negative social exchanges detract considerably from older people's emotional health, but little is known of the specific factors that make some more vulnerable than others to such exchanges. This study examined whether stressful life experiences compound the impact of negative social exchanges on emotional distress. As part of the Later Life Study of Social Exchanges, in-person interviews were conducted with a representative sample of 916 non-institutionalised older people. Linear and non-linear models were examined for three classes of stressful life experiences: relationship losses, disruptive events, and functional impairment. There was a linear pattern for loss events and functional impairment, and a non-linear pattern for disruptive events. Negative social exchanges and stressful life experiences can jointly affect emotional distress, but the particular nature of the joint effects varies by type and level of stress. Negative social exchanges appear to have more severe effects in the context of some stressors, but less severe in other contexts. (RH)
ISSN: 10795014
From: http://www.geron.org

Lifting the depression: [an examination of a review of studies on suicide and older people]; by Jill Manthorpe.
Community Care, no 1672, 10 May 2007, pp 42-43.
"Older people and suicide" by Derek Beeston of the Centre for Ageing and Mental Health, Staffordshire University (CSIP, 2006) brings together findings from UK and international studies. Jill Manthorpe critically examines this research/literature review, and draws out the implications for nurses and general practitioners (GPs). She suggests that the evidence presented - such as on behavioural and verbal clues - may also inform social work practice, social care commissioning and integrated services. (RH)
ISSN: 03075508
From: http://www.communitycare.co.uk

The lived experience of depression in elderly African American women; by Helen K Black, Tracela White, Susan M Hannum.
Data on depression emerged from research that qualitatively explored experiences of depression, sadness and suffering in 120 community-dwelling people aged 80+, stratified by gender, ethnicity and self-reported health. The narratives of 20 African American women were placed into three themes, in which depression was: linked diminishment of personal strength; related to sadness and suffering; and preventable and resolvable through personal responsibility. Brief accounts illustrate how themes emerged in women's discussion of depression. African American women created a language for depression that was rooted in their personal and cultural history and presented in vivid vignette through their life stories. Their belief systems and the language they used to describe depression are integral aspects of the lived experience of depression. (RH)
Long-term payoffs of work?: women's past involvement in paid work and mental health in widowhood; by Manacy Pai, Anne E Barrett. Research on Aging, vol 29, no 5, September 2007, pp 436-456. It is argued in this article that involvement in paid work and the workforce increases women's economic, social and psychological resources, and that these compound over the life course to ease their adjustment to widowhood. Using a sample of 207 widows interviewed in Miami-Dade County, Florida in 2001-2002, findings from ordinary least squares (OLS) regression model support the hypothesis that widows with work histories report fewer depressive symptoms than their peers without employment experience. Further analyses reveal that social and psychological resources mediate this association, suggesting that employment enhances social support and self-perceptions, which reduce the negative health effects of widowhood. This study illustrates the importance of incorporating work histories into examinations of widowhood, particularly as cohorts of women with considerable life course investment in paid work enter their later years. (RH)

Low income older adults' acceptance of depression treatments: examination of within-group differences; by Namkee G Choi, Nancy Morrow-Howell. Aging & Mental Health, vol 11, no 4, July 2007, pp 423-433. Using the 11-item Treatment Evaluation Inventory (TEI), a community sample of 79 housebound and 127 ambulatory older adults rated their acceptance of four depression treatments for two hypothetical cases with mild-to-moderate or severe levels of depressive symptoms. The four treatments were clinic-based cognitive therapy (CT), in-home cognitive bibliotherapy (CB), antidepressant medication (AM) and regimented physical exercise (PE). Older people had significantly less favourable attitudes toward AM than CT as a treatment for mild-to-moderate symptoms, and they were less accepting of CB than CT for severe symptoms. Concerns about becoming dependent on medication and about its side effects as well as the understanding of loneliness and isolation as causes of depression appear to have affected their scores. African American and Hispanic older adults showed attitudes that were as favourable as those of their non-Hispanic white peers toward all four types of depression treatments. Housebound older adults had less favourable attitudes towards CB than did their ambulatory peers. (RH)

Major depression among medically ill elders contributes to sustained poor mental health in their informal caregivers; by Jane McCusker, Eric Latimer, Martin Cole (et al). Age and Ageing, vol 36, no 4, July 2007, pp 400-406. A diagnosis of major depression in older medical inpatients is independently associated with poor mental health in their informal carers 6 months later. This was the conclusion reached with a sample of 97 cognitively intact medical in-patients aged 65+ and their informal caregivers at acute care hospitals in Montreal. Those with a diagnosis of major or minor depression were oversampled. Patient data included depression, physical health and cognitive impairment. Caregiver data included relationship to patient, co-residence, and the physical and mental health status sub-scales of the SF-36. Multivariate linear regression analyses were conducted to determine the relationship between patient depression and caregiver 6-month SF-36 physical and mental scores, adjusting for baseline values, patient comorbidity, disability and other patient and caregiver variables. Female caregivers were at greatest risk for poor mental health; so caregiver mental health should be considered when a depressed older person is admitted to hospital. (RH)

Mapping and measuring outcomes in dementia; [and] Disclosing diagnosis in dementia: [special sections]; by Martin W Orrell, Dan G Blazer (eds). Aging & Mental Health, vol 11, no 3, May 2007, pp 237-357 (whole issue). Two examples of the application of dementia care mapping (DCM) - in Australia and Finland - are described. The psychometric properties of two scales - the Dementia Behaviour Disturbance Scale, and the Ambiance Scale (AS) - are evaluated. The variability in disclosure of a diagnosis of dementia is explored from the perspective of physicians giving the diagnosis: there is seemingly no consistent method. Next, the emotional impact of dementia diagnosis on people with dementia and their caregivers is examined. Three articles consider depression and depressive symptoms of caregivers and those with psychotic disorders, while another three cover...
therapies: reminiscence and its effects on psychological well-being; group music therapy and its effects on agitation; and mindfulness-based cognitive therapy for recurring depression. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

The mediating role of health perceptions in the relation between physical and mental health: a study of older residents in assisted living facilities; by Yuri Jang, Elizabeth Bergman, Lawrence Schonfeld (et al).
Responding to the increased need for research on older residents in assisted living facilities (ALFs), this study assessed the connections between physical and mental health for 150 residents in ALF settings in Hillsborough County, Florida. The study's major focus was to explore whether individuals' subjective perceptions of their own health mediate the associations between health-related variables (chronic conditions and functional disability) and depressive symptoms. The analyses showed that the adverse effects of chronic conditions and functional disability on depressive symptoms were not only direct but also indirect through negative health perceptions. The findings that health perceptions serve as an intervening step between physical and mental health provide important implications for promotion of mental well-being in older residents of ALFs. In addition to disease or disability prevention and health promotion efforts, attention should be paid to ways to enhance older people's positive beliefs and attitudes toward their own health and to promote healthful behaviours. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

Mental disorders and asthma in the elderly: a population-based study; by Tze-Pin Ng, Peak-Chiang Chiam, Ee-Heok Kua.
Clinical studies have mostly linked anxiety disorders with asthma in young patients, but the data are inconsistent for depression. Few population-based studies have investigated the comorbid diagnoses of mental disorders with asthma in older people. In a cross-sectional study of 1092 people aged 60+ in Singapore, the diagnoses of recent depression and anxiety were made using the Geriatric Mental State (GMS) Schedule. The presence of asthma was ascertained by self-report. Asthma was associated with a higher prevalence of depressive disorders, when compared with non-asthmatic controls; and when comparing against controls with other chronic illnesses after adjusting for psychosocial factors, physical comorbidity and use of depression-causing drugs. The authors observed that asthma in older people was more evidently associated comorbidly with depression, rather than anxiety disorder. However, possible associations with anxiety and dementia are not excluded and should be further investigated. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Mindfulness-based cognitive therapy for recurring depression in older people: a qualitative study; by A Smith, L Graham, S Senthinathan.
Mindfulness-based cognitive therapy (MBCT) is a mediation-based intervention designed to reduce recurrence in people with histories of relapsing unipolar major depression. MBCT is an eight-session course delivered to groups of participants who are currently not (or only mildly) depressed. The authors sought to determine whether MBCT is suitable for older people, and what modifications they may require. They recruited 38 white British participants aged 65+, of whom 30 completed an MBCT course. Their responses at assessment, post-course and 1-year follow-up interviews, plus comments at 3-monthly "reunion" meetings, provided data for thematic analysis. Main themes emerging for participants as a group were considered, as are individuals' understandings and uses of MBCT, and how these developed during and following the course. MBCT was found to be promising as a cost-effective addition to clinicians' repertoire for dealing with depression in old age, and identified issues for further research. Participants' comments indicated that they considered MBCT a helpful intervention for older sufferers from recurring depression. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Among the diverse group of interventions developed to help dementia family caregivers, cognitive-behavioural approaches show especially promising results. This study describes a cognitive-behavioural group intervention
aimed principally at the modification of dysfunctional thoughts associated with caregiving (MDTC). The efficacy of the MDTC intervention in reducing caregivers' depressive symptomatology, together with the frequency and appraisal of problem behaviours, is compared to that of a waiting list control group (WL). Furthermore, the potential mediating role of the dysfunctional thoughts in the relationship between this intervention and caregivers' depressive symptomatology is analysed. Of the 74 dementia caregivers who were randomised to one of two conditions (MDTC or WL), 39 completed the post-intervention assessment. Statistical analyses were performed on an intention-to-treat basis, using last observation carried forward. Results reveal that the MDTC intervention is successful in reducing caregivers' level of depressive symptomatology and dysfunctional thoughts about caregiving, as well as modifying their appraisal of their relative's problem behaviours. Furthermore, a mediating role for dysfunctional thoughts was found in the relationship between the MDTC intervention and level of depressive symptomatology. The relevance of addressing dysfunctional thoughts and cognitive distortions in group interventions with caregivers is highlighted. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Perceived control and coping in women faced with activity restriction due to osteoarthritis: relations to anxious and depressive symptoms; by Vicky Rivard, Philippe Cappeliez.

The study focuses on perceived control and coping strategies regarding activity restriction due to osteoarthritis in a sample of older women. Using a cross-sectional design, it examines how these variables, separately and in combination, predict anxious symptoms and depressive symptoms. Perceived control did not predict anxious symptoms, while approach-type coping strategies did. Perceived control and approach-type coping strategies individually predicted depressive symptoms. Higher perceived control in interaction with avoidant-type coping strategies significantly predicted lower depressive symptoms. Overall, the findings suggest that perceived control and coping strategies with regard to activity restriction relate in different ways to anxious symptoms and to depressive symptoms. (KJ/RH)

ISSN: 07149808
From: http://www.utpjournals.com

Perception of unmet basic needs as a predictor of depressive symptoms among community-dwelling older adults; by Dan G Blazer, Natalie Sachs-Ericsson, Celia F Hybels.

Repeated measures analysis was used to determine, during three intervals of a 10-year longitudinal study, the Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE) of 4162 people aged 65+ at baseline, whether perceived inadequate basic needs at the beginning of each interval predicted more depressive symptoms at the end of the interval. Time invariant covariates known to be associated with depressive symptoms - age, sex, race, and education - were included. Time-varying covariates - income, cognitive status, functional status, depressive symptoms, and interval - were included at the beginning of the three intervals. In the repeated measures controlled analyses, the perception of inadequate basic needs was a highly significant predictor of future depressive symptoms. Race, education, baseline depression, baseline function, interval, and income were also significant predictors of depression. The interaction between interval and depression was not significant. The perception that one's basic needs are not being met predicted future depressive symptoms in a highly controlled analysis. These results suggest that perception of inadequate basic needs, even when income and other known covariates of depression are controlled, is a strong predictor of future depressive symptoms. (RH)

ISSN: 10795006
From: http://www.geron.org

Physician attitudes toward treatment of depression in older medical inpatients; by Harold G Koenig.

Many older depressed patients in medical settings are not treated or referred for their depression. Physicians caring for a consecutive series of 1000 depressed older medical inpatients were asked about their general attitudes and behaviours related to the treatment of depression during treatment and after discharge. Of 422 physicians responding to questionnaires, less than half (48%) usually started more than two patients a month on antidepressants. Even fewer (14%) referred more than two patients a month for counselling. 37% usually referred none at all; only 11% referred more than two patients a month to a psychiatrist; and nearly 40% usually referred none. Antidepressants, counselling, and psychiatric referral were seldom thought very effective. Physicians out of their training and those in primary care specialties (especially family practice) were more likely to treat patients. Common reasons for not treating these patients were perceived resistance to treatment
(62.3%), lack of time (61.1%), uncertainty of depression diagnosis (56.2%), belief that patients could not afford treatment (50.5%), and concern about medication and disease interactions (58.8%). One-third (33.5%) emphasised that they were unsure about treatment effectiveness and one-third (34.4%) that they were poorly prepared to treat depression in older patients. Non-white physicians were more likely to refer to psychiatrists. To conclude, physician experience and specialism may affect the decision to treat, while physician ethnicity may affect the decision to seek consultation. (RH)

ISSN: 13607863 
From: http://www.tandfonline.com

Physician don't heal thyself: a descriptive study of impaired older doctors; by C Peisah, K Wilhelm.
International Psychogeriatrics, vol 19, no 5, October 2007, pp 974-984.
The growing and welcome interest on issues leading to distress and impairment in younger doctors has not been mirrored by a focus on similar issues in older doctors, which is surprising given the ageing medical workforce. To improve understanding of impairment in older doctors, case records of 41 notifications to the Impaired Registrants Program of the New South Wales Medical Board, Australia of doctors aged 60+ were examined. Impaired older doctors suffered cognitive impairment (54%), substance abuse (29%) and depression (22%), and 17% had two comorbid psychiatric conditions. 12% had frank dementia. Tow work patterns - the “workhorse” and the “dabbler” - were observed, as was a culture of postponed retirement due to a sense of obligation and working “until you drop”. Impaired older doctors were found to have higher chronic illness burden, compared with community norms. Almost half were the subject of patient complaints or of poor performance within 10 years of presentation. Older doctors are prone to suffer “the four Ds”: dementia, drugs, drink and depression. The authors conclude that there is a need to encourage mature doctors to adapt to age-related changes and illness, and to validate their right to timely and appropriate retirement. (RH)

ISSN: 10416102
From: http://journals.cambridge.org/jid_IPG

Predictors of burden and depression among nursing home family caregivers; by S Deborah Majerovitz.
Using Perlin’s stress process model as a theoretical framework, structured interviews were conducted with 103 family caregivers to nursing home residents in New York City. Multiple regression analysis was used to determine the relationship of contextual variables (caregiver age, income, health), caregiving stressors (resident’s memory and behaviour problems, caregiving tasks, satisfaction with nursing home), and social support with caregiver burden and depression. All three domains of predictor variables were significantly related to caregiver burden. Only contextual factors and social support predicted depression. Depression levels were elevated in this sample, with the mean falling above the cutoff for clinical depression. Family members of nursing home residents are at risk for caregiver burden and depression; and each outcome has unique predictors for this population. Understanding factors associated with greater burden and depression can guide nursing home staff and mental health professionals in working with family members. Older family members, those in poor physical health or with low incomes are at highest risk, particularly for depression, while families of more impaired residents are at higher risk for burden. Social support is an important factor in alleviating burden and promoting positive mental health. (RH)

ISSN: 13607863 
From: http://www.tandfonline.com 

Predictors of psychological adjustment after bereavement; by Simone Onrust, Pim Cuijpers, Filip Smit (et al).
The impact of spousal bereavement on mental health varies among the widowed. This study is part of a longitudinal study on the effects of a visiting service for older widowed individuals who had lost their spouse between 6 and 9 months earlier in 18 municipalities in the Netherlands. Initial non-response was high, with only 8% of all approached participating in the study. The influences of demographic and psychosocial predictors on four general outcome measures (depression, anxiety, somatisation, and quality of life) and one loss-related outcome (complicated grief) was studied by means of backward linear regression analysis. Further analyses were conducted to explore the possibility of a buffer effect. Depressive symptomatology was best predicted by age, duration of widowhood, perceived non-supportiveness, physical disorders, and anxiety. The other outcome measures were predicted by the same predictors supplemented by gender and education. Mastery interacted with the number of physical disorders, while perceived social support interacted with duration of widowhood and age. Enhancement of mastery should probably be one of the components of effective support for widowed individuals most vulnerable to psychiatric complications. The widowed could furthermore benefit from social support. Obviously, these suggestions need to be further examined in longitudinal research with more representative samples. (RH)
Prevalence and symptomatology of depression in older people living in institutions in England and Wales; by F A McDougall, F E Matthews, K Kvaal (et al).


Epidemiological studies have shown that depression is common in institutional settings, but the symptomatology of this group has not been compared to those living in the community. This study was conducted as part of the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), a longitudinal study of health and well-being of 13,009 participants aged 65+ in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool. Following screening, a stratified random sub-sample of 2640 participants received the Geriatric Mental State (GMS) examination, of whom 340 resided in institutions. Diagnoses of depression were made using the Automated Geriatric Examination for Computer-assisted Taxonomy system (AGECAT). The prevalence of depression in those living in institutions was 27.1%, compared to 9.3% in those living at home. Symptoms relating to depressed mood, severity of illness (e.g. wishing to be dead, future looking bleak) and some non-specific symptoms were more common in those living in residential homes. Depression was significantly associated with younger age and high functional disability in those living in institutions. These findings are consistent with previous estimates. Finding interventions for these symptoms might improve quality of life, irrespective of formal diagnosis. (RH)

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From : http://www.ageing.oupjournals.org


The EURO-D, a 12-item self-report questionnaire for depression was developed with the aim of facilitating cross-cultural research into late-life depression in Europe. As part of the Survey of Health, Ageing and Retirement in Europe (SHARE), the EURO-D was administered to cross-sectional nationally representative samples of non-institutionalised people aged 50+ (n=22777). The effects of age, gender, education and cognitive functioning on individual symptoms and EURO-D factor scores were estimated. The prevalence of all symptoms for depression was higher in the Latin ethno-lingual group of countries, especially symptoms related to motivation. Women scored higher on affective suffering; older people and those with impaired verbal fluency scored higher on motivation. The prevalence of individual EURO-D symptoms and of probable depression varied consistently between countries. Standardisation for effects of age, gender, education and cognitive functioning suggested that these compositional factors did not account for the observed variation. (RH)

ISSN: 00071250
From : http://bjp.rcpsych.org

Psychosocial interventions for mental illness in late-life; by P A Areán, G S Alexopoulos (eds).


In this special topic issue of the International Journal of Geriatric Psychiatry, papers have been selected that reflect the benefits of psychotherapy in treating depression, cognitive impairment, anxiety and strain in older people. The eight research articles focus on specific techniques in psychotherapy, including cognitive behavioural therapy (CBT), interpersonal therapies, dialectical behaviour therapy (DBT), and the role of religious participation. (RH)

ISSN: 08856230
From : http://wwwinterscience.wiley.com

Rates and previous disease history in old age suicide; by Hannu J Koponen, Kalsa Viilo, Helinä Hakko (et al).


Suicide rates in people aged 65+ have been reported to be higher than those of younger age groups. More precise ways to identify potential risk factors for older suicides are needed, since absolute numbers are expected to rise. On the basis of forensic examinations, rates and method of suicide for a 15 year period (1988-2003) for older Finns of northern Finland (n=194) were compared to those of adults aged 18-64 (n=1642). Data from victims' earlier illnesses were scrutinised for records of multiple physical disorders. The mean annual rate per 100000 population was significantly lower for older Finns (22.3) than those aged 29-64 (38.4). A decrease in suicide rates over time occurred in both groups. Suicide methods among older Finns were more often violent, and seldom under the influence of alcohol. They also had a high prevalence of previous depressive episodes and physical illnesses treated in hospital. A lifetime history of hospital-treated depression was more common among older victims who had received hospital treatment for genito-urinary diseases, injuries or poisonings after their
50th birthday. In this sample, older people showed lower suicide rates which decreased during the study period, suggesting that active preventive measures against suicide is also feasible in older people. (RH)

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From: http://www.interscience.wiley.com

This Canadian study examines the differences between older patients with major depression who significantly improved or remitted and those who did not, in terms of baseline depression severity, social network and social support. 66 participants aged 60 or over were evaluated at a 2-month follow-up on depression symptomatology, diagnosis, and social network and support. Patients were less likely to improve if, at the onset of the study, depressive symptoms, in particular somatic ones, were more severe and if they viewed their social support as inadequate. This research underlines the importance of depression severity and emotional and instrumental social support for depression outcome with depressed older adults. (KJ/RH)

ISSN: 07317115
From: http://www.tandfonline.com

Reducing depression among older people receiving care: an evidence-based approach for reducing depression and promoting well-being; by K J Lyne, S Moxon, I Sinclair (et al), Mental Health in Residential Homes Project, North Yorkshire and York Primary Care Trust; City of York Council; University of York. York: Psychology Services, North Yorkshire and York Primary Care Trust, 2007, 4 pp.
Typically, 40% of older people living in care homes are depressed. This is a summary of an intervention project exploring whether depression could be reduced among older people living in care homes, through guiding their regular care staff to assist with life improvements which particularly mattered to an individual. 14 registered homes for older people in North Yorkshire took part; just over half of the care workers at these homes volunteered to participate; and 87 depressed residents were assigned to a care worker. The intervention comprised 12 hours of training for care home staff, followed by 2-3 months when they worked individually with depressed residents to achieve modest life improvements sought by the resident. A control group of depressed fellow residents did not receive this extra help. The content of the training course for care staff and examples of the intervention goals are outlined. The research concludes that this approach offers an evidence-based route towards major goals of the National Service Framework for Older People (NSF). Further information about the research and related resources are available (at www.well-beingandchoice.org.uk/ReducingDepression.htm); and in the authors' paper, "Analysis of a care planning intervention for reducing depression in older people in residential care" (Aging & Mental Health, vol 10, no 2, (July 2006). (RH)
Price: FOC
From: Mental Health in Residential Homes Project, c/o Dr Jake Lyne,Psychology Services, North Yorkshire and York Primary Care Trust, The Old Chapel, Bootham Park Hospital, York YO30 7BY.

The relationship between generalized anxiety disorder, depression and mortality in old age; by Tjalling J Holwerda, Robert A Schoevers, Jack Dekker (et al).
As part of the Amsterdam Study of the Elderly (AMSTEL), generalized anxiety disorder, mixed anxiety-depression and depression were assessed in 4051 older people, with a 10-year follow-up of community death registers. The mortality risk of generalized anxiety disorder, depression and mixed anxiety-depression was calculated after adjustment for demographic variables, physical illness, functional disabilities and social vulnerability. In generalized anxiety disorder and mixed anxiety-depression no significant excess mortality was found. In depression, though, after adjustment for the different variables, a significant excess mortality was found in men, but not in women.Generalized anxiety disorder may even predict less mortality in depressive older people, but the relation between generalized anxiety disorder and its possible protective effect on mortality has to be further explored. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Experiential avoidance (EA) has been found in previous studies to be strongly associated with a number of psychological disorders in younger adults but has received minimal attention in older populations. 208 individuals from New Zealand aged 70-92 participated in this study. The Geriatric Anxiety Inventory, the Geriatric Depression Scale (GDS) and the Acceptance and Action Questionnaire were used to measure anxiety, depression and EA respectively. It was hypothesised that self-reported health (SRH) and EA would be associated with depression and anxiety at the zero order level. It was also hypothesised that EA would be a unique predictor of depression and anxiety and would moderate the relationship between SRH and both depression and anxiety. Multiple regression analyses indicated that EA explained 8% of the unique variance in depression, 20% in anxiety, and moderated the relationships between SRH and both depression and anxiety. This study also found that the relationships involving EA were more pronounced with anxiety as compared with depression in this sample of older people. The theoretical and practical applications of these findings are discussed. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Relative body weight and psychological distress in late life: observations of gender and race comparisons; by Scott Schieman, Taralyn McMullen, Meagan Swan.
In 2001-2002, interviews were conducted with 1152 people aged 65+ in the District of Columbia (DC) and adjoining counties of Maryland (MD). Relative body weight (measured with body mass index, BMI) is associated positively with depression, anger and physical symptoms in White women; positively with physical symptoms among Black women and men; and negatively with anxiety among White men. Tests for gender by race interactions find significant contrasts between White women and men when depression, anxiety and physical symptoms are considered as outcomes. Contrasts between White and Black women are significant for anger. Results underscore the importance of gender by race interactions, multiple forms of distress in analyses of effects of BMI, and the role of negative self-evaluations and health difficulties as explanations. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

The role of religious identity in the mental health of older working and retired adults; by C L M Keyes, D C Reitzes. Taylor & Francis, July 2007, pp 434-443.
Does religious identity explain unique variance of the self-esteem and depressive symptoms of older working and retired people? Data were collected from a larger, 5-year project begun in 1992 that compared the well-being of older workers with that of new retirees living in the Raleigh-Durham-Chapel Hill, North Carolina metropolitan area. Data are from the third and final wave, collected March-June 1997, during which 242 of the eligible 255 people participated. Net of religious attendance, religiosity and various control variables, religious identity predicted both mental health outcomes. As predicted, self-esteem increased and depressive symptoms decreased as religious identity increased (i.e. viewing oneself as more competent, confident and sociable as a religious person). Though there was a trend toward religious identity being more strongly predictive of mental health among retirees than among the working adults, these interactions did not reach statistical significance. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Self-expression and depressive symptoms in late life; by Neal Krause.
The purpose of this study was to develop and test a latent-variable model to assess the relationship between self-expression and depressive symptoms in late life. Data from a US nationwide survey of 1013 older people provided empirical support for four theoretical linkages embedded in this conceptual framework. First, higher levels of educational attainment are associated with greater self-expression. Second, older people who find avenues for self-expression are more likely to develop senses of meaning in life. Third, older people who find senses of meaning in life are more likely to feel grateful. Lastly, older people who feel grateful are less likely to experience symptoms of depression. (RH)
ISSN: 01640275

Data from the SABE study (Salud, Bienestar y Envejecimiento) - the Health, Wellbeing and Aging project in seven large cities in Latin America and the Caribbean - were used for analyses of the associations between depressive symptomatology and socioeconomic conditions and health indicators in childhood, adulthood and old age. The Geriatric Depression Scale (GDS) was used to classify respondents with high levels of depressive symptoms. The prevalence of depression in the urban population of Latin America was relatively low, ranging from 0.4% to 5.2% for men and from 0.3% to 9.5% in women. Women were more exposed to social and material disadvantage during their life course than men, but were not more vulnerable to them than men. Current socioeconomic conditions and health status as well as functional disabilities mainly accounted for gender differences in the prevalence of depression. Additionally, poor health and hunger during childhood, as well as illiteracy or lack of education were associated with depression in both men and women. Cumulative life course exposure to social and material disadvantage and current material, social and health conditions explain the higher frequency of depression in women. (RH)

ISSN: 10795014
From: http://www.geron.org


Data were collected on 76 older people who presented to a specialist self-harm team. Data collected included: diagnosis, suicide intent, motives for self-harm, social contacts, and life events and difficulties. Most of these older people who harmed themselves had high suicide intent and 69% were depressed. Patients were frequently living alone with an isolated lifestyle and poor physical health. Depressed self-harm subjects had higher suicide mean scores than non-depressed; and to gain relief from an unbearable state of mind was a frequently recorded motive for these patients. Other motives for self-harm appear to be similar between depressed and non-depressed self-harmers. It is important that older people who self-harm receive an appropriate assessment of both risk and need by an experienced mental health professional skilled at recognising depression in later life. The need for adequate recognition and management of depression in older people in primary care is also highlighted. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Survival in the community of the very old depressed, discharged from medical inpatient care; by Kenneth Wilson, Patricia Mottram, Maryyum Hussain.


A high prevalence of depression is found in older people recently discharged home from acute medical care. The authors report a cross-sectional study of patients aged 75+ discharged from the Countess of Chester Hospital and Wirral Hospitals Trust serving Wirral and West Cheshire. 311 patients were entered into the prevalence study. 158 patients (54 depressed and 104 symptomatic) were entered into the prospective case controlled study and followed up for up to 2 years. Depression was defined by GMS/AGECAT criteria. demographic details, handicap, pain, forced expiratory volume and social network were measured as dependent variables in the prevalence study and included in the analysis of risk factors potentially associated with duration of survival in the community. A depression prevalence rate of 17.4% was found. Age, forced expiratory volume and handicap were associated with depression, but depression was the only baseline variable associated with reduced survival in the community as defined by mortality and re-admission. (RH)

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From: http://www.interscience.wiley.com

Treatment of depression in older people in care homes; by Stephen Curran, Salman Shafiq.


The treatment of older people with mental illnesses invariably needs an integrated approach, with the pharmacological, social and psychological aspects working together, but this review primarily focuses on pharmacological treatments. In general the pharmacological evidence base is much better for younger patients: many clinical trials exclude older people, making it difficult to extrapolate the findings to older people with mental illness. Older people may be excluded because it is harder to control for confounding variables such as concurrent diseases and the medications need to treat them. This must always be borne in mind when
interpreting data from studies involving younger people. There is a need for more research into the use of psychotropic drugs in this vulnerable group of older people. (RH)

ISSN: 17501679
From: http://www.henrystewart.com

Unhappy old age: [depression in older age]; by Stuart Shepherd.
Dementia is not the only mental health problem for over 65s. Despite the UK Inquiry into Mental Health and Well-being in Later Life reports documenting problems of older people with depression, their needs are largely neglected. Members of PSIGE, the old age faculty of the British Psychological Society are concerned that specialist psychological therapies for older people could be lost, though there are some notable examples of work with older people with depression: the Let's Respect campaign at St Helen's and Knowsley Trust; and an integrated mental health team in Doncaster. (RH)

ISSN: 09522271
From: http://www.hsj.co.uk

Urban neighborhoods and depressive symptoms among older adults; by Carol S Aneshensel, Richard G Wight, Dana Miller-Martinez (et al).
Data from the Study of Assets and Health Dynamics among the Oldest Old (AHEAD), a 1993 US national probability sample of non-institutionalised people born in 1923 or earlier (i.e. people aged 70+) and neighbourhood data from the 1990 Census were used to determine whether depressive symptoms in older people vary across urban neighbourhoods. The average number of depressive symptoms varies across Census tracts independent of individual-level characteristics. Symptoms are not significantly associated with neighbourhood, socio-economic status (SES), ethnic composition or age structure when individual-level characteristics are controlled statistically. However, net of individual-level characteristics, symptoms are positively associated with neighbourhood residential stability. The study shows that apparent neighbourhood-level socio-economic effects on depressive symptoms in urban-dwelling older people are largely if not entirely compositional in nature. Further, residential stability in the urban neighbourhood may not be emotionally beneficial to its older residents. (RH)

ISSN: 10795014
From: http://www.geron.org

Usefulness of Beck Depression Inventory (BDI) in the Korean elderly population; by Sangmee Ahn Jo, Moon Ho Park, Inho Jo (et al).
The Beck Depression Inventory (BDI) and a health questionnaire for older people were administered to 2729 subjects aged 60+ chosen by stratified random sampling in Ansan city, South Korea. The BDI and the Geriatric Depression Scale (GDS) were examined at about a 2-year interval. A reliability and validity test, a factor analysis and ROC curve analysis were performed. 84 subjects had depression and 2645 were rated as normal. The BDI showed significant positive internal consistency (r=0.88) and test-retest reliability (r=0.60). Convergent validity with GDS was significantly positive (r=0.59) and an exploratory factor analysis revealed four factors. The authors suggest a score of 16 as the optimal cut-off point for the BDI when screening for major depression. The results show that the Korean version of the BDI is appropriate for screening for depression. Screening of elderly depression with BDI in the community would be valuable when comparing younger adults and with their former BDI data which were taken when they were young. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

White matter changes and late-life depressive symptoms: longitudinal study; by A Teodorczuk, J T O'Brien, M J Firbank (et al).
Evidence from cross-sectional studies suggests a link between cerebral age-related white matter changes and late-life depressive symptoms in older people, although the temporal association remains unclear. In a pan-European multi-centre study of 639 older people without significant disability, MRI white matter changes and demographic and clinical variables, including cognitive scores, quality of life, disability and depressive symptoms were assessed at baseline. Clinical assessments were repeated after one year. Using logistic regression analysis, severity of white matter changes was shown to independently and significantly to predict depressive symptoms, quality of life and worsening disability. White matter changes pre-date and are associated
with the development of depressive symptoms. This has implications for treatment and prevention of depression in later life. (RH) 
ISSN: 00071250
From: http://bjp.rcpsych.org

Widowhood, gender and depression: a longitudinal analysis; by Gary R Lee, Alfred DeMaris. 
Many cross-sectional surveys have found that widowhood is psychologically a more difficult experience for men than women. However, most longitudinal studies have found either no gender difference of a slightly greater effect for women. The authors attempted to resolve this paradox with data from the first two waves of the US National Survey of Families and Households (NSFH). They found that men whose wives died between the two waves were already depressed at Time 1 compared with men whose wives survived until Time 2. There was no such anticipatory effect for women. Attempts to explain men's elevated depression before widowhood, with predictors involving wife's health, caregiving and marital quality at Time 1 were largely unsuccessful. However, the authors suggest that longitudinal studies that examine change in depression after widowhood may miss the increase in depression for men that appears to occur before their wives' deaths. (RH) 
ISSN: 01640275

2006

Acupuncture for older adults with depression: a pilot study to assess acceptability and feasibility; by Jodie Williams, Candida Graham. 
Recent studies with younger adults show some promising results for the effectiveness of acupuncture in treating depression. The authors report a 6-month pilot with 13 patients, most of whom had chronic depression symptoms. Of these, 3 dropped out either because the therapy was unhelpful or too painful. While only limited conclusions can be drawn from such a small study, this short article suggests that the other participants found the therapy relaxing and helped to improve their mood. (RH) 
ISSN: 08856230 
From: http://www.interscience.wiley.com

Analysis of a care planning intervention for reducing depression in older people in residential care; by K J Lyne, S Moxon, I Sinclair (et al). 
About 40% of older people in residential care have significant symptoms of depression. A training and care planning approach to reducing depression was implemented for 114 depressed residents living in 14 residential care homes in North Yorkshire. Care staff were offered brief mental health training by community mental health teams for older people. They were then assigned to work individually with residents in implementing the care planning intervention, which was aimed at alleviating depression and any health, social or emotional factors that might contribute to the resident's depression. Clinically significant improvements in depression scores were associated with implementation of the intervention, as evidenced by changes in scores on the General Mental State Schedule - Depression Scale (GMS-DS). There was evidence of an interaction between the power of the intervention and degree of dementia. These improvements were not accounted for by any change in psychotropic medication. The training was highly valued by care staff and home managers: they considered that the intervention represented an improvement in quality of care for all residents, irrespective of level of dementia. Staff also reported improvements in morale and increased confidence in the caring role as the result of their participation. On the basis of a growing body of evidence, it is argued that there is an urgent need for a suitably powered randomised controlled trial and economic evaluation to test the cost-effectiveness of personalised care planning interventions aimed at reducing depression in older people in residential care. (RH) 
ISSN: 13607863
From: http://www.tandfonline.com

Association of depression with Alzheimer's disease and vascular dementia in an elderly Arab population of Wadi-Ara, Israel; by Abdalla Bowirrat, Marlene Oscar-Berman, Giancarlo Logroscino. 
Because dementia and depression share common risk factors, the authors investigated risk factors for depression in Arab subjects with Alzheimer's disease (AD) and vascular dementia (VaD). Of 823 individuals in this door-to-door, cross-sectional survey of all adults aged 60+ in an Arab community of rural Israel, 168 had dementia of Alzheimer's type (DAT) and 49 had VaD. Vascular risk factors, including the ApoE-e4 allele, were more prevalent among VaD than DAT subjects. Depressive symptoms were present in 57% of DAT patients and 86%
of VAD patients. Depressed DAT individuals had a greater history of ischaemic cardiovascular or cerebrovascular disease (CV/CBV) than non-depressed DAT subjects, but depressed DAT subjects were less likely to have the ApoE-e4 allele. Within the VaD group, there were no differences in the distribution of cardiovascular risk factors in individuals with and without depressive symptoms, and ApoE-e4 was more prevalent among those with depressive symptoms. Thus, depressive symptomatology is prevalent among subjects with dementia in this Arab community. Further studies are needed to clarify the role of ApoE in depression onset in different ethnic groups with DAT. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

Care of the elderly mind.
Geriatric Medicine, vol 36, no 10, supplement GM2, October 2006, 56 pp (whole issue).
This supplement, aimed at general practitioners (GPs), has been produced to update them on current and future developments of treatment for the following conditions: Alzheimer’s, Parkinson’s, late-life bipolar affective disorder, late-onset schizophrenia, epilepsy and depression. These conditions are considered in the context of the proposed revisions to the Mental Health Act. There are results of a survey that Geriatric Medicine conducted with a sample of 233 geriatricians, to discover how they manage patients with Alzheimer’s disease (AD). There is also a comment by Dr Peter Passmore, Reader in Geriatric Medicine at Queen’s University Belfast on the survey. (KJ/RH)
ISSN: 0268201X

Childbearing history and self-reported well-being: contrasting older African American and white women; by S Sudha, Elizabeth J Mutran, Ishan C Williams (et al).
Data from Atherosclerosis Risk in Communities (ARIC), a large US prospective study with substantial minority ethnic representation, was used to examine how numbers of live births and pregnancy losses affected the self-rated health and depressive symptoms of women aged 50+, contrasting African Americans (n=1505) and Whites (n=4115). The authors tested hypotheses that childbearing history variables would influence self-rated well-being among older women, and that perceived social support would mediate the associations. The authors also tested whether these associations would be stronger among older African Americans versus White women. The results suggest that the impact of childbearing history is greater among older African American than White women. Pregnancy loss worsened depressive symptoms and self-rated health among African American women; the effect was reduced by social support variables. High parity was associated with worse self-rated health among African American women, mediated by social support. Having no live births was not associated with diminished well-being among older women of any race. (RH)
ISSN: 01640275
From: http://www.sagepublications.com

Concepts and causation of depression: a cross-cultural study of the beliefs of older adults; by Vanessa Lawrence, Joanna Murray, Sube Banerjee (et al).
In-depth interviews were conducted with 45 White British, 33 South Asian, and 22 Black Caribbean individuals in this UK multicultural study, which sought to explore and compare beliefs about the nature and causes of depression, and to suggest ways in which beliefs act to facilitate or deter older people from accessing treatment. Depression was often viewed as an illness arising from adverse personal and social circumstances that accrue in old age. Whereas depression was defined by White British and Black Caribbean participants in terms of low mood and hopelessness, South Asian and Black Caribbean participants frequently defined depression in terms of worry. Those receiving antidepressants were more likely to acknowledge psychological symptoms of depression. Differences in attribution were found between the ethnic groups. A social model of depression is closer to the beliefs of older people than the traditional medical model. Culturally appropriate inquiries about recent life events could be used to facilitate discussion about depression. Data for this study suggests that many older people would respond to probing by general practitioners (GPs) about their mood. Health and social care professionals need to be sensitive to the language of depression used by different ethnic groups. (RH)
ISSN: 00169013
From: http://www.geron.org
Cross-cultural study comparing the association of familism with burden and depressive symptoms in two samples of Hispanic dementia caregivers; by A Losada, G Robinson Shurgot, B G Knight (et al).

Aging & Mental Health, vol 10, no 1, January 2006, pp 69-76

Familism has been pointed out as a key value to Hispanic culture that may or may not be associated with caregiver distress. Although groups included in the Hispanic identity have many common features, differences between Hispanic sub-groups in the relationship of familism with burden and depressive symptoms remain unexplored. The association of familism with burden and depressive symptomatology was examined in 48 Hispanic dementia caregivers from Los Angeles, California and 60 from Madrid, Spain through path analysis. Burden and depressive symptomatology were positively and significantly related in both samples. Familism was significantly correlated with lesser burden in the US sample, but with higher levels of depressive symptoms in the Spanish sample. Significant differences between Hispanic samples were found in the relationship between familism, burden and depression, denoting the importance of specific cultural context influencing dementia caregiving in Hispanics. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Depression: pitfalls in management; by Roger Bullock.


Depression is common in the older general hospital patient, and at any one time 100 patients with depressive symptoms may be occupying beds in the average sized general hospital. However, depression can be often undiagnosed and untreated. The author discusses why it is important to identify depression in this age group, and looks at the co-morbidities associated with the illness. (RH)

ISSN: 0268201X
From: http://www.gerimed.co.uk

Depression among older people with cognitive impairment: prevalence and detection; by Marita P McCabe, Tanya Davison, David Mellor (et al).


Past research has demonstrated that there is a high level of depression among older people, particularly for those with cognitive impairment and those in residential care. This study used a diagnostic instrument to determine prevalence of depression in 113 older people with cognitive impairment living in low-level care residential facilities (known as "hostels" in Australia) in Melbourne. A further aim was to determine an appropriate screening instrument to detect depression within the population. The study was also designed to evaluate the extent to which depression among these older people had previously been detected. Five commonly used depression scales were administered and compared to the results of the diagnostic interview. The results find that 38.9% of the group were diagnosed with depression, but that only 50% of these people had been previously diagnosed with the disorder. All scales showed some level of validity to detect depression. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

Depression and suicide in older people: a forgotten statistic; by Kathryn Hill.

Signpost, vol 11, no 1, June 2006, pp 4-6.

Contrary to public perception and media reporting, the suicide rate in England and Wales is highest in the older population, particularly older men. Depression is the most important risk factor in suicide in older people, and many older people who commit suicide will visit their general practitioner (GP) in the 4 weeks preceding their death. This article outlines prevalence of and factors relating to depression and suicide in older people, to highlight how failure to adequately recognise and/or treat depression in older people contributes to the significant number of older people who commit suicide, and to suggest ways that might lead to a decrease in these numbers. (RH)

ISSN: 13684345
From: http://www.signpostjournal.org.uk

Depression in late-life: shifting the paradigm from treatment to prevention; by Ellen M Whyte, Barry Rovner.


Late-life depression is very common and is associated with high rates of morbidity and mortality. While the field of geriatric psychiatry is focused on depression treatment, prevention is an enticing option. Prevention of late-life depression would decrease both emotional suffering and depression-associated morbidity and mortality, and may decrease dependence on non-mental health professionals to detect depression and to initiate a treatment referral. This paper reviews current thinking on prevention research with a particular focus on its application to late-life depression. To illustrate these issues, the authors discuss recent and ongoing clinical trials of
Interventions to prevent depression in two populations of older people: those with age-related macular degeneration (AMD) and those with cerebrovascular disease. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Depressive symptoms among older adults in urban and rural areas; by Philip D St John, Audrey A Blandford, Laurel A Strain.
In a cross-sectional study of cognitively intact people living in the community in Manitoba, Canada, the aim was to determine whether there are any differences in depressive symptoms between residents of urban areas, small towns and predominantly rural regions. Measures included age, gender, education, living arrangements, number of people providing companionship, perceived adequacy of income, functional impairment, self-rated health and Center for Epidemiologic Studies - Depression (CES-D) scale. In the total sample of 1382, 11.5% exhibited depressive symptoms: 11.6% in urban areas (n=844), 14% in small town zones (n=250) and 9% in predominantly rural areas (n=288). No rural-urban differences were seen in multivariate models. In predominantly rural areas, living alone, perceiving one's income as inadequate, and having functional impairment were associated with depressive symptoms. The only significant factor in small town zones was poorer self-rated health, whereas in urban areas, poorer self-rated health, functional impairment and fewer people providing companionship were significantly related to depressive symptoms. While no rural-urban differences were observed, the factors associated with depressive symptoms varied by setting. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Depressive symptoms in newly admitted nursing home residents; by Wilco Achterberg, Anne Margriet Pot, Ada Kerkstra (et al).
The relationship between prevalence of depressive symptoms in newly admitted nursing home residents and their previous place of residence was studied in 562 residents (mean age 78.5; range 28-101; 64.9% female) in 65 nursing homes in the Netherlands 10 days after admission. Depressive symptoms were assessed using the Minimum Data Set (MDS) and Depression Rating Scale (DRS). Prevalence of depression for all residents was 26.9%; it was higher in those admitted from home (34.9%) than those admitted from hospital (19.7%). That residents admitted from their own home or from a residential facility had more depressive symptoms than those admitted from hospital may reflect different conceptualisations or different adjustment patterns. For a better understanding of the factors associated with nursing home depression, future studies in detection, prevention and management of depressive symptoms should start prior to or directly after admission, especially for those who have no previous institutional history. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Differences in heart rate variability between depressed and non-depressed elderly; by Koen G van der Kooy, Hein P J van Hout, Harm W J van Marwijk (et al).
Heart rate variability (HRV) is a measure of cardiac autonomic functioning. This study was to determine whether older primary care patients with a major depressive disorder (MDD) have lower HRV compared to non-depressed patients. A cross-sectional comparison of 136 older people with MDD and 136 non-depressed controls matched for age and gender were recruited in family practices in the Netherlands. Depression was determined according to the DSM-IV criteria using the Primary Care Evaluation of Mental Disorders (PRIME-MD). HRV was measured with an electrocardiogram (ECG) during a 5-minute supine rest. Multivariate analysis showed statistically significant decrease in HRV in MDD patients compared with controls. Other primary care patients with MDD have a reduced HRV. This may explain why depression is a risk factor for cardiovascular disease and mortality. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Does depression prior to caregiving increase vulnerability to depressive symptoms among caregivers of persons with Alzheimer's disease?; by M M Neundorfer, M J McClendon, K A Smyth (et al).
Aging & Mental Health, vol 10, no 6, November 2006, pp 606-615.
Based on the vulnerability model of depression, this study tested the hypothesis that caregivers who have previously had depression are more likely to be depressed during caregiving than caregivers without previous depression. It was further hypothesised that an interaction effect in which caregivers with previous depression...
The effectiveness of geropsychological treatment in improving pain, depression, behavioral disturbances, functional disability and health care utilizations; by Daisha J Cipher, P Andrew Clifford, Kristi D Roper.


Geropsychological interventions have become a necessary component of quality long-term care (LTC) designed to address residents' co-morbidities involving emotional, functional and behavioural difficulties. This two-part empirical study was conducted to investigate the impact of multimodal cognitive-behavioural therapy (MCBT) for the treatment of pain, depression, behavioural dysfunction, functional disability and health care utilization in a sample of cognitively impaired LTC residents who were suffering from persistent pain. In Study one, 44 consecutive new patients received a comprehensive psychological evaluation, eight sessions of cognitive-behavioural therapy and follow-up psychological evaluation over a five week period. Analyses indicated that patients exhibited significant reductions in pain, activity interference and emotional distress due to pain, depression and significant increases in most activities of daily living. They also exhibited significant reductions in the intensity, frequency and duration of their behavioural disturbances but not the number of behavioural disturbances. In Study two, as a follow-up, a retrospective chart review was conducted to compare the treatment group with a matched-control group on post-treatment health care use. Comparisons between the two groups on Minimum Data Set (MDS) ratings indicated that the treatment group required significantly fewer physician visits and change orders than the control group. Implications of these collective findings are that geropsychological treatment is likely to improve certain aspects of residents' quality of LTC. (KJ/RH)

ISSN: 07317115
From : http://www.tandfonline.com

Effects of retirement and grandchild care on depressive symptoms; by Maximiliane E Szinovacz, Adam Davey.


Using data from the US Health and Retirement Survey (HRS) for 1992, 1994, 1996 and 1998, this study explores how grandchild care in conjunction with grandparents' retirement affects depressive symptoms. The findings demonstrate that retirement moderates the influence of grandchild care obligations on well-being, measured by depressive symptoms. For retired men, freedom from grandchild care obligations is associated with heightened well-being. Among women, continued employment seems to protect against potential negative effects of extensive grandchild care obligations on well-being. The results for men seem most in line with the argument that family care obligations spoil retirement, whereas the results for women suggest a scenario that is most comparable with the role enhancement thesis. (RH)

ISSN: 00914150
From : http://baywood.com

Elderly depressed patients: what are their views on treatment options?; by T Kurovilla, C D Fenwick, M S Haque (et al).


The aim of this study was to explore attitudes of older people with depression receiving secondary psychiatric care towards different types of treatment for depression. 100 patients, recruited from a large teaching hospital in Birmingham, were subjected to structured interviews at which their attitudes towards the effectiveness, likelihood of causing side-effects, and acceptability of anti-depression medication, electroconvulsivse therapy (ECT) and psychotherapy were measured on a 5-point Likert scale. Psychotherapy was considered both effective and acceptable by these patients, although it is not widely available across the UK. Anti-depressants were also considered to be effective and acceptable, although likely to cause side-effects. However, these patients did not think highly of ECT, either in its effectiveness or acceptability. (RH)
Elderly women and late life depression; by Dora Kohen.  
Depression is more common in older people. Studies suggest that twice as many women are likely to be affected by depression than men. There is also evidence that depression can exacerbate the course or initiate the onset of serious and disabling medical conditions. In this article, the author discusses depression in women, and reviews the effect of some common co-morbidities on depression in the older female population. (RH)  
ISSN: 0268201X  
From: http://www.gerimed.co.uk

Exploring the relationships between creativity, depression and successful aging; by Meredith Flood.  
In this cross-sectional, multi-site study, 152 participants completed a demographic form, the Life Satisfaction Inventory - a Purpose in Life Test, the Similes Preference Inventory, and the Geriatric Depression Scale Short Form (GDS-SF). Level of depressive symptoms appeared to have a moderating effect on the relationship of creativity to successful ageing. Significant differences in creativity, depressive symptoms, and successful ageing were found by racial group and educational level. These findings underscore the need for investigating the effects of creative activities on older people, and for testing the effects of customised interventions on depression and successful ageing in older people. (RH)  
ISSN: 01924788  
From: http://www.tandfonline.com

Factors affecting the level of depression and life satisfaction of family caregivers of frail older people in Korea; by Soo Young Kim, So Young Min.  
South Korea is rapidly becoming an aged society; and with changing family structures, there is increasing concern about the care of older people. This paper considers the well being of family carers of older people who suffer from dementia or a stroke. 168 family caregivers, who were caring for elderly relatives, were selected. The major factors affecting their psychological well-being and proposals to improve their quality of life are identified and discussed. (KJ/RH)  
ISSN: 14747464  
From: http://www.journals.cambridge.org

The feasibility of a GP led screening intervention for depression among nursing home residents; by Sandra Davidson, Stella Koritsas, Daniel W O'Connor (et al).  
In this Australian study, general practitioners (GPs) attended a single education session on late-life depression and were trained in the use of the Cornell Scale for Depression in Dementia (CSDD). After this, the GPs reviewed their patients for depression. The 10 GPs identified that 24% of the 38 patients in the study had Cornell scores indicative of probable major depression that was either unrecognised or inadequately treated. 88% of these patients had been previously diagnosed with depression. A further 32% of patients exhibited depression symptoms, half of whom had a previous diagnosis of depression. Reviewing patients had an effect on antidepressant prescribing for patients with probable major depression, with GPs making changes to the antidepressant medication of 29% of the patients. The high rate of residents presenting with probable major depression despite being prescribed antidepressants indicate that depression symptoms are inadequately recognised and treated in nursing homes. The value of the education session in improving GPs' recognition of depression is demonstrated. (RH)  
ISSN: 08856230  
From: http://www.interscience.wiley.com

Gender differences in the association between religious involvement and depression: the Cache County (Utah) Study; by Maria C Norton, Ingmar Skoog, Lynn M Franklin (et al).  
The relation between religious involvement, membership in the Church of Jesus Christ Latter Day Saints (Mormons), and major depression was examined in a population-based study of ageing and dementia in Cache County, Utah. Participants included 4468 non-denominational individuals aged 65-100 who were interviewed in person. In logistic regression models adjusting for demographic and health variables, frequent church attendance...
was associated with reduced prevalence of depression in women but increased in men. Social role loss and the potential impact of organisational power differential by sex are discussed. Though causality cannot be determined here, these findings suggest that the association between religious involvement and depression may differ substantially between men and women. (RH)

ISSN: 10795014
From: http://www.geron.org

Health service use by adults with depression: community survey in five European countries: evidence from the ODIN study; by Cherie McCracken, Odd Steffen Dalgard, Jose Luis Ayuso-Mateos (et al).
One of the aims of the Outcomes of Depression International Network (ODIN) has been to examine patterns and predictors of health service use across Western Europe. The present study examined the cost and use of services by adults with depressive or adjustment disorders in five European countries, also predictive factors. 427 people aged 18-65 with depressive or adjustment disorders in Ireland, Finland, Norway, Spain and the UK provided information on predisposition (demographics, social support), enablement (country, urban/rural, social function) and need (symptom severity, perceived health status) for services. Outcome measures were self-reported use, the Client Services Receipt Inventory (CSRI), and costs of general practice, generic, psychiatric or social services in the previous 6 months. Less frequent use was made of generic services in Norway and of psychiatric services in the UK. Severity of depression, perceived health status, social functioning and level of social support were significant predictors of use. The number of people able to provide support was positively associated with greater health service use. Individual participant factors provided greater explanatory power than national differences in healthcare delivery. The association between social support and service use suggests that interventions may be needed for those who lack social support. (RH)

ISSN: 00071250
From: http://bjp.rcpsych.org

Hierarchy levels, sum score and worsening of disability are related to depressive symptoms in elderly men from three European countries; by Carolien L van den Brink, Geertrudis A M van den Bos, Marja Tijhuis (et al).
Disability in older people has been associated with depressive symptoms in many studies. This study investigated the predictive value of hierarchy levels and sum scores of disability and change in disability on depressive symptoms. It uses longitudinal data for 723 men aged 70+ from the Finland, Italy and the Netherlands Elderly (FINE) Study collected in 1990 and 1995. Self-reported disability was based on three disability domains (instrumental activities, mobility and basic activities) and depressive symptoms on the Zung questionnaire. Severity levels of disability were positively associated with depressive symptoms. Men with no disability scored 5 to 17 points lower on depressive symptoms than did those with disability in all domains. Among men with mild disability, those who had worsening disability status in the preceding 5 years scored 5 points higher on depressive symptoms than did men who improved. Hierarchic severity levels, sum score of disability and preceding changes in disability status are risk factors for depressive symptoms. (RH)

ISSN: 08982643
From: http://www.sagepub.com

The impact of depression and anxiety on well being, disability and use of health care services in nursing home patients; by Martin Smalbrugge, Anne Margriet Pot, Lineke Jongenelis (et al).
Among nursing home patients, depression and/or anxiety have a strong negative impact on well being, as reported in this study population of 350 nursing home patients from 14 nursing homes in the Netherlands. The study was based on data collected in the Amsterdam / Groningen Elderly Depression (AGED) study. Presence of depression and/or anxiety was associated with significantly less well-being, but not with more disability. Presence of depression and/or anxiety was also significantly associated with four of the seven indicators of health care service use measured in this study: less assistance in activities of daily living (ADLs); more consultation of medical specialists; a higher mean number of medications; and more use of antidepressants. Future studies should focus on interventions for improving the detection, diagnosis and treatment of depression and/or anxiety in the nursing home. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com
Improvement in depressive symptoms and changes in self-rated health among community-dwelling disabled older adults; by B Han, M Jylha.
6771 participants who reported their self-rated health in the 1993 and 1995 Assets and Health Dynamics among the Oldest-Old (AHEAD) surveys and aged 65+ in 1993 were analysed in this study. Multivariate logistic regression models indicate that changes in depressive symptoms and changes in self-rated health clearly coincide. Among participants with functional disability in 1993 and 1995, a decrease in depressive symptoms was associated with decreased odds of having decline in self-rated health, and was associated with increased odds of having improvements in self-rated health. Similar results were found for those with no functional disability in 1993 but with functional disability in 1995. Among those living in the community who remained disabled at follow-up or who experienced disability only at follow-up, even just a small decrease in depressive symptoms was associated with increased odds of having improvement in self-rated health and with decreased risks of having decline in self-rated health. Reducing the number of symptoms of depression among those disabled older people would be beneficial in improving their self-rated health as well as maintaining and promoting their quality of life. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Interpersonal dependency in older adults and the risks of developing mood and mobility problems when receiving care at home; by D K Gardner, E Helmes.
Aging & Mental Health, vol 10, no 1, January 2006, pp 63-68.
Despite a broad interest in various types of dependence as they relate to older people (structured dependency, learned dependency, learned helplessness, and interdependency), research of dependency in older people has not included an individual difference measure of interpersonal dependency. Studies that have examined the correlates of interpersonal dependency in general populations have found links with mental health conditions such as depression and anxiety, also physical illness. If these findings could generalise to older populations, then there would be important intervention and financial implications for providers of health services to older people. This research examined the correlates of interpersonal dependency in older people using a new measure, the Interpersonal Dependency Scale for Older Adults (IDS-OA). 105 new clients aged 65-90 recruited through an Australian private home care agency responded to a postal survey. Interpersonal dependency was found to correlate significantly with both depression and mobility. In addition, a hierarchical regression analysis found that both higher interpersonal dependency and depression were significant positive predictors of poor mobility in older people. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Is lower cognitive function in one spouse associated with depressive symptoms in the other spouse?; by Kimberly A Skarupski, Carlos F Mendes de Leon, Judith J McCann (et al).
Aging & Mental Health, vol 10, no 6, November 2006, pp 621-630.
Subjects were 528 spouse pairs aged 65+ living in the community who participated in the Chicago Health and Aging Project (CHAP), an ongoing longitudinal, bi-racial, population-based study of risk factors for incident Alzheimer’s disease (AD) and other age-related chronic conditions. CHAP participants were assessed at 3-year intervals over a period of nearly 10 years. The results show a cross-sectional association of wives’ lower cognitive function at baseline with depressive symptoms in husbands; however, husbands’ cognitive function was not associated with wives’ depressive symptoms over time. There was no longitudinal association of cognitive function at baseline with increased depressive symptoms over time. Furthermore, change in cognitive function over time had no effect on depressive symptoms in either spouse. The relationship between cognitive function and depressive symptoms to spouse pairs is complex. These findings suggest that husbands may be particularly psychologically vulnerable to the negative effects of their wives’ cognitive impairment. This vulnerability may have a range of long-term health and caregiving implications. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Late-life depression: the differences between early- and late-onset illness in a community-based sample; by Joost Janssen, Aartjan T F Beekman, Hannie C Comijs (et al).
The Center for Epidemiologic Studies Depression scale (CES-D) was used as a screen, and the Diagnostic Interview Schedule (DIS) to diagnose major depressive disorder (MDD) was used with a large representative sample of older people (aged 55-85) in the Netherlands, part of the Longitudinal Ageing Study Amsterdam (LASA). Data on 90 people with early-onset depression (EOD) and 39 with late-onset depression (LOD) were
available. Those with LOD were older, and more often widowed. Family psychiatric history, vascular pathology and stressful early and late life events did not differ between groups. EOD subjects had more often double depression and more anxiety. The authors suggest that all patients with late-life depression, independent of age of depression onset, deserve a complete diagnostic work-up of both psychological and vascular risk factors. Treatment interventions should be focused accordingly. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Life-time history of suicide attempts and coronary artery disease in a community-dwelling elderly population; by S Artero, B Astruc, P Courtet (et al).
Many studies have observed strong relationships between coronary artery disease (CAD) and psychiatric disorder, notably depression, anxiety and panic attacks. This study is part of the ESPRIT Project (Enquête de Santé Psychologique - Risques, Incidence et Traitement) and examines the relationship between CAD within a general French population cohort and life-time history of psychiatric disorder and suicidal behaviour. A representative sample of 1843 non-institutionalised French people aged 65+ drawn at random from the electoral roll was given a standardised neurological and psychiatric examination based on DSM-IV criteria. The clinical examination also included an electrocardiogram (ECG) and a questionnaire relating to life-time medical history. Within this sample, prevalence of suicide attempts was 3.9%. A significant positive association was observed between lifetime prevalence of CAD and suicide attempts. Suicide attempts were associated with major depression, co-morbid anxiety and depression, but not anxiety alone. A logistic regression analysis showed that the relationship between suicide attempts and CAD persists after adjustment for anxiety and depression. CAD is associated with suicidal behaviour independently of depression. However, longitudinal studies are required to clarify the direction of causality and to integrate genetic, biological, environmental and psychological factors into an aetiological model. (RH)
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From: http://www.interscience.wiley.com

Living alone and depression in Chinese older adults; by K-L Chou, A H Y Ho, I Chi.
Western literature has repeatedly indicated a strong relationship between living alone and depression in older people. However, studies among the Chinese population are scarce. This paper is the first to report that living alone is an independent risk factor contributing to depression among Chinese older women, as well as identifying common significant factors including social support and health indicators that can affect and explain the link between living alone and depression. The authors analysed cross-sectional data on 2005 Chinese people aged 60+ from the Hong Kong Population Census. Chi-square tests and logistic regression analyses revealed that living alone results in higher levels of depressive symptoms for older women but not for older men. The relationship remained significant even when sociodemographic variables, health indicators, social support, and financial strains were adjusted, yet the impact of living alone with depression disappeared when all variables were controlled. Preventive measures and related issues are discussed. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Management strategies in geriatric depression by primary care physicians and factors associated with the use of psychiatric services: a naturalistic study; by S P Dearman, W Waheed, V Nathoo (et al).
Approximately 10% of older patients in primary care have depression, yet it is often under-diagnosed and undertreated. This study aimed to establish in a naturalistic setting how older depressed patients are managed in primary care, to determine which patients are referred to psychiatric services, and the differences between patients referred and those not, in terms of primary care consultation rate and degree of co-morbid illness. Computerised records and referral letters were read for 1089 older patients in a large practice in central Manchester. Of the 9% identified as depressed, 90% were managed in primary care alone, a third without any antidepressants. More than half of those prescribed antidepressants received tricyclic antidepressants. Suicidal ideation and treatment failure were the principal reasons for referral. Patients referred had a greater psychiatric co-morbidity and had consulted their GP more frequently in the past year. Management of depression in older people may be conservative, and older antidepressants may be over-prescribed. Increased primary care consultation rate and a greater psychiatric co-morbidity may be associated with referral to psychiatric services. (RH)
Mood and anxiety disorders in widowhood: a systematic review; by S A Onrust, P Cuijpers.
The association between widowhood and mental health problems, such as depressive symptomatology and anxiety, has been examined extensively. Few studies, however, have explored the prevalence and incidence of mood and anxiety disorder based on diagnostic criteria after the loss of a partner. The authors searched major bibliographical databases for studies examining mood and anxiety disorders in widowhood. Eleven studies were identified, exploring the prevalence and incidence of mood and anxiety disorders in 1348 widowed individuals and 4685 non-widowed controls. As expected, the prevalence of Major Depressive Disorder (MDD) and anxiety disorders were considerably elevated in widowed individuals, especially in the first year after the loss of a spouse. During the first year of bereavement, almost 22% of the widowed were diagnosed as having MDD, almost 12% met diagnostic criteria for Post Traumatic Stress Disorder (PTSD), and there were higher risks of Panic Disorder and Generalised Anxiety Disorder. The incidence rate of MDD and several anxiety disorders ranged from 0.08 to 0.50. The relative risk of developing a mood or anxiety disorder ranged from 3.49 to 9.76 in the widowed, compared to control subjects. (RH)

Natural history of depression in the oldest old: population-based prospective study; by Max L Stek, David J Vinkers, Jacobijn Gussekloo (et al).
Among the oldest old, depression is frequent and highly persistent. This study of the incidence, course and predictors of depression in the general population of the oldest old uses data from the Leiden 85-plus Study of 500 Dutch people from their 85th to their 89th birthdays. Depressive symptoms were assessed annually with the 15-item Geriatric Depression Scale (GDS-15) using a cut-off of 4 points. During a mean follow-up of 3.9 years, the annual risk for the emergence of depression was 6.8%. Poor daily functioning and institutionalisation predicted depression. Among the 77 participants with depression at baseline (prevalence 15%), the normal remission rate was only 14%. In more than half of the participants with a remission of depression, the authors observed a relapse of depression during follow-up. No predictors of remission could be identified. Therefore, more active case finding and treatment would be potentially rewarding. (RH)

Older men and depression; by Stephen Curran, John Wattis.
Geriatric Medicine, vol 36, no 11, November 2006, pp 37-42.
Depression in older men has a number of striking differences from depression in older women. It is more common in particular sub-populations, and in some of these it may be more common in men than women. The presentation of depression in older men is sometimes very difficult to recognise, being masked by over concern with physical symptoms and denial of depressed mood; also it more often results in death by suicide. The authors review the evidence for depression in men and how its effects are managed. (RH)

The extent and nature of loneliness in later life does not show a consistent relationship with gender. As part of the Economic and Social Research Council (ESRC) Growing Older (GO) Programme, this study investigated whether there are differences in the nature and extent of loneliness among older men and women in contemporary Britain. Loneliness was measured using a self-report 4-point scale and a special module commissioned from the Office for National Statistics (ONS) Omnibus Survey comprising a nationally representative sample of 999 people aged 65+ living in the community (response rate 77%). About half of the sample (53%) were women. Compared with men, the women were significantly more likely to be widowed, live alone, and have direct contact with friends and relatives. Preliminary analysis identified statistically significant differences between men's and women's self-reported loneliness (and changes over the previous decade). Ordered logistic regression indicated that gender was no longer independently associated with loneliness once confounding influences of marital status, age and living arrangements were excluded. The overall self-reported prevalence of severe loneliness shows little difference between men and women, challenging the stereotype that loneliness is a specifically female experience. (RH)
Onset and persistence of depression in older people: results from a 2-year community follow-up study; by Tess Harris, Derek G Cook, Christina Victor (et al).


Depression was defined by a score of >5/15 on the 15-item Geriatric Depression Scale (GDS-15) in this 2-year study of 1,164 patients initially aged 65+ registered with two South London general practices. Associations between risk factors and onset and persistence of depression were analysed using multiple logistic regression. The incidence of depression was 8.4%, and persisted amongst 61.2% of those depressed at baseline. Comparing onset and persistence suggested some common predictors: greater baseline depression score, and follow-up measures of poor general health and compromised social support. There was some evidence that pain and worsening disability were more important for depression onset. In contrast, low baseline belief in powerful others (health locus of control measures) predicted persistence only. Focusing on older people with increasing disability, pain, physical ill-health and compromised social support should help in both the prevention and recognition of onset of later life depression. In older people with depression, those with the highest symptom scores and low belief in powerful others at baseline were more likely to develop chronic symptoms and could be targeted for more intensive treatment and support. (RH)

The persistence of depressive symptoms in older workers who experience involuntary job loss: results from the Health and Retirement Survey; by William T Gallo, Elizabeth H Bradley, Joel A Dubin (et al).


The association between involuntary job loss among workers nearing retirement and long-term changes in depressive symptoms was investigated. Analysing data from the first four waves (1992-1998) of the US Health and Retirement Survey (HRS), the authors used longitudinal multiple regression in order to assess whether involuntary job loss between waves 1 and 2 was associated with depressive symptoms at Waves 3 and 4. The study sample included 231 workers who had experienced job loss an the wave 1-wave 2 interval and a comparison group of 3324 non-displaced individuals. The effects of job loss on depressive symptoms, both in the full study sample and in sub-samples determined by wealth were analysed. Among those with below median net worth, Wave 1 - Wave 2 involuntary job loss was associated with increased depressive symptoms at Wave 3 and wave 4. No effect of involuntary job loss was found for high net worth individuals at the later survey waves. These findings identify older workers with limited wealth as an important group for which the potential effect of involuntary job separation in the years preceding retirement is enduring adverse mental health. (RH)

Personality and perceived health in older adults: the Five Factor Model in primary care; by Benjamin P Chapman, Paul R Duberstein, Silvia Sörensen (et al).


Responses to particular questions tapping perceived health are associated with morbidity, mortality and health service use, yet there has been little research on their personality correlates. The association is examined between Five Factor Model personality traits and responses to four items extracted from the Medical Outcomes Short Form 36 (SF-36) in 266 primary care patients aged 65+. Multivariate analysis controlling for age, gender, depressive symptoms and physical disease burden showed that having a higher Neuroticism score was associated with worse perceived health in response to all items except "I am as healthy as anyone I know". Having a lower Extroversion score was associated with worse perceived health in response to the item "I expect my health to get worse". Implications for understanding personality influences on mortality, morbidity and health service usage are discussed. (RH)

Physical activity and behaviour in dementia: a review of the literature and implications for psychosocial intervention in primary care; by Laura H P Eggermont, Erik J A Scherder.


Physical activity can have a positive impact on cognition and well-being in older people. This article reviews and evaluates the effects of planned physical activity programmes on mood, sleep and functional ability in
people with dementia. A total of 27 studies between 1974 and 2005 were found. Of these, four included participants living at home, two involved participants who were living either at home or in care homes, and 21 included participants living solely in care homes. Since psychosocial interventions can reduce family caregiver burdens, the break down of home-care and associated rates of institutionalisation, the indirect effects of these physical activity programmes on the family caregiver are also explored. The scope for developing physical activity programmes for people with dementia in primary care using families and volunteers is discussed. (RH)

ISSN: 14713012
From: http://www.dem.sagepub.com

Prognosis of late life depression: a three-year cohort study of outcome and potential predictors; by Robert C Baldwin, Andrew Gallagley, Mhairi Gourlay (et al).
Late-onset depression (LOD) has a poor prognosis which may be worsened by the presence of cerebrovascular disease. This study in Greater Manchester originally involved 50 patients with LOD and 35 healthy age-matched controls, followed up at 3 years. Baseline measures included neuroradiological and neuropsychological variables. Outcomes were assessed by mortality, progression to dementia and clinical course of depressive disorder. 62 of the original cohort (73%) agreed to be re-interviewed. 7 participants had died (all from the depressed group) and 6 developed dementia, all but one from the depressed group. Vascular dementia predominated (although not significantly so) among those with dementia at follow-up. For 28 depressed patients with complete follow-up data (36% of the original sample), poor prognosis was linked to several baseline variables of relevance to vascular damage. Biochemical risk factors for vascular damage may be fruitful avenue for future research in vascular depression. (RH)

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From: http://www.interscience.wiley.com

Psychosocial effects of age-related macular degeneration; by K Berman, H Brodaty.
Age-related macular degeneration (AMD) affects approximately 10% of people aged 65-74 and 30% of those aged 75+. AMD is a major cause of blindness in old age; it is progressive and irreversible. The authors used MEDLINE, psychINFO and CINAHL from 1966 to 2004 to review the literature on AMD's psychosocial effects. AMD is associated with functional impairment, high rates of depression, anxiety and emotional distress, and increased mortality. Risk factors for depression are not well-defined, except for the degree of functional impairment and impending or actual loss of vision in the second eye. Behavioural and self-management programmes may be effective in managing depression associated with AMD, but few studies have been performed, and none using drugs or multimodal therapy. AMD will become even more prevalent as the population ages. Identification of the risk factors for psychological consequences and of effective interventions remain to be recognised. (RH)

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From: http://www.interscience.wiley.com

Quality of life in Chinese elderly people with depression; by Sally W C Chan, Helen F K Chiu, Wai-tong Chien (et al).
A cross-sectional descriptive survey was conducted in psychiatric outpatient clinics. A sample of 80 Chinese older people with a diagnosis of depression disorder was recruited. Perception of quality of life (QoL) was measured by the Hong Kong Chinese World Health Organization Quality of Life Scale - Brief Version (HK-WHOQOL-BREF). The 61 female participants were least satisfied with "meaningfulness of life", "life enjoyment", "concentration and thinking", "energy" and "work capacity". Functional abilities had a positive association with participants' perceived quality of life, while level of depression and number of physical health conditions had a negative association. Participants had low level ratings of quality of life when compared with healthy people and people with chronic physical problems. Findings are discussed in light of the socio-cultural environment in Hong Kong. Comprehensive treatment and better control of depression, including different modes of medical and psycho-social intervention, could help to improve participants' perception of quality of life. A longitudinal study with a larger sample with various levels of depression and socio-demographic characteristics is recommended. (RH)

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From: http://www.interscience.wiley.com
Quality of life measures for depressed and non-depressed Chinese older people; by Sally Wai-chi Chan, Wai-tong Chien, David R Thompson (et al).
The perception of quality of life (QoL) between depressed and non-depressed Chinese older people in Hong Kong was examined with a sample of 80 older Chinese with a diagnosis of depression and 179 non-depressed controls. The depressed group had a lower rating in perceived QoL in all aspects than the non-depressed group. Level of depression and functional abilities were predictors of QoL ratings for both groups and activities of daily living (ADLs) was the predictor of QoL in the depressed group only. The study identified the subjective perception of QoL in depressed people as being higher, and significantly lower in non-depressed older people. Depression affects bio-psychosocial status of Chinese older people. The study provides insight for health care professionals in planning innovative services to meet their health needs. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

The relation of entrapment, shame and guilt to depression, in carers of people with dementia; by Y Martin, P Gilbert, K McEwan (et al).
There is increasing research exploring depression in carers of people with dementia. This study explored the relation of entrapment, shame and guilt to depression in a group of 70 carers of those with dementia. As in other studies, the experience of entrapment in the role was highly related to depression. Moreover, experience of shame relating to self-criticism, other people’s expectations and the fear of their criticism were significantly related to depression, entrapment and guilt. Guilt however - as focused on the fears of harming others, letting others down and sense of responsibility - was not associated with depression or entrapment. Depression in carers may relate in part to feeling trapped in a role, but also being vulnerable to criticism and feelings of inadequacy in that role. In this study, degree of behavioural disturbance or dependence was not found to be significantly associated with any of the research variables. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Relationship between adherence to tradition and depression in Chinese elders in China; by L A Mjelde-Mossey, I Chi, V W Q Lou.
In Chinese traditional culture, an older person’s purpose, meaning and self-worth are derived, in the main, from their social roles within the family and the community. As the traditional culture declines, so do these familiar roles, supports and ways of coping. This constitutes a major loss, which can have a variety of psychosocial consequences, one of which could be depression. This study’s sample of 1502 Chinese older people living in the People’s Republic of China responded to a 9-item measure of traditional mutual aid and intergenerational exchange. Depression was measured by the Center for Epidemiological Studies - Depression Scale (CES-D). Regression analysis found a significant and negative relationship between tradition and depression, which suggest that adherence to tradition may have protective benefits. These findings have application with older people in China as well as with those who are immigrants in other societies. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Relationship between anxiety and agitation in dementia; by H Twelftree, A Qazi.
Anxiety and agitation are common in people with dementia. The consequences can be severe, including increased mortality rates and institutionalisation. Of the little literature available, some studies have assumed that agitation is the outward manifestation of anxiety, while others have attempted to differentiate between them. This study aims to investigate the relationship between anxiety and agitation in people with mild to moderate dementia. A secondary aim was to compare two measures of anxiety which have been used in people with dementia. A cross-sectional correlation design was used. Participants were 40 older people with dementia recruited from day hospitals and community mental health teams in Leicestershire. The main finding was that anxiety and agitation are associated in dementia. The degree of correlation did not support the use of agitation as a measure of anxiety. Anxiety symptoms of autonomic sensitivity were not correlated with agitation and could be used to differentiate between the two if this was required. The use of the Rating for Anxiety in Dementia (RAID) was supported as a measure of anxiety in people with dementia. (RH)
ISSN: 13607863
From: http://www.tandfonline.com
Religiosity, adherence to traditional culture, and psychological well-being among African American elders; by Yuri Jang, Amy R Borenstein, David A Chiriboga (et al).
To expand our knowledge on the role of religiosity in African American culture, this study assessed the associations between religiosity, adherence to traditional African American culture, and psychological well-being. Regression models of psychological well-being, indexed with depressive symptoms and life satisfaction, were tested using a representative sample of 255 community-dwelling African American older people in the Hillsborough Elder African American Life Study (HEALS) in Florida. The direct effect of religiosity was found to be significant for both depressive symptoms and life satisfaction. A significant interaction between religiosity and adherence to African American culture was observed in the prediction of life satisfaction. Further analysis indicated the positive effect of religiosity on life satisfaction was stronger in those of a traditional persuasion. The results demonstrate that the benefits of religiosity do not exist uniformly across all African Americans, but vary by the level of traditional culture. (RH)
ISSN: 07334648
From: http://jag.sagepub.com

The revised CES-D scale for caregivers of the elderly in India; by Rashmi Gupta, Deepa Punetha, Sadhna Diwan.
The Center for Epidemiologic Studies Depression Scale (CES-D) was administered in face-to-face interviews with 255 Indian caregivers (aged 18+) of older North Asian Indian adults, in order to empirically determine the factor structure of L S Radloff's original (1977) CES-D. Confirmatory factor analysis results did not support the original 4-factor theoretical structure, but did suggest a 3-factor model. The 3-factor version showed high internal consistency among the sub-scales. The results of this study indicate that the revised CES-D scale reflects the difference in the manifestation of depression to caregivers of older people in Allahabad, the Indian community studied. This scale should be validated further by replication. (RH)
ISSN: 00914150
From: http://baywood.com

Risk and protective factors of different functional trajectories in older persons: are these the same?; by Gertrudis I J M Kempen, Adelita V Ranchor, Eric van Sonderen (et al).
1765 Dutch older people, participants in the Groningen Longitudinal Aging Study (GLAS), were assessed for disability in 1993 and again in 2001 regarding risk and protective factors. In 2001 as compared to 1993, the authors distinguished three groups of disability functioning trajectories: substantially poorer, somewhat poorer, and no change or better functioning. They assessed sociodemographic, health and psychosocial risk or protective factors in 1993. When analysed separately, risk and protective factors had similar (but mirrored) associations with functional trajectories. However, in a multivariate approach, the authors identified old age, depressive symptoms, and low mastery as risk factors for functional decline, whereas they identified young age, good perceived health and self-efficacy expectancies as factors that predicted trajectories of healthy functioning. Risk and protective factors of functional trajectories in older people are not the same. (RH)
ISSN: 10795014
From: http://www.geron.org

Role of depressive and cognitive status in self-reported evaluation of quality of life in older people: comparing proxy and physician perspectives; by Paolo Scocco, Giovanna Fantoni, Federico Caon.
138 non-institutionalised Italian older men and women, their respective caregivers and treating doctors were consecutively recruited (response rate was 74.6%). 40 suffered from Alzheimer's disease (AD), 36 from depressive syndrome (DS), 35 from both conditions, and 27 had neither. All participants were evaluated by Mini Mental State Examination (MMSE), Geriatric Depression Scale (GDS) and World Health Organization Quality of Life (WHOQOL) questionnaire. Caregivers filled out QOL-Proxy, and physicians filled out the Health and Severity of Illness form. The four groups scored significantly differently in all areas of the WHOQOL questionnaire. Subjects with depression achieved lower mean quality of life (QoL) scores than healthy subjects and those with Alzheimer's disease (AD). The scores of those with depressive syndrome (DS) and AD were intermediate. The more severe the depressive symptoms, the lower the scores. The discrepancy between users and caregiver proxy ratings covered all QoL domains for demented patients, some domains for healthy subjects, while there was complete convergence for depressed patients. Older people with AD perceive their own QoL similarly to, and in some cases, better than healthy people of the same age. The opposite was observed among

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the depressed, while informants do not always observe QoL in the same way as healthy older people and those with AD, while there is more agreement with depressed patients. Information evaluation may be helpful, but it is not necessarily reliable. (RH)

ISSN: 00020729
From: http://www.ageing.oxfordjournals.org

Screening for depression in older medical inpatients; by Sarah Cullum, Sue Tucker, Chris Todd (et al.).
Depression is common in older people with physical health problems, but is often undetected and untreated. This may be partly due to the overlap of somatic symptoms. Nonetheless, the National Service Framework for Older People (NSF) recommends screening for depression in acute healthcare settings to improve health outcomes. This study is part of a larger study of liaison psychiatry in older medical inpatients in a district general hospital in East Anglia, and estimates the prevalence of depressive symptoms. The study shows that of 618 inpatients screened with the 15-item Geriatric Depression Scale (GDS-15), 44% scored above the normally recommended cut-off for depression. A stratified sample of 223 was further assessed using the Geriatric Medical State (GMS): the prevalence of ICD-10 depressive disorder was 17.7%. The study confirms that depression is common among older UK medical inpatients, with 1 in 6 suffering from clinical depression. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Social network typologies and mental health among older adults; by Katherine L Fiori, Toni C Antonucci, Kai S Cortina.
The authors test the robustness of previous social network research, and extend this work to determine whether support quality is one mechanism by which network types predict mental health. Participants included 1669 adults aged 60+ from the Americans Changing Lives study. Using cluster analysis, they found diverse, family and friend network types, which is consistent with Howard Litwin’s 'Social network type and morale in old age' (2001). However, they found two types of restricted networks, rather than just one: a non-family network and a non-friends network. Depressive symptomatology was highest for individuals in the non-friends network, lowest for individuals in the diverse network. Positive support quality partially mediated the association between network type and depressive symptomatology. Results suggest that the absence of family in the context of friends is less detrimental than the absence of friends from the context of family, and that support quality is one mechanism through which network types affect mental health. (RH)
ISSN: 10795014
From: http://www.geron.org

Specialist clinical assessment of vulnerable older people: outcomes for carers in a randomised controlled trial; by Dan Venables, Paul Clarkson, Jane Hughes (et al).
'Caring for carers' is high on the UK policy agenda for community care. Although recent policy advocates the provision of services directly to the carer, research suggests that an alternative way of helping carers is through targeting enhanced services towards the cared-for person. This paper reports a randomised controlled trial of the effects on carer distress of an additional specialist clinical assessment for vulnerable older people at risk of residential or nursing home placement. The sample was composed of 142 informal carers of older people, randomly assigned to receive either the additional specialist assessment or the usual social services assessment. Carers were assessed using the modified Social Behaviour Assessment Schedule (SBAS), and data were also collected on older people's service use throughout the study period. Regression analyses indicated that changes in older people's behaviour - as opposed to carer or service-related factors - predicted changes in carer distress, and that carers of the older people who expected depressive symptoms received the greatest benefit from the specialist assessment. The study suggests that an effective means of improving outcomes for carers may be to target services towards the distressing behaviours of the person for whom they care, with symptoms of depression being particularly important. (RH)
ISSN: 0144686X
From: http://www.journals.cambridge.org/jid_ASO

Suicide risk assessment in the depressed elderly patient with cancer; by Olu Labisi.
Although several studies have identified different factors that increase the risk for suicide in older people, depression, especially in cancer patients, puts people at even greater risk. In geriatric patients with co-morbid
illnesses, depression is often diagnosed or overlooked because of the assumption that it is to be expected. When a patient with cancer is diagnosed with depression, it is imperative that clinicians have a clear-cut tool for assessing and identifying signs of suicidality in order to develop a treatment plan to manage the patient. This article delineates the steps involved in conducting a thorough and systematic suicide risk assessment for depressed older patients with cancer. (RH)
ISSN: 01634372
From: http://www.tandfonline.com

Women in the middle: generational position and grandmothers’ adjustment to raising grandchildren; by Teresa M Cooney, Jeong Shin An.
The adjustment of two groups of American grandmothers providing primary care for grandchildren in split generation households is compared: 25 grandmothers in the oldest generation of their families (G1); and 22 grandmothers who had living parents or in-laws (G2). It was hypothesised that because of potential demands them as middle generation women, that G2 grandmothers would report greater burden and depression in their caregiving roles than G1 grandmothers. After controlling for numerous factors that are associated with generational position, the hypothesis was confirmed. In addition to being in the middle generation, having grandchildren with problems predicted elevated depression and burden. Grandmothers who were educated beyond high school also reported greater role burden. (RH)
ISSN: 08952841
From: http://www.tandfonline.com

2005

Acculturation and manifestation of depressive symptoms among Korean-American older adults; by Y Jang, G Kim, D Chiriboga.
Subjects in this study were 230 Korean-American older adults (mean age 69.8) in Florida. Given the cultural emphasis on modesty and self-effacement in traditional Korean society, the authors hypothesised that older Korean-Americans who were less acculturated in American culture, when compared to more acculturated ones, would be more likely to inhibit positive affects to depressive symptom reports. Using two validated measures of depressive symptoms, the short forms of the Geriatric Depression Scale (GDS-SF) and the Center for Epidemiologic Studies Depression Scale (CES-D), different response patterns for low and high acculturation groups were identified. First, there was low comparability in the factor structures for both the GDS-SF and the CES-D across low and high acculturation groups. A differential item function (DIF) analysis based on partial correlations indicated that older people in the low acculturation group inhibited endorsing positive affect items; one item of the GDS-SF ("feel happy") and two items of the CES-D ("felt hopeful" and "was happy"). The findings suggest the substantial cultural influences in expressing emotions, especially those related to positive affects. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

An age-old problem?: [depression is not a natural part of old age]; by Mike George.
Depression is considered to be one of the most prevalent health problems facing older people today: an estimated 1.4 million to 1.9 million people in Britain suffer from depression. This article argues that age discrimination prevents older people from being referred to services, especially specialist mental health services, when needed. This process may be reinforced by the National Service Framework for Mental Health which focuses predominantly on those of working age and below. Yet Professor Susan Benbow (Chair of the Faculty for the Psychiatry of Old Age at the Royal College of Psychiatry) urges a higher priority to be given to older people's needs: she believes better support can be given by community-based health and social care services. East Kent NHS and Social Care Partnership Trust already has a local area agreement framework which "offers an ideal opportunity to work on a multi-agency basis on common approaches to promoting social inclusion of older people who are isolated and potentially prone to depression." In the same way, Jonathan Ellis of Help the Aged advocates that the Single Assessment Process (SAP) "can be used as an opportunity to identify issues before they become problems". Further work undertaken by Hertfordshire Partnership NHS Trust is also mentioned. (KJ/RH)
ISSN: 14779994
From: http://www.careandhealth.com
Antidepressant drug prescribing among elderly subjects: a population-based study; by Mauro Percudani, Corrado Barbui, Ida Fortino (et al).
The prevalence and distribution of antidepressant prescribing in Lombardy, a region of northern Italy with more than one and half million older residents, was examined using the Regional Administrative Database. The database includes all prescriptions reimbursed by the National Health System in the population living in this region. All antidepressant prescriptions dispensed to subjects aged 65+ during 2000 were extracted and prevalence data calculated by dividing antidepressant users by the total number of male and female residents in each age group. In the 12 months surveyed, 153,706 subjects were dispensed with one or more antidepressant prescription, a prevalence of 9.49 subjects per 100 inhabitants. Although the proportion of chronic users decreased slightly with age, more than 35% of those aged over 85 were moderate or chronic antidepressant users. General practitioners (GPs) issued most of these prescriptions, and most antidepressant users were also dispensed agents for medical disorders. The very high rate of antidepressant drug prescribing detected in late life suggests the need to characterise these subjects in terms of medical and psychiatric characteristics, need and quality of life. It also suggest the need for pragmatic clinical trials carried out in the general practice, with the aim of assessing whether antidepressants are effective in these conditions. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

The association between depression, anxiety and cognitive function in the elderly general population: the Hordaland Health Study; by Eva Biringer, Arnstein Mykletun, Alv A Dahl (et al).
An inverse association between depression and cognitive function has previously been reported in clinical studies of both younger and older samples. 1,930 non-demented participants aged 72-74 from Hardlund Health Study (HUSK), Norway, were assessed using the Hospital Anxiety and Depression Scale (HADS). Their cognitive function was assessed by the Digit Symbol Test (modified version), the Kendrick Object Learning Test, and the "S" task from the Controlled Oral Word Association test. There was a significant correlation between depression and reduced cognitive function. The inverse association between anxiety and reduced cognitive performance was explained by adjustment for co-morbid depression. The inverse association between depressive symptoms and cognitive function was found to be close to linear, and was also present in the subclinical symptom range. Men were more affected cognitively by depressive symptoms than women. The inverse association between depression and cognitive function is not only a finding restricted to severely ill patients, but it can also be found in the older general population. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Associations between loneliness, depressive symptoms and perceived togetherness in older people; by P Tiikkainen, R L Heikkinen.
The associations of loneliness with depressive symptoms was explored in a 5-year follow-up. This study is part of the Finnish Evergreen project, and also describes how the six dimensions of perceived togetherness explain loneliness and depressive symptoms at baseline. Data were collected on 202 residents of Jyväskylä, central Finland, who at baseline in 1990 were aged 80, and 113 residents who at follow-up in 1995 were aged 85. Loneliness was assessed using a questionnaire item with four pre-set response options, perceived togetherness using the Social Provision Scale, and depressive symptoms using the Center for Epidemiologic Studies Depression Scale (CES-D). A recursive structural equation model showed that in women but not in men, depressive symptoms predicted more experience of loneliness. Those who were lonely were more depressed (CES-D score 16 or over) and experienced less togetherness than those who were not. Loneliness was explained by reliable alliance, social integration and attachment; and depressive symptoms were explained by guidance, reassurance of worth, reliable alliance and attachment. A common feature in both loneliness and depressive symptoms was a lower level of perceived emotional togetherness in social interaction. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Black-white differences in depressive symptoms among older adults over time; by Kimberly A Skarupski, Carlos F Mendes de Leon, Julia L Bienias (et al).
Racial disparities in older people's mental health are examined, with a specific focus on black-white differences in depressive symptoms. Subjects were 4,275 community-dwelling people aged 65+ (62% black) who
participated in the Chicago Health and Aging Project (CHAP) over a 9-year period. Depression was measured using a summary score of the 10-item Center for Epidemiologic Studies Depression Scale (CES-D). Depressive symptoms were modelled using the method of General Estimating Equations and a Poisson error structure. A significant race effect was found at baseline: Blacks reported some 60% more symptoms than Whites. The differences were larger for men than for women. After controlling for age, sex, time, education, income and related interaction terms, the baseline race effect was reduced by almost half but remained robust. The racial differences increased slightly over time, these findings supporting heightened awareness of depression in older Black populations. (RH)

ISSN: 10795014
From : http://www.geron.org

Breeding ground for depression: [incidence of depression in care homes]; by Katie Leason.
Community Care, issue 1577, 16 June 2005, pp 30-31.
The incidence of depression among older people in care homes is far higher than among those in the community. The author reports that a huge effort needs to be made in improving detection and treatment. She cites research by Australia's Department of Health and Ageing, which highlights environmental factors, while UK mental health experts also point to the negative attitudes of general practitioners (GPs) and some care home staff in recognising and reacting to depression symptoms. (RH)

ISSN: 03075508
From : http://www.communitycare.co.uk

Care of the elderly mind.
Geriatric Medicine, vol 35, no 10, supplement, October 2005, 52 pp (whole issue).
This supplement aimed at general practitioners (GPs) has been produced to update them on current and future developments of treatment for the following conditions: Alzheimer's disease (AD), Parkinson's disease, vascular dementia, depression and epilepsy. Professor Alistair Burns reviews the implications of NICE's preliminary recommendations that anti-dementia drugs should not be used in the treatment of Alzheimer's disease because they were not cost-effective. Professors Stephen Curran and John Wattis discuss management of depression in the older adult as well as screening and continuation treatment. (KJ/RH)

ISSN: 0268201X

Care staff training in detection of depression in residential homes for the elderly: randomised trial; by A M H Eisses, H Kluiter, K Jongenelis (et al).
Many older people with depression in residential care homes do not receive treatment, because their depression remains undetected. The authors conducted a randomised controlled trial in ten residential homes in the Netherlands. The intervention consisted of a training programme for staff and collaborative evaluation by staff and a mental health specialist of residents with possible depression. Recognition of depression increased more in homes where staff received the training programme than in the control homes. Treatment rates also increased compared with control homes, but the increase was not significant. Residents with depressive symptoms had a more favourable course when staff had received training. Moreover, the prevalence of depressive symptoms decreased, but the decrease was not significant. Training of care staff results in the increased detection of depression in older people, a trend towards more treatment and better outcomes. (RH)

ISSN: 00071250
From : http://bja.rcpsych.org

Caregiver burden and depressive symptoms: analysis of common outcomes in caregivers of elderly patients; by Paula R Sherwood, Charles W Given, Barbara A Given (et al).
Despite widespread use of caregiver burden and depressive symptoms in caregiving research, the relationship between these two concepts and the way in which burden and depressive symptoms are affected are not clear. The authors used structural equation modelling with an inception cohort of 488 family caregivers to examine the relationship between care recipients' mental and functional status and caregivers' burden and depressive symptoms. Care recipients' mental and functional status and recency of care demands predicted caregiver burden. In turn, burden was nearly significant in predicting depressive symptoms. Care recipients' mental status and recency of care demand had a near significant indirect effect on caregiver depressive symptoms. There were no significant direct paths between care recipients' mental status, functional status, recency of care demands and caregivers' depressive symptoms. Health care practitioners should assist caregivers with new care demands stemming from care recipients' mental and functional status to decrease burden; and they should monitor caregivers with higher levels of burden for the development of depressive symptoms. (RH)

The authors have developed the 5-item Caregivers for Alzheimer's disease Problems Scale (CAPS) comprising common risk factors for anxiety and depression for family carers of people with dementia. The sensitivity and specificity of CAPS is calculated, in order to measure its usefulness in identifying caregivers at risk of anxiety and depression. 153 family caregivers were interviewed as part of a larger epidemiological representative study of people with Alzheimer's disease (AD) and their caregivers in London and the South East Region (LASER). Caregiver anxiety and depression were measured using the Hospital Anxiety and Depression Scale (HADS). The CAPS had high sensitivity and specificity in detecting caregivers with screen positive anxiety and depression. Five areas were indicated: neuropsychiatric symptoms and depression in the care recipient, co-residence and relationships with the care recipient, and physical health of the caregiver. The authors recommend that the CAPS be used as part of routine assessments of people with dementia and their families. (RH)

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From: http://www.ageing.oupjournals.org


398 Hong Kong Chinese aged 60+ referred for psychiatric assessment were administered the Center for Epidemiologic Studies Depression Scale (CES-D), as well as given an independent psychiatric assessment. A spectrum of depression diagnosis as the criterion was used to assess the diagnostic validity of the CES-D. The 10- and 20-item version of the CES-D, regardless of scoring method, produced essentially identical performance indices. Thus the 10-item version can be used in lieu of the 20-item version, and a dichotomous response format would probably work as well as the original four-point format in order to simplify administration to older people. (RH)

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From: http://www.interscience.wiley.com


Extensive research has been conducted on the level and predictors of well-being in old age, but less is known about the cognitive processes used by the ageing individual to evaluate life satisfaction. To investigate the relationship between well-being in the present and previous decades in life and explore the cognitive processes involved in these evaluations, 203 Danish participants aged 70-85 were interviewed and their level of present life satisfaction and depressive symptoms measured. One year later, depressive symptoms were recorded for a follow-up sample of 65 of the participants. The results showed that evaluating old age as the best part of life was related to increased well-being. Evaluations of positive periods in life were based on general positive qualities, whereas specific negative events were given as reasons for nomination of negative periods in life. Deviations from this general pattern were related to lower levels of well-being. Use of comparison strategies to evaluate present life satisfaction was frequently reported, and the use of temporal comparisons was predictive of changes in depression over a 1-year period. The present study indicates that the cognitive processes used in the evaluation of life satisfaction are related to present and future well-being. (RH)

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From: http://www.tandfonline.com


The prevalence of depressive disorders among nursing home patients is much higher than among older people living in the community, whereas the prevalence of DSM anxiety disorders is about half of that among older people living in the community. Comorbid depression and anxiety is most prevalent in the more severe depressive and anxious nursing home patients. These were the main findings of study based on data collected in the Amsterdam-Groningen Elderly Depression (AGED) study of 333 nursing home patients in 14 nursing homes in the Netherlands. Anxiety symptoms, anxiety disorders and depression were measured with the Schedule for Clinical Assessment of Neuropsychiatry (SCAN) and the Geriatric Depression Scale (GDS). Pure depression,
pure anxiety and comorbid anxiety and depression have different sets of risk indicators, which probably have more value for clinical practice than for nosological purposes. (RH)

ISSN: 08856230

From: http://www.interscience.wiley.com

Comparative performance of long and short forms of the Geriatric Depression Scale in mildly demented Chinese; by Sheung-Tak Cheng, Alfred C M Chan.

The diagnostic performance of a brief (4 item) version of the Geriatric Depression Scale (GDS) is compared with the 15- and 30-item versions of the scale, investigating whether the 4-item version works equally well with mildly demented as with non-demented young-old and old-old people. 442 older Chinese people in Hong Kong were given a GDS interview and received an independent psychiatric evaluation. The 4-item version yielded comparable performance to the 15- and 30-item versions of the GDS, regardless of age and dementia status. It is reasonably robust in the effects of age and mild dementia, whether alone or in combination. Nonetheless, among the old-old demented, only a third of those tested positive were actually positive, but this problem was not specific to the 4-item version. Little, if any information is lost when this brief version of the GDS is used instead of longer ones. (RH)

ISSN: 08856230

From: http://www.interscience.wiley.com

Comparison of the prevalence and risk factors for depressive symptoms among elderly nursing home residents in Taiwan and Hong Kong; by Yun-Fang Tsai, Joanne W Y Chung, Thomas K S Wong (et al).

Depression in older people has become a serious health concern worldwide. In this study of 150 elders from Taiwan and 214 elders from Hong Kong (from 8 nursing homes in each region), prevalence of depressive symptoms was significantly higher in participants from Hong Kong (65.4%) than in Taiwan (43.3%). Logistic regression analysis indicated that gender, satisfaction with living situation, perceived health conditions, and perceived income adequacy significantly predicted depressive symptoms in older nursing home residents in Taiwan. Significant predictors of depressive symptoms in the Hong Kong sample were satisfaction with living situation, cognitive status and functional status. It is important to consider risk factors specific to a target population when developing intervention programmes for depression. (RH)

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From: http://www.interscience.wiley.com

Coping, depressive feelings and gender differences in late life widowhood; by K M Bennett, P T Smith, G M Hughes.

The relationship was investigated between depressive feelings and coping among older widowed men and women. Participants were 46 widowed men and 45 widowed women aged 55-95 living in North West England. They were interviewed about their affective experiences of widowhood, and completed two depression questionnaire assessments: the Symptoms of Anxiety and Depression Scale (SAD) and the Hospital Anxiety and Depression Scale (HADS). Participants were assessed as either coping or not coping. The results showed that both measures were effective at differentiating those who coped (Copers) and those who did not (Non-Copers) in the sample as a whole. Amongst the widows, the HADS significantly differentiated the two groups. Amongst men, neither measure significantly distinguished Copers from Non-Copers. However, an examination of the interviews suggested that widowers reported depressive feelings significantly more than widows. The results suggest that depressive feelings are associated with non-coping in older depressive people. There is also evidence to suggest that widows and widowers respond differentially to assessment measures. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

Creative reminiscence as an early intervention for depression: results of a pilot project; by E Bohlmeijer, M Valenkamp, G Westerhof (et al).

Reminiscence may help in resolving conflicts from the past and making up the balance of one's life. Life review may be further enhanced by the creative expression of memories in stories, poems or drawings. In this way, people are encouraged to create and discover metaphors, images and stories that symbolically represent the subjective and inner meaning of their lives. This article describes a new intervention which combines reminiscence and creative expression, aimed at early treatment of depression. A pilot project showed that the intervention, "Searching for meaning in life", may generate small-sized effects in reducing depression.
Moreover, the intervention appears to generate medium sized effects that enhance mastery. Possible ways of improving the intervention's effectiveness are described. (RH)

Dementia associated with psychiatric disorders; by John T O'Brien. International Psychogeriatrics, vol 17, Supplement 1, 2005, pp S207-S222. Functional psychiatric disorders are associated with a variety of cognitive deficits and, in some instances, severe cognitive impairment. This paper reviews the cognitive profile of patients with schizophrenia, depression, bipolar and anxiety disorders, as well as the longitudinal course and clinical outcome of the cognitive impairment associated with these conditions. The paper also discusses some of the mechanisms that may contribute to the expression of the cognitive deficits in these disorders and their potential relationship with common causes of dementia. This is one of fifteen articles in this Supplement of International Psychogeriatrics that considers uncommon causes of dementia. (KJ/RH)

Depression among the oldest old: the Umeå 85+ study; by Ellinor Bergdahl, Janna M C Gustavsson, Kristina Kallin (et al). International Psychogeriatrics, vol 17, no 4, December 2005, pp 557-575. The prevalence of, and factors associated with, depression in the oldest old was investigated in a cross-sectional population-based study in Umeå, Sweden. Of 319 eligible participants aged 85, 90 and 95, it was possible to evaluate 242 (75.8%) for depression. Data were collected from structured interviews and assessments in participants' homes, relatives and caregivers. Depression was screened using the Geriatric Depression Scale 15 (GDS-15) and further assessed with the Montgomery-Asberg Depression Rating Scale (MADRS). Cognition was assessed using the Mini Mental State Examination (MMSE), activities of daily living (ADLs) using the Barthel ADL Index, nutrition using the Mini Nutritional Assessment (MNA) and well-being using the Philadelphia Geriatric Center Morale Scale. The 85-year-olds had significantly lower prevalence of depression than the 90- and 95-year-olds (16.8% vs 31.1% vs 32.3%). No sex differences were found. One-third of those with depression had no treatment; and among those with ongoing treatment, 59% were still depressed. Those diagnosed with depression had a poorer well-being and higher 1-year mortality. Logistic regression analyses showed that depression was independently associated with living in institutions and number of medications. Depression in the oldest old is common, under-diagnosed and inadequately treated, and causes poor well-being and increased mortality. More knowledge about depression is essential to be able to improve the assessment and treatment of depression in the oldest old. (RH)

Depression and caregiver mastery in grandfathers caring for their grandchildren; by Stacey R Kolomer, Philip McCallion. International Journal of Aging and Human Development, vol 60, no 4, 2005, pp 283-294. Grandfathers who take on caregiving responsibilities are often unnoticed and underserved in the research literature. This article reports on grandfathers from two Relatives as Parents Programs outside New York City participating in focus group interviews discussing their experiences as caregivers to their grandchildren. Common themes for the grandfathers were the feeling of missing freedom, experiencing child rearing differently now than they had with their own children, and fear of what might happen to the children should their health fail. 33 grandfathers also answered questions about themselves and their grandchild; need, use and satisfaction with formal services; depression; and caregiving mastery. A sample of 33 grandmothers selected from a previous study was matched to the grandfathers on age, race and marital status. Differences in depressive symptoms between grandfathers and grandmothers were statistically significant. There was no statistically significant difference between the grandparent caregivers on caregiver mastery. These findings suggest that there may be differences in the impact of caregiving for grandmothers and grandfathers. (RH)

Depression and older people : the role of sheltered/retirement housing: a workshop, University of Sussex, 21 September 2005; by Centre for Social Policy and Social Work, University of Sussex; Sussex Gerontology Network, Sheltered Housing Group. Brighton: School of Social Sciences, University of Sussex, 2005, 14 pp. The purpose of the workshop was to help scheme managers and residents to: recognise the symptoms of depression; know what help is available; and explore the ways in which sheltered housing can reduce older people's vulnerability to depression, especially through mitigating stress factors and promoting social activity.
Workshop sessions and presentations focused on the medical and social models of depression. The workshop was co-hosted by Mary Godfrey, a co-author of "Depression and older people" (Help the Aged, 2004); she provided two vignettes for participants to discuss and to identify obstacles and offer solutions. (RH)

Price: £3.00
From: Professor Peter Lloyd, School of Social Sciences, University of Sussex, Brighton BN1 9SN.

Depression and social support in late life: a clear but not obvious relationship; by D G Blazer.

Links between depression and social factors - particularly social support - are variously confirmed in four articles in this issue of Aging & Mental Health. This editorial not only introduces these articles, but also notes the development in the early 1960s of a hypothesis that suggested an expected transition by older people from social engagement to disengagement and withdrawal. The idea has been challenged by those who espouse social support and social engagement in countering loneliness and depressive symptoms. (RH)

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The authors take a multidisciplinary approach and use both medical and psycho-social models of depression. The medical model is used to identify symptoms, make diagnoses and work towards optimal treatment. Psycho-social perspectives provide insights into the scale and complexity of the condition and point to its social causes. Different levels of depression are identified in relation to, but distinct from, dementia, psychosis and anxiety, and suicide and self-harm. Practice examples are used throughout. The authors also consider the prevention of depression and how carers can be helped. (RH)

Price: £13.95
From: Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: post@jkp.com Website: www.jkp.com

Depressive disorders in caregivers of dementia patients: a systematic review; by P Cuijpers.

Although depressive symptomatology has been well studied in caregivers of patients with dementia, depressive disorders have been examined much less. This article reports a systematic literature search of major databases (Medline, PsychInfo, Dissertation Abstracts), and included studies examining caregivers of dementia patients that reported prevalence of a major depressive disorder, according to diagnostic criteria as assessed with a standardised diagnostic interview. Ten studies with a total of 790 caregivers were identified (sample sizes 22-147). Only one study used a representative community sample. A total of 176 subjects (22.3%) had a depressive disorder. In the three studies reporting differential prevalence rates for men and women, somewhat smaller prevalence rates were found for men than for women. In six studies, caregivers were compared to a (mostly matched) control group. The relative risks of having a depressive disorder in caregivers ranged from 2.80-38.68 (all RRs were significant). In the three prospective studies, relatively high incidence rates were found (0.48). It is clear that prevalence and incidence of depressive disorders are increased in caregivers of dementia patients, and more research is needed on this population. (RH)

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From: http://www.tandfonline.com

Depressive symptoms, chronic medical conditions and functional status: a comparison of urban and rural elders in Taiwan; by Herrng-Chia Chiu, Chun-Min Chen, Chun-Jen Huang (et al).
It was hypothesised that strong relations between chronic medical conditions, functional status and the manifestation of depression would be evident; and that the interrelationship would differ in urban and rural populations. The Chinese version of the Geriatric Depression Scale (GDS) was used with a study sample of older people recruited in a community survey in 2001 in southern Taiwan. Univariate and logistic regression analyses were performed to identify the predictors for depressive symptoms in urban and rural samples. 20.1% of urban elders and 12.8% of rural elders were classified with depressive symptoms. While controlling for socio-demographics, the prevalence of chronic disease and ADL summary scores were consistently associated with depressive symptoms for urban and rural samples. Cardiovascular disease and hip fracture were significantly predictive of depression for the urban sample, whereas the influence of stroke history was found to be predictive of depression in the rural sample. The findings confirm urban-rural differences in the reporting of associations between depressive symptoms, chronic medical conditions and functional ability. These differences should be borne in mind when developing prevention programmes. (RH)
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 6, June 2005, pp 744-747.
Depressive symptoms are common in older people and may predict dementia. The authors evaluated the association of incident Alzheimer's disease (AD) and dementia with multiple measures of depressive symptoms using data from the Manitoba Study of Health and Aging (MSHA), a study of 766 people aged 65+ in 1991-1992 who were also followed up 5 years later. Measurements considered were the Center for Epidemiologic Studies - Depression (CES-D) scale, participant-reported medical history, and duration of depression. Because depressive symptoms as measured by the CES-D predict the development of AD and dementia over 5 years, clinicians should monitor their older patients with those symptoms for signs of cognitive impairment. (RH)

Driving cessation and increased depressive symptoms; by David R Ragland, William A Satariano, Kara E MacLeod.
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 3, March 2005, pp 399-403.
To understand the consequences of driving cessation in older people, the authors evaluated depression in former drivers compared to current drivers. Depression (as assessed using the Center for Epidemiologic Studies Depression Scale, CES-D), driving status, sociodemographic factors, health status, and cognitive function were evaluated for a cohort of 1,953 residents aged 55+ as part of the Study of Physical Performance and Age-Related Changes in Sonomans (SPPARCS), a community-based study of ageing in California. The authors interviewed 1,772 participants who were active drivers at baseline 3 years later. At baseline, former drivers reported higher levels of depression than did active drivers. In longitudinal analysis, those who stopped driving during the 3-year interval reported higher levels of depressive symptoms than for those who remained active drivers, after the authors controlled for changes in health status and cognitive function. Increased depression for former drivers was substantially higher in men than in women. (RH)

The effect of rehabilitation on depression among visually disabled older adults; by A Horowitz, J P Reinhardt, K Boerner.
Aging & Mental Health, vol 9, no 6, November 2005, pp 563-570.
There has been a great deal of interest in identifying the impact of rehabilitation on psychological well-being, as well as functional ability, among older people with disabilities, but empirical data remain limited. This descriptive study of a vision rehabilitation service examines the effect of specific vision rehabilitation services (low vision clinical services, skills training, counselling, optical device use, and adaptive device use) on change in depression in a sample of older people with age-related vision impairments. 95 participants were interviewed at application for services and then about 2 years later. Findings from hierarchical regression analysis indicated that low vision clinical services, counselling, and use of optical devices, in separate models, each significantly contributed to a decline in depression, after controlling for age, health status, vision status, functional disability, as well as baseline depression. When all service variables were entered into the same equation, they explained an additional (10% of the variance) in change in depression. Given the well-documented robust relationship between disability and depression, findings point to the influence of vision rehabilitation interventions on both physical and psychological functioning, and underscore the need for future, controlled research on rehabilitation service models that address mental health issues. (RH)

Effects of a health advocacy, counselling and activation programme on depressive symptoms in older coronary heart disease patients; by Marika Salminen, Raimo Isoaho, Tero Vährberg (et al).
A health advocacy, counselling and activation programme aimed at increasing knowledge about coronary heart disease (CHD) and social activities, contacts, roles, support and performing light exercises reduced depressive symptoms among older Finnish male CHD patients suffering from a moderate or high amount of depressive symptoms. Primary health services, social services and voluntary organisations should develop and implement
interventions including educational, physical and psychosocial activities for older chronically ill and disabled individuals with different physical diseases in order to get evidence-based data for treating older people with minor depression in primary care. The study was based on patients aged 65+ with CHD from the longitudinal epidemiological Lieto study in Finland in 1998-1999. 116 were randomly assigned to an intervention group and 106 to a control group. Changes in depressive symptoms were measured by the Zung Self-rating Depression Scale (ZSDS). (RH)

ISSN: 08856230
From : http://www.interscience.wiley.com

Effects of parental rejection and relationship quality of depression among older rural adults; by Jim P Stimpson, Kimberly A Tyler, Dan R Hoyt.
Research suggests that families have development histories which influence their responses to situations across the life course. This study examined the effect of family relationship histories on intergenerational affection and conflict between adult children and their parents, and how this affects parents’ depressive symptoms. Path analysis based on matched reports of adult children and their parents revealed that parental behaviour early in life affects contemporary relationships between family members, which ultimately impacts parents’ depressive symptoms. (RH)
ISSN: 00914150
From : http://baywood.com

Effects of pets versus people visits with nursing home residents; by Patricia Lutwack-Bloom, Rohan Wijewickrama, Betsy Smith.
This study sought to isolate the value of a pet, using pet facilitated therapy within long-term care facilities, to answer the question as to whether the visits themselves may be the contributing factor to changes in outcome, or the pet itself. Residents in two long-term care settings were compared. Using the Geriatric Depression Scale (GDS) and Profile of Mood Disorders to assess changes over a 6-month period, one patient group received visits from volunteers who brought a dog; a matched group received visits without a dog. Results show a significant, positive change in mood for those receiving visits from volunteers with a dog. While there was a similar trend in depression, the differences were not significant. (RH)
ISSN: 01634372
From : http://www.tandfonline.com

The effects of psychosocial methods on depressed, aggressive and apathetic behaviors of people with dementia: a systematic review; by Renate Verkaik, Julia C M van Weert, Anneke L Francke.
This systematic review seeks to establish the extent of scientific evidence for the effectiveness of 13 psychosocial methods for reducing depressed, aggressive or apathetic behaviors in people with dementia. The Cochrane Collaboration guidelines were followed. Using a predefined protocol, 10 electronic databases were searched, studies selected, relevant data extracted and the methodological quality of the studies assessed. With a Best Evidence Synthesis, results of the included studies were synthesised and conclusions about the level of evidence for the effectiveness of each psychological methods were drawn. There is some evidence that multi-sensory stimulation / Snoezelen in a multi-sensory room reduces apathy in people in the latter phases of dementia. Furthermore, there is scientific evidence, although limited, that Behaviour Therapy Pleasant Events and Behaviour Therapy - Problem Solving reduce depression in people with probable Alzheimer's disease (AD). For the other 10 psychosocial methods, there are no or insufficient indications that they reduce depressive, aggressive or apathetic behaviours in people with dementia. Although the evidence for the effectiveness of some psychosocial methods is stronger than for others, overall, the evidence remains quite modest, and requires further research. (RH)
ISSN: 08856230
From : http://www.interscience.wiley.com

The effects of reminiscence on depressive symptoms and mood status of older institutionalised adults in Taiwan; by Jing-Jy Wang.
Can reminiscence therapy reduce older peoples’ depressive symptoms and improve their mood status? A longitudinal quasi-experimental design was used in this Taiwan study, with two equivalent groups of pre-post test and purposive sampling. 48 institutionalised people aged 65+ completed the study, 25 in the experimental group and 23 in the control group. Each subject was administered pre- and post-tests at a 4-month interval, but
those in the experimental group underwent weekly individual reminiscence therapy. Geriatric Depression Scale short form (GDS-SF) and Apparent Emotion Rating Scale (AER) were used as study instruments. Findings indicate that the experimental group demonstrated fewer depressive symptoms and better mood status on the post-test compared to the control group. Reminiscence therapy can provide a basis for planning geriatric care to promote well-being and quality of life in older people. (RH)

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From: http://www.interscience.wiley.com

Everyday competence and depressive symptoms: social support and sense of control as mediators or moderators?; by K-L Chou.
Depression is common among older members of Hong Kong Chinese society. This study's objective is to re-assess the relationship between everyday competence and depressive symptoms and to test whether sense of control and social support mediate and moderate the impact of deterioration in everyday competence on depressive symptoms. Respondents were 393 Hong Kong Chinese aged 60+ from a cross-sectional representative community sample who were interviewed using a structured questionnaire. In multiple regression analyses, everyday competence was found to be significantly and negatively related to depressive symptoms after adjusting for age, gender, marital status, years of education, self-rated health status and number of chronic diseases. Moreover, both sense of control and social support were mediators in the linkage between everyday competence and depression. However, neither sense of control nor social support moderated the effect of everyday competence on depression. Findings suggest that both sense of control and social support play important roles in the relationship between everyday competence and depression. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

The factor structure of the Hospital Anxiety and Depression Scale in older individuals with acquired amputations: a comparison of four models using confirmatory factor analysis; by Deirdre Desmond, Malcolm MacLachlan.
The Hospital Anxiety and Depression Scale (HADS) is a 14-item scale designed as a brief assessment of both anxiety and depression in non-psychiatric patients. Factor structure of the HADS was investigated in a sample of 680 veterans with limb amputations who were aged 66-92. Of the four models evaluated, a 3-factor model based on L A Clark and D Watson’s Tripartite theory of anxiety and depression (1991) provided the best description of the data. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

From caregiving to bereavement: trajectories of depressive symptoms among wife and daughter caregivers; by Lydia W Li.
As well as examining trajectories of depressive symptoms for wife and daughter caregivers during the transition from caregiving to bereavement, this study also investigated whether the trajectory varies by caregivers' caregiving stress, social support and background characteristics. Hierarchical linear modelling was used to analyse four-wave longitudinal data collected for the Well-Being of Women (WBW) study in Wisconsin from 157 wife and daughter caregivers, whose relatives had died. Results show that, on average, caregivers experience increasing depressive symptoms as their care recipients approach death, and they experience decreasing symptoms after. Care recipients' problematic behaviour and caregivers' kinship, income and feelings of overload moderate the change in depressive symptoms during the transition. Services to support caregivers should target specific groups of caregivers, based on caregiving experience and background characteristics, at times when they are most in need. (RH)

ISSN: 10795014
From: http://www.geron.org

Functional disability, disability transitions and depressive symptoms in late life; by Yang Yang, Linda K George.
The authors use longitudinal residual change models from the 1986 and 1992 waves of the US National Institute of Aging Established Populations for Epidemiologic Studies of the Elderly (EPESE), Duke University, to estimate how stable functional statuses and disability transitions are related to change in depressive symptoms.
Both stable disability status and transitions in disability statuses are significantly related to change in depressive symptoms (Center for Epidemiologic Studies depression scale, CES-D). Stable disability statuses in strength and mobility, instrumental activities of daily living (IADL) items and activities of daily living (ADL) items have increasing effects on increment in CES-D scores by the follow-up. The onset of disability has stronger effects on change in CES-D scores than recovery. These effects also differ by types of transitions in disability statuses. Alternative interpretations of the findings are discussed. (RH)

ISSN: 08982643
From: http://www.sagepub.com

Gender differences in the contributions of risk factors to depressive symptoms among the elderly persons dwelling in a community, Japan; by Yuriko Katsumata, Asuna Arai, Kozo Ishida (et al).
The data came from the Minamifurano town Aging Study, a community-based sample of non-institutionalised Japanese people aged 65+. Of the 731 eligible subjects, 665 were assessed for four domains of the potential risk factors (demographic characteristics, health and disability, stress, and social networks) and depressive symptoms according to the 36-item Geriatric Depression Scale (GDS). The mean overall GDS score was 10.9, 10.2 in men, and 11.6 in women. The stress domain in men and the health and disability domain in women contributed most to the explanation of the variation in the GDS score, and were thus important factors associated with depressive symptoms. Future studies should determine whether modification of these factors may prevent depression among older people living in the community. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Incidence and risk factors for depression and anxiety disorders: results from a 34-year longitudinal Swedish cohort study; by G Samuelsson, C McCamish-Svensson, B Hagberg (et al).
Aging & Mental Health, vol 9, no 6, November 2005, pp 571-575.
This study is based on a total cohort of 192 people born in 1902 and 1903 and living in southern Sweden. Subjects were assessed at baseline when aged 67 and on eight further occasions over 34 years or until death. The participation in the nine examinations ranged from 78% to 100%. Interviews, psychological tests and medical examinations were used as well as information on medical diagnoses from primary health care records and hospital records. The cumulative probability for the development of clinical depression during the follow-up was 8% and for anxiety 6%. The incidence rate for depression and for anxiety was highest during the period 67-81 years. The poor were more likely to be diagnosed with depression during the follow-up period, females more often than men. Therefore, the strongest risk factors for the development of depression were perceived economic problems. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

The interplay between life stressors and depressive symptoms among older adults; by Rudolf H Moos, Kathleen K Schutte, Penny L Brennan (et al).
Mutual predictive associations between life stressors and depressive symptoms in later life were examined in a sample of 1,291 late middle aged and older people at baseline (when aged 55-65), and after 1, 4 and 10 years. At each contact point, participants completed the Life Stressor and Social Resources Inventory (LISRES) that assessed chronic and acute life stressors and depressive symptoms. Over the 10-year interval, there was evidence of both social causation and social selection processes. More life stressors were associated with subsequent increases in depressive symptoms (social causation) and more depressive symptoms were associated with subsequent increases in stressors (social selection or stress generation). These findings reflect a mutual influence process in which life stressors and depressive symptoms can alter each other. (RH)
ISSN: 10795014
From: http://www.geron.org

Is late-life depression a predictor of Alzheimer's disease?: results from a historical cohort study; by Robert van Reekum, Malcolm Binns, Diana Clarke (et al).
44 patients (69.51% female) - 21 with early onset depression (EOD), 23 with late onset depression (LOD) - mean age 75.05 on admission to a geriatric day hospital, participated in this Canadian study. Alzheimer's disease (AD) was the most common dementia in the sample (20.5%); all other dementias occurred at a rate of less than 12%. This short article outlines the study's main results, the findings of which support the hypothesis that
individuals with late-life depression, and perhaps in particular the LOD subgroup, should be targeted for future studies of prevention of AD. However, the study's lack of power prevents it from confirming that the LOD subgroup is at higher risk than the EOD subgroup. The study found that the risk of developing AD was higher in those older depressed patients who were more cognitively impaired at entry into the day hospital. (RH)

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From: http://www.interscience.wiley.com

Late onset major depression: clinical and treatment-response variability; by Henry C Driscoll, James Basinski, Benoit H Mulsant (et al).
Data from the second Pittsburgh study of maintenance therapies in late-life depression (MTLD-II, covering 1999-2003) were analysed. The 210 patients recruited to the present study were grouped according to illness-course characteristics: 59 early onset (age 59 or earlier), 27 late onset with recurrent depression, and 95 late onset with single episode depression. Rates of response, remission, relapse and termination were similar in all three groups. However, patients with late onset, recurrent major depression took longer to respond to treatment than those with late onset single episode depression (12 weeks vs 8 weeks) and had more cognitive and functional impairment. Additionally, patients with recurrent depression (whether early or late) were more likely to require pharmacotherapy augmentation to achieve response than patients with a single lifetime episode. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

Life strain and psychological distress of older women and older men in Hong Kong; by K W Boey, H F K Chiu.
Life strain and psychological distress in a group of 1,034 older people (51.2% women) in Hong Kong were examined in this study. Data were collected through individual interviews in which a standardised questionnaire was administered. The results indicate that older women had more somatic complaints and poorer self-rated health. Family network and interdependent relationships were significantly poorer among the older women than the older men. Women were also found to experience a higher level of psychological distress as measured by the 15-item Geriatric Depression Scale (GDS-15) and the 12-item General Health Questionnaire (GHQ-12) than did men. Perceived financial strain and poor physical health had similar direct effects on both older men's and women's psychological distress. In contrast to Western findings, a poor family network was observed to exert a greater direct effect on psychological distress than an adequate social network of friends. Generally, a good social network was found to mitigate the negative impact of life strain factors among older men, but not older women. (RH)

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From: http://www.tandfonline.com

The longitudinal relationship between the use of long-term care and depressive symptoms in older adults; by Anne Margriet Pot, Dorly J H Deeg, Jos W R Twisk (et al).
The longitudinal relationship between transitions in the use of long-term care and older people's depressive symptoms is examined, also whether this relationship could be explained by markers of older people's underlying health, or other variables, e.g. demographics, personality and partner status. Data were from the Longitudinal Ageing Study Amsterdam (LASA), a random community-based sample of 3107 Dutch older people aged 55-85, stratified by age and gender. The use of informal care, professional home care and institutional care was recorded, and respondents were screened on depressive symptoms. Follow-up measurement took place at 3 and 6 years. Longitudinal analyses showed significant association between the enduring use of professional long-term care and an increase in depressive symptoms. Transitions to professional home care were also associated with considerably more depressive symptoms after 3 years, whereas transitions from professional home care to institutional care to no care or informal care only were not associated with a change in depressive symptoms. Most of the associations remained significant after indicators of underlying health and other covariates were adjusted for, and also after data were re-analysed for respondents with and without functional limitations. The authors' analyses illuminate the concerns of older people regarding their use of professional long-term care, and may help in planning for more effective delivery of this type of care. (RH)

ISSN: 00169013
From: http://www.geron.org
Major depression as a risk factor for early institutionalisation of dementia patients living in the community; by Pascale Dorenlot, Marc Harboun, Vincent Bige (et al).
Although depression is known to be frequently associated with dementia, it is nonetheless underdiagnosed and undertreated among this patient population. Its effect on outcome for dementia patients is thought to be substantial, because depression appears to induce higher than normal rates of disability as well as supplementary cognitive decline. This study followed 348 consecutive dementia outpatients (mean age 81, 69.8% women, 65.5% dementia of Alzheimer's type, mean baseline MMSE score 20.5) at a geriatric clinic in Paris between 1997 and 2002. 25% of the patients met the criteria of major depression at baseline, and only 30.3% of these received antidepressant medication. Major depression at baseline was independently associated with nursing home admission within one year of the baseline assessment. Antidepressant medication tended to protect against this outcome, but not to a statistically significant extent. The study highlights the need for better management of depression in dementia outpatients. Further investigation is needed to evaluate the protective effect of antidepressant medication (and/or non-pharmacological therapies) on the institutionalisation rate. (RH)
ISSN: 08856230
From : http://www.interscience.wiley.com

Older patients undergoing dialysis treatment: cognitive functioning, depressive mood and health-related quality of life; by J Tyrrell, L Paturel, B Cadec (et al).
An increasing number of older people receive dialysis treatment to compensate for deficient kidneys, due to end-stage renal disease (ESRU). Ethical questions arise about the benefits of dialysis when a patient appears unwilling or unable to comply with the treatment procedure. Such attitudes may be due to psychological factors, but these are not routinely assessed. This study evaluates levels of cognitive impairment, depressive mood and self-reported quality of life (QoL) in dialysis patients aged 70+. 51 patients receiving dialysis were assessed by psychologists using a depression scale (Montgomery-Asberg Depression Rating Scale - MADRS), two cognitive tests (Mini Mental State Examination - MMSE, and Beca 96), and quality of life questionnaire (Nottingham Health Profile - NHP). 60% of the patients were depressed, and between 30% and 47% had cognitive impairment. Almost half of the depressed patients were also cognitively impaired. The scores for self-reported quality of life varied widely within the sample. Cognitive impairment and depressive mood are often overlooked and underestimated in this population. Regular assessments of depressive mood, cognitive ability and QoL are recommended, given the prevalence of problems in these domains for older dialysis patients. The information obtained should assist staff as they reflect on individual cases where the benefits of continuing treatment are being examined. (RH)
ISSN: 13607863
From : http://www.tandfonline.com

Physical activity alone and with others as predictors of sense of belonging and mental health in retirees; by M Bailey, S McLaren.
Aging & Mental Health, vol 9, no 1, January 2005, pp 82-90.
A high sense of belonging in the community and physical activity are associated with improved mental health in older people. The present study tested a model incorporating physical activities performed alone and with others as predictors of a sense of belonging, depression and suicide ideation. 194 retired Australians (87 men, 105 women, mean age 68) in Ballarat, Victoria completed the Yale Physical Activity Survey, the Sense of Belonging Instrument, the Suicide Subscale of the General Health Questionnaire (GHQ), and the Zung Depression Inventory. Within the context of the model, neither participating in physical activity alone, nor with at least one person, predicted sense of belonging, depression or suicide ideation. Having the abilities and motivation to belong was a predictor of participating in physical activities with others and actual feelings of belonging, and contributed to predicting mental health in retirees. Simply performing activities with others was not associated with a sense of belonging or mental health. Rather, sense of belonging may be facilitated in order for mental health to be enhanced. (RH)
ISSN: 13607863
From : http://www.tandfonline.com

Physical health and depressive symptoms in older Europeans: results from EURODEP; by A W Braam, M J Prince, A T F Beekman (et al).
Associations between physical health and depression are consistent across cultures among adults up to 65 years of age. In later life, the impact of physical health on depression is much more substantial and may depend on sociocultural factors. 14 community-based studies of depression in later life in nine western European countries
contributed to a total study sample of 22,570 respondents aged 65+. Measures were harmonised for depressive symptoms (EURO-D scale), functional limitations and chronic physical conditions. In most of the participating samples, the association of depressive symptoms with functional disability was stronger than with chronic, physical conditions. Associations were slightly more pronounced in the UK and Ireland. (RH)
ISSN: 00071250
From: http://bjp.rcpsych.org

Physical health, depression and cognitive function as correlates of disability in an older Korean population; by Jae-Min Kim, Robert Stewart, Nicholas Glozier (et al).
The World Health Organization Disability Assessment Schedule II (WHODAS-II) measures functioning and disability in concordance with the bio-psycho-social model of the WHO's International Classification of Functioning. Disability and Health. This study reports administering the WHODAS-II to a community sample of 1,204 Koreans aged 65+. Level of disability, as measured by the scale, was principally correlated with physical health, depression and cognitive function, and these measures accounted for most associations between sociodemographic factors and disability. These associations persisted in participants without dementia. In participants with dementia, physical illness and accommodation type were the principal correlates of scores on the WHODAS-II. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Predictors of high level of burden and distress in caregivers of demented patients: results of an Italian multicenter study; by R P Rinaldi, L Spazzafumo, R Mastriforti (et al).
Considerable suffering is experienced by carers of patients with dementia. Most existing studies do not consider the coexistence of subjective and objective aspects that cause, interacting with each other, this suffering. The authors define the high-risk group of caregivers on the bases of the scores obtained on the four scales evaluating burden, distress, depression and anxiety (RDDA) taken into account simultaneously, and evaluate risk factors related to high levels of RDDA. 419 outpatients with dementia and their caregivers were enrolled. Patients were evaluated for their cognitive, neuropsychological and functional impairment and for comorbidity. By multiple logistic analysis, disability, specific behavioural disturbances of the patients as well as caregiver's age, type of relationship and living in the south of Italy were observed to be a major risk factor for high level of BDDA (HBDDA). The targeted use of scales specifically assessing BDDA of the caregiver and the identification of particular patients and caregiver characteristics are able to allow a precise and early distinction of caregivers at high risk of burden and distress. This might be helpful in planning the correct social, clinical or rehabilitative approach. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Prevalence and correlates of depression in Chinese oldest old; by Kee-Lee Chou, Iris Chi.
In Hong Kong, the oldest-old (age 80 and above) is the fastest growing age group. This article examines cross-sectional data collected from a representative community sample of 1,903 Chinese people aged 60+ in Hong Kong. Respondents were interviewed face-to-face with a structured questionnaire. Using 8 as the cut-off point in the 15-item Geriatric Depression Scale (GDS-15), the authors found that the prevalence rate was greater for the oldest old (31.1%) than for the young old (2.8%, age 60-69) or the old-old (22.4%, age 70-79). Logistic regression analysis revealed that financial status, poor self-rated health, loneliness, and heart disease were significantly and positively related to depression in the oldest old after gender, marital status, education, living arrangements, functional disability, sensory impairment, cognitive ability and the presence of eight medical conditions were controlled. Interestingly, financial strain, self-rated health and loneliness were found to be significant correlates of depression in the young-old and old-old, too. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Prevalence and correlates of depression in later life: a population based study from a rural Greek town; by F C Papadopoulos, E Petridou, S Argyropoulou (et al).
Velestino is a Greek town of some 4,000 inhabitants; and of 965 aged 60+, 608 were accessible and considered the target population for this study. During a 5-month period in 2000, a trained health visitor interviewed all study participants. The interview covered socio-demographic characteristics, medical history and administration
of the 15-question Geriatric Depression Scale (GDS-15) and the Mini Mental State Examination (MMSE). Prevalence of mild or more severe depression was 27%, and 12% for moderate to severe depression. Increasing age, female gender, lower education, and being currently unmarried were associated with higher risk of depression in univariate regression models, but these associations disappeared after controlling for cognitive function except for the association with marital status. Cognitive impairment was strongly associated with increased risk for depression. The co-morbid presence of digestive, neurological and heart conditions was also associated with increased risk for depression, while cancer was not. These results suggest that depression is high in rural areas of Greece such as this. (RH)

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From: http://www.interscience.wiley.com

Prevalence and risk factors for depressive symptoms among community-dwelling elders in Taiwan; by Yun-Fang Tsai, Shu-Hui Yeh, Hsiu-Hsin Tsai.
Depression in older people has become a serious health care issue worldwide. To determine the prevalence and risk factors of depressive symptoms in older people living in the community in Taiwan, the authors used stratified random sampling to recruit a representative sample of 1,200 participants aged 65+ from northern, middle, southern and eastern regions of Taiwan. The prevalence of depressive symptoms was 27.5%. Logistic regression analysis demonstrated that having a respiratory disease, poor cognitive function, poor social support network, dissatisfaction with living situation, perception of poor health status, and perceived income inadequacy were significant predictors of depressive symptoms in this sample. The risk factors identified in this study need to be considered when assessing older people's health. In addition, interventions to reduce older people's depressive symptoms should include strategies to change some of these modifiable risk factors. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Prevalence of depression among elderly Chinese with diabetes; by Kee-Lee Chou, Iris Chi.
The association between diabetes and depression in older Chinese was examined, also the extent to which depression is mediated by physical disability and diabetes-related comorbid conditions. In this cross-sectional study, 2,003 respondents aged 60+ living in Hong Kong were interviewed. 12% reported physician-diagnosed diabetes, and of these, 26% reported elated levels of depressive symptoms. Logistic regression analyses revealed that diabetes was significantly related to depression even when controlling for age, gender, marital status and education. More importantly, when adjusted for self-reported disability in three domains including self-care, mobility and higher functioning did not attenuate this association, but the association disappeared after adjusting for four diabetes-related complications including heart disease, high blood pressure, stroke and vision problems. Diabetes is associated with depression, and this association appears to be mediated by prevalent diabetes complications. This is of particular clinical importance, because although depression is often overlooked in older populations, effective treatment is available and can result in improved medical outcomes. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Prevalence of depression in older patients consulting their general practitioner in the Netherlands; by Els Licht-Strunk, Koen G van der Kooij, Digna J F van Schaik (et al).
Depression in older general practice attendees is a very common health problem. As part of the West Friesland Study, 5,608 GP attendees aged 55+ filled in the 15-item Geriatric Depression Scale (GDS-15) as a screening for depression response (62%). Of those screened positive by the GDS-15, 846 (77.5%) were interviewed using the Primary Care Evaluation of Mental Disorders (PRIME-MD). A random sample of 102 scoring below the threshold of the GDS-15 were interviewed to estimate the proportion of false negatives. Major depression was prevalent in 13.7% and minor depression in 10.2% of the patients. Depressed patients were older, more often female, and lived more often in urban areas. Patients with major depression were younger, and more often female than those with a minor depression. Only 22.9% of the patients with a major depression were treated with antidepressants. Further research should focus on identifying those groups of patients with high risk of persistence of depression, enabling limited resources to be used for those most urgently needing treatment. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com
Prevalence, risk factors and aging vulnerability for psychopathology following a natural disaster in a developing country; by R Kohn, I Levav, I Donaire Garcia (et al).
Older people are at risk for post-traumatic stress disorder (PTSD). This study explored the psychopathological reactions to a natural disaster and their respective risk factors among older people in Honduras and their vulnerability as compared to other adults. 800 respondents of both genders aged 15 and above, of whom 103 were aged 60+, were selected from high, middle and low residential status areas of Tegucigalpa that had suffered high and low exposure to the devastating effects of Hurricane Mitch in October 1998. The Composite International Diagnostic Interview (CIDI) was used to diagnose PTSD, and the Impact of Events Scale was administered as a measure of severity of post-traumatic reaction. Depression and alcohol misuse were examined using screening instruments. The Self-Reporting Questionnaire (SRQ) was used as both a measure of emotional distress and dichotomised to screen for probable psychiatric disorder. PTSD depression and SRQ-case were found, respectively in 13.6%, 18.8% and 21.4% of older people. Their reactions did not differ in frequency than those of younger adults. Among older people, pre-hurricane psychological problems and the intensity of exposure were associated with increased risk for all outcomes measured except for alcohol misuse. No evidence was found for a differential vulnerability on the part of older people as compared with younger adults. Among older people, increasing age was not a factor. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

The psychological well-being of the Chinese elderly living in old urban areas of Hong Kong: a social perspective; by C W Lam, K W Boey.
Using the Geriatric Depression Scale (GDS-15) and the short form of the General Health Questionnaire (GHQ-12), this study found that Chinese older people who live in old urban areas of Hong Kong are at risk of suffering from poor mental health because of their relatively deprived social conditions. It was also found that the respondent's scores in the GDS-15 correlated with their social conditions, including type of housing, availability of helpers, financial status and family support. However, Chinese older people often avoid seeking help because of the fear of being stigmatised. There is a need for more research in the future to study their needs and problems so that social work practitioners can be well-informed and culturally competent to help this disadvantaged group. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Racial and ethnic differences in the relationship of caregiving stressors, resources and sociodemographic variables to caregiver depression and perceived physical health; by Silvia Sörensen, Martin Pinquart.
Aging & Mental Health, vol 9, no 5, September 2005, pp 482-495.
Racial and ethnic differences in the association of stressors, resources and sociodemographic characteristics with depressive symptoms and perceived physical health were investigated. Data from 653 White non-Hispanic caregivers, 278 African American and 218 Hispanic Alzheimer's caregivers (209 men, 940 women) who were assessed at the baseline data collection of the REACH (Resources for Enhancing Alzheimer's Caregivers Health) study, a multi-site trial of caregiver interventions, was obtained. Multiple sample analysis, which allows testing whether a pattern of relationships is invariant across different samples, was used. Results support the hypothesis that, despite significant differences in resources and stressors, the predictors of depression and health are relatively uniform across groups. Ethnic differences were found for the effect of age, income, gender and care receiver's self-care impairments on caregiver depression. For perceived physical health, there were ethnic differences in the effect of income, gender and type of caregiver relationships. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Reciprocal relationship between pain and depression in elderly Chinese primary care patients; by Kee-Lee Chou, Iris Chi.
The relationship between pain and depressive symptoms in community-dwelling older people has been demonstrated in previous studies. The present study examines the reciprocal relationship between pain and depression, and aims to identify whether social support, functional disability of social functioning mediated the link between pain and depression in older Hong Kong Chinese primary care patients. Subjects were 318 patients assessed by a trained assessor with MD-HC at baseline; these patients were assessed one year later as well. Multiple regression analyses revealed that pain at baseline significantly predicted depression at 12 month follow-up assessment when age, gender, marital status, education and depression at baseline were adjusted for,
but depression at baseline was not associated with pain at 12-months after baseline measures while controlling for age, gender, marital status, education and pain at baseline. However, depression did predict the onset of pain. Moreover, social support, physical disability or social functioning did not mediate the impact of pain on depression. Since pain is an important predictor of depression, this risk factor needs to be borne in mind for preventive intervention and treatment for psychological well-being. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

Relationship of exercise and other risk factors to depression of Alzheimer's disease: the LASER-AD study; by Ciaran Regan, Cornelius Katona, Zuzana Walker (et al).
This study is part of a larger longitudinal study of people with Alzheimer's disease (AD) and their carers in London and South East Region (the LASER-AD). Information was collected from 224 people with AD and their caregiver using standardised cognitive, psychological and behavioural instruments. Exercise levels were classified in three categories: absent, moderate and rigorous, using the two previous week's exercise to confirm regularity and recency. 9/51 (17.6%) depressed participants took exercise compared with 76/173 (13.9%) non-depressed. Not taking part in other activities (hobbies and interests) was associated with depression less so than lack of exercise. Independent predictors of depression were lack of exercise, using cholinesterase inhibitors, and having less involvement in hobbies or interests. None of the institutional risk factors for depression for older people was associated with depression in AD. Taking regular exercise may protect against depression in AD. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Religion as moderator of the depression-health connection: findings from a longitudinal study; by Paul Wink, Michele Dillon, Britta Larsen.
A representative community sample of men and women born in the San Francisco Bay Area in the 1920s was used to investigate the long-term relations between religiousness, spirituality, depression and physical health. In late adulthood (age late 60s to mid 70s), religiousness buffered against depression associated with poor physical health, and with highest levels of depression observed in the low religiousness and poor physical health group. The buffering effect of religiousness was present after controlling for social support and was predicted longitudinally using religiousness scored in middle adulthood (40s) - at time interval of approximately 30 years. Spirituality, operationalised in terms of adherence to non-institutionalised religious beliefs and practices did not have the same buffering effect as religiousness. The findings are discussed with regard to the mechanism underlying the salutary effect of religion on aggression resulting from personal adversity. (RH)
ISSN: 01640275
From: http://www.sagepub.com

Residual symptoms in older patients treated for major depression; by Celia F Hybels, David C Steffens, Douglas R McQuoid (et al).
In a sample comprising 229 patients with DSM-IV major depression who were participants in the NIMH Mental Health Clinical Research Center at Duke University, symptoms were measured using the Montgomery-Asberg Depression Rating Scale (MADRS). At 3 months, 86 patients (37.6%) had remitted, or had a MADRS score less than or equal to 9. In the remitted group, the most frequently reported symptoms at 3 months were inner tension and lassitude, while among non-remitters were reported and apparent sadness as well as lassitude and inner tension. In the sample as a whole, the symptoms most likely to be present at baseline but not at 3 months were pessimistic and suicidal thoughts, while the most frequently reported emergent symptoms were reduced appetite and inner tension. Patients were much more likely to no longer have a particular symptom than to acquire a new symptom. Overall, the symptoms present at 3 months were not severe in either group. In older adults treated for major depression, residual symptoms at 3 months may include emergent symptoms as well as persistent symptoms, and are likely to include symptoms of anxiety as well as sadness. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Respect your elders: [mental health services for older people]; by William Little.
Report on progress made by the Department of Health as compared to the NSF for Older People's Standard 7, mental health services. Voluntary organisations claim none of the milestones that should have been established
in April 2004 have been achieved; and the DH also admits to progress that is "patchy". There is concern that age discrimination is particularly entrenched in the mental health services. Further analysis of the situation is supported by Age Concern and Susan Benbow, of the National Institute for Mental Health in England. Age Concern Oxfordshire's flexible carers' service is cited as an example of good practice is cited. Readers are also directed to "Depression and older people: towards securing wellbeing in later life", by Mary Godfrey and Tracy Denby (2004, Marston Book Services), as this reviews the research evidence. (RH)

ISSN: 09522271
From : http://www.hsj.co.uk

The role of autonomy in explaining mental ill-health and depression among older people in long-term care settings; by Geraldine Boyle.
This paper examines the extent of mental ill health and probably depression among older people in long-term care. It presents selected findings from a study in Greater Belfast, Northern Ireland, that compared the quality of life, autonomy and mental health of older people living in nursing and residential homes with those of older people living in private households who were receiving domiciliary care. Structured interviews were conducted with 214 residents in institutions and 44 older people receiving domiciliary care. The study found that those in private households were more severely physically impaired and had a higher level of mental ill health than the residents of institutional homes. It is suggested, however, that the mental ill health effects were associated less with physical impairments than with the restrictions placed on the older person's decisional autonomy, and that long-term care environments that constrain the person's autonomy contribute to the development of depression. Although the UK's National Service Framework for Older People (NSF) specified that those with depression should be given treatment and support, priority should also be given to preventing the depression associated with living in long-term care settings. (KJ/RH)

ISSN: 0144686X
From : http://journals.cambridge.org/

The influence of seasonal changes on mood and behaviour is called seasonality. All subjects from the Leiden 85-plus Study with an MMSE score of 19 or more were assessed for depressive feelings at age 85 and yearly thereafter. The influence of time of year, duration of sunlight, daylight and rain on the prevalence of depressive symptoms was assessed using linear mixed models for repeated measurements. There was no significant seasonal pattern in the data. Within each of the four years of observation (85, 86, 87 and 88) and all years combined, there was also no significant association between the 1-month accumulation of duration of sunlight, daylight or rain and the score on the Geriatric Depression scale (GDS). The results of either the 1-week or 3-month accumulation of sunlight, daylight or rain were comparable to the 1-month results. Estimates of prevalence of seasonality reported in the literature might be overestimated or a remarkable difference between young and old subjects exists. (RH)

ISSN: 08856230
From : http://www.interscience.wiley.com

Self-harm in older people with depression: comparison of social factors, life events and symptoms; by Michael Dennis, Penny Wakefield, Caroline Molloy (et al).
Studying non-fatal self-harm in older people with depression may provide a valuable insight into suicidal behaviour in this age group. The objectives of this study were to determine clinical factors that might help to differentiate those older people with depression who are most at risk of self-harm and suicide. The authors examined social factors, life events, hopelessness and other depression symptoms in a group of 48 older people aged 65+ referred following an episode of self-harm compared with 50 similarly aged people with depression who had no history of self-harm. The groups were similar in many respects, although those in the self-harm group were more likely to have a poorly integrated social network and were more hopeless. (RH)

ISSN: 00071250
From : http://bjp.rcpsych.org

The social distribution of psychological distress and depression in older adults; by John Cairney, Neal Krause.
The association between social position and mental health is examined, also whether differences in distress and depression by social position can be accounted for by differences in the major components of the stress process
model. The authors extend previous work by including an ethnocultural measure alongside more traditional measures of social position, by analysis of secondary data from Canada's 1994 National Population Health Survey. Consistent with findings from studies of younger adults, mental health in later life is determined in part by age, gender, mental status, education and ethnocultural factors. The data indicate that the life experiences connected to these social positions are largely responsible for these effects. These findings suggest that key social factors are related to mental health in later life, because one's position in the social structure shapes the stressors they encounter and the resources they have at their disposal to cope with them. (RH)

ISSN: 08982643
From: http://www.sagepublications.com

Social relationships as predictors of depression and suicidal ideation in older adults; by R K Vanderhorst, S McLaren.
Aging & Mental Health, vol 9, no 6, November 2005, pp 517-525.
The prevalence of depression and suicidal ideation in older people is considered to be a major mental health concern in this age group. This study investigated the human relatedness variables of marital status, social support resources and sense of belonging as predictors of depression and suicidal ideation in older people. A community sample of 119 older people (mean age 76.67 years) in the state of Victoria, Australia completed the Social Support Sub-scale of the Coping Resources Inventory, the Sense of Belonging Instrument, the Zung Depression Inventory ad the Suicide Sub-scale of the General Health Questionnaire (GHQ). Results indicated that lower social support resources were associated with higher levels of depression and suicidal ideation. Sense of belonging to the community was not an additional predictor of mental health. The results of this study suggest that enhancing social support resources in older people could reduce depression and suicidal ideation. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Social, health and age differences associated with depressive disorders in women with rheumatoid arthritis; by Sandra K Plach, Linda Napholz, Sheryl T Kelber.
Depression in women with rheumatoid arthritis (RA) may be related to social role experiences, physical health and age. This study examined the social and health factors contributing to depression in two age groups of women with RA. 138 midlife and late-life women with a diagnosis of RA participated in this cross-sectional study. Multiple regression analysis indicated that social role balance, functional status, number of co-existing health problems, and age were significant predictors of depression in midlife and late-life women with RA. Role balance was among the strongest factors contributing to women's depression score. Compared to midlife women, late-life women reported significantly higher role balance and lower depression scores, despite poorer functional status and more concomitant health problems. (RH)
ISSN: 00914150
From: http://baywood.com

Socio-economic context of parent care: explaining Chinese caregivers' psychological and emotional well-being; by Heying Jenny Zhan.
Depression and subjective burdens are explored among current Chinese family caregivers. Data were collected in 1997-1999 for 110 caregivers who were then taking care of physically dependent parents or parents-in-law. Regression analyses were conducted to assess the factors that influence caregivers' depression and subjective burden. Findings suggest that family and individual economic conditions are related to caregivers' depression. Caregivers' involvement in caregiving tasks is associated with caregivers' subjective burden. Poorer self-perceived health is related to higher report of caregivers' depression. The author argues that poorer health and unemployment at a time of drastic social and economic changes in China may have created psychological and emotional anxieties and depression for caregivers. The lack of financial and social stability may deleterious effects for current caregivers in the future when the grow older and have to be cared for by their one-child generation children. (RH)
ISSN: 01634372
From: http://www.tandfonline.com

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Supplemental private health insurance and depressive symptoms in older married couples; by Meeyoung Oh Min, Aloen L Townsend, Baila Miller (et al).
Stress process theory is applied to examine lack of supplemental private health insurance as a risk factor for depressive symptomatology among older American married couples covered by Medicare. Dyadic data from 130 African-American couples and 1,429 White couples in the 1993 Asset and Health Dynamics Among the Oldest Old Survey (AHEAD) were analysed using hierarchical generalised linear modelling. Lack of supplemental insurance is operationalised at the household level in terms of neither, one, or both spouses being covered by such insurance. Controlling for co-variates at both individual and couple levels, supplemental insurance has significant impact on depression, but the patterns differ by race. White couples report the highest depression when neither spouse is covered by private health insurance. African-American couples report the highest depression when only one spouse is covered. Results suggest lack of supplemental private health insurance coverage is a stressor that significantly affects depressive symptoms. (RH)
ISSN: 00914150
From: http://baywood.com

Symptoms of psychological distress among older adults in Canadian long-term care centres; by P Voyer, R Verreault, P Cappeliez (et al).
Aging & Mental Health, vol 9, no 6, November 2005, pp 542-554.
Psychological distress can lead to negative consequences affecting the quality of life of older people living in long-term care centres. This study aimed to determine the prevalence of symptoms of psychological distress and their associated factors among these residents. A cross-sectional descriptive study was conducted with 1,999 long-term care residents aged 65+ living in 28 long-term care facilities in the Quebec City area. 911 people (45.6%) displayed at least one symptom of psychological distress one or more times in the week preceding data collection. 22% were identified as psychologically distressed. Multivariate analysis indicated that psychological distress was associated with disruptive behaviours and benzodiazepine use in women residents, and with insomnia in men residents. When clinicians screen for mental health disorders, they should take into consideration that symptoms of insomnia or disruptive behaviours may mask psychological distress. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

"They're all depressed, aren't they?": a qualitative study of social care workers and depression in older adults; by N McCrae, J Murray, S Banerjee (et al).
Aging & Mental Health, vol 9, no 6, November 2005, pp 508-516.
In the UK, statutory and voluntary social services provide care and support for vast numbers of vulnerable older people, yet little is known about how social care practitioners respond to depression in this high risk population. This study elicited the perceptions and conceptualisations of this condition among social care staff, and views on how the response of social care and other agencies might be improved. Qualitative interviews were conducted with 20 social care practitioners working in generic services for older people in south London. Depression was perceived to be remarkably common among clients, a phenomenon largely attributed to the adverse circumstances of old age, particularly social isolation. A key message from participants was that social causes indicate a need for social interventions. While primary care was criticised for not taking depression seriously in older people, mental health services were generally praised. Expansion of social, recreational and psychological interventions was advocated. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Thought suppression and treatment outcome in late-life depression; by M Z Rosenthal, J S Cheavens, J S Compton (et al).
Severity of depression, age of onset, and thought suppression were examined as predictors of treatment outcome. Measures were taken pre-treatment, post-treatment, and at 6 month follow-up in 34 depressed older people receiving the treatment protocol described by Lynch et al (Dialectical behaviour therapy for depressed older adults; American Journal of Geriatric Psychiatry, 11, 33-45, 2003). Severity and chronicity of depression and higher levels of thought suppression were associated with higher depressive symptoms 6 months after treatment. Findings are consistent with research suggesting that severity and chronicity of depression predict poor clinical outcomes. These results also provide preliminary evidence that the tendency to cope with unwanted thoughts by deliberate attempts to not experience such thoughts may be an important pre-treatment predictor of outcome among depressed older people. Larger studies are needed to explore whether suppression mediates long-term recovery from depression. (RH)
The vascular depression hypothesis: the influence of age on the relationship between cerebrovascular risk factors and depressive symptoms in community dwelling elders; by B T Mast, A R Azar, S A Murrell (et al).
Aging & Mental Health, vol 9, no 2, March 2005, pp 146-152.
The vascular depression hypothesis argues that vascular disease can "predispose, precipitate or perpetuate" depressive symptoms in late life. Consistent with the broader vascular depression model, this study hypothesised that cerebrovascular risk factors (CVRFs) would demonstrate a stronger link in depressive symptoms in older age groups than among younger age groups. Path analyses were used to examine direct and indirect effects of CVRFs on depressive symptoms on four age groups: 50-64, 65-74, 75-84 and 85+. CVRFs and other comorbid medical conditions were highly predictive of health-related symptoms and mediated the four age groups. Health-related symptoms and limitations were strongly linked to depressive symptoms and mediated the influence of medical illneses (both vascular and nonvascular) on depressive symptoms. However, CVRFs exerted a unique effect on depressive symptoms in the oldest-old group (85+), independent of health-related symptoms or limitations and other comorbid medical conditions. This study's findings support the vascular depression hypothesis, being consistent with prior work suggesting vascular disease may exert its greatest effect on depression in the context of increasing frailty. (RH)

What should you expect at your age?: [mental health services and support for older people]; by Jill Manthorpe, Steve Iliffe.
Mental health services for older people continue to be regarded as a "Cinderella service". Using depression as an example, the authors ask why this is so, and whether voluntary sector involvement might improve this situation. They cite as examples the inquiry into older people's mental health being carried out jointly by the Mental Health Foundation (MHF) and Age Concern England (ACE) since 2004. There is scope, too, for voluntary sector groups to influence local strategy, commissioning of services, and implementation. (RH)

2004

The 15-item Geriatric Depression Scale (GDS-15) detects changes in depressive symptoms after a major negative life event: the Leiden 85-plus Study; by David J Vinkers, Jacobijn Gussekloo, Max L Stek.
Within the Leiden 85-plus Study, the authors prospectively followed 241 subjects aged 85+ who lived together with a partner at baseline. During a mean follow-up of 3.2 years, 55 participants (23%) lost their partner. Of those, 32 subjects completed the Geriatric Depression Scale (GDS-15) before and after the loss of their partner. All subjects reported the bereavement to be a major negative life event. The mean increase of the GDS-15 score after the death of a partner was 1.2 points. This was significantly higher than the mean change of -0.06 points in the matched control group. The study shows that the GDS-15 detects change in depressive symptoms after loss of a partner, a negative life event that is the most important factor for depression in older people. (RH)

Age, marital processes and depressed affect; by Jamila Bookwala, Jamie Jacobs.
Age-cohort differences in the interrelationships among marital processes and depressed affect were examined, using data from individuals in first marriages participating in the US National Survey of Families and Households (NSFH). The NSFH interviewed one adult per household of a national representative sample. Participants were categorized into young (n = 2,289), middle-aged (n = 1,145) and older adult (n = 691) age cohorts. The three age cohorts did not differ on negative marital processes (NMP) - unfairness in allocation of household chores, for example. However, older adults scored significantly higher on marital satisfaction than the other two age groups. NMP were more strongly related to depressed affect for young adults than middle-aged adults, whereas marital satisfaction was more strongly related to depressed affect for older adults than young adults. These findings on age-cohort differences in the salience of marital processes to depressed affect are discussed in the light of socioemotional selectivity theory. (RH)
Alzheimer’s caregiver differences in experience of loss, grief reactions and depressive symptoms across stage of disease: a mixed-method analysis; by Kathryn Betts Adams, Sara Sanders.


The self-reported losses, grief reactions and depressive symptoms experienced by caregivers in the early, middle and late stages of dementia were assessed using open-ended descriptive questions and scaled measures including the Meuser-Marwit Caregiver Grief Inventory (MM-CGI, 2002). 99 American caregivers associated with an urban Alzheimer’s Association chapter were surveyed by post. While there were moderate levels of grief and depression reported across the entire sample, those caring for individuals in the late stage of dementia reported significantly more symptoms of grief and depression than those in the early or middle stages. Responses to open-ended questions regarding losses and grief also differed across the groups in the three disease stages. The late stage group’s comments most resembled bereavement, in keeping with the higher grief and depression scores among members of the group. Findings suggest that different emotional tasks faced by caregivers as the dementia progresses, and it is important to acknowledge the particular losses and facilitate grieving at each stage. (RH)

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Stressful life events as predictors of psychological problems among a population of older American of older American Indians in the Great Lakes region are examined in this research. It assumes that meaning attached to these events is not culture-free. Data used are for 309 American Indians aged 55+ from the Long-Term Care and Social Support American Indian Aged project, a longitudinal study funded by the National Institute on Aging (NIA). Subjects were interviewed at two time periods in three distinct strata: urban, rural (off reservation), and reservation. Life events are measured by the pressure and perceived severity of 19 discrete events. Hierarchical regression analysis is used to determine the influence of life events on depression after controlling for sociodemographic factors, functional ability and comorbidity both at Time 1 and 18-24 months later at Time 2. Although Time 1 depression accounts for most of the variance at Time 2, comorbidity was also a significant predictor over time. Whereas life stress has a short-term effect on mental health, the burden of co-morbidity increases over time. (RH)

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From: http://www.sagepub.com

Associations of caregiver stressors and uplifts with subjective well-being and depressive mood: a meta-analytic comparison; by M Pinquart, S Sorensen.


This present meta-analytic study gives a systematic review of research on depression and the subjective well-being of caregivers. The authors integrate results from 60 studies on informal caregivers' subjective well-being (e.g. positive affect and life satisfaction) and contrast them with the results of studies on caregiver depression. Analyses were based on a two-factor model of subjective well-being that distinguishes between positive and negative dimensions of well-being (e.g. happiness and depression). The strongest effects were domain-specific: uplifts of caring were associated with subjective well-being, and caregiving stressors were associated with depression. In addition, weaker effects that crossed domains were present: uplifts were weakly associated with depressive symptoms. Lower levels of caregivers' subjective well-being were weakly related to care recipients' physical and cognitive impairments, as well as behaviour problems, but not to the amount of caregiving. Type of care recipients' illness and the measure of well-being moderated, in part, the association between stressor uplifts and subjective well-being. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Can we trust depression screening instruments in healthy ‘old-old’ adults?; by Lea C Watson, Carmen L Lewis, Christine E Kistler (et al).


In an educated and cognitively intact group of “old-old” Americans (age 75+, mean age 80), the Geriatric Depression Scale (GDS) and the Center for Epidemiologic Studies - Depression scale (CES-D) performed poorly in detecting both major and minor depression. One in five of the participants had significant depression
as confirmed by the Structured Clinical Interview for DSM-IV (SCID-IV) evaluation. 12% had major depression and 7% had minor depression. Most participants had their first episode of either after age 60. Contrary to other studies evaluating the GDS and CES-D, this one suggests that the healthy old-old may require new screening interventions to detect clinically significant depression. (RH)

Caregiver burden and depressive symptomatology: the association between constructs over time; by Norm O'Rourke, Holly A Tuokko.
The current study examines the association between burden and depression symptoms among cohabiting caregivers recruited as part of a longitudinal study of dementia incidence and patterns of care (Canadian Study of Health and Aging - CSHA). Patterns of change were examined in 137 informal caregivers who continued to live with community-dwelling care recipients five years subsequent to initial study participation. After controlling for demographic variables and patient illness features, regression analyses suggest that burden exists as a significant antecedent of depressive symptomatology (subsequent to control for baseline depressive symptoms). The reverse association however, was not observed. These findings support the operational definition of caregiver burden in which this construct is understood as a form of negative appraisal of current and future ability to cope with care demands. (KJ/RH)

Change in depressive symptoms in the Baltimore Longitudinal Study of Aging; by Adam Davey, Charles F Halverson, Alan B Zonderman (et al).
Depressive symptoms have been represented in the research and clinical literature in terms of both an episodic phenomenon and as enduring individual differences. Depressive symptoms were investigated longitudinally in a sample of 773 people initially aged 73 (39% women) in the Baltimore Longitudinal Study of Aging who provided biennial Centre for Epidemiological Studies - Depression (CES-D) data on up to to five occasions over an 8-year period. Symptoms increased longitudinally on all subscales, and accounting for a 1-point increase per decade. Trait-like variability accounted for at least two-thirds of the reliable variance. Inter-individual differences were consistent over time, but occasion-specific variability diminished across occasions. (RH)

Change in marital dissatisfaction, health and depression in older married couples; by Baila Miller, Aloen L Townsend, Karen J Ishler.
Does depressive symptomatology, marital dissatisfaction and physical health change over time; and are changes in marital dissatisfaction and physical health associated with changes in counts of somatic and mood symptoms of depression? In addition, do these patterns of change differ between husbands and wives? A sample of 103 married husbands and wives were interviewed in 1986 and 1989 as part of the Americans Changing Lives Survey (ACL). Using paired t-tests, the authors found that there is relatively little change in depressive symptomatology, marital dissatisfaction or health. Regression analysis revealed that predictors of change were different for mood versus somatic symptoms and for wives and husbands. The results suggest that it is important to distinguish mood and somatic symptoms when assessing changes in depressive symptomatology. RH)

Changes in anxiety and depression levels among geriatric patients during the first six weeks of admission; by Kathryn S Rose, Harvinder S Tagger, Catherine Frankenburg.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, April 2004, pp 11-16.
PSIGE Newsletter, no 86, April 2004, pp 11-16.
The Hospital Anxiety and Depression Scale (Zigmond and Smith, 1983) was verbally administered to 48 patients on four occasions over a 6-week period. Barthel Index scores were obtained for all patients at admission and at the end of their contribution to the study. Results showed significant improvements in the level of physical ability from admission to the end. There were no overall great changes in anxiety and depression levels. However, there was a significant decrease in anxiety scores for 10 patients with a high anxiety level at admission. The study also compared anxiety and depression levels between patients who completed all four assessments and those who were discharged within six weeks of admission. No significant differences were
found. The study concludes that 'possible' or 'probable' levels of anxiety on admission may indicate a reaction to the new environment rather than a clinical disorder. (RH)

ISSN: 13603671
From: http://www.psige.org.uk

Cognitive deficits and the course of major depression in a cohort of middle-aged and older community-dwelling adults; by Ramin Mojtabai, Mark Olfson.
Major depression (MD) was assessed using the World Health Organization (WHO) Composite International Diagnostic Interview - Short Form (CIDI-SF) in a sample of 661 participants of the 1996 wave of the US Health and Retirement Study who met criteria for major depression. Persistent significant depressive symptoms were assessed using an 8-item version of the Center for Epidemiologic Studies Depression scale (CES-D). Cognitive deficits were associated with persistent significant depressive symptoms at follow-up. In a latent state-trait analysis, two stable and strongly correlated traits best explained variations in cognitive functioning and depressive symptoms across assessment points. (RH)

ISSN: 00028614

A community-based study of depression in older people in Hefei, China: the GMS-AGECAT prevalence, case validation and socio-economic correlates; by Ruoling Chen, Zhu Hu, Xiaochao Qin (et al).
This community-based study of 175 people aged 65+ in Hefei city, suggested a low prevalence of depression in older people in urban China. 39 depressed cases were diagnosed by the GMS-AGECAT. Age-standardised prevalence was 2.2%, which was about five times lower than those of older people in Liverpool. Approved training in the use of the GMS-AGECAT in mainland China should make it possible to carry out a large-scale epidemiological study of depression in Chinese older people to investigate its geographical variation and risk factors. The dose-response relation between socio-economic deprivation and depression indicates that strategies for tackling inequality in depression in older people are urgently needed in China. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

A cure for depression?: [electroconvulsive therapy]; by Katie Leason.
Community Care, no 1551, 2 December 2004, pp 34-35.
Electroconvulsive therapy has long courted controversy as a psychiatric treatment. The author finds that despite some adverse side-effects, ECT still has its supporters, particularly among the severely depressed. (RH)

ISSN: 03075508
From: http://www.communitycare.co.uk

Dementia and depressive symptoms as predictors of home help utilization among the oldest old; population-based study in an urban area of Sweden; by Kristina Larsson, Mats Thorslund, Yvonne Forsell.
Data used in this study are from the Kungsholmen Study in Stockholm, Sweden: 502 community-dwelling people aged 81-100 were interviewed and assessed with medical examinations. Dementia increased the odds of receiving public home help for those living alone, but only for those who had extra-residential care. Depressive symptoms decreased the odds of receiving home help for those with lower levels of education who lived alone. On the other hand, depressive symptoms among highly educated people who lived alone and among co-residing people of any educational level were not related to receipt of home help. Improving the screening of the public home help needs of older people living in the community might allow better targeting of limited social resources to those in most need. (RH)

ISSN: 08982643
From: http://www.sagepub.com

Depression among older people in Europe: the EURODEP studies; by Copeland J R M, Beekman A T F, Braam A W (et al), EURODEP consortium.
The data from nine centres in Europe which had used the Geriatric Mental Scale (GMS) AGECAT were analysed to compare prevalence of diagnoses in subjects aged 65 years and over living in the community. Levels of depressive illness were: Iceland 8.8%; Liverpool 10.0%; Zaragoza 10.7%; Dublin 11.9%; Amsterdam 12.0%; Berlin 16.5%; London 17.3%; Verona 18.3% and Munich 23.6%. Taking all levels of depression, five high (Amsterdam, Berlin, Munich, London and Verona) and four low (Dublin, Iceland, Liverpool, Zaragoza) scoring
Depression among recipients of informal care: the effects of reciprocity, respect and adequacy of support; by Jennifer L Wolff, Emily M Agree.
The relationship is examined of perceived quality of care to depression in recipients of informal long-term care. Generalised estimating equations were used to generate population-average logistic regression models of prevalent depression, using a sample from the US Women's Health and Aging Study Caregiving Survey (WHAS-CGS) of 420 disabled community-dwelling women age 65+ who were receiving informal care. Findings confirm a substantial prevalence of depression in older women with disabilities, and support the hypothesis that perceived reciprocity and respect afforded by one's primary caregiver as well as adequacy of instrumental support, all were associated with a lower likelihood of being categorised as depressed, even after controlling for sociodemographic, health and psychosocial characteristics that are known to be related to depression. Perceived quality of informal care arrangements has a bearing on the psychological health of care recipients. Individuals in more reciprocal relationships and in relationships where they felt respected and valued were less likely to be depressed than their counterparts. (RH)
ISSN: 10795061
From: http://www.geron.org

A cross-sectional study examined the relationships between depression, health status and life events in 97 Japanese American older people aged 65 and older. Individuals completed the Geriatric Depression Scale (GDS) and the SF-12 Health Survey. All respondents had at least one chronic medical condition with heart disease as the most prevalent. Depression was significantly associated with health status. Self-ratings of general health and social support were significantly and negatively associated with depression. Risk factors such as negative life events and family history of depression were associated with higher depression scores. Like other older population groups, these findings underscore that this ethnic group is vulnerable to depressive symptomatology and may have distinct needs within a multicultural perspective. (KJ/RH)
ISSN: 07317115
From: http://www.tandfonline.com

A psychosocial approach to depression is adopted in this report - that is, depression is explored in the context of older people's everyday lives. Help the Aged commissioned the report, which was undertaken at the Nuffield Health and Social Care Group, University of Leeds. The report reviews the nature and scope of the evidence on depression and older people. It evaluates the current policy and practice response; and identifies gaps in the evidence base and areas for further work. Older people with depressive disorders are largely invisible in health and care services, and many fail to seek or receive effective treatment. Consequently, the report also examines user and carer needs; risk factors in depression; and how people access services or support, identification and treatment in primary care as well as specialist mental health services. The report presents a framework and suggestions for an approach aimed at supporting a "good life" in older age. This is seen as central in developing strategies for primary prevention of later life depression. (RH)
This study compared depression identification rates and validity of the currently mandated Minimum Data Set (MDS) and the Geriatric Depression Scale Short Form-15 item (GDS-15) in a sample of 348 American nursing home residents. Results indicate that the GDS is a better tool for identifying depression than the MDS. (KJ/RH)

ISSN: 07317115
From: http://www.tandfonline.com

The diagnostic accuracy of four brief depression scales was determined: the Geriatric Depression Scale (GDS), Even Briefer Assessment Scale for Depression (EBAS DEP), Single Question, and Cornell Scale for Depression in Dementia (Cornell). Of these, the Cornell had the best diagnostic performance in detecting depression in dementia in older Chinese people in Singapore. Diagnosing depression in dementia becomes increasingly difficult as dementia advances, which is reflected in the higher optimal cut-off values of the GDS, EBAS DEP and Cornell as one moves from the mild to the moderate-severe dementia group. A suggested approach for busy general practitioners (GPs) to efficiently detect depression in older patients with dementia is to first administer the Single Question, followed by, when needed, the Cornell scale. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

The number of older migrants of Turkish and Moroccan descent in Western Europe will increase sharply in the next decades. Identifying those who are depressed necessitates a screening instrument that is both acceptable and has good psychometric properties. This study examines the utility of Turkish and Arabic translations of the Center for Epidemiological Studies Depression Scale (CES-D) in older labour migrants of Turkish and Moroccan descent in the Netherlands. Data were derived from a community-based health survey of 304 native Dutch, 330 Turkish and 299 Moroccan migrants aged 55-75 living in Amsterdam. Acceptability of the CES-D was satisfactory, although Moroccan migrants and Turkish females had difficulty answering one or more of the (interpersonal) items from the CES-D. The utility of the Turkish and Arabic translations of the CES-D was found to be satisfactory for both Turkish and Moroccan older people. This fits the hypothesis that Turkish and Moroccan older migrants tend to somatize their depressive symptoms much more than their native Western counterparts. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

A cross-sectional study of 193 Canadian family caregivers of seniors treated in a hospital emergency department (ED) was conducted. Measures included patient depression (Geriatric Depression Scale - GDS15) and caregivers' hours of care, mental health and physical functioning (SF-36) and quality of life (EQ-5D). Mean caregiver age was 60 (±16.1 years); 70.5% were female. More caregivers of depressed seniors provided more care in the previous month (37.3% vs 22.4%), had poor mental health (63.5% vs 47%), and poor perceived quality of life (63.5% vs 50.4%) compared to caregivers of non-depressed seniors. Multiple logistic regression indicated that patient depression was associated with poor caregiver quality of life, and poor mental health in spousal and adult child caregivers. Thus, psychological support may be needed for caregivers of depressed older people. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com
The depressive symptomatology of parent care among the near elderly: the influence of multiple role commitments; by Neale R Chumbler, Amy Mehraban Pienta, Jeffrey W Dwyer.
This article investigates the independent additive and interactive effects of being an informal caregiver of an ageing parent and three role commitments (being married, having a co-resident child or grandchild, and being employed) on depressive symptomatology. For those respondents with a living mother, being a caregiver to the mother was not associated with the level of depressive symptoms. For respondents with a living father, being a caregiver to the father was associated with higher levels of depressive symptoms. Respondents who were caregivers to fathers reported lower depressive symptoms due to being married or being employed. Being married and employed may provide an alternative source of integration, and thus buffer the detrimental effects that caregiving for a father has on depressive symptomatology. Findings are discussed in the context of role status and role enhancement perspectives. (RH)
ISSN: 01640275
From : http://www.sagepub.com

The detection and prevention of depression in older people; by Irene Schofield, Sandra Stark, Andy Lowndes (et al).
Depression is not a normal part of ageing, but it is the most common mental health problem in later life. Nurses are well placed to detect and prevent depression in older people, especially at times of critical life changes, such as the move to a care home. This article outlines the content of NHS Quality Improvement Scotland's recently completed "Working with older people towards the prevention and early detection of depression" (2004). This best practice statement forms a major part of a national practice development initiative in Scotland aimed at developing evidence-based practice in nursing older people. It aims to demonstrate how nurses can begin to work with older people and their families, to provide support and prevent the normal response to loss and grief from turning into clinical depression. (RH)
ISSN: 09547762
From : http://www.nursingtimes.net

Detection of depression and anxiety disorders by home care nurses; by M Préville, G Coté, R Boyer (et al).
In a study conducted in two community health service centres in Quebec, Canada, the authors assessed the utility of three measures for detecting mental health disorders in 315 frail older people receiving home care services: the PRIME-MD, a standard psychological distress measure (PDF-29), and the health care case manager's a priori judgment on the subject's mental health status. Overall results indicated that the PDF-29 items showed better performance characteristics than the PRIME-MD in identifying current cases. The study also showed that the health care case manager's a priori judgment on the care receiver's mental health status is not sufficient in identifying frail older people's mental health needs. A two-stage screening procedure is proposed to help home care nurses. (RH)
ISSN: 13607863
From : http://www.tandfonline.com

Differentiating depression from dementia in the elderly; by Demi Onalaja, Tonye Sikabofori, Ashok Kumar Jainer.
Geriatric Medicine, vol 34, no 6, June 2004, pp 67-71.
Depression is the most common mental health problem for older people, but can easily be misdiagnosed as dementia because the two diseases share many of the same symptoms. Untreated, depression shortens life, increases health care costs, adds to disability from medical illness, and is the leading cause of suicide in older people. The authors discuss the diagnosis of depression and dementia. (RH)
ISSN: 0268201X
From : www.gerimed.co.uk

Doctors' and nurses' observations on the Geriatric Depression Rating Scale; by Margaret F Hammond.
Although screening older patients routinely for depression is recommended, there is little evidence that this practice is widespread. Of 20 junior doctors and 25 nurses on the Acute Care of the Elderly wards at the Royal Liverpool University Hospital, only 10% of these respondents would consider using the Geriatric Depression Scale (GDS) for routine screening. Objections were to process as well as content. The GDS was felt to be "too depressing" for routine use and a barrier to rapport with the patient. As well as screening for possible depression, doctors and nurses expressed different requirements from a depression scale. Whereas doctors

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wanted a formal method of rating and documenting symptoms, nurses required a therapeutic structure within which they could help patients to explore feelings. Nurses also wanted the option of offering counselling for their patients, but felt they needed training. Lack of enthusiasm for the GDS reduces its usefulness as a screening tool. A screening process that is more acceptable to nurses and doctors might improve depression screening practice. (RH)

ISSN: 00020729
From: http://www.ageing.oupjournals.org

Does depression in old age increase only cardiovascular mortality?: the Leiden 85+ Study; by David J Vinkers, Max L Stek, Jacobijn Gussekloo (et al).
The authors prospectively followed 500 subjects aged 85+ within the population-based Leiden 85+ Study in the Netherlands. Depressive symptoms were assessed annually within the 15-item Geriatric Depression Scale (GDS-15). Mortality risks were estimated in a Cox proportional hazards model with the annual assessment of depression (GDS-15, greater or equal to 4 points) as a time-dependent covariate. During 1654 person-years of follow-up (mean per person 3.2 years), depression was associated with a two-fold increase of all-cause mortality that was not explained by comorbid conditions. Overall, the study finds that depression in old age contributes to an increase of both cardiovascular and non-cardiovascular mortality. Motivational depletion may play an important role in the increased mortality on older people with depression. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

The Dysfunctional Attitudes Scale: factor structure, reliability and validity with older adults; by M Floyd, F Scogin, W F Chaplin.
The Dysfunctional Attitudes Scale Form A (DAS-A), a self-report measure of depression-related attitudes, has been used in several studies of depression. The DAS-A has a two-factor structure that has been found consistently with college student samples and clinically depressed samples of middle age adults, but it has not been validated with older people. This study examined the factor structure with a sample of 100 depressed older people (mean age 68.19; average initial Hamilton Rating Scale for Depression [HRSD] score 6.72) who participated in a depression treatment study. Results indicated the factor structure established with younger adults was not replicated with older adults. Furthermore, the factor structure with older adults was uncertain: a single factor structure, two-factor structure and three-factor structure were essentially of equal validity. The uncertainty of the latent structure of the DAS-A suggests that it should be interpreted with caution whenever used with older people. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

The effect of a communal lifestyle on depressive symptoms in late life; by Tzvia Blumstein, Yael Benyamini, Zahava Fuchs (et al).
This study compares depressive levels of 525 lifetime kibbutz members and 366 old-age kibbutz residents with a comparable national Israeli sample of 412, and assesses the relationship between depression and individual differences related to a lifetime in a kibbutz (e.g. health) and those related to current living conditions (e.g. social networks). The analysis is based on data from the Cross-Sectional and Longitudinal Aging Study conducted in Israel between 1989 and 1992, and the follow-up during 1993 and 1994. The findings indicate significantly lower levels of depressive symptomatology for women but not men residing in kibbutz communities. Women's lower levels of depressive symptoms appear to be a result of kibbutz members' better physical and mental functioning, and of such favourable lifestyle characteristics as old-age kibbutz residents' frequent contact with their children. Both lifetime and current living conditions contribute to better mental health of women in the kibbutz at older ages. (RH)

ISSN: 08982643
From: http://www.sagepub.com

Effect of combined support for people with dementia and carers versus regular day care on behaviour and mood of persons with dementia: results from a multi-centre implementation study; by Rose-Marie Dröes, Franka Meiland, Mirjam Schmitz (et al).
A previous study in Amsterdam showed that combined family support in the Meeting Centre Support Programme, in which dementia patients and their carers are both supported by one professional staff member, is
more effective in influencing behaviour problems and mood of dementia patients living in the community than non-integrated support, such as day care only. 112 dementia patients who visited psychogeriatric day care in 8 community centres across the Netherlands and in 3 nursing homes, and their carers participated in this study. 89 received support from the Meeting Centre Support Programme together with their carers; the control group (n=23) received day care only. After 7 months, compared to regular day care, the experimental group showed a moderately positive effect on the degree of total behaviour problems, especially on inactivity and non-social behaviour; also, a large effect on depressive behaviour, and a moderate effect on self-esteem. The findings confirm the surplus value of combined family support and the Meeting Centre Support Programme as compared to regular day care for people with mild to severe dementia. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

The effect of spousal mental and physical health on husbands' and wives' depressive symptoms, among older adults: longitudinal evidence from the Health and Retirement Survey; by Michele J Siegel, Elizabeth H Bradley, William T Gallo (et al).

Multivariate regression models were estimated to examine the impact of spousal depression symptoms and physical health on respondents' depressive symptoms. For these measurements, the authors used data on 5,035 husbands and wives from the 1992 and 1996 waves of the US Health and Retirement Survey. Adjusting for respondents' mental and physical health and sociodemographic traits, having a spouse with more depressive symptoms was associated with significantly higher follow-up depressive symptoms in the respondent. Controlling for spousal depressive symptoms, a decline in the spouse's physical health was associated with significant reduction in respondent depressive symptoms. These findings suggest that health care providers treating older people should be sensitive to the possibility that spouses may be affected when clients suffer poor mental or physical health. (RH)

ISSN: 08982643
From: http://www.sagepub.com

The effects of light therapy on depressed elders; by Yun-Fang Tsai, Thomas K S Wong, Yeong-Yuh Juang (et al).
A course of light therapy of 5000 lux administered for 50 minutes per day for 5 days had a significant impact on reducing older patients' depressive symptoms. In this Taiwan study, an experimental design was used, in which a control group did not receive this treatment. Depressive symptoms were significantly reduced in the experimental group at post-test, but no significant decline was found in the control group. (RH)

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From: http://www.interscience.wiley.com

Elderly suicide attempters with depression are often diagnosed only after the attempt; by Kirsi Suominen, Erkki Isometsä, Jouko Lönnqvist.
Older and younger suicide attempters treated in hospital emergency rooms in Helsinki, Finland between 15 January 1997 and 14 January 1998 were compared in terms of their health care contacts, clinical diagnoses, and characteristics predicting lack of treatment contact after the attempt. During the final 12 months before the attempt, most of the 81 older (aged 60+) suicide attempters had a contact with primary health care, but their mood disorders were likely to have remained undiagnosed before the suicide attempt. In primary health care, only 4% had been diagnosed with a mood disorder before the attempt, but 57% after. After the suicide attempt, most older suicide attempters were referred to aftercare, two-thirds having contact with psychiatric care. For the purposes of preventing suicidal behaviour, screening for depression, plus further education on recognition and treatment of mood disorders for older people in primary care settings are needed. (RH)

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From: http://www.interscience.wiley.com

Expressed emotion in family members of depressed older adults; by G A Hinrichsen, L Adelstein, M McMeniman.
Central to Expressed Emotion (EE) is the expression of criticism of a psychiatric patient by a family member. This study examines differences between the Expressed Emotion construct developed in the psychiatric literature and interpersonally relevant constructs derived from gerontology caregiver research. EE and other indices derived from the Camberwell Family Interview (CFI) were assessed in 46 adult children and spouses
providing care to an older person admitted to hospital for major depressive disorder. The relationship of CFI indices with the family member's past and current relationship with the depressed relative, illness attributes, and emotional functioning was examined. Of the family members, 60.9% were classified as high EE. Measures of past and current relationship and illness attributes were significantly associated with most of the CFI indices. In multivariate analyses, past relationship and illness attributes predicted high EE status. Only past relationship predicted the CFI index of warmth. There is a conceptual and empirical overlap with the EE construct and interpersonally relevant gerontology variables. EE holds promise for a more complex understanding of caregiving and better caregiver interventions. (RH)

Gender differences in depression: a study of older unlike-sex twins; by S Takkinen, C Gold, N L Pedersen (et al).
Gender differences in depressive symptoms, diagnosis of major/minor depression, and use of antidepressant medications were investigated. The sample included 249 pairs of unlike sex twins aged between 70 and 80 (from the Swedish Twin Registry) at the initial, base-line assessment. A follow-up in which 149 twin pairs participated, was carried out 4 years later. Participants completed the Center for Epidemiologic Studies Depression Scale (CES-D) for depressive symptoms. Current use of antidepressant medication was assessed. Medical records of major/minor depression for 1985-1988, including a summary of diagnoses in earlier years, were gathered from several sources. Women had a higher frequency of depressive symptoms and depression diagnoses than their twin brothers. Depressive symptoms and diagnosis of depression increased over time, slightly more among men. The gender difference and increase over time in the depressive symptoms were related to differences in socio-economic status and physical functioning in men and women. No gender differences were found in the use of antidepressant medication. (RH)

Geriatric Depression Scale short form and Zung Self-Rating Depression Scale: a study of home-bound elders; by Gail Herbert Iglesias.
This study investigates the correlation between the Zung Self-Rating Depression Scale (ZSDS) and the short form of the Geriatric Depression Scale. A convenience sample of 188 housebound, ill older persons aged 65-93 was used. The two scales were correlated and the internal reliability of the GDS was .825. For the GDS short form, 37% of the sample had scores of 8 or higher; for the SDS 20% had scores higher than 50, falling within the range of persons with probably depressive symptomatology. Results are discussed in terms of screening for depressive symptomatology in ill, older persons living in the community. (KJ/RH)

Honeymoons and joint lunches: effects of retirement and spouse's employment on depressive symptoms; by Maximiliane E Szinovacz, Adam Davey.
With hypotheses derived from a life-course perspective in conjunction with life event stress and role theories, the authors examine whether a spouse's employment and length of retirement affect a person's post-retirement depressive symptoms, and whether such effects differ by gender. They use a sub-sample of pooled data from the US Health and Retirement Survey (HRS) 1992, 1994, 1996 and 1998 for 2,695 married individuals who either remained continuously employed over time or were completely retired since the Wave 1 interviews. Recently retired men were seen to be negatively affected by their spouses' continuous employment when compared to men whose wives were continuously not employed. In contrast, spouses' joint retirement has a beneficial influence on both recently retired and longer-retired men. However, for recently retired men, the positive effect of wives' retirement seems to be contingent on spouses' enjoyment of joint activities. Among women, effect of spouses' employment occur only among very recently retired wives (0-6 months). These wives report more depressive symptoms if their spouses were already non-employed prior to wives' retirement. These results demonstrate the complexity of retirement adaptation processes and suggest that marital context plays an important role in retirement well-being. (RH)
The impact of health problems on depression and activities in middle-aged and older adults: age and social interactions as moderators; by Yasuyuki Fukukawa, Chiori Nakashima, Satomi Tsuboi (et al).

Data from this study were from the baseline (November 1997 to April 2000) and follow-up (April 2000 to May 2002) of Japan's National Institute for Longevity Sciences - Longitudinal Study of Ageing (NLS-LSA). The sample consisted of 1,802 Japanese community-dwelling adults (mean age 58.3). Analysis indicated that health problems were significantly related to: an increase in depressive symptoms in middle-aged adults; and a decline in everyday activities in older adults. The former were buffered by emotional family support, whereas the latter was buffered by instrumental family support and, surprisingly, by negative interactions with family. In contrast, social interactions with other friends and acquaintances did not show any moderating effect. (RH)
ISSN: 10795014
From: http://www.geron.org

Individual differences in the effects of disease and disability on depressive symptoms: the role of age and subjective health; by Yuri Jang, Leonard W Poon, Peter Martin.
Everyone is affected differently by disease and disability. The hypothesised effects of age and subjective health were tested using 252 older Americans divided into three age groups (i.e. 60s, 80s and 100s). Two major findings emerged. First, as expected, individuals with advanced old age had higher levels of health problems. However, their perceptions of health and expressive symptoms were less affected by disability when compared to the younger old. Second, regardless of age, the effects of disease and disability on depressive symptoms were mediated through subjective health. Findings suggest age differences in the consequences of health problems, and the importance of subjective perceptions to bridge physical and mental health. Issues such as age differences within older populations, the resilience of centenarians, and the intervening roles of subjective health are discussed further. (RH)
ISSN: 00914150
From: http://baywood.com

Intra-institutional relocation and psychological outcomes; by Nicholas G Castle.
Journal of Mental Health and Aging, vol 10 no 3, Fall 2004, pp 231-244.
Intra-institutional relocation is defined in this investigation as moving residents from one room to another, from one unit to another, or from one floor to another in a nursing home. The author examines whether this relocation within the same facility is detrimental to older people. Baseline data were collected from 1992 for 1,432 residents aged 65+ in one 372-bed nursing home, and followed until December 1998. Minimum data set (MDS) data were used to examine cognitive performance, depressed mood, behavioural symptoms and social engagement. The intra-institutional relocation rate was 16% of residents per year. Some detrimental effects were found for relocated residents. They were 23%, 29% and 33% more likely to decline in cognitive performance, depressed mood and social engagement, respectively, 3 months post-location compared to non-relocated residents. (RH)
ISSN: 10784470

Is apathy in late-life depressive illness related to age-at-onset, cognitive function or vascular risk?; by Indrag K Lampe, Thea J Heeren.
Apathy has been shown to be an important feature of degenerative, vascular or traumatic brain disorder. Its presence is associated with high depression scores, higher age, lower performance on frontal tasks, and more severe deep white matter hyperintensities. In late-life depression, lack of interest or motivation are often more prominent than depressed mood, especially in the late-onset type. It was hypothesised that a heterogeneous sample of older depressed patients, apathy is associated with late-onset type of depression, cognitive dysfunction or vascular risk factors. The Apathy Evaluation Scale (AES) was administered to 29 Dutch inpatients aged 60+ with a DSM-IV major depression or dysthymic disorder. The severity of the depression was measured with the Montgomery-Asberg Depression Rating Scale (MADRS), and cognitive function with the Mini-Mental State Examination (MMSE). The presence of vascular risk factors was traced in patients' medical records. Apathy was found in 96% of the patients. The AES score was correlated with the negative symptom score, but not with total MADRS or MMSE score. No difference in AES score between the 16 early-onset depressed and the 13 late-onset depressed patients was found, or between patients with or without vascular risk. Apathy is a main feature of moderate to severe medical illness in older patients, and is related to the negative symptoms of the disorder. Further studies should include less severely depressed patients and investigate the relation between depression severity and apathy. (RH)
Prominent scientists and clinicians expert in this field critically review the state of knowledge about their topic, and incorporate their own thinking about current theories on late-life depression. The book is arranged in five parts: epidemiology and the burden of illness; the phenomenology and differential diagnosis of late-life mood disorders; the psychobiology of late-life depression; treatment; and depression co-morbid with other illnesses. (RH)
ISBN: 0195152742
Price: £49.50
From: Oxford University Press, Great Clarendon Street, Oxford OX2 6DP.

Life course transitions and depressive symptoms among women in midlife; by M Jean Turner, Timothy S Killian, Rebekah Cain.
Using longitudinal data for 952 women aged 50 to 59 who were interviewed for the US Health and Retirement Survey (HRS) 1992 and 2000, this study described changes in marital status, change to a parental caregiving role, and changes in perceived health across the eight years. Further, the study examined the impact of these changes on mental health. The findings indicate that becoming widowed, becoming a caregiver and perceiving health declines significantly increased depressive symptoms in the year 2000, even when controlling for pre-transition levels of depressive symptoms. The findings are consistent with the life course perspective that individual development occurs in context and across the lifespan. The findings confirm and add to current midlife research literature. (RH)
ISSN: 00914150
From: http://baywood.com

Lifetime urban/rural residence, social support and late-life depression in Korea; by Jae-Min Kim, Robert Stewart, Il-Seon Shin (et al).
Population ageing and rural-urban migration are accelerating in many non-Western nations. This study investigated the association between lifetime urban or rural residence and late-life depression in Korea; and modifications of associations between depression and social support in lifetime residence. 1,204 urban/rural residents aged 65+ were interviewed and GMS-AGECAT diagnoses made. Previous areas of residence were recorded and social support deficits quantified. Depression was present in 9% and 21% of the rural and urban samples respectively. For the urban sample, depression was not associated with earlier urban or rural residence. Social support deficits were more strongly associated with depression in people with a lifetime rural residence, followed by urban residents with a rural birthplace. Prevalence rates of depression were increased in the urban sample regardless of previous residence. Reduced social support was particularly strongly associated with depression in people with a rural upbringing. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Loneliness and depression in independent living retirement communities: risk and resilience factors; by K B Adams, S Sanders, E A Auth.
Socio-emotional selectivity theory posits that as individuals age, they desire less social stimulation and novelty, and tend to select close, reliable relationships to meet their emotional needs. While residence in congregate facilities affords social exposure, it does not guarantee access to close relationships, and loneliness may result. This article uses the Geriatric Depression Scale (GDS) and the UCLA Loneliness Scale to examine loneliness and depressive symptoms for older Americans aged 60-98 living in two retirement communities. Depression was predicted by being older, the number of chronic health conditions, grieving a recent loss, fewer neighbour visits, less participation in organised social activities and less church attendance. Grieving a recent loss, receiving fewer visits from friends, and having a less extensive social network predicted loneliness. In addition, loneliness scores explained about 8% of the unique variance in depression scores, suggesting it is an independent risk factor for depressive symptoms. Suggestions are made for tackling loneliness in older people as a means of preventing more serious health consequences. (RH)
Longitudinal changes in the well-being of Japanese caregivers: variations across kin relationships; by Yoko Sugihara, Hidehiro Sugisawa, Yomei Nakatani (et al).
Changes over time in the psychological well-being of Japanese caregivers are examined, along with the variations across kin relationships with care recipients. Over the course of 30 months, three interviews were conducted with a representative sample of community-dwelling caregivers of frail older people living in a Tokyo suburb. Latent growth modelling demonstrated that mean levels of both depression and emotional exhaustion worsened over time. Change in emotional exhaustion over time showed significant individual variability, whereas change in depression showed little individual variability. Although wife caregivers tended to experience the worst trajectory of emotional exhaustion, daughters-in-law also showed a similar negative trend. The difference in individuals' well-being trajectories by kinship may be explained partly by differences in care recipients' disabilities. (RH)

Loss of a partner and suicide risks among oldest old: a population-based register study; by Annette Erlangsen, Bernard Jeune, Unn Bille-Brahe.
Although a small proportion of the oldest-old who commit suicide have experienced a recent bereavement, there is a significant increase in the suicide risk during the first year after bereavement, especially for men. However, the increased risk of suicide in the oldest old men may only in part be experienced by the loss of a partner. This article is based on prospective data for all 1,978,527 people aged 50+ living in Denmark during 1994-1998. The authors applied survival analysis to calculate changes in relative risk of suicide after a loss by using individual level data. (RH)

Medical comorbidity in late-life depression; by Warren D Taylor, Douglas R McQuoid, K Ranga Rama Krishnan.
Medical comorbidity is common in older patients with depression. However, the difference between depressed and non-depressed older populations is not well-established. The authors compared self-report of medical disorders between 370 depressed older people and 157 non-depressed control subjects. Subjects were additionally dichotomised based on presence or absence of subcortical magnetic resonance imaging (MRI) lesions and age of onset. Medical comorbidity was assessed by self-report only, and depressed subjects were additionally assessed by the Clinician-rated Cumulative Illness Rating Scale. When compared with the non-depressed group, depressed subjects were significantly more likely to report the presence of hypertension, heart disease, gastrointestinal ulcers, and "hardening of the arteries". Analyses of those with subcortical disease demonstrated they were significantly older, more likely to have depression, and more likely to report the presence of hypertension. Finally, the depressed cohort with late-onset depression (occurring after age 50) had more male subjects, exhibited greater CIRS scores, and greater prevalence of hypertension, but this did not reach a level of statistical significance after applying a Bonferroni correction. (RH)

A model predicting suicidal ideation and hopelessness in depressed older adults: the impact of emotion inhibition and affect intensity; by T R Lynch, J S Cheavens, J Q Morse (et al).
The purpose of this study was to begin a preliminary examination of constructs theorised to be related to suicidal behaviour, by testing a model of the influence of both temperament and emotion regulation on suicidal ideation and hopelessness. The model was evaluated using structural equation modelling procedures with a sample of 77 depressed older people (mean age 69.5) recruited from the US National Institute of Mental Health (NIMH) Clinical Research Center (CRC) naturalistic study of late-life depression. Findings supported a temporally predictive model in which negative affect intensity and reactivity lead to emotion inhibition, operationalised as ambivalence over emotional expression and thought suppression, which in turn lead to increased presence of suicidal predictors, operationalised as hopelessness and suicidal ideation. These results
suggest that suicide prevention efforts in older people may be improved by targeting emotion inhibition in treatment, especially among affectively intense and reactive older people. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Obesity and depressive symptoms in Chinese elderly; by Zhi Bin Li, Sai Yin Ho, Wai Man Chan (et al).
Cross-sectional data on depressive symptoms (measured by the Geriatric Depression Scale, GDS) and body mass index (BMI, World Health Organization Asian standard) were obtained from 56,157 older Hong Kong Chinese (aged 65+). Among the 18,750 men and 37,417 women, the prevalence of depressive symptoms was 4.9% and 7.9% respectively. The prevalence of obesity was significantly higher for women than for men (41.6% vs 36.6%). Obese men and women were about 20% less likely to suffer from depressive symptoms compared with those of normal weight. This result supports the “jolly fat” hypothesis previously restricted to men, and extends the hypothesis to older women. Chinese traditional culture and positive values towards obesity may be protective against depressive symptoms. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Physical functioning, depression and preferences for treatment at the end of life: the Johns Hopkins Precursors Study; by Joseph B Straton, Nae-Yuh Wang, Lucy A Meoni (et al).
The Johns Hopkins Precursors Study is a longitudinal cohort study of medical students who graduated from the School of Medicine from 1948 to 1964. In the present study, 645 physicians (mean age 68) who completed the life-sustaining treatment questionnaire in 1998, also provided information about their health status in 1992 and 1998. Of these physicians, 11% experienced clinically significant decline in physical functioning, and 18% experienced worsening depression over the 6-year period. Those with declining function and worsening depression were more likely to prefer high burden treatment than respondents who did not. The study draws attention to the need for clinical reassessment of preferences for potentially life-sustaining treatment when health has declined, if the underestimation of older patients’ preferences is to be prevented. (RH)
ISSN: 00028614
From: http://www.americangeriatrics.orghttp://www.blackwellpublishing.com

Physical health, subjective health, and psychological distress in older adults: reciprocal relationships concurrently and over time; by Philippe Cappeliez, Sabine Sèvre-Rousseau, Philippe Landreville (et al).
Reciprocal associations between physical health (objectively assessed and self-rated) and psychological distress in older people are discussed. Participants in this study were 216 people aged 65+ living in the community in Quebec, Canada. Psychological distress (both depressive symptoms and anxiety level) made a significant independent contribution to the prediction of concurrent and future negative perception of one's health, over and above objective health. As anxious and depressive components of psychological distress intensify, a negative outlook on life includes an increased negative view of one's health among older people. Conversely, negative subjective health independently predicted both depressive symptoms and anxiety level, concurrently and over time, over and above objective health. It thus appears that negative health appraisal heralds psychological distress, manifested as depressive symptoms, and also anxiety among older people. Taken together, these findings draw the picture of a vicious circle of negative health appraisal leading to depression and anxiety, these in turn leading to further negative perception of health. (RH)
ISSN: 01635158
From: http://www.transactionpub.com

Poor mental and physical health differentially contributes to disability in hospitalized geriatric patients of different ages; by Alessandra Marengoni, Hedda Aguero-Torres, Stefania Cossi (et al).
Functional impairment is extremely high in older people, especially those who are admitted to acute hospital care. Several studies have shown independent associations between comorbidity, cognitive impairment, depressive symptoms and disability in older people. This study examined 830 patients aged 65+ admitted to an acute care geriatric ward in Brescia, Italy. Prevalence of functional disability (defined as need of physical assistance in at least one of the basic activities of daily living, ADLs) at discharge was 29.3% for those aged 65-74 and 55.2% for those aged 75+. Depressive symptoms, comorbidity and cognitive impairment often coexist, interact and are differentially associated with function depending on age. Considering that depressive symptoms
Predictors of depressive symptoms in persons with Alzheimer's disease; by David W Gilley, Robert S Wilson, Julia L Bienias (et al).
In a 4-year longitudinal study, the authors used the 17-item Hamilton Rating Scale for Depression (HRSD) to evaluate factors related to the development of depressive symptoms in 410 Americans with Alzheimer's disease (AD). Structured interviews were conducted with family members. On the basis of informant ratings of premorbid personality, the authors associated neuroticism with a higher rate of depressive symptoms, particularly mood disturbances. They associated greater cognitive impairment with a small reduction in mood symptoms and a modest increase in somatic symptoms. Among demographic variables, somatic symptoms were more common in men and mood symptoms were inversely related to age. Depressive symptoms in AD appear to follow a more predictable pattern of expression than previously described. (RH)
ISSN: 10795014
From: http://www.geron.org

Predictors of the use of assistive devices that address physical impairments among community based frail elders; by Machiko R Tomita, William C Mann, Linda F Fraas (et al).
Use of assistive devices is a health behaviour that helps maintain independence and living at home. This study identifies predictors of the use of assistive devices that help older people with physical impairment who live at home. 694 cognitively intact, physically frail people aged 60+ were visited in their homes; on average, 9.5 devices were identified. Predictors were determined by hierarchical multiple regression analyses. Among 15 independent variables, physical disability level (higher severity) was the strongest overall predictor. Medication intake (more) was the only predictor among the health indicators. Of demographic variables, ethnicity (White) was the strongest predictor, followed by region (south) and living requirements (living alone). Of psychosocial variables, depression was an important predictor in hindering assistive device use. (RH)
ISSN: 07334648
From: http://www.sagepub.com

A preliminary investigation of self-reported personality disorders in late life: prevalence, predictors of depressive severity and clinical correlates; by J Q Morse, T R Lynch.
The authors used the Wisconsin Personality Disorder Inventory IV (WISPI IV) to examine self-reported personality disorder traits of 65 depressed older Americans (mean age 70.3). As expected, the presence of a personality disorder predicted the maintenance or re-emergence of depressive symptoms, as did hopelessness and ambivalence regarding emotional expression. No specific personality disorder traits were associated with clinical features of late-life depression (age of onset, number of previous episodes), while some personality disorder traits were associated with psychological correlates of depression (hopelessness, ambivalence regarding emotional expression, and thought suppression). (RH)
ISSN: 13607863
From: http://www.tandfonline.com

The prevalence of depressive symptoms among elderly Chinese private nursing home residents in Hong Kong; by Eddie Siu Lun Chow, Bernard Ming Hei Kong, Mike Tak Po Wong (et al).
Depression is common among Cantonese-speaking Chinese older people in private nursing homes in Hong Kong. Associated risk factors include difficulties in swallowing, impairment in basic activities of daily living (ADLs), and current non-Comprehensive Social Security Assistance Scheme (non-CSSA) recipients. This article describes a cross-sectional descriptive study of 245 Cantonese-speaking Chinese residents. Using the Chinese version of the Geriatric Depression Scale short form (GDS-SF), significant depressive symptoms were detected in 29% of subjects. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com
In this Polish study of 102 consecutive patients with MCI, three patient groups ority caregivers are the most ated with better physical 001. Aside from background information, the ely who had less family income, physical illness, or less social capital, were at higher risk of being depressed.

From: http://www.interscience.wiley.com

Religious attendance and depressive symptoms among community dwelling elderly in Taiwan; by C-Y Hahn, M-S Yang, M-J Yang (et al).
The attending of religious activities is a positive factor for geriatric depression. 1,000 subjects aged 65-74 and living in Taiwan were recruited for this interview survey during 2001. Aside from background information, the Taiwanese Depression Questionnaire (TDQ) and the Neighbourhood Quality Index were used to assess the degree of depression and its correlates. Of 863 subjects with complete data for analysis, 215 (24.8%) had had depressive symptoms in the past week. Among them, those who were female, illiterate, or not married, or those who had less family income, physical illness, or less social capital, were at higher risk of being depressed.
Moreover, those (92.5% with religious belief) who had not attended religious activities during the past 6 months were at high risk of being depressed than those (100% with religious belief) who had. Multivariate logistic regression disclosed that those never attending religious activities were 2.7 times more likely to be depressed when compared to those who had, after taking into consideration sociodemographic and social capital. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

Religious involvement and 6-year course of depressive symptoms in older Dutch citizens: results from the Longitudinal Aging Study, Amsterdam; by Arjan W Braam, Erick Hein, Dorly J H Deeg (et al).


Expanding on cross-sectional studies, associations are examined between religious involvement and the 6-year course of depressive symptoms in older people. Subjects are 1,840 people aged 55-85 living in the community participating in three measurement cycles of the Longitudinal Aging Study, Amsterdam (LASA). Assessments include aspects of religious involvement, depressive symptoms, physical health, self-perceptions, social integration, urbanisation and alcohol use. Church attendance is negatively associated with the course of depressive symptoms, also after adjustment for explanatory variables. Among respondents with functional limitations, lower depression scores are found for those who attend church on a regular basis. For bereaved or unmarried respondents, however, slightly higher depression scores are found for those with high levels of orthodox beliefs. There is a consistent negative association over time for Dutch citizens between church attendance and depressive symptoms. Both stress buffering as well as depression-evoking effects of religious involvement are found. (RH)

ISSN: 08982643
From: http://www.sagepub.com

Retirement transitions and spouse disability: effects on depressive symptoms; by Maximiliane E Szinovacz, Adam Davey.


The effects of retirement, type of retirement and a spouse’s disability on depressive symptoms were analysed, using data from the US Health and Retirement Survey (HRS) for 1992, 1994, 1996 and 1998 for 12,652 respondents (aged 51-61 at base). Results suggest that depressive symptoms increase where retirement is abrupt and perceived as being too early or forced, and was particularly the case for such women retirees who experienced increasing spouse activities of daily living (ADL) limitations. There is no similar effect for men. In contrast, for working retirees who retired on time, depressive symptoms decrease with increasing spouse ADLs. These results highlight the importance of retirement context on post-retirement well-being. They suggest that both type of retirement transition and marital context - such as a spouse’s disability - influence post-retirement well-being, and that these effects differ by gender. (RH)

ISSN: 10795014
From: http://www.geron.org

Risk indicators of depression in residential homes; by A M H Eisses, H Kluiter, K Jongenelis (et al).


In a cross-sectional study - based on data collected in the context of the Amsterdam Groningen Elderly Depression (AGED) study - risk indicators for depressive symptoms (Geriatric Depression Scale, GDS) were examined in bivariate and multivariate analyses. Functional impairment, loneliness, higher education levels, a family history of depression and neuroticism are associated with depressive symptoms. The risk indicators of depression found in residential homes are similar to those in the community. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

The role of intergenerational relations in the association between life stressors and depressive symptoms; by Maxine Weinstein, Dana A Glei, Ai Yamazaki (et al).


The association between intergenerational relations and depressive symptoms of older people in Taiwan is investigated. Using data from two waves of the Surveys of Health and Living Status of the Elderly in Taiwan, a population based sample of adults aged 60+, the links between intergenerational relations between parents and their adult children, life stressors (major life events and daily hassles) and depressive symptoms are examined. The authors find that higher reports of exposure to stressors - both daily hassles and major life events - are associated with higher levels of psychological distress. Intergenerational ties with children appear to have only a
modest effect on levels of depressive symptoms that depend on both the kind of stressors and the aspects of the parent-child relationship. (RH)
ISSN: 01640275
From: http://www.sagepub.com

Screening post-stroke depression in Chinese older adults using the Hospital Anxiety and Depression Scale; by W K Tang, G S Ungvari, H F K Chiu (et al).
Post-stroke depression (PSD) is common in Chinese stroke patients, but little is known about the performance of the Hospital Anxiety and Depression Scale (HADS) in screening for the condition. 100 Chinese geriatric patients with first-ever stroke, consecutively admitted to a rehabilitation facility, were assessed by occupational therapists using the depression subscale of the HADS. Psychiatric diagnoses, which served as the benchmark for judging the usefulness of the HADS in screening PSD, were made using the Structured Clinical Interview for DSM-III-R (SCID-DSM-III-R), supplemented by all available clinical information. Overall, the HADS did not appear to be a useful tool in screening for PSD in older Chinese people. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Self-efficacy, health locus of control and psychological distress in elderly Chinese women with chronic illnesses; by A M S Wu, C S K Tang, T C Y Kwok.
Findings of this present study of 159 older Chinese women (aged 60-89) did not support the dual health control hypothesis that specifies the balance between internal and external health control beliefs is related to a low level of psychological distress. Correlation results showed that internal health locus of control was linked to general self-efficacy. Results from hierarchical regression analysis indicated that health control beliefs did not interact with general self-efficacy. Instead, these two variables each exerted their main effects of participants' negative mental health status. It was found that psychological distress was best predicted by a low level of general self-efficacy as well as a high level of external health locus of control. Internal health control beliefs did not contribute to the prediction of distress. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

The sense of coherence, burden and depressive symptoms in informal caregivers during the first month after stroke; by Neale R Chumbler, Maude Rittman, Merieke Van Puymbroeck (et al).
Individuals with a strong sense of coherence (SOC), which considers one's ability to respond to stressors by the appropriate use of adaptive coping resources, can avoid breakdown when confronted with stress. 104 ethnically diverse US veterans who were hospitalised after experiencing an acute stroke and their informal caregivers were enrolled in this study prior to discharge. One month after being discharged from one of five Veterans Affairs Medical Centers in Florida and Puerto Rico, comprehensive data were collected and analysed. Multiple regression analyses showed that greater SOC was associated with both lower burden and fewer depressive symptoms. Higher caregiver burden, in turn, was significantly associated with more depressive symptoms. However, when depressive symptoms were regressed on both SOC and burden jointly, the previously significant association between burden and depressive symptoms was no longer significant and SOC was still strongly associated with fewer depressive symptoms. Determining factors that may lessen burden and depressive symptoms for caregivers of stroke survivors during the transition period after discharge home are imperative for developing successful interventions. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Social factors and depression in carers of people with dementia; by Alyson Waite, Paul Bebbington, Martin Skelton-Robinson (et al).
Research has highlighted the influence of psychosocial factors on the well-being of carers of people with dementia. This study aimed to investigate the interrelationships between life events, depression and social support in carers of people with dementia. Participants were 72 such carers from parts of west London. They were interviewed using the Bedford College Life Events and Difficulties Schedule (LEDS) and the Geriatric Depression Scale (GDS). 31 of the carers (43%) were depressed. Factors associated with depression in carers were a lack of confiding relationship, depression in the person with dementia, and living with the person with
dementia. Thus, carers of people with dementia appear more vulnerable to depression in the context of the caring experience rather than threatening life events. (RH)

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Using multiple regression models, data from a cross-sectional survey of a representative sample of 1106 respondents aged 60+ in Hong Kong revealed that there was a differential impact of major sources of income on depression. Welfare participation and financial independence contributed to a higher level of depressive symptoms, whereas people whose source of income was their adult children were more likely to report a lower level of depression than the others who were not. Family social support was also found to be either a complete or partial mediator in the relationship between different major sources of income and depression. In contrast, financial strain was a significant moderator in the link between different major sources of income and depression. Specific and effective interventions must be developed for those who are financially independent or on welfare. (RH)

ISSN: 13607863
From: http://www.tandfonline.com


Most of the chapters in this collection were originally presented at the conference, "The Spiritual Tasks of Ageing: Humour and Despair in Later Life" held in Canberra, Australia in April 2003. Most of the contributors are Australian, who attempt to address some of the challenges of the ageing process: the tasks and process of spiritual development, of hope, despair and humour. Later articles develop a pastoral framework of care, for example in relation to depression, residential care, hospice care and dementia. This book has been co-published simultaneously as Journal of Religious Gerontology, vol 16, nos 3/4, 2004. (RH)

ISBN: 0789027321


Depression and cognitive impairment often occur together in old age. However, the temporal relation is unclear. 500 people aged 85 in Leiden, the Netherlands were recruited for this study (part of the Leiden 85+ Study) and were assessed annually for 4 years for depression (Geriatric Depression Scale, GDS-15), global cognitive function (Mini-Mental State Examination, MMSE), attention (Stroop test), processing speed (letter digit coding test) and immediate and delayed recall (12 word learning test). At age 85, participants' depressive symptoms and cognitive impairment were highly significantly correlated. During follow-up, an accelerated annual increase of depressive symptoms was associated with impaired attention, immediate recall and delayed recall at baseline. In contrast, depressive symptoms at baseline were not related to an accelerated cognitive decline during follow-up. Caregivers should be aware of the development of depressive symptoms when cognitive impairment is present. However, the presence of depression only does not increase the risk of cognitive decline. (RH)

ISSN: 09598138
From: http://www.bmj.com
Themes of suffering in later life; by Helen K Black, Robert L Rubinstein. 
40 community-dwelling people aged 70+ from the Philadelphia area were recruited for this qualitative study, to elicit their life stories and experiences and philosophies about suffering. Subjects were 10 African American men and women and 10 European American men and women each. Through analysis of the data, their experiences of suffering were placed under three general themes: suffering as lack of control; suffering as loss; and the value of suffering. Brief case studies illustrate how themes emerged in their stories of suffering. It appears from the findings that, although subjects have some similarities, their experiences of suffering are unique and incomparable. Similarities concern informants' connections of suffering with finitude. The incomparability of suffering experiences relate to informants' unique personal histories, perceptions and "cause" of suffering. Through the process of the interview, these older people connect the suffering experience to the entirety of the life lived and the story of suffering to the life story. (RH)
ISSN: 10795014
From: http://www.geron.org

Trajectories of impairment, social support, and depressive symptoms in later life; by Miles G Taylor, Scott M Lynch.
Research has increasingly focused on the dynamic nature of disability and depressive symptoms in later life. Here, the authors investigate the relationship between long-term patterns of disability, perceived and received social support, and depressive symptoms in later life. They use random coefficient growth models of four waves of the Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE) data to determine whether disability, support and depressive symptoms follow linear trajectories across age, and whether support mediates the relationship between disability and depressive symptoms. They find that disability, social support and depressive symptoms are strongly interrelated processes in later life. Their results are consistent with previous research in showing that perceived, rather than received, support mediates the relationship between disability and depressive symptoms, but their results extend previous research in showing that this mediation occurs across time. (RH)
ISSN: 10795014
From: http://www.geron.org

Validation of short screening tests for depression and cognitive impairment in older medically ill inpatients; by Hannah Goring, Robert Baldwin, Alison Marriott (et al).
Depression and cognitive impairment in medically ill patients can be detected by screening questionnaires. Participants in this study were 153 patients aged 65+ admitted to four acute medical wards of a northern UK town. The validity of the short Geriatric Depression Scale (GDS4) was determined using the 30-item GDS (GDS30) as a comparator. The validity of the Orientation-Memory-Concentration test (OMC) was determined using the standardised Mini-Mental State Examination (MMSE) as the comparator. These very short scales appear to be valid alternatives to longer ones, and are highly correlated with longer versions. The recommended cut-off (0/1) on the GDS4 may need to be raised in this setting. Very short scales such as the GDS4 and OMC may be useful and valid screening instruments for use with the Single Assessment Process (SAP). (RH)
ISSN: 08856230
From : http://www.interscience.wiley.com

What symptoms of depression predict mortality in community-dwelling elders?; by Dan G Blazer, Celia F Hybels.
Data are from the Duke Established Populations for Epidemiologic Studies of the Elderly, EPESE (North Carolina), a 10-year study, the sample comprising 4,1612 African-Americans and Whites aged 65 to 105 at baseline (mean age 73). Sociodemographic and health factors and four sub-scales of the Center for Epidemiologic Studies Depression scale (CES-D) - negative affect, positive affect, somatic symptoms, and interpersonal function - were determined at baseline (1986-87). Mortality was assessed over 10 years of follow-up to 1996. 51% of the sample died over the 10-year follow-up. By controlled Cox proportional hazards modelling, those who scored lower on the positive affect scale were significantly more likely to die over the 10-year follow-up. For those who scored higher on the other three scales, there was no increased risk for mortality in controlled analyses. These findings suggest that subjective views may be more important predictors of
mortality in older people than the classic symptoms of depression, such as negative affect and somatic symptoms. (RH)
ISSN: 00028614

WHOQOL-BREF as a measure of quality of life in older patients with depression; by Vicki J Naumann, Gerard J A Byrne.
In this cross-sectional study, 41 older depressed patients underwent diagnostic assessment using the Cognitive International Diagnostic Interview (CIDI) and were independently assessed on a variety of measures including the WHOQOL-BREF (a 26-item self-report questionnaire generating four domain scores), the Hamilton Depression Rating Scale (HAM-D), Geriatric Depression Scale (GDS), Mini-Mental State Examination (MMSE), Modified Barthel Index (MBI), instrumental activities of daily living (IADLs), and measures of physical health status and social relationships. Estimates of inter-rater and test-retest reliability and concurrent validity were made. 39 subjects completed the study. Most (94%) received a diagnosis of DSM-IV Major Depressive Disorder. Levels of comorbidity were high. While three domains of the WHOQOL-BREF (physical, psychological and environment) demonstrated satisfactory reliability and validity, the social relationships domain exhibited poor validity. Quality of life scores were strongly correlated with severity of depression, number of self-reported physical symptoms and self-assessed general health status. There was no relationship between diagnostic comorbidity and quality of life scores. (RH)
ISSN: 10416102
From: http://journals.cambridge.org

Worry about medical care, family support and depression of the elders in urban China; by Rongjun Sun.
The role of family support in reducing older people's depression in the face of the perceived inadequate public medical care in urban China is examined. Using data from the Survey on Ageing and Intergenerational Relationship in Baoding City, this article investigates the overall depression level, somatic symptoms, and affective symptoms, respectively. The findings suggest that perceived inadequate public medical care, which results from dramatic changes in China's socioeconomic transformation, has a stressful impact on all measures of depression. Family support, by its structure and function, shows both direct and moderating effects in counteracting such stress from the public domain. In the light of China's demographic transition, the state is called upon to adopt a comprehensive strategy in designing its socioeconomic development policy to meet the needs of an ageing population. (RH)
ISSN: 01640275
From: http://www.sagepub.com

2003

Accuracy of the 15-item Geriatric Depression Scale (GDS-15) in a community sample of the oldest old; by Anton J M de Craen, T J Heeren, Jacobijn Gussekloo.
Cognitive impairment is common in the oldest-old. This might influence the sensitivity and specificity of the 15-item Geriatric Depression Scale (GDS-15). 79 Dutch subjects from the Leiden 85-plus Study were administered the GDS-15 and the Mini-Mental State Examination (MMSE). Within two days, the Geriatric Mental State (GMS-AGECAT) was administered to obtain a clinical diagnosis of depression. Eight subjects (10%) were diagnosed with clinical depression. At a cut-off point of 3/4, the sensitivity and specificity of the GDS-15 were 88% and 76% respectively. In the group with MMSE scores of 26 and higher, sensitivity was unaffected at all cut-off points, while specificity increased. In the group with MMSE scores below 28, sensitivity was also unaffected at all cut-off points, while specificity decreased. The GDS-15 is a suitable instrument to diagnose depression in the general population of the oldest old. However, for subjects with cognitive impairment, the accuracy should be further investigated. (RH)
ISSN: 08856230

Additive effects of cognitive function and depressive symptoms on mortality in elderly community living adults; by Kala M Mehta, Kristine Yaffe, Kenneth M Langa (et al).
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 58A, no 5, May 2003, pp 461-467.
Poor cognitive function and depressive symptoms are common in older people, frequently coexist, and are interrelated. This study examined whether the combination of varying levels of cognitive function and
depressive symptoms affect the risk of mortality in community-living older people. The authors studied 6301 older people (mean age 77, 62% women, 81% white) enrolled in the Asset and Health Dynamics Among the Oldest Old (AHEAD) study, a prospective study of community-living Americans conducted from 1993 to 1995. Cognitive function and depressive symptoms were measured using two validated measures developed for the AHEAD study. During the 2 years of follow-up, 548 (9%) of the participants died. Together, cognitive function and depressive symptoms differentiated between older people at markedly different risk for mortality. For each level of cognitive function, more depressive symptoms were associated with higher mortality rates, and for each level of depressive symptoms, worse cognitive function was associated with higher mortality rates. The two risk factors can be used together to stratify older people into groups with significantly different rates of death, in a progressive, additive manner suggested at the study’s outset. (RH)

ISSN: 10795006

Agreement between the Geriatric Depression Scale and the General Health Questionnaire in a population-based elderly cohort: the Bambuí Health & Ageing Study (BHAS); by E Costa, S M Barreto, E Uchoa (et al).


The study population included all individuals who comprised the Bambuí, southeastern Brazil baseline cohort in 1997, and who answered the General Health Questionnaire (GHQ-12) and Geriatric Depression Scale (GDS-30) items in 2001, the fourth year of follow-up. The prevalence of depressive symptoms was determined for different cut-points and correction methods. The agreement between the scales was measured using the Kappa coefficient. 1,291 individuals (625 female, 22% aged 75+) took part in the 2001 follow-up, and 1,172 answered both scales. Median scores were 2.7 for the GHQ-12 and 11.7 for the GDS-30. To the authors' knowledge, this is the first study comparing the GHQ-12 and GDS-30. High prevalence was found of depressive symptoms in this cohort, especially with the GDS-30 scale. The agreement between the scales was only reasonable. These results indicate the importance and urgency of validating these scales and investigating the factors contributing to these results. (KJ/RH)

ISSN: 07317115

From: http://www.tandfonline.com

Anxiety disorder, accompanying subjective memory loss in the elderly as a predictor of future cognitive decline; by Gary Sinoff, Perla Werner.


The hypothesis is investigated that anxiety in older people, secondary to less of memory, predicts future cognitive decline. Participants in this Israeli study were 137 people aged 60+ with no depression or cognitive impairment from a community geriatric assessment unit; 45% had anxiety. As well as demographic characteristics, cognitive status was assessed using the Mini-Mental State Examination (MMSE); depression was assessed by Tucker's short Interview-Assisted Depression Rating Scale, anxiety by Sinoff's Short Anxiety Screening Test, and activities of daily living (ADL) function by Shah's modified Barthel's Index. Mean re-examination time was 3.2 years, with no group differences. Anxiety was found to be inter-related and inseparable with loss of memory; and its presence is a strong predictor for future cognitive decline, directly or indirectly via depression. It appears that memory loss is the initial problem with consequent development of anxiety. Therefore, anxiety, like depression, is probably an early predictor of future cognitive decline and even possible future cognitive impairment. (RH)

ISSN: 08856230

Are cognitive impairment and depressive mood associated with increased service utilisation in community-dwelling elderly people?; by Marc Roelands, Herman Van Oyen, AnneMarie Depoorter (et al).


The relationship between cognitive or affective impairment and home service use is not clear. In this study, data on a sample of 1,134 community dwelling people aged 65+ from a local health survey in Belgium are analysed to investigate that relationship. Cognitive impairment was measured by the Mini Mental State Examination (MMSE) and depressive mood by the Center for Epidemiological Studies - Depression Scale (CES-D). Cognitive impairment and depressive mood were related to the number of home care services used, and to the use of every specific healthcare and social service. After controlling for confounding variables (i.e. sex, age, education, co-residence and disabilities), service use was still predicted by depressive mood, but not by cognitive impairment. Interventions to prevent and cure depressive mood should be considered to decrease the service needs of older people living in the community. Unmet service needs are suggested, since cognitive impairment does not result in increased service use. (RH)

ISSN: 09660410

Many guidelines and opinion articles on depression and the behavioural symptoms associated with dementia have been published. This review includes only those studies providing outcome data on the assessment and management of depression or behavioural symptoms. Pharmacological and non-pharmacological interventions are reviewed. For each condition, the review presents data first on assessment and then on treatment. Comments are made on the strengths and weaknesses of the data, with suggestions for future research. Studies are presented in the order of strength of design, rather than by positive or negative findings. While there are sufficient data to formulate an evidence-based approach in treatment of depression and behavioural symptoms, more research is needed to prioritise treatments. (RH)

ISSN: 00028614


293 participants from the US National Institute of Mental Health (NIMH) Clinical Research Center (MHCRC) for the Study of Depression in Later Life at Duke University Medical Center, and a further 151 with no psychiatric disorder (all aged 58+) were administered the Duke Depression Evaluation Schedule at baseline and at yearly intervals for 3 years. Cross-sectional analysis of baseline data showed that hypertensive patients were more likely to be depressed and of non-white race. Bivariate analyses provided evidence that hypertension was associated with higher amounts of total stressors and lower social support. No differences in the prevalence of hypertension were found between men and women, and there was no evidence of change in hypertension status over time. (RH)

ISSN: 08856230

From: http://www.interscience.wiley.com


In this present meta-analysis, the authors integrated findings from 228 studies on the association of six caregiving-related stressors and caregiving uplifts with burden on depressed mood. Care recipients' behaviour problems showed strongest associations with caregiver outcomes than did other stressors. The size of the relationships varied by sample characteristics. Amount of care provided and care receivers' physical impairments were less strongly related to burden and depression for dementia caregivers than for caregivers of non-demented older people. For spouse caregivers, physical impairments and care recipients' behaviour problems had a stronger relationship to burden than for adult children. Furthermore, the authors found evidence that the association of caregiver burden with the number of caregiving tasks, perceived uplifts of caring, and the level of physical impairment of the care receiver were stronger in probability samples than in convenience samples. (RH)

ISSN: 10795014

A cognitive model of insomnia - an application in an elderly woman's presentation; by Kirstine Postma. Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, February 2003, pp 13-16.

PSIGE Newsletter, no 82, February 2003, pp 13-16.

In Behaviour Research and Therapy (2002, pp 869-893), Alison Harvey proposed a comprehensive cognitive model of insomnia which takes the individual's daytime activities and behaviour into account. The author of the present article describes an attempt made to apply the model of insomnia, to help formulate and treat the sleeping difficulties of an older depressed woman patient. (RH)

ISSN: 13603671


Depression and generalised anxiety disorder frequently overlap. The question remains unresolved whether these are specific disorders, or whether they represent different dimensions of a single disorder. GMS-AGECAT diagnoses were obtained for 4051 community-living older people from the Amsterdam Study of the Elderly (AMSTEL). Comorbidity was studied along a severity gradient for men and women separately. The prevalence
of pure depression was 12.2%, pure generalised anxiety 2.9%, and mixed anxiety-depression 1.8%. Comorbidity increased with higher severity levels of both depression and generalised anxiety. Comorbidity was twice as likely in women than in men. Different risk profiles for diagnostic categories were not demonstrated for concurrent risk factors. Longstanding vulnerability was significantly stronger with mixed anxiety-depression than with pure anxiety and pure depression. Mixed anxiety-depression was over-represented in women. Both lines of investigation suggest that, in older people, a dimensional classification is more appropriate than a categorical classification of depression and generalised anxiety. (RH)

ISSN: 08856230

Coping strategies and its effects on depression among caregivers of impaired elders in Japan; by K Abe, T Kashiwagi, S Tsuneto.
Aging & Mental Health, vol 7, no 3, May 2003, pp 207-211.
A postal survey was conducted among family members who provided care for physically and mentally impaired older people in Otta City, Japan. 166 responses from family caregivers were used for analysis. Results of exploratory and confirmatory factor analysis indicated three factors categorised as "Resignation", "Consulting and complaining", and "Distancing". Results of structure equation modelling also suggested a significant effect of "Resignation" on caregivers' mental health. Although the factor structure of coping strategies was similar to other studies conducted in Western countries, the effects of coping strategies were quite different. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Cost of depression among adults in England in 2000; by C M Thomas, S Morris.
The cost of depression in the UK was estimated at £3.5 billion almost a decade ago. The shift to community-based management for depression alongside the availability of more accurate data have allowed these estimates to be revised. The total cost of depression in adults (aged 15+) in England during 2000 was calculated, using: data on health service use by patients with depression; the costs of treating them; an estimate of the cost of working life lost, from sickness benefit returns; and the number of registered deaths. The total cost of adult depression was estimated at over £9 billion, of which £370 million represents direct treatment costs. There were 1,097 million working days lost, and 2,615 deaths due to depression in 2000. Despite awareness campaigns and the availability of effective treatments, depression remains a considerable burden on both society and the individual, especially in terms of incapacity to work. (RH)
ISSN: 00071250

Depression in late life: review and commentary; by Dan G Blazer.
Depression is perhaps the most frequent cause of emotional suffering in later life and significantly decreases quality of life in older people. In recent years, the literature on late-life depression has exploded, with many gaps in our understanding of the outcome of late-life depression being filled. Intriguing findings have emerged regarding the aetiology of late-onset depression. The number of studies documenting the evidence base for therapy has increased dramatically. The author considers case definition, and he reviews the current community- and clinic-based epidemiological studies. He considers the outcome of late-life depression, including morbidity and mortality studies. He presents the extant evidence regarding aetiology of depression in late life from a biopsychosocial perspective. Lastly, he presents evidence for the current therapies prescribed for depressed older people, ranging from medications to group therapy. (RH)
ISSN: 10795006

Depression in older people after fall-related injuries: a prospective study; by Winnie Scaf-Klomp, Robbert Sanderman, Johan Ormel, (et al).
159 participants in the Groningen Longitudinal Ageing Study (GLAS) who had sustained various kinds of fall-related injuries to limbs were assessed post-injury at 8 weeks, 5 months and 1 year. Pre- and post-injury levels of depression were compared using Student's t-test and effect size indices. Hierarchical multiple regression analysis was used to examine the contribution of change in physical functioning between baseline and 1 year post-injury to depression 1 year post-injury. Severity of injury was not associated with depression. The findings also suggest that recovery appears to plateau 5 months after the injury, but that levels of depression did not increase until 5 months post-injury. Depressive reactions did not occur as long as patients experience improvement of physical functions. No significant differences in this respect were found between hip fracture patients and patients with other injuries. (RH)
Depression in Parkinson's disease; by Adwaita Ghosh.
Geriatric Medicine, vol 33, no 8, August 2003, pp 23-27.
Between 40% and 50% of all patients with idiopathic Parkinson's disease are affected by co-existing depression. However, these psychiatric symptoms are often under-diagnosed and poorly treated. The author outlines the existing theories regarding disease pathophysiology, and states that while the aetiology remains unclear, there is a lack of clinical trials and thus evidence for best practice. (RH)

ISSN: 0268201X

Depression in vascular dementia; by Paul Naarding, Inge de Koning, Fop van Kooten (et al).
After a stroke, cognitive, affective and behavioural disturbances are common. It has been suggested that the nature of affective symptomatology can help differentiate organic from psychological depression. Cognitive and affective symptoms were assessed in 78 stroke patients recruited from the Rotterdam Stroke Databank (RSD). Principal component analysis revealed three distinct sub-syndromes: one with predominantly mood symptoms, one with essentially psychomotor symptoms, and one with vegetative symptoms. All three symptoms were independently and strongly related to a diagnosis of major depressive disorder according to DSM-III-R criteria. The psychomotor factor was also firmly associated with dementia; and discriminant analysis gave further support to the conclusion that some of the depressive features, in particular the psychomotor factor, are at least partly related to the organic brain damage from stroke. (RH)

ISSN: 08856230

Depression treatment in a sample of 1801 depressed older adults in primary care; by Jürgen Unützer, Wayne Katon, Christopher M Callahan (et al).
Journal of the American Geriatrics Society, vol 51, no 4, April 2003, pp 505-514.
In this US cross-sectional survey of clinic users aged 60+ who met diagnostic criteria for major depression or dysthemia, findings suggest that there is considerable opportunity to improve care for older people with depression. Particular efforts should be focused on improving access to depression care for older men, African Americans, Latinos, and patients who prefer treatments other than antidepressants - namely counselling and psychotherapy. (RH)

ISSN: 00028614

Depressive symptoms and aging: the effects of illness and non-health related events; by Amy Fiske, Margaret Gatz, Nancy L Pedersen.
Hypotheses regarding age and depression are tested, the first being that depressive symptoms would increase between midlife and old age, longitudinally as well as cross-sectionally, and that the increase would not be fully explained by comorbid physical illness. It was further hypothesised that both declining health and non-health-related negative life events would explain longitudinal increases in depressive symptoms. Adults aged 29-93 from the Swedish Adoption and Twin Study of Ageing (SATSA) completed the Center for Epidemiologic Studies - Depression scale (CES-D) three times at 3-year intervals. Analyses were performed on one twin (n=877) and repeated on the second twin (n=909) as a non-independent replication. Depressive symptoms increased modestly with age in both men and women, particularly in the older participants. Health status was correlated with depressive symptoms, but new illnesses in the previous 3 years did not consistently predict increase in depressive symptoms, longitudinally. Negative life events in the previous 3 years predicted depressive symptoms. Notably, depressive symptoms also predicted future life events. (RH)

ISSN: 10795014
From: http://www.geron.org

Differences in community mental health literacy in older and younger Australians; by Laura J Fisher, Robert D Goldney.
Mental health literacy has been defined as "the knowledge and beliefs about mental disorders which aid their recognition, management or prevention". In this study, depression, health service use and mental health literacy were assessed in a random and representative sample of older and younger Australians: 300 aged 65-74; and 521 aged 15-24. Compared with the younger group, older subjects did not report greater levels of current depression, although they were more likely to have seen a medical practitioner in the previous 12 months and be taking antidepressants. However, their mental health literacy in terms of recognition of a mental health problem as a
vignette, was somewhat poorer; and fewer recommended treatment from a counsellor, telephone service, or psychologist, and more considered that a psychiatrist would be harmful. They also more often perceived the clergy as helpful. (RH)

ISSN: 08856230

The effect of depression on social engagement in newly admitted Dutch nursing home residents; by Wilco Achterberg, Anne Margriet Pot, Ada Kerkstra (et al).
Low social engagement is very common in newly admitted nursing home residents, and depression is an important independent risk factor. This study reports on 562 newly admitted residents to 65 nursing homes in the Netherlands who were assessed on admission. Social engagement was measured with the MDS Index of Social Engagement. 51% of the newly admitted residents had a low level of social engagement; 27% were depressed (high levels of depressive symptoms). Those with depression were significantly more often found to have low social engagement. (RH)

ISSN: 00169013

Effects of reminiscence and life review on late-life depression: a meta-analysis; by Ernst Bohlmeijer, Filip Smit, Pim Cuijpers.
A meta-analysis of 20 controlled outcome studies on reminiscence and life review found them to be potentially effective treatments for depression and depressive symptomatology in older people, and may thus offer a viable alternative to psychotherapy or pharmacotherapy. It may prove to be an effective, safe and acceptable form of treatment for non-institutionalised older people. Randomised trials with sufficient statistical power are necessary to confirm the results of this study. (RH)

ISSN: 08856230
From : http://www.interscience.wiley.com

The efficacy and safety of ECT in depressed elderly: a literature review; by F B van der Wurff, M L Stek, W J G Hoogendijk (et al).
Randomised evidence on the efficacy and safety of electroconvulsive therapy (ECT) in depressed older people is sparse. Of the 121 studies included in the review process, only four provided randomised evidence. Therefore, major questions on the efficacy and safety of ECT in depressed older people cannot be answered with sufficient reliability. ECT seems to be effective in the acute treatment of depression in older people and is generally safe. However, important questions on the efficacy of ECT over antidepressants, the long-term efficacy, the efficacy in sub-groups of depressed older people, and the possible (long-term) cognitive effects of ECT need to be studied further. (RH)

ISSN: 08856230

Examining the utility of the Saskatchewan Mood Inventory for individuals with memory loss; by Catherine Burton, Margaret Crossley.
The Saskatchewan Mood Inventory (SMI) is a caregiver-focused assessment and research tool, designed to enhance understanding of the emotional experiences of people with dementia. The SMI is also designed to identify relationships between level of cognitive impairment and family members' ratings of pleasant and unpleasant emotional responses during daily activities. Family members were instructed to use the semi-structured written log to document prospectively the type and intensity of emotion expressed by the person with dementia, to describe the associated emotion-evoking events or activities, and to monitor and record their own emotional reactions. 27 family caregivers recruited from Alzheimer support groups used the log consistently during a 2-week monitoring period, documenting an average of three emotion-evoking events per day. Average emotion ratings were more positive for those with moderate levels of dementia than for those with severe cognitive impairment. Caregivers' ratings of their family members' and their own emotional status were positively correlated. The event-reporting procedures produced narrative descriptions of emotion-evoking activities that were subsequently coded for content. Inter-rater reliability estimates were high. Event-category summaries are reported in association with positive, negative and neutral emotional responses for those with moderate and severe levels of dementia. Level of impairment was related both to the relative frequency of positive and negative emotions and to the type of event category reported by caregivers. (RH)

ISSN: 07149808
From : http://www.utpjournals.com
Factors associated with community mental health service use by older adults with severe mental illness; by
Stephen J Bartels, Keith M Miles, Aricca R Dums (et al).
210 patients aged 60+ were evaluated on a multidimensional instrument including demographic, symptom,
functional, cognitive and behavioural characteristics. Patients with schizophrenia comprised 21% of the sample,
but used 56% of all services - 10 times the mean amount used by patients with depression. A comprehensive
model including clinical needs, predisposing characteristics and enabling resources accounted for one third of
the variance in the total hours of mental health service usage. Correlates of higher service use included a
diagnosis of schizophrenia versus depression, more cognitive impairment, more negative symptoms, and
Medicaid insurance coverage. Different patterns of service use were found for older people with schizophrenia
and bipolar disorder, compared to depression and other psychiatric disorders. Future research and clinical
interventions should target cognitive and negative symptoms in this rapidly growing population. (RH)
ISSN: 10784470

Factors associated with depression in a representative sample of 14217 people aged 75 and over in the United
Kingdom: results from the MRC trial of assessment and management of older people in the community; by
David P J Osborn, Astrid E Fletcher, Liam Smeeth (et al).
Several social, demographic and physical factors have been shown to be associated with depression in later life.
The MRC Trial of the Assessment and Management of Older People in the Community is a cluster randomised
trial investigating different approaches to multidimensional screening for people aged 75+. Screening using the
15-item Geriatric Depression Scale (GDS-15) suggest that, in contrast to some previous reports, increasing age
was associated with increased risk from depression, but sex, living alone and alcohol were not associated.
Social isolation was more important than living alone per se. The importance of these results overall lies in the
large size and representative nature of the sample. (RH)
ISSN: 08856230

Factors associated with family caregivers’ burden and depression in Korea; by Hyunsook Yoon.
The relative effects are determined of functional impairment, cognitive impairment and duration of care of older
people on caregivers’ depression, and this study also identifies the factors that influence this relationship.
Findings indicate that functional impairment had both direct and indirect effects on caregiver depression, and
direct effects on impact on schedule, impact on health, and sense of entrapment. The effect of cognitive
impairment on caregiver depression was primarily indirect, but had direct impact on sense of entrapment.
Duration of care had no direct effect on caregiver depression and burden, but did have indirect effects on impact
on finances, feelings of abandonment, and impact on health through emotional support. Caregivers of older
people with functional impairment were more likely to give care for longer periods; and those who gave care for
longer periods were likely to receive less emotional support and experience more burden in the dimensions of
impact on finances, feelings of abandonment and impact on health. Caregivers who experience greater impact
on finances and impact on health ultimately were at higher risk of depression. Results have important
implications for intervention models aimed to increase emotional support for the caregiver. (RH)
ISSN: 00914150
From: http://baywood.com

Geriatric depression in Nigerian primary care attendees; by Olukunle O Sokoya, Olusegun Baiyewu.
202 older Nigerians were screened using the Geriatric Depression Scale (GDS). The Geriatric Mental State
schedule (GMS) was administered to participants who scored above the cut-off on the GDS, in order to assess
psychopathology. Diagnosis of depression was based on ICD-10 criteria as well as the GMS-AGECAT
programme. The rate of geriatric depression in primary care was found to be 7.4%; and for severe depression
only 1.5%. Very low income and subjective report of poor health were significantly associated with depression
in the cohort. AGECAT recognition of depression was comparable to that by the ICD-10. The study is the first
known of geriatric depression in primary care in Nigeria. The rates are comparable with those obtained in other
countries. (RH)
ISSN: 08856230

Social integration theory is used in this research, to explain the relationship between living arrangements and depressive symptoms in middle-aged and older people. Particular attention is given to identifying differences between non-immigrants and immigrants. The authors use data from the US Health and Retirement Study collected in 1992 and 1994. Analysis is based on 6,391 primary respondents who were aged 51 to 61 at baseline. Descriptive statistics, cross-sectional ordinary least squares regression models and longitudinal residualised regression models are estimated for the entire sample and by immigrant status. Living arrangements and immigrant status interact to influence depressive symptoms. The results confirm that depressive symptoms are higher for those who live alone, particularly immigrants. Living with family or others is related to higher cross-sectional levels of depressive symptoms, especially for immigrants, and greater longitudinal increases in depressive symptoms in non-immigrants. The important influence of social integration on mental health is highlighted. At the same time, interventions should be sensitive to the needs of both native-born and immigrant populations. (RH)

ISSN: 10795014

From: http://www.geron.org


Despite numerous age-related changes to their physical health and functional abilities, most older people maintain good mental health. Although it is widely believed that making downward social comparisons is a strategy used by older people to protect their psychological well-being against narcissistic threats, there has been scant research on the topic. In this study, the authors tested a model in which making downward social comparisons (i.e. to similar others who are worse off) was hypothesised, to mediate the relationship between a self-perceived decline in physical functioning and depressive symptoms. Data were obtained from self-administered questionnaires from 355 community-dwelling Americans aged 60-95 from the Baltimore-Washington, DC area (163 men, 192 women). The observed data fitted the proposed model well for both sexes, using the EQS 5.7. Mediation held across gender, but men were more likely to use downward comparisons. Model fit improved for both genders when an unhothesised path from depressive symptoms to comparison consequences was added, which is sensible, because depressed individuals often tend to evaluate self-related information in a negative manner. (RH)

ISSN: 01635158


Both religiousness and social support have been shown to influence depression outcome, yet some some researchers have theorised that religiousness largely reflects social support. 114 depressed patients at the Duke University Medical Centre's Mental Health Clinical Research Center (MHCRC) completed a range of measures of public and religious practice. A geriatric psychiatrist completed the Montgomery-Asberg Depression Rating Scale (MADRS) at baseline and 6 months. Both positive and negative religious coping were related to MADRS scores in treated individuals, and positive coping was related to MADRS 6 months later, independent of social
support measures, demographic and clinical measures (e.g. use of electroconvulsive therapy - ECT, number of depressed episodes). Public but not private religious practice was independently related to MADRS scores at the time of completion of the religiousness measures. Religious coping was related to social support, but was independently related to depression outcome. (RH)

Implications of non-response of older women to a short form of the Center for Epidemiologic Studies Depression Scale; by Jennifer R Powers, Anne F Young, Anne Russell (et al).


The Center for Epidemiologic Studies Depression Scale (CES-D) is frequently used in epidemiological surveys to screen depression, especially in older people. This article considers the problems of non-completion of a short form of the CES-D (CESD-10) in a postal survey of women aged 73-78 enrolled in the Australian Longitudinal Study of Women's Health. Completers of the CESD-10 had more education, found it easier to manage on available income and reported better physical and mental health. The Medical Outcomes Study Short Form Health Survey (SF-36) scores for non-completers were intermediate between those for women classified as depressed and non-depressed using the CESD-10. Indicators of depression had an inverted U-shaped relationship with the number of missing CESD-10 items and were most frequent for women with two to seven items missing. Future research should pay attention to the level of missing data in depression scales and report its potential impact on estimates of depression. (RH)

ISSN: 00914150

From: http://baywood.com

The influence of health, social support quality and rehabilitation on depression among disabled elders; by A Horowitz, J P Reinhardt, K Boerner (et al).


Participants were 95 visually impaired older Americans (age 65+) seeking visual rehabilitation services, who were interviewed at application and some 2 years later. Hierarchical regression analyses focused first on concurrent relationships at baseline, and then used baseline health and social support variables, along with indicators of change in vision and use of rehabilitation services, in order to predict change in depression over time. Findings indicate that being unmarried, in poorer health, having lower quality of relationships with family, and lower stability in friendships were significant independent risk factors for initial depression, explaining 50% of the variance. Decline in depression over time was predicted by younger age, better self-rated health, stability of friendships, and use of rehabilitation services that, along with baseline depression, explained 61% of variance in depressive symptomatology at 2-year follow-up. The importance of qualitative aspects of social support for older disabled people is highlighted, as is the distinction that needs to be made between factors predicting concurrent mental health status and those predicting change in status over time. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

Japanese American elders and the Geriatric Depression Scale; by Ada C Mui, Tazuko Shibusawa.


A cross-sectional study was conducted to examine the reliability and utility of the Geriatric Depression Scale (GDS) among a community sample of 131 Japanese American elders. The GDS evidenced high internal consistency and reliability. The findings suggest that the GDS may be reliable for use in screening depression in Japanese American elders. (KJ/RH)

ISSN: 07317115

From: http://www.tandfonline.com

Loneliness, health and depression in older males; by F M Alpass, S Neville.


Loneliness has been related to chronic illness and self-rated health in older people, and researchers suggest that there is an important relationship between loneliness and psychological well-being in older people, particularly for depression. 216 older men aged 65+ in New Zealand completed self-report measures of loneliness, social support, depression and physical health. While regression analysis showed that a diagnosis of illness or disability was unrelated to depression, self-reported health was associated with depression: those reporting poorer health experienced greater depression. The most significant relationship to depression was that of loneliness, with higher scores being reported on the Geriatric Depression Scale (GDS) for lonelier men. Although research suggests that depression is often a response to declining health and functional impairment in older people, the present findings suggest that social isolation may also influence the experience of depression. Age-related losses such as loss of professional identity, physical mobility and the inevitable loss of family and
friends can affect a person's ability to maintain relationships and independence, which in turn may lead to a higher incidence of depressive symptoms. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Using a revised version of the Chinese Geriatric Depression Scale (GDS), this replication study measures the prevalence of depression and its related explanatory factors in a community sample of older Chinese Americans. One in five respondents was found to be depressed. Reliability and validity of the instrument support the applicability of the Chinese GDS in measuring depression in this population group. The practice implications of serving this community are also discussed. (KJ/RH)
ISSN: 01621424
From: http://www.tandfonline.com

MemAerobics: a cognitive intervention to improve memory ability and reduce depression in older adults; by Robert G Winningham, Roger Anunsen, Lisa M Hanson (et al).
Journal of Mental Health and Aging, vol 9 no 3, Fall 2003, pp 183-192.
Previous research on memory enhancement has generally focused on the young-old (aged under 75). This research replicated these findings with an older assisted living facility population using a new program called MemAerobics, which could also be used by other long-term care facilities to both improve and maintain residents’ overall wellness. Volunteers either participated in the MemAerobics cognitive enhancement intervention, or in a control group (no extra activities). Before the intervention, all participants completed a battery of standardised tests designed to measure memory ability, beliefs in the efficacy of their memories, life satisfaction, and depression. After 3 months of MemAerobics exercises, all participants were reassessed with the same measures. Results indicated that the Mem Aerobics participants experienced an increase in memory ability, as well as a decrease in depressive symptoms. (RH)
ISSN: 10784470

Modelling late-life depression; by Gordon Parker, John Snowdon, Kay Parker.
The authors have proposed a three-class hierarchical specificity model for sub-typing the depressive disorders comprising psychotic, melancholic and non-melancholic depression (PD, MEL and NON-MEL), with specificity referring to two clinical features (psychotic symptoms and psychomotor disturbance) separating the first classes from a residual NON-MEL class. Subjects were aged 65+, non-demented and being treated for depression. Extensive clinical assessment was undertaken, while several standardised measures were administered. Of the 123 patients referred, 46 had DSM-defined PD, 46 had MEL and 31 were assigned as NON-MEL. The specificity of PMD to the definition of psychotic and melancholic depression was confirmed in this sample of depressed older people. Clinical features identified as distinguishing psychotic, melancholic and non-melancholic depression were broadly consistent with findings from the authors’ previous studies involving younger subjects. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Paternal attachment as a risk factor for depression in older women; by Amy L Byers, Carol van Doorn, Stanislav V Kasl (et al).
According to Jung, females develop a stronger attachment to their fathers than to their mothers. The authors examined whether this attachment influenced the likelihood of depression in 487 women aged 70+ in the Australian Longitudinal Study of Ageing. As hypothesised, they found that women whose fathers died at a younger age than their mothers were more likely to report depression than women whose fathers died at an equivalent or older age than their mothers, adjusting for age, education, self-rated health, number of medications, activities of daily living (ADL) problems, quality of family life, and satisfaction with life in general. The effect among females was about two times more likely than in males. These findings suggest that age of father's death relative to age of mothers's death is a potential risk factor for depression specific to older women. (RH)
ISSN: 10784470
Perception of child difficulty and levels of depression in caregiving grandmothers; by Margaret H Young, Tamara J Dawson.


Using data from the US National Survey of Families and Households (NSFH), this study investigated the influence of perceived child difficulty on levels of depression for grandmothers who were primary caregivers, compared with their non-caring counterparts. A subsample of 898 grandmothers who responded to a question measuring perceived child difficulty was evaluated on demographic characteristics, perception of health status, and levels of depression. Structural equation models were specified to examine the influence of selected predictor variables on depression and anger. Compared to non-caring grandmothers, caregivers experienced higher levels of depression. The findings show that perceived child difficulty, along with health, caregiver and marital statuses combined to predict caregiving grandmothers' levels of depressive symptoms. (RH)

ISSN: 10784470

Predictors of depressive symptoms in older people: a survey of two general practice populations; by Tess Harris, Derek G Cook, Christina Victor (et al).


Cross-sectional studies have shown strong associations between disability, social support and depressive symptoms in older people; but socio-economic effects are less clear and little is known about the health locus of control. In a postal survey of 2,276 patients aged 65+ from two London practices, 1602 responded (70.4%) and provided Geriatric Depression Score 15 (GDS-15) data, with 23.5% (381/1602) scoring >5. After adjusting for age, sex and practice, high depression scores were associated with: physical health and disability (e.g. severe versus no disability); social support (e.g. dissatisfaction with support); socio-economic (e.g. no occupational pension); and health locus of control (e.g. internality). After adjusting for disability, association with general measures of physical health were reduced but still significant, while associations with social support, socio-economic factors, and health locus of control were unaffected. All four groups of factors were included in a final model for predicting depressive symptoms. (RH)

ISSN: 00020729

Psychopathology and autobiographical memory in stroke and non-stroke hospitalized patients; by Mark John Sampson, Peter Kinderman, Sue Watts (et al).


Participants - 56 stroke and 49 non-stroke inpatients - were assessed using the Autobiographical Memory Test (for overgenerality), and for intrusiveness of memories using the Impact of Events Scale. While significant levels of psychopathology were identified in this UK cohort, no significant differences were found between stroke and non-stroke patients on severity of depression, anxiety, severity of PTSD-like (post-traumatic syndrome) symptoms, or autobiographical memories. Autobiographical memories (intrusive images of their illness, intrusive memories of other events, and overgeneral memory recall variables) were significant predictors of depression. This suggests that psychological intervention of memory processes may be a worthwhile target in psychological intervention for depression. (RH)

ISSN: 08856230

Reciprocal relationship between social support and depressive symptoms among Chinese elderly; by K-L Chou, I Chi.


For many Hong Kong Chinese older people, depression is quite a common occurrence. The authors used multiple regression models with data from a longitudinal study of a representative community sample of Hong Kong’s population aged 70+. They found that older people who report depressive symptoms more frequently were likely to receive higher levels of social support from family members living with elders, but lower levels of social support from friends three years later, even after controlling for socio-demographic and physical health status variables. In addition, older people who received more social support from family members not living with elders reported fewer depressive symptoms three years later. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

Recognition and management of depression in older people in nursing and residential homes - an action learning project; by Charles Campion-Smith, Chris Mandy.


Many front-line caregivers in residential and nursing home care are in the main unqualified or poorly qualified; rather, they have a wealth of experience gained in previous roles such as parents and informal carers. This study
aimed to find out whether a brief work-based training programme would allow non-specialist care and nursing staff to use the Geriatric Depression Scale (GDS 15 or GDS 30) to screen residents in their care. One residential home (owned by a care trust) and one privately owned nursing home were recruited for the project. The study reports on the screening results, the experience of the staff involved, the qualitative nature (including as it did some patients' stories), and the study's limitations. (RH)

ISSN: 13509160
From : http://www.caipe.org.uk

Relationship between changes in depressive symptoms and unhealthy lifestyles in late middle aged and older persons: results from the Longitudinal Aging Study Amsterdam; by Coen H van Gool, Gertrudis I J M Kempen, Brenda W J H Penninx, (et al).
Age and Ageing, vol 32, no 1, January 2003, pp 81-87.
Logistic regression analyses and multivariate analysis of variance were used to cross-sectionally and longitudinally analyse the associations between depressive symptoms and lifestyle domains for a sample of 1,280 community-dwelling people from the Longitudinal Aging Study Amsterdam (LASA). Depressed people (176 at baseline) were more likely to be smokers; and a persistent depression was associated with an increase in cigarette consumption. Having an emerging depression (n=155) was most likely to co-occur with a person's change from being physically active to being sedentary, and was associated with the largest decrease in minutes of physical activity. The effect was not modified or confounded by chronic somatic disease. A persistent depression tended to be associated with incident excessive alcohol use. Further research should clarify whether treatment of depressive symptoms can prevent the development of sedentary lifestyles. (RH)
ISSN: 00020729
From : http://baywood.com

The relationship between mastery and depression among Japanese family caregivers; by Andrea S Schreiner, Tomoko Morimoto.
Mastery, an integral component of the Stress Process Model (SPM), concerns the degree to which individuals believe that life is under their control. 100 Japanese family stroke care caregivers in this study were identified from a sample of rehabilitation hospitals. Caregivers with high mastery were found to have significantly fewer depressive symptoms than low mastery caregivers, and were significantly more likely to use a respite caregiver. They also reported less burden, yet paradoxically were significantly more likely to rate their care recipients as more functionally dependent on them. Caregiver age, health status, and caregiving duration did not relate to mastery. However, men had a significantly higher sense of mastery. In general, findings parallel to those for Western family caregivers, although mean mastery scores for Japanese caregivers were lower than those reported for American family caregivers. (RH)
ISSN: 00914150
From : http://baywood.com

Religiosity and mental health in southern, community-dwelling older adults; by M Parker, L Lee Roff, D L Klemmack (et al).
Three measures of religiosity on depression and general mental health are considered in home interviews conducted with a stratified random sample of 1,000 Medicare beneficiaries from the University of Alabama at Birmingham Study of Aging. Those who were high on all three dimensions of religiosity reported having fewer symptoms of depression and better mental health, than did those who were low on all three dimensions. Those who scored high on organised religiosity (OR) reported lower levels of depression. Neither intrinsic religiosity (IR) nor non-organised religiosity (NOR) had salutary effects on the measure of depression, nor on the general measure of mental health. The interpretation of the relationships of religiosity with the Geriatric Depression Scale (GDS) and the general mental health (Mental Component Scale of the SF-12, MCS) measures was complicated by the presence of three way interactions. The presence of interactive effects between the different dimensions of religiosity and mental health affirms the importance of remaining sensitive to the multidimensional nature of religiousness and its relationships with measures of mental health. (RH)
ISSN: 13607863
From : http://www.tandfonline.com

Reported differences in management strategies by primary care physicians and psychiatrists in older patients who are depressed; by Tuula Saarela, Ritva Engeström.
Detecting and managing geriatric depression is a growing challenge for both primary care physicians and psychiatrists, who may not assess the symptoms and treatment urgency in a similar manner. Learning more
about the clinical reasoning models leading to management suggestions may be beneficial for collaboration and continuing medical education of different professional groups. These conclusions are reached with a group of Finnish participants comprising 25 primary care physicians and 11 psychiatrists in Helsinki, whose written responses and focus group discussions were analysed. (RH)

ISSN: 08856230

Residual cognitive impairment in late-life depression after a 12 month period follow-up; by M J Portella, T Marcos, L Rami (et al).


It remains unclear whether cognitive impairment is a state characteristic of major depression in older people, or whether the cognitive impairment persists upon recovery. The main objective of this Spanish study was to assess the most important cognitive domains implicated in late-life depression, in patients who underwent psychological treatment in the acute phase and the 12 months after. Neuropsychological and clinical data were used from baseline for patients and controls, to determine the cognitive impairment in the acute phase. Patients repeated the neuropsychological assessment at 12 months. There were significant differences between patients and controls at baseline. But in the patients, there was no change after 12 months. There were no differences between remitted and non-remitted patients on neuropsychological scores. The cognitive impairment seen in older depressed patients seems to be a trait characteristic of this mental disease, even when the depressive episode has remitted. (RH)

ISSN: 08856230

The role of depressive symptoms in recovery from injuries to the extremities in older persons: a prospective study; by Gertrudis I J M Kempen, Robbert Sanderman, Winnie Scaf-Klomp (et al).


The 168 Dutch people (age 57+) evaluated in this study are participants in the Groningen Longitudinal Ageing Study (GLAS), who had sustained injuries such as fractures and dislocations. The present study uses data collected prior to their injuries, and 8 weeks, 5 months and 12 months after their accident. Depressive symptoms (as assessed with the Hospital Anxiety Depression Scale - HADS) before fall-related injuries were not predictive for functional recovery later on when covariates were taken into account. However, depressive symptomatology 8 weeks after the injury was predictive for functional recovery. Disability levels (assessed with the Groningen Activity Restriction Scale - GARS) before the injury were highly predictive for recovery later on. Severity of the injury is particularly predictive for short-term recovery, while age predicted disability at 5 and 12 months after the injury. In contrast to previous research, cognitive functioning 8 weeks post-injury was not predictive for recovery when covariates were taken into account. (RH)

ISSN: 08856230

Screening for late life depression: cutoff scores for the Geriatric Depression Scale and the Cornell Scale for Depression among Japanese subjects; by Andrea S Schroener, Hiroshi Hayakawa, Tomoko Morimoto (et al).


Proper screening of depression in older people depends on accurate cut-off scores. Recent articles have recommended the Geriatric Depression Scale (GDS) and the Cornell Scale for Depression in Dementia (CSDD) for this screening. In this study to identify appropriate cut-off scores for these tests, the GDS and CSDD were administered to 74 non-depressed older Japanese and to 37 older Japanese with diagnosis of major or minor depression. Depressed subjects were also administered the Hamilton Depression Rating Scale (HDRS). The GDS cut-off score of 6 was the same as that reported for Western subjects. The cut-off score for the CSDD was 5. Due to the substantial prevalence of psychiatric disorders found in false-negative subjects, the cut-off scores were chosen to optimize the potential for true positives. These scores are recommended for alerting general practitioners (GPs) and other caregivers as to when more intensive depression evaluation is needed. (RH)

ISSN: 08856230

Self-complexity: linking age and education with self-rated health and depression; by Melissa M Franks, Diane Holmberg, A Regula Herzog (et al).


The role of self-complexity was explored as part of "Self Portraits", a cross-sectional representative survey of 1,471 American adults aged 30+. While it was found that the association of educational attainment with health and depression was mediated in part by the self-system, the association of age with depression was not mediated by complexity of the self-system. However, the association between age and health was partially mediated through past and possible self-complexity. Findings further showed strong direct effects of complexity of the current self on health and depression. In addition, weak enhancing effects were shown by complexity of possible selves, and weak detrimental effects were detected for complexity of past selves. These findings reveal
Service provision for elderly depressed persons and political and professional awareness for this subject: a comparison of six European countries; by Anke Bramesfeld.
Under-treatment of depression in late life is a subject of rising public health concern throughout Europe. This study by literature review investigates and compares the availability of services for depressed older people in Denmark, France, Germany, Sweden, Switzerland and the UK. It also explores factors that might contribute to an adequate supply of such services. Only Switzerland and the UK offer nationwide community-oriented services for depressed older people. Clinical experience in treating depression in late life is not regularly acquired in the vocational training of professionals concerned. Indicators suggest that the “medical society” and health policies in Switzerland and the UK regard psychiatric disease in older people as an important subject than is the case in the other countries investigated. (RH)
ISSN: 08856230

Stress, resources and life satisfaction among older adults in Malaysia; by Fon Sim Ong, David R Phillips.
The relationships between chronic stress and depression, and between chronic stress, depression and life satisfaction in older people in Malaysia is examined. Data analyses were based on 645 responses collected from major urban areas. Research findings confirmed the hypothesised positive relationship between chronic stress and depression, which were also negatively correlated with life satisfaction. The hypothesised relationship between health and chronic stress, depression and life satisfaction, were supported. Health was also found to have a mediating effect on chronic stress and life satisfaction. The hypothesised relationships between social support and chronic stress, depression and life satisfaction had mixed results. There was no evidence of the mediating effect of social support on chronic stress and life satisfaction. The three main racial groups in Malaysia differed significantly with respect to chronic stress, depression and support received. (RH)
ISSN: 15356523

Subjective cognitive complaints, memory performance and depressive affect in old age: a change-oriented approach; by Daniel Zimprich, Mike Martin, Matthias Kliegel.
Until recently, many studies had failed to find a strong association between subjective cognitive complaints and actual cognitive performance. In the present study, the authors examine two alternative explanations. First, methodological reasons: strong associations exist only when latent changes rather than differences are examined. Second, strong associations exist only between changes in depression and complaints, not between changes in cognitive performance and complaints. With 427 participants (mean age 63) from the German Interdisciplinary Study on Adult Performance (ILSE) and two measurements, the authors examine both the relation between functioning, complaint and depressive affect at each measurement point, and the relation between changes in functioning, changes in complaints and changes in depressive affect between the measurement points with latent difference variables. The results indicate that there are substantial relations between changes in functioning, changes in depression and changes in complaints. (RH)
ISSN: 00914150

Symptoms of depression in older adults with multiple sclerosis (MS): comparison with a matched sample of younger adults; by I I Kneebone, E C Dunmore, E Evans.
The depression scores of 27 people aged 65+ with multiple sclerosis (MS) were compared with those of a matched sample of younger adults, both from the same survey of 529 people. The association between cognitive (attitudinal) variables known to explain significant variance in depressive symptoms in younger adults with MS was then considered in the older adult sample. Consistent with findings from studies with general community samples, older people with MS reported significantly fewer depressive symptoms than younger people with MS. The relationship between cognitive variables and depressive symptoms found previously in younger adults was also evident for the older adults. MS-related helplessness was found to be significantly higher in older as opposed to younger adults with MS, the opposite of what was predicted, given differences between the groups in depression scores. Differences in cognitive variables do not appear to explain differences between younger and
older people with MS in terms of depressive symptoms. Support is offered for the view that a decrease in emotional responsiveness may explain differences in depressive symptoms between younger and older people with MS, rather than this being the result of emotional control exerted via cognitive means. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

A three-factor analytic model of the MADRS in geriatric depression; by R D Parker, Elizabeth P Flint, Hayden B Bosworth (et al).
The authors examined a sample of 225 geriatric outpatients and inpatients with major depression (MD), participants from the US National Institute for Mental Health (NIMH) Clinical Research Center (MRHCRC) for the Study of Depression in Later Life. Their study examined whether items for the Montgomery-Asberg (i.e. Montgomery-Asberg) Depression Rating Scale (MADRS) form distinct sub-groups in geriatric depressive patients that might form the basis of new outcome measures for tracking treatment effects. Three distinct interpretable factors were obtained: dysphoric apathy or retardation (comprising apparent sadness, reported sadness, lassitude, reduced concentration, and inability to feel); psychic anxiety (comprising inner tension, pessimistic thoughts, and suicidal thoughts); and vegetative symptoms resulting from items involving appetite and sleep. These three factors may be usable for monitoring focused treatment outcomes. (RH)

ISSN: 08856230

Treating depressed patients in primary care; by Alan Wade.
Geriatric Medicine, vol 33, no 9, September 2003, pp 43-44, 47-51.
Depressed older patients commonly present to general practitioners (GPs), and if depression is recognised, they are treated with antidepressants. The author discusses his recently published 6-month study (International Clinical Psychopharmacology, 2003, vol 18, pp 13-41), which compared mirtazapine and paroxetine in general practice. Conclusions emphasise the importance of faster relief of symptoms and improvements in sleep. (RH)

ISSN: 0268201X

Validation of the five-item Geriatric Depression Scale in elderly subjects in three different settings; by Patrizia Rinaldi, Patrizia Mecocci, Claudia Benedetti (et al).
The effectiveness of a 5-item version of the Geriatric Depression Scale (GDS) was tested for screening 60 in-patients in a geriatric acute care ward, 70 nursing home residents, and 51 older people living in the community attending a geriatric outpatient clinic. All participants had a comprehensive geriatric assessment. The 5-item GDS was compared with the 15-item version of the GDS using the clinical diagnosis according to DSM-IV criteria. In the whole sample, 48.1% of the subjects were depressed. The 5-item GDS was found to be as effective as the 15-item GDS for screening depression in cognitively intact older subjects. (RH)

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2002

Assessing depression in medically ill elderly male veterans: item scale properties across and within racial groups; by Michele J Karel, Jennifer Moye.
Identifying depression in older medically ill men and understanding how such depression may present differently within racial sub-groups is critical, due to health and suicide risks. This US study examines how 967 Black, Hispanic and White men aged 60+ male veterans presenting symptoms of depression and admitted to hospital were subsequently evaluated using the Geriatric Depression Scale (GDS)-15 item, the Hamilton Depression Rating Scale (HDRS)-24 item, and Affect Balance Scale. Across the total sample, cognitive or
Affective symptoms of depression - including feelings of emptiness, unhappiness, worthlessness, hopelessness and helplessness - were strongly associated with depression as measured by total scale scores on the GDS and HDRS. There were some differences between ethnic sub-groups in frequency of item endorsement and in item-scale correlations. Black men endorsed lower depressive symptoms overall. Challenges for determining the meaning of ethnic differences in depressive symptoms in medically ill older people are discussed. (RH)

Association of life events and psychological distress in family caregivers of dementia patients; by J E Owen, D L Roth, A B Stevens (et al).


Relationships between life events and psychological distress were investigated for 197 dementia caregivers and 218 non-caregivers. Participants indicated which events on the Louisville Older Persons Events Scale they had experienced over the past six months. Life events were then classified as associated or unassociated with caregiving using differences in incidence rates between caregivers and non-caregivers. Primary care-giving stressors and associated life events were most predictive of psychological distress among caregivers. Among non-caregivers, unassociated negative life events were the strongest predictors of depression and life satisfaction. Implications for the assessment of life events and caregiver interventions are discussed. (KJ/RH)

Attributions of physical symptoms in patients of an old age psychiatry service; by Bart Sheehan, Michael Philpot, Sube Banerjee.


Somatization is the tendency to report physical symptoms which lack an organic basis and which are presumed to have a psychosocial basis, and is a phenomenon found across all medical specialisms and in all types of care. The objective was to establish whether treatment for psychiatric illnesses would be accompanied by a fall in somatic attributions. Interviews with 41 patients referred to three old age psychiatry teams covering the south London areas of Peckham, Camberwell and Nunhead found anxiety to be the chief association of abnormal attributional style. In a follow-up with 29 of the patients, mean depression and anxiety scale scores and somatic attributions of symptoms had fallen significantly. Abnormal focus on physical symptoms in depressed older patients may resolve with treatment. (RH)

Chronic illness and depressive symptoms among Chinese older adults: a longitudinal study; by Kee-Lee Chou, Iris Chi.


Depression is quite common among older members of Hong Kong Chinese society. This study examined the impact of a series of chronic illnesses on change in depressive symptoms of 260 respondents aged 70+ from a longitudinal study of a representative community sample of Hong Kong Chinese. Using multiple regression analysis, the authors found that of six chronic illnesses examined, only arthritis was associated with depressive symptoms 3 years later, even after controlling socio-demographic, functional impairment and social support variables were applied. Service and policy implications are discussed. (RH)

Cognitive coping and depressive symptoms in the elderly: a longitudinal study; by V Kraaij, E Pruynboom, N Garnefski.


The relationship between cognitive coping strategies and depressive symptoms in old age are examined in this two and a half year follow-up study of a community sample of 99 Dutch people aged 67+. Subjects filled out a self-report questionnaire comprising the Geriatric Depression Scale (GDS), the Cognitive Emotion Regulation Questionnaire (CERQ) and a negative life events checklist. Cognitive coping strategies seemed to play an important role in relation to depressive symptoms in late life. Those with more depressive symptoms reported to use acceptance, rumination and catastrophising to a significantly greater extent and positive reappraisal to a significantly lesser extent than those with lower depressive scores. After controlling for negative life events and poor depressive symptoms, acceptance and positive reappraisal retained their significant relationship with current depressive symptoms. It is suggested that interventions should pay attention to these aspects, by challenging the "maladaptive" strategies, and by supplying the more "adaptive" strategies. This could be linked to the well-established cognitive therapies. (RH)

Although cognitive impairment and depressive symptoms are associated with functional decline, it is not understood how these risks act together to affect the risk of functional decline. 5,697 older people (mean age 77, 64% women, 86% white) from the US Asset and Health Dynamics Study of the Oldest Old (AHEAD) were followed over a 2-year period to determine the relative contributions of cognitive impairment and depressive symptoms to their activities of daily living (ADL) function. 8% (n=450) of subjects declined in ADL function. In participants with no ADL dependence at baseline, cognitive impairment and depressive symptoms are risk factors for decline. For those with ADL dependence at baseline, cognitive impairment but not depressive symptoms is a risk factor for additional decline. (RH)

ISSN: 00028614


The basic tenet of cognitive style approaches to the study of emotion and ageing is that constructs whereby individuals understand their environment may predict who gets happier and sadder over time throughout the life-span, especially in the face of stressful life events. The authors test the ability of various cognitive style individual difference variables to predict changes to affective state over a 6-month period in a baseline sample of 93 community-dwelling older people (mean age 77.34). Based on previous research, it was hypothesised that an optimistic explanatory style would be adaptive except where combined with life stressors, but that dispositional optimism would predict positive affective states regardless of life events. Older people with a more optimistic explanatory style for health/cognitive events actually appeared to develop more depressive symptoms over 6 months of follow-up. However, dispositional optimism and orientation towards the future predicted a better affective profile over time. (RH)

ISSN: 00914150

Combined hearing and visual impairment and depression in a population aged 75 years and older; by Taia Lupsakko, Maija Mäntyjärvi, Hanna Kautiainen (et al).  International Journal of Geriatric Psychiatry, vol 17, no 9, September 2002, pp 808-813.

Depression is associated with both visual and hearing impairment. The aim of this Finnish population-based study was to investigate the association between functional sensory impairment, especially combined sensory impairment and depressive symptoms and depression diagnosed according DSM-IV criteria. Of the 470 people aged 75+ in the study group, 72 (15%) had depression according to DSM-IV criteria. 12% in the Functional Hearing Impairment (FHI) group, 20% in the Functional Visual Impairment (FVI) group, 18% in the Combined Sensory Impairment (CSI) group), and 15% in the Adequate Sensory Function (ASF) group suffered major depression. Although depressive symptoms were common in those with double sensory impairment, major depression was not experienced more often than by others aged 75+. (RH)

ISSN: 08856230


The present study examined the longitudinal relationship between depressive symptoms and coping strategies in older adult primary caregivers of non-institutionalised Alzheimer’s disease (AD) patients. Coping and depression were measured in 51 healthy, non-depressed caregivers (37 women and 14 men) at 4 times of testing approximately 6 months apart. The caregivers’ coping strategies and depressive symptoms were found to be largely stable over all times of testing - with a recently developed method for evaluating construct stability - despite significant decline in the patients’ cognitive functioning over the same interval. Avoidance coping was also found to be positively associated with depressive symptoms. Results suggest that a strong stable component is present in caregiver coping style and that caregiver intervention researchers may want to examine the extent to which commonly used outcome measures are assessing stable caregiver traits rather than state-dependent distress. (RH)

ISSN: 10795014
A critical review of research on the mental health status of older African-Americans; by Terry L Mills, Carla D A Edwards.


Social gerontologists have brought to the forefront the need to consider the impact of historical eras, cohort location and lifecourse development, when studying various dimensions of the ageing process. Unfortunately this type of theorising is still in its infancy, and has not been widely applied to the general population and all dimensions of health, let alone investigations into older African-Americans' mental health status. Virtually none of the empirical studies reviewed by the authors adequately address any relevant historical, biographical or structural factors. To understand contemporary manifestations of racial presumptions, there must be an appreciation of the historical antecedents. African-Americans live with the corrosive effects of a legacy of slavery that presumed black inferiority. The identification of salient factors of risk and resilience in this population is critical to developing effective interventions and mental health maintenance programmes. A greater understanding of this population's mental health needs can be developed by emphasising the socio-historical influences, which would pave the way for improved mental health services and a reduction in mental health disparities. (KJ/RH)

ISSN: 0144686X

Depression and anxiety in memory clinic attenders and their carers: implications for evaluating the effectiveness of cognitive rehabilitation interventions; by Linda Clare, Barbara A Wilson, Gina Carter (et al). 


The potential of cognitive rehabilitation (CR) for people who have a diagnosis of Alzheimer's disease (AD) is increasingly being recognised. It has been suggested, however, that interventions targeting memory functioning in AD have negative effects on the well-being of participants and carers in terms of mood and perceived strain. In this study, participant and carer depression and anxiety, and carer strain, were assessed at initial memory clinic attendance and again by postal survey 6 months later for 94 consecutive referrals who received standard treatment but no specialised CR interventions. The study provided useful comparison data for use in evaluating the effects of CR interventions on mood and carer strain, showing that in the absence of intervention, scores remain generally stable over time. Significant changes observed in intervention studies should be viewed in this context. (RH)

ISSN: 08856230

Depression and associated physical symptoms: comparison of geriatric and non-geriatric family practice patients; by Denis Lynch, Ronald McGinnis, Rollin Nagel (et al).


Relative rates of depression diagnoses between geriatric and non-geriatric medical patients are assessed. The Primary Care Evaluation of Mental Disorders (PRIME-MD) was administered to 186 subjects aged 65+ and 1,486 younger subjects (aged over 18). Of these, 110 of the non-geriatric subjects were to receive a diagnosis of major depression or dysthymia, while only 4 of the geriatric group did. However, minor depression was found significantly more in the geriatric group. Compared to older depressed subjects, younger depressed subjects were more likely to report problems with sleep, appetite, and activity level. Suggestions are offered to explain why lower rates of more serious depression are found in the geriatric subjects. The differing constellation of symptoms in geriatric and non-geriatric patients may have implications for the recognition of depression in older people. (RH)

ISSN: 10784470

Depression and suicide among community elderly; by Pnina Ron.


The phenomena of hopelessness, depression and suicidality have long been recognised as social problems for older people. This study aimed to provide a demographic profile of factors contributing to hopelessness, depression and suicidality in older people. A randomly selected community population of 316 older people from five senior citizens centres in northern Israel were administered the Beck Hopelessness Scale (HSA), and the Scale for Suicidal Ideation (SSI). (RH)

ISSN: 01634372

From: http://www.tandfonline.com

Depression, anxiety and psychoses in later life: more challenges for primary care; by S Iliffe, J Manthorpe.


While the National Service Framework for Older People (NSF) has highlighted depression as an important disorder that merits special consideration, anxiety and psychoses in older people remain difficult problems for general practitioners (GPs) to manage. This paper reviews the prevalence and impact, recognition, complexity,
and prognosis and treatment for these three clinical problems, and proposes a framework for ‘good enough practice’. (RH)

ISSN: 09592598

Depressive symptoms and cognitive decline in elderly people: longitudinal study; by Sabrina Paterniti, Marie-Hélène Verdier-Taillefer, Carole Dufouil (et al).


A sample 1003 French people aged 59-71 from the Étude sur le Vieillissement Artériel (EVA), with a Mini-Mental State Examination (MMSE) score of 26+ was selected for this study, to test whether depressive symptoms predict cognitive decline in older people with normal cognition. Cognitive decline was defined as a drop of at least 3 points on the MMSE at 4-year follow-up. Baseline high levels of depressive symptoms (as measured by the Center for Epidemiologic Study depression scale - CES-D) predicted a higher risk of cognitive decline at 4-year follow-up. The MMSE score of participants with depression was more likely to fall below 26 at 2-year follow-up, and to remain below 26 at 4-year follow-up than the MMSE score of those without depressive symptoms. Thus, high levels of depressive symptoms, when persistent, are associated with cognitive decline in older people. (RH)

ISSN: 00071250

Depressive symptoms and self-rated health in community-dwelling older adults: a longitudinal study; by Beth Han.


6,714 older Americans from the first and second waves of the Asset and Health Dynamics among the Oldest-Old Survey (AHEAD) were examined using a short form of the Center for Epidemiological Studies Depression Scale (CES-D) and a single question on health. Depressive symptomatology was found to be an independent risk factor for subsequent changes in self-rated health in older people. Thus, early prevention and intervention in depressive symptoms could be critical in promoting and maintaining older people’s self-rated health. (RH)

ISSN: 00071250

Determinants of depressive symptoms among Japanese elders receiving care from spouses, daughters and daughter-in-law; by Tazuko Shibusawa, Sheying Chen.


The Geriatric Depression Scale (GDS) was administered to the study’s 125 respondents, who were recruited from day treatment programmes at respite care facilities in northwestern Japan. Some 60% of the respondents were mildly depressed. Moderate to severe depression was more common in those who received care from their spouse than from their daughters or daughters-in-law. Regressed with age, health status, activity of daily living (ADL) impairment, care-receiving stress, coping styles, and characteristics of caregiver (kin relationship), depression was found to be associated with age, poor health, care-receiving stress, and passive coping. Caregiver characteristics were not significant in the regression model, suggesting that the quality of the caring relationship was a more important factor than the type of kin relationship. (RH)

ISSN: 07317115

From: http://www.tandfonline.com

Development and inter-rater reliability of a standardized verbal instruction manual for the Chinese Geriatric Depression Scale - Short Form; by M T P Wong, T P Ho, M Y Ho (et al).


The Geriatric Depression Scale (GDS) is commonly used in Hong Kong as a screening tool for depression in older people. This study is in two parts. The first describes development of a standardised manual for the verbal administration and scoring of the GDS-SF. The second compares the inter-rater reliability between the standardised and the non-standardised verbal administration of the GDS-SF. Results indicate that the standardised procedure in verbal administration and scoring improves the inter-rater reliabilities of the GDS-SF. (RH)

ISSN: 08856230

Development of the Chinese version of the Geriatric Mental State Schedule; by Hin-Yeung Tsang, Main-Yoon Chong, Andrew T A Cheng.


The Chinese version of the Geriatric Mental State Schedule (CGMS) was assessed for validity and reliability with a sample of Taiwanese subjects aged 65+, with 36 recruited from the community and 56 from an “old age home”. Diagnoses generated from the CGMS-AGECAT (Automated Geriatric Examination for Computer Assisted Taxonomy) were compared with psychiatric diagnoses according to DSM-III-R criteria. Overall
agreement was satisfactory, and the CGMS was found to be a cross-culturally valid and reliable instrument for use in Taiwan. (RH)
ISSN: 10416102

Distinguishing depression from dementia in later life: a pilot study employing the Emotional Stroop task; by Robert Dudley, John O'Brien, Nicholas Barnett (et al).

12 older people who fulfilled DSM-IV criteria for major depression were compared with 12 people with Alzheimer's disease (AD) and 12 age-matched controls on a test of cognitive biases: the Emotional Stroop task. In this task, participants were presented with words printed in different coloured inks, and they had to name the printed colour. Four types of material were presented: neutral, positive, and negative emotion words, also meaningless symbols. Those with depression and those with AD were both slower than the controls on the task generally. However, the depressed group alone showed a statistically significant and specific increase in response time when colour naming the negative emotion words. The other two groups did not demonstrate such a pattern and colour named neutral, positive and negative words equally quickly. Although the Emotional Stroop task in its present form is not sufficient for such a purpose, the biased processing of depression-related material may have a valuable role in distinguishing depression from dementia in later life. (RH)
ISSN: 08856230


Assessment of well-being is an important part of comprehensive geriatric assessment. Previous studies suggest that the Geriatric Depression Score (GDS) provides an estimate of well-being in older patients. This study aimed to quantify the relationship between the GDS and the Philadelphia Geriatric Center Morale Score (PGCMS), to determine the accuracy of the GDS as a predictor of well-being. A prospective study was undertaken at Queen's Hospital in Burton-on-Trent, in which 48 patients were recruited on admission to the acute Care of the Elderly Unit and asked to complete the 30-point GDS (GDS-30). 31 patients completed the questionnaire again 3 months after discharge. Significant negative correlation was observed between the GDS and PGCMS scores; similar results were obtained for data at follow-up and for GDS-15 data. Thus, the GDS may be used to assess well-being accurately. The approach may simplify the process of comprehensive geriatric assessment and improve its effectiveness. (RH)
ISSN: 13649752

The DSM Scale for Depression-26 (DSD-26) - Spanish version: application Hispanic elders; by Israel Cuéllar, Robert E Roberts, Elena Bastida.

353 older Mexican Hispanics (age 45+, mean age 62) took the Spanish version of the DSM Scale for Depression-26 (DSD-26). Evidence of excellent reliability (coefficient alpha = .93) was obtained, along with concurrent and construct validity. Concurrent validity with an independent proxy measure of depression yielded a Pearson correlation of .73. Cross-cultural equivalence was examined through a series of validity checks. A Major Depressive Episode (MDE) prevalence rate of 3.11% was found for this random sample of community-based Hispanic elders. (RH)
ISSN: 10784470

The DSM-IV 'Minor depression' disorder in the oldest-old: prevalence rate, sleep patterns, memory function and quality of life in elderly people of Italian descent in Southern Brazil; by Flavio M F Xavier, Marcos P T Ferraza, Irani Argimon (et al).

In a random representative sample of the oldest old (age 80+) from a rural southern region of Brazil, the prevalence rate of minor depression was 12%. Subjects with this diagnosis were more likely to complain about sleep and memory problems than other people without any other affective disorder (major depression or dysthymic disorder), otherwise, objective analysis of memory and sleep did not show differences between the groups. Moreover, in terms of factors such as life satisfaction and some domains from the Short Form 36 Quality of Life Scale (SF-36), those with minor depression presented worse self-reported evaluations. Female gender was associated with a more frequent presence of minor depression disorder, when compared with older people without any depressive disorder. Results supported the present concept that minor depression is prevalent in later life, especially among the oldest-old. (RH)
ISSN: 08856230
Effects of a group based exercise program on the mood state of frail older women after discharge from hospital; by L Timonen, T Rantanen, T E Timonen (et al).
68 Finnish women (mean age 83) who were hospitalised due to an acute illness and were mobility impaired on admission were randomised into a group-based 10-week strength training intervention and a home exercise control (34 in each). 24 women in the training and 28 in the control completed the follow-up. Measures of mood state with the Zung Self-Rating Depression Scale (ZSDS) were performed before and after the training intervention; follow-up data was collected 3 and 9 months after the end of the intervention. Compared with the control group, there was a significant improvement in mood in the intervention group; this was associated with improvement in lower limb isometric muscle strength. (RH)
ISSN: 08856230

Effects of exercise on depressive symptoms in older adults with poorly responsive depressive disorder: randomised controlled trial; by Anne S Mather, Cesar Rodriguez, Moyra F Guthrie (et al).
In this study of the effectiveness of exercise as an adjunct to antidepressant therapy run by the University of Dundee, patients were randomised to attend either exercise classes or education talks for 10 weeks. At 10 weeks, a significantly higher proportion of the exercise group (55% vs 33%) experienced a greater than 30% decline in depression, as measured by the 17-item Hamilton Rating Scale for Depression (HRSD). Because exercise was associated with a modest improvement in depressive symptoms at 10 weeks, older people with poorly responsive depressive disorder should be encouraged to attend group exercise activities. (RH)
ISSN: 00071250

Employed family caregivers of cognitively impaired elderly: an examination of role strain and depressive symptoms; by A B Edwards, S H Zarit, M A P Stephens (et al).
Employed and non-employed caregivers of cognitively impaired elderly family members are compared. The authors use role conflict and role expansion (two competing positions derived from role theory) to explore whether holding the positions of both caregiver and worker led to greater role overload and psychological role conflict, or provided an outlet that helps caregivers better manage the demands placed on them. No differences were found between employed and non-employed caregivers on measures of role overload, worry and strain, and depression. For working caregivers, however, greater conflict on the job was associated with higher role overload and worry and strain, while beneficial work experiences were only weakly associated with lower role overload and worry and strain. There was an interaction effect between positive work experiences and role overload when predicting depressive symptoms. These results provide some support for role conflict, but also suggest that caregivers may vary considerably in how they adapt to multiple roles. (KJ/RH)
ISSN: 13607863
From: http://www.tandfonline.com

Ethnic variation in the impact of negative affect and emotion inhibition on the health of older adults; by Nathan S Conedine, Carol Magai, Carl I Cohen (et al).
The authors examined the relationships between negative affect and emotion inhibition and that of illness (hypertension, respiratory disease, arthritis, and sleep disorder) in a sample of 1,118 older people living in the community from four ethnic groups: US born African Americans, Afro-Caribbeans, US born European Americans, and Eastern European immigrants. Participants completed measures of stress, life-style risk factors, health, social support, trait negative emotion, and emotion inhibition. As expected, the interaction of ethnicity with emotion inhibition and, to a lesser extent, negative affect, was significantly related to illness, even controlling for other known risk factors. However, the relationships between these variables were complex, and the patterns did not hold for all types of illness or operate in the same direction across ethnic groups. (RH)
ISSN: 10795014

An examination of the attitudes and practice of general practitioners in the diagnosis and treatment of depression in older people; by Ian Rothera, Rob Jones, Catherine Gordon (et al).
Most depression in older people is managed in primary care settings, but can be difficult to diagnose and is often under-treated. The responses of 333 general practitioners (GPs) in 116 general practices within the Nottingham Health Authority to a series of attitude statements and clinical vignettes regarding antidepressant prescribing were assessed. Selective Serotonin Re-Uptake Inhibitors (SSRIs) are the preferred drugs in treating certain
problematic cases of late-life depression. Although these results suggest a greater propensity of GPs to prescribe SSRIs, older GPs and those who had been in practice longer were more likely to prescribe tricyclic antidepressants. This latter group and those without previous psychiatric training may benefit from further training in diagnosing and treating late-life depression. (RH)
ISSN: 08856230

In the Fitness, Arthritis and Seniors Trial (FAST) - a trial of 439 Americans aged 60+ with knee osteoarthritis - participants were randomised to health education (control), resistance exercise, or aerobic exercise groups. Their depressive symptoms, assessed by the Center for Epidemiologic Studies - Depression scale (CES-D), and physical function (disability, walking speed and pain) were assessed at baseline and after 3, 9 and 18 months. Compared with results for the control group, aerobic exercise significantly lowered depressive symptoms over time. No such effect was observed for resistance exercise. The reduction in depressive symptoms with aerobic exercises was found both among the 98 participants with initially high depressive symptomatology and among the 340 participants with initially low depressive symptomatology, and was strongest for the most compliant people. Aerobic exercise and resistance exercise significantly reduced disability and pain, and increased walking speed both, and to an equal extent, in those with either high or low depressive symptomatology. (RH)
ISSN: 10795014

101 Japanese post-stroke patients and their caregivers were interviewed; the Cornell Scale for Depression in Dementia (CSDD) was used. Data were also collected from patient charts. The four-factor solution for post-stroke subjects was analogous to that found for Alzheimer's disease (AD) patients with two main exceptions: patients' physical complaints were unrelated to depressed mood in stroke patients; and agitation and psychosis loaded with depressed mood in stroke patients rather than as a separate unique factor as in AD patients. However, in the exploratory 5-factor model, agitation and suicidal ideation comprised a unique factor. Using standard cut-off scores for the CSDD, 58.2% of post-stroke patients had scores suggesting possible depression. CSDD scores were not related to functional ability, or stroke characteristics such as aphasia or right- or left-sided paralysis. However, scores were significantly higher among those two or more years post-stroke. Feelings of irritability, anxiety, sadness, and sleep problems were most prevalent. Despite prevalence of depressive symptoms, none of the subjects were currently receiving any mental health treatment. Findings suggest that symptoms differ by post-stroke duration, which may necessitate different treatment approaches. (RH)
ISSN: 08856230

In theory, the Hospital Anxiety and Depression Scale (HADS) should be a useful instrument for measuring the severity of symptomatic anxiety in late-life depression. However, HADS' dimensional structure has not been evaluated in older depressed patients. It is not known whether the scale actually functions as a bidimensional structure of anxiety and depression in this population. In this exploratory Canadian study, 213 patients aged 60+ with DSM-III-R unipolar major depression completed the HADS. The Scale was found to function as a bidimensional measure of depression and anxiety in older patients with depression, and the subscales had high internal reliability. The results suggest that HADS is a valid instrument for measuring severity of anxiety, independent of other depressive symptoms, in this population. (RH)
ISSN: 08856230

Censuses of those aged 65+ in any type of residential care in Leicestershire on 27 November 1990 and 30 November 1997 established the extent of antidepressant use, which increased by 11% over that period. Severity of depression, as assessed by care staff, gender, younger age, better cognitive functioning, and use of other medications were consistently associated with better physical functioning in 1990 and frequency of falls in
Geriatric Depression Scale Scores in a representative sample of 14545 people aged 75 and over in the United Kingdom: results from the MRC Trial of Assessment and Management of Older People in the Community; by David P J Osborn, Astrid E Fletcher, Liam Smeeth (et al).
The authors used cross-sectional data from the Medical Research Council (MRC) Trial of Assessment and Management of Older People in the Community, to describe the age and sex distribution scores of Geriatric Depression Scale (GDS-15) scores in the largest ever UK sample of people aged 75 and over. Female sex and older age groups were associated with scoring above threshold on the GDS-15. The data reveal the numbers who will score positively when the GDS-15 is used for screening older people, as has been recommended by the Royal College of General Practitioners (RCGP). Thus, these large, representative UK data suggest that depression may be common in later life. (RH)
ISSN: 08856230

The Geriatric Mental State Examination in the 21st century; by J R M Copeland, M Prince, K C M Wilson (et al).
The Geriatric Mental State Examination (GMS) is now established as one of the most commonly used mental health assessments for older people. Its strengths lie in extensive validity studies, high inter-rater reliability, accessibility to trained raters (irrespective of professional background), and its continual evolution and adaptation. In computerisation, association with supplementary instruments and support by a diagnostic algorithm provides a comprehensive diagnostic system and syndrome profile for each subject. The instrument has been validated against most major diagnostic systems and has been used as outcome measures in intervention studies. Translation into several languages and validation in various cultures have exposed weaknesses, including the over-diagnoses of organic states in populations with poorly developed education. Ongoing studies continue to consider these issues, providing a culture sensitive instrument enabling unique transcultural research in a relatively under-researched field. (RH)
Incidence, prevalence and outcomes of depression in residents of a long-term care facility with dementia; by Jennifer L Payne, Jeanne-Marie E Sheppard, Martin Steinberg (et al).
200 residents of Copper Ridge, a US long-term care facility for the memory impaired, were followed every 6 months during the first year after their admission. On admission 19.9% had depression, most of whom (75%) had a previous history of depression. At 6 months, only 15% of the original 40 depressed patients were still depressed, and only 7.5% after 12 months. The incidence of depression at 6 and 12 months was 1.8% and 6.4% respectively. Most of those with new depression at 6 months were no longer depressed at 1 year. The annual attack rate (cumulative likelihood of depression over 1 year) for the total population was 26.4%. Rates for the sub-group of Alzheimer’s disease (AD) were similar to rates for the whole population, except for an annual attack rate of 17.5%, reflecting a lower rate of depression on admission. The decline in depression over the year after admission likely reflects appropriate treatment and diagnosis of depression. (RH)

Interlocking trajectories of loss related events and depressive symptoms among elders; by Scott M Lynch, Linda K George.
As people age, their peers (who are also ageing) become increasingly susceptible to health decline and death, implying potential growth in stressful loss-related events over time for the individual. The purpose of this research was to determine whether growth in loss-related events occurs for older people, and whether stress growth is related to the well-known growth in depressive symptomatology in later life. Three waves of the US National Institute on Aging Established Populations for Epidemiological Studies of the Elderly (EPESE - Duke University site) were used in the analysis. Results suggests that stress in later life may be conceived of as a growth process, with strong consequences for trajectories of mental health. (RH)

Is it contagious?: affect similarity among spouses; by C R Goodman, R A Shippy.
Aging & Mental Health, vol 6, no 3, August 2002, pp 266-274.
Theories of emotional contagion suggest that spouses mutually experience affective or emotional states. However, empirical support for this theory is limited. This study uses a dyadic approach to examine affect similarity of depressive symptoms between 123 elders dealing with a recent vision loss and their spouses. Guided by a stress predictor model, hierarchical regression analyses of predictors of spouse depressive symptoms revealed that the spouse's race, health, care-giving appraisal, self-efficacy, conflict with other family members regarding their partner, and their partner’s depressive symptoms significantly predicted spouse depression. Specifically, spouses who were white, in poorer health, experienced more care-giver burden, had more family conflict, and poorer self-efficacy, were more likely to be depressed. (RH)

Late life depression in primary care: a nationwide Italian epidemiological survey; by Domenico Berardi, Marco Menchetti, Diana De Ronchi (et al).
In this Italian study, primary care physicians (PCPs) assessed probable cases of depression with the International Classification of Diseases, 10th ed (ICD-10) checklist for depression. 666 PCP patients aged 60+ and 1,290 PCP patients aged 14-59 were also screened using the General Health Questionnaire (GHQ-12). Prevalence of current depression was 8.6%, 3.6% for syndromal depression (8.3% and 5.5%, respectively, for younger subjects). Current depression was associated with physical illness, physical disability, days lost from work or days unable to perform activities of daily living (ADLs), and frequency of PCP consultation. Comorbidity with physical illness was the hallmark of late-life depression, distinguishing this condition from depression in younger patients. Moreover, depressed older people were more disabled, and had a higher frequency of PCP consultation than younger depressed patients. Intervention programmes need to take into account the relationship between the mental, physical and functional aspects of depression. (RH)

Data for more than 42,000 residents aged 65+ with depression obtained from the US Systematic Assessment of Geriatric drug use via Epidemiology (SAGE) database identified 11% of subjects as depressed on the Minimum Data Set (MDS) assessment. Of these, 53% received antidepressant therapy, of whom 32% received doses less than the manufacturers' minimum effective dose for treating depression. The oldest-old (age 85+), blacks, and those with severe cognitive impairment were least likely to receive an antidepressant. In those treated, cardiovascular diseases were associated with an increased likelihood of selective serotonin re-uptake inhibitor (SSRI) use; and women were least likely to receive an SSRI. Thus although depression is a treatable condition, most nursing home residents may be inadequately treated. (RH)


A study conducted at a general practice in Salford, Greater Manchester aimed to identify the nature and extent of mental health problems in older people in inner city areas. Screening tools included the General Health Questionnaire (GHQ-28), the Hospital Anxiety and Depression Scale (HADS), and the Mini-Mental State Examination (MMSE). The primary health care team (PHCT) used a brief checklist to rate participants for presence of mental health problems. Follow-up interviews used the Geriatric Mental State (GMSA), and Cambridge Examination for Mental Disorders in the Elderly (CAMDEX) - cognitive subscale (CAMCOG). A high level of psychological morbidity was identified at screening (48%). However, the study found lower levels of severe mental health problems, especially depression, than reported elsewhere, but higher levels of psychological distress. High levels of physical and mental health co-morbidity were found, suggesting that planning for primary health care services needs to adopt a flexible assessment model. (RH)


The International Menopause Forum "Tuohilampi", which meets annually, is a working group with an interdisciplinary scientific composition from five European countries. This fifth meeting held in Essen, Germany was mainly devoted to the problems of depressive mood and depression in women who are pre-, peri- and post-menopausal. Current hormone replacement therapy (HRT) prescription in European postmenopausal women was critically reviewed in a recent study, and the Forum considers that treatment of depressed, especially older women is an unmet medical need. In addition, the role of IGF (insulin-like growth factor) in gynaecology and the use of HRT after gynaecological cancer is reviewed. (KJ/RH)


Many social services departments (SSDs) have successfully developed services which meet older people's physical survival needs so that, despite serious disabilities, they can continue living in their own homes. An emerging priority is to support the morale and quality of life of these same individuals. Assisted by the Social Policy Research Unit (SPRU), a team of social services managers conducted a programme of interviews designed to obtain the views of very old, frail home care clients about their services and their lives in general. A few interviewees expressed very low morale, and this seemed to reduce substantially their ratings of satisfaction with the help they received. While it is well established that disability and isolation are linked to depression in older people, it is rare for service providers to systematically tackle their problems. Some practical strategies for this purpose are proposed as a result of this survey. (RH)


The relationship of both specific types of negative life events and the total number of experienced events of depression in old age was examined in 25 studies. Almost all negative life events appeared to have a modest but
significant relationship with depression. Whereas sudden unexpected events were the only cluster of negative life events not associated with depression, negative life events in general and daily hassles appeared to have the strongest relationship with depression. Special attention should be given to older people who have experienced an accumulation of stressful events and daily hassles, because they seem to be a group at greater risk. (RH)

ISSN: 10795014

Negative symptoms, depression and Alzheimer's disease; by Martine Vercelletto, Florence Martinez, Sophie Lanier (et al).


The present French study attempted to differentiate depressive symptoms from negative symptoms (NS) in mild-to-moderate Alzheimer's disease (AD) by applying behavioural scales used in psychiatry, and compared forms of AD with predominant NS with frontal lobe hyperfusion in functional imaging. An apolipoprotein E (APO E) genotype was performed systematically to determine whether NS forms corresponded to a particular APO E pattern. Patients with a mild-to-moderate form of AD did not manifest a true depressive syndrome, and had Montgomery and Asberg Depression Scale (MADRS) scores similar to those of control subjects. However, the NS observed in the absence of depression could not account for modifications in personality related to early apathy and lack of motivation in AD. This consideration is important in distinguishing between depression and dementia. (RH)

ISSN: 08856230

Oral versus written administration of the Geriatric Depression Scale; by B J Cannon, T Thaler, S Roos.

Aging & Mental Health, vol 6, no 4, November 2002, pp 418-422.

44 American female nursing home residents completed the Geriatric Depression Scale (GDS) twice, using both oral and written administration, completion being counterbalanced. The Mini Mental State Examination (MMSE) and the Mattis Dementia Rating Scale were administered to each participant between the GDS administrations. All testing was completed within one session. Test-retest reliability analysis revealed a significant correlation between oral and written administrations for higher cognitive functioning participants, but no correlation for impaired participants. Thus, the use of the GDS in a cognitively impaired population is questioned. Moreover, oral versus written administration formats were found to be not equivalent in the higher functioning group. (RH)

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Genetic risk factors are important in Alzheimer's disease (AD), and may also predispose for other disorders. The risk of physical disorders in relatives of AD patients, of depressed patients and of control subjects were compared in a study undertaken at the Universities of Mainz and Bonn. Family history, and if possible, interview information on physical disorders and causes of deaths in relatives of 146 patients with AD, 168 with major depression (MD), and 136 controls was collected. The results did not support a major overlap between the genetic risk of AD and the genetic risk of cerebrovascular disease, Down's syndrome, haematological malignancies or Parkinson's disease. The finding of an increased risk of congenital malformations in relatives of AD patients needs further replication before it can be stated. The increased risk of dementia or depression with cognitive impairment in older relatives of patients with AD or MD increases the risk of accidents such as falls. The genetic risk of depression in relatives of those with MD could have a negative influence on the prognosis of peptic ulcers. (RH)

ISSN: 08856230

Pleasurable activities and mood: differences between Latina and Caucasian dementia family caregivers; by Larry W Thompson, Nancy Solano, Lisa Kinoshita (et al).


Past research has shown that increased pleasurable activity can impact positively on the level of depression in Caucasian patient groups and family caregivers. In the present study, an abbreviated version of the Older Persons Pleasant Events Scale and the complete Center for Epidemiologic Studies Depression Scale (CES-D) was administered to 257 female caregivers of dementia patients (147 Caucasian, 110 Latina). Caucasians engaged more frequently in activities pertaining to social recognition, social intimacy, reflection and nature than Latinas, while Latinas engaged more frequently in activities pertaining to spirituality than did Caucasians. There were no differences between the two on leisure activities. Latinas had higher "obtained pleasure" scores than Caucasians on activities related to spirituality, and Caucasians had higher scores than Latinas on nature.
activities. Level of obtained pleasure was negatively related to level of depression in both ethnic groups. The results support the value of routinely engaging in pleasurable activities as a useful strategy for caregivers in coping with feelings of depression and chronic stress. (RH)

ISSN: 10784470

Prevalence and correlates of late-life depression compared between urban and rural populations in Korea; by Jae-Min Kim, Il-Seon Shin, Jin-Sang Yoon (et al).
The Korean form of the Geriatric Depression Scale (KGDS) was administered to 485 urban-dwelling and 649 rural-dwelling participants in Kwiangju, South Korea. No difference was found between urban and rural samples for prevalence rates of depression. However, associations with independent variables varied between the areas. In the urban sample, increased age, low education, manual occupation, and current rented accommodation were independently associated with depression. Only low education was associated with depression in the rural sample. Prevalence rates of depression as estimated using the KGDS appeared to be high (33%) in older Korean people. (RH)

ISSN: 08856230

Prevalence rate and correlates of depressive symptoms in older individuals: the Veneto Study; by Nadia Minicuci, Stefania Maggi, Mara Pavan (et al).
Depressive symptoms (DS) are very common in older people, particularly women, and prevalence rates vary widely across countries. A random sample of non-institutionalised individuals aged 60+ (867 men and 1331 women) from the Veneto region of northeast Italy, were interviewed and participated in a brief physical examination in their homes. Their prevalence rates of DS and the associated physical, social and psychological factors were analysed. The overall prevalence rate of DS was 58% in women and 34% in men, but there was no significant trend with age. Women were at higher risk than men, even after adjusting for traditional risk factors such as fair to poor self-rated health, sleep disturbance and use of sleep medication, lack of support from social or family network, and physical and cognitive impairment. The study provides evidence that older women report DS more frequently than men, independently from the presence of traditional risk and associated factors. Cultural and lifestyle factors throughout life might explain this gender difference. (RH)

ISSN: 10795006

The prevalence, diagnosis and treatment of depression in dementia patients in chronic care facilities in the last six months of life; by Martin M Evers, Steven C Samuels, Melinda Lantz (et al).
Perimortal data regarding dementia severity, depressive symptoms and diagnosis, and medication for 279 dementia patients and 24 normal controls brought to autopsy through a US Alzheimer's Disease Resource Center were reviewed. Major depression was highly prevalent in both dementia patients and normal controls in the last 6 months of life. This depression was under-diagnosed by physicians, and may be an important clinical issue. As physician diagnosis of depression has not improved with time, further training and awareness sessions may be warranted. Depression is a treatable cause of excess morbidity and mortality, and was under-treated in all groups studied. The prevalent use of anxiolytics and hypnotics for depressed patients is problematic. (RH)

ISSN: 08856230

Preventing unnecessary deaths among older adults: a call to action for social workers; by Ellen L Csikai, Ameda A Manetta.
In his 1999 report on mental health, the US Surgeon General identified suicide as a national public health problem, and recognised that mind and body are inseparable. Poor mental health and medical conditions can lead to expressions of a desire to die, suicide, or requests for physician-assisted suicide. This paper examines depression in older people and the risks for suicide, suicide prevention, and physician-assisted suicide (including the experience of Oregon's Death with Dignity Act 1994). The appropriate role for social workers in preventing unnecessary deaths is discussed. (RH)

ISSN: 01634372
From: http://www.tandfonline.com
Previous stroke but not vascular risk factors are associated with depression in a cognitively impaired older
Korean population; by Jae-Min Kim, Robert Stewart, Il-Seon Shin (et al).
In a community sample of 341 South Koreans aged 65+ and with scores of 24 or less on the Korean version
of the Mini-Mental State Examination (MMSE), previous stroke was identified as an independent risk factor
of late-life depression. The association was found principally in those with better cognitive function and
independent activities of daily living (ADLs). No associations were observed between measures of vascular risk
- with the exception of a history of stroke - and depression. (RH)
ISSN: 08856230

The prognosis of depression in old age: outcome six to eight years after clinical treatment; by M L Stek, E van
Exel, W van Tilburg (et al).
Previous studies suggest that the short-term outcome in severely depressed older people in the Netherlands is
worse compared to other studies in the Western world. The present study uses a structural diagnostic interview
(CIDI) to examine the long-term prognosis (over 6-8 years) of 105 older inpatients with major depressive
disorder and possible predictors of outcome. At follow-up, 40% of the original sample had died. Of the
survivors, 33% had fared well, 24% had a relapsing course, 22% had residual symptoms, 11% were
continuously ill, and 9% had probable dementia. With respect to prognostic factors, personality disorder
predicted a worse outcome. All patients with minor depressive disorder at follow-up received specialised care
and used antidepressants. None of the patients received ECT. The mortality rate in clinically treated older
people with major depressive disorder is high. Among survivors, the long-term prognosis in the Netherlands is
comparable with other studies to date. The presence of a personality disorder predicts worse outcome. Though
the accessibility of services seems to be good, more vigorous treatment was not applied. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Psychiatric disorders in aging prisoners; by Judith J Regan, Ann Alderson, William M Regan.
The study describes and compares the 671 older individuals (aged 55+) presently in prison in the Tennessee
State Prison System who have diagnosed with mental illnesses with those older prisoners without mental illness
diagnoses. 16% of these individuals had a diagnosis of mental illness. Significance was found between gender
and psychiatric illness, as well as between gender and the illnesses of dementia and depression. Women with a
depressive disorder were more likely to have committed murder, and men with dementia were more likely to
have committed a sex crime. The study raises critical issues relative to the older mentally ill prison population.
(RH)
ISSN: 07317115
From: http://www.tandfonline.com

Psychological outcomes of preparation for future care needs; by Martin Pinquart, Silvia Sörensen.
Influences of aspects of preparedness for future care needs were investigated in 573 German older people.
Whereas becoming aware was associated with higher levels of worrying and depression, gathering information
and concrete planning predicted lower levels of worrying and depression and higher levels of preparedness and
satisfaction. Three styles of coping with future care risks were identified: avoidance, thinking about future risks
without planning, and concrete planning. Avoiders had lowest levels of worries and depression, whereas
planners were most satisfied with their preparation activities. Thinking about future risks without making concrete plans was associated with the lowest level of psychological well-being. Results indicate thinkers or non-planners should be the main targets of interventions to promote preparedness for future care needs. (RH)
ISSN: 07334648

Psychological symptoms among persons 50 years of age and older living with HIV disease; by T G Heckman, B
D Heckman, A Kochman (et al).
10% of all US AIDS/HIV cases are in people aged 50+. This study is based on data collected in late 1998 by
self-administered assessment instruments completed by 83 HIV-infected people aged 50-69 (63 in New York
City, 20 in Milwaukee, WI). Based on the Beck Depression Inventory (BDI), 25% of participants reported
"moderate" or "severe" levels of depression. There was also evidence in HIV-infected older people of an
elated number of symptoms associated with somatisation. A hierarchical multiple regression analysis revealed
that HIV-infected older people who endorsed more psychological symptoms also reported more HIV-related
stressor burden, less support from friends, and reduced access to health care and social services due to AIDS-related stigma. Is the impact of AIDS on older communities continues to increase, geropractitioners must be prepared to provide care to older people with HIV/AIDS, a substantial minority of whom will present with complex comorbid physical and mental health conditions. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

The psychosocial burden on spouses of the elderly with stroke, dementia and Parkinson's disease; by Bente Thommessen, Dag Aarsland, Anne Braekhus (et al).
Data from patient-spouse couples from three previously published studies of patients with strokes (36 couples), mild dementia (96 couples) and Parkinson's disease (58 couples) were assessed for psychosocial burden using the 15-item Relatives Stress Scale (RSS). Disorganisation of household routines, difficulties with going away for holidays, restrictions on social life, and the disturbance of sleep were most frequently reported problems in all three groups. Spouses caring for patients with dementia, stroke and Parkinson's disease perceive a similar type and level of psychosocial burden, independent of the disease. A patient's cognitive functioning is a particularly important factor in this, especially when caring for patients with stroke or Parkinson's disease. (RH)

ISSN: 08856230

Qigong as a psychosocial intervention for depressed elderly with chronic physical illnesses; by Hector W H Tsang, Lee Cheung, Davis C C Lak.
Depression is a more serious problem in older people with chronic physical illnesses. Although the relationship between physical problems and depression is well documented, the underlying mechanism is basically unknown. A comprehensive literature review concludes that depression in older people with chronic physical illnesses results from disability and a reduction in psychosocial resources. If depression is left untreated, suicide may be a consequence. In view of this, various forms of psychosocial interventions are developed based on mainstream western medicine. The authors argue that Qigong, a form of Chinese therapeutics, has the effect of alleviating clinical depression and thus improves quality of life. A simple form of dynamic qigong, namely the Eight-Section Brocades, is suggested. A theory which explains the psychosocial effect of qigong is hypothesised. (RH)

ISSN: 08856230

Quality of accommodation and risk of depression in later life: an analysis of prospective data from the Gospel Oak Project; by Robert Stewart, Martin Prince, Rowan Harwood (et al).
An observer's impression of accommodation quality was a strong and independent predictor of depression in this sample of 654 residents aged 65+ from the Gospel Oak Study. Pervasive depression (SHORT-CARE) was assessed at baseline and after one year. In the 131 participants without depression at baseline, worse accommodation was associated with depression after one year between the three accommodation groups: private or privately rented mainly 19th century houses; high quality local authority, ex-local authority, or housing association properties; and poor quality, large, medium or high-rise local authority blocks. A stronger association of housing quality and depression was found for those cohabiting rather than living alone. The study also notes that the internal quality of housing has received relatively little investigation as a risk factor for psychiatric morbidity in older people. (RH)

ISSN: 08856230

The relationship between age and depressive symptoms: a test of competing explanatory and suppression influences; by Scott Schieman, Karen van Gundy, John Taylor.
Two samples were used for this American research: a community sample of physically disabled individuals; and a comparison sample matched on age, sex and area of residence. Fewer economic hardships and experiences of negative interpersonal exchanges among older disabled and non-disabled adults also account for part of the negative relationship between age and depressive symptoms. Higher scores on a composite measure of religiosity among older disabled adults also account for part of the negative age effect. Conversely, a lower sense of mastery among older respondents in both samples suppresses the size of the negative age slope. Findings are discussed in terms of stress process and socioemotional selectivity theories, which predict that personal and social arrangements influence the experience of emotions differentially across the life course. (KJ/RH)
The relationship between delusions and depression in Alzheimer's disease; by Medhat M Bassiony, Andrew Warren, Adam Rosenblatt (et al).
303 Americans living in the community and with probable Alzheimer's disease (AD) according to NINCDS/ADRDA criteria were included in this study. 75 patients with delusions only were compared with a control group of 228 who had neither delusions nor hallucinations. Patients were assessed clinically for the presence of delusions using the DSM-IV glossary definitions. They were also rated on standardised measures of depression, cognitive impairment, staging of dementia, general medical health and functional impairment. A strong association was found between delusions and depression in patients with AD, even after controlling for confounding factors which might distort this relationship. This observed association may be important with respect to management of both conditions in AD. (RH)

Research into depressive disorder in later life: who is doing what?: a literature search from 1998-2001; by Robert C Baldwin.
How much original research is being conducted (and where), of what type, and what themes are being covered with regard to late-life depression? A literature search of four databases covering 1998-October 2001 yielded 1,002 publications meeting predefined criteria. 59% were cross-sectional studies; fewer than 10% were randomised controlled studies. The most common themes were depression with comorbidity and aetiology accounting for almost half of the papers; stroke and Parkinson's disease were the most frequently researched comorbid medical disorders, although interest in Alzheimer's disease (AD), heart disease, hip fracture, and chronic lung disease appears to be increasing. There were comparatively few studies of psychological and psychosocial interventions. A quarter of publications concerned major depressive disorder. There were striking variations in the origin of publications: two regions, North America and Northern Europe, accounted for two-thirds of all publications, but only 13.7% of the world's population aged 65+. Although progress is being made, it might occur more rapidly and with greater scope with more international and cross-centre collaboration. (RH)

The Revised Scale for Caregiving Self-Efficacy measures three domains of caregiving self-efficacy: obtaining respite, responding to disruptive patient behaviours, and controlling upsetting thoughts. The Scale was tested with two samples of family caregivers of cognitively impaired older people, to revise extend and evaluate it. The three subscales showed strong internal consistency and adequate test-retest reliability. Construct validity is supported by relationships between these three facets of perceived caregiving efficacy and depression, anxiety, anger, perceived social support, and criticism expressed in speech samples. The Scale has potential uses for both research and clinical purposes. (RH)

The role of mastery and social resources in the associations between disability and depression in later life; by Yuri Jang, William E Haley, Brent J Small (et al).
Although disability is widely acknowledged as a risk factor for late-life depression, few studies have considered the potential of psychosocial factors to alter the association between disability and depression. The direct and moderating effects of mastery and social resources were empirically tested with a sample of 406 cognitively intact community-dwelling older people (mean age 72.3) from the Charlotte County Healthy Aging Study (CCHAS) in Florida. Higher levels of mastery and greater levels of satisfaction with support had significant direct effects on depression, and also buffered the adverse impact of disability on depression. The findings support the importance of psychosocial factors in modifying the association between disability and depression, and suggest that efforts to enhance positive psychosocial attributes should be emphasised in interventions for older people. (RH)
The role of social and psychological resources in the evolution of depression in caregivers; by María-Victoria Zunzunegui, Alicia Llacer, François Beland.


This article discusses a longitudinal study of 195 caregivers of Spanish over 65s disabled in activities of daily living (ADLs), which was carried out to assess the role of social support and religiosity in the development of depression. Depressive symptomatology was assessed using the Center for Epidemiologic Studies Depression (CES-D) scale. One year later, 119 of the caregivers were contacted again. Stability of depression over one year was observed in most participants. Poor physical health and low self-esteem, as well as incontinence in the care recipients, were significant predictors of the development of depressive symptoms. Social support had a differential effect on the development of depression, depending on how much assistance with ADLs the caregivers had to provide. Religiosity seemed to have no effect. Depression in caregivers is related more to their health and psychosocial resources than to the amount of care they provide. Poor health status, low self-esteem and lack of emotional support may be useful indicators in identifying caregivers at high risk for depression. (RH)

ISSN: 07149808

Sadness predicts death in older people; by James K Cooper, Yael Harris, John McGready.


A single survey question about feelings of sadness and depression is predictive of death occurring within 2 years. This finding is based on a national cross-sectional survey of 141,589 enrollees in Medicare aged 65+. Results were consistent across age, gender and presence or absence of known heart disease. Other responses associated with death were older age, male gender, and self-reported cancers, shortness of breath, heart failure, and smoking among other characteristics. Higher education and being married appeared to protect from death. (RH)

ISSN: 08982643

Screening for depression in patients in long-term care facilities: a randomized controlled trial of physician response; by Judith A Soon, Marc Levine.


Screening of long-term care patients for depression can increase the frequency of treatment or referral for primary care physicians. The authors report a study of 103 patients screened by the Geriatric Depression Scale (GDS) as meeting criteria for cognitive function and untreated symptoms of depression. The frequency of response of the 77 physicians of these patients - whether mental health consult or antidepressant therapy - at various stages after the notification were analysed. In general, their decisions were primarily associated with physician-associated characteristics. (RH)

ISSN: 00028614

Self efficacy and depression in late life: a primary prevention proposal; by D G Blazer.


Feelings of sadness and loneliness are ubiquitous in later life and are a risk factor for depression and perhaps other mental illness in late life. Although primary risk reduction for depressive disorders and promotion of overall mental health can target sadness and loneliness in older people, few studies document the efficacy of primary prevention. The author argues that attainment of positive mental health depends in considerable part on an individual’s self-efficacy - the belief that one can organise and execute those courses of action required to develop and enhance the belief that one can act in ways that lead to a desired goal. Self-efficacy is strengthened, not by some general or abstract instruction, but rather by the experience of successfully dealing with and thus overcoming specific problems. The extant literature suggests that many potential approaches may be available to develop and enhance self-efficacy in older people - approaches that, broadly speaking, could potentially be applicable in community settings. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

The significance of depression in older patients after myocardial infarction; by Jeanine Romanelli, James A Fauerbach, David E Bush (et al).


Depression is prevalent after an acute myocardial infarction (MI) in patients aged 85+. In this US study of 284 patients admitted to hospital with an acute MI, 153 were aged 65+; 101 completed a 4-month follow-up interview. Patients were interviewed 3-5 days post-MI to evaluate for presence of depression symptoms (a score of 10 or more on the Beck Depression Inventory), and for the presence of mood disorder. Older patients with depression were more likely to die in the first 4 months or have had a previous MI than older patients without
depression. Older post-MI patients with depression also had more comorbidities than those without depression, and have almost four times the risk of dying within the first 4 months after discharge. The authors’ data suggest that sicker patients who are older and depressed may less often be prescribed medication known to reduce post-MI mortality, and may also have greater difficulty following recommendations to reduce cardiac risk than their counterparts without depression. (RH)

The social functioning of older adults with schizophrenia; by C Graham, A Arthur, R Howard. Aging & Mental Health, vol 6, no 2, May 2002, pp 149-152.

A cross-sectional survey of the social functioning of older people living in the community was undertaken in two old-age psychiatry services, one in London, the other in a semi-rural area of Leicestershire. Participants consisted of 81 depressed and 101 normal older people identified as part of a general practice over 75 check, and 30 clients with schizophrenia aged 65+ known to mental health teams for older people. All participants were interviewed by one of two trained researchers and completed the Mini-Mental State Examination (MMSE) questionnaire, the 15-item Geriatric Depression Survey (GDS), a social functioning questionnaire, and the Schedules for Clinical Assessment in Neuropsychology or the Brief Psychiatric Rating Scale. The older people living in the community with no psychiatric diagnosis were the least isolated from their local community, reported more leisure activities and had the least contact with professional community services. Clients with schizophrenia reported more isolation from their local community and fewer private leisure activities than those with a diagnosis of depression. (RH)


Although there is evidence to suggest that depressed patients function at lower levels than patients with many other chronic disorders, several questions remain unanswered. In this study, the authors examined the variations in quality of life (QOL) scores of 100 older patients (aged 60-88) with moderate to severe recurrent major depression. In the absence of a non-depressed control group, comparisons were made with published older population norms. Disease-specific Quality of Life in Depression Scale (QLDS) and generic Medical Outcome Short Form 36 Health Survey (SF-36). QOL ratings obtained at baseline were analysed. Compared with older population norms, depressed subjects showed significant QOL impairments in five of eight baseline SF-36 items. Given the study's design limitations, the findings confirm the disabling nature of recurrent late-life depression, and the importance of targeting both depressive symptoms and broader QOL outcomes in intervention trials. (RH)


Results are reported from a multistage probability sample of 3,050 Mexican Americans aged 65+ drawn from a 5-state region, regarding their experiences of stress exposure and its consequences. Participants reported low levels of education and income, and most reported difficulty with reading or writing in English. Deaths, illness of close other, and functional problems were the three most frequent life events, and many reported financial strain. Depressive symptoms were then regressed on demographic indicators, cognitive status, linguistic acculturation, social supports, and three types of stressors. Being a woman, lower income, decreased income, chronic financial strain, and several health stressors were associated with greater symptomatology. Results identified a cluster of economic stressors and conditions that may play a critical role in the aetiology of depressive symptoms in this minority population. (RH)


A coroner's office in Sydney provided data concerning suicides of over 65s for 1994 to 1998. Of 210 older people who killed themselves, 160 (76%) were clearly depressed, including most of the 24% deemed to have understandable reasons for suicide. Physical ill health or disability was the major factor leading to suicide in 34%, and appeared to contribute to suicidal ideation in another 24% of those who died; they had usually not
been seen by a psychiatrist. Because depression is often treatable - even when associated with depressing circumstances - there is potential for further reduction of old age suicide rates by recognising and appropriately responding to symptoms of depression and distress. (RH)

ISSN: 08856230

Urinary incontinence and psychological distress in community-dwelling older adults; by Hillary R Bogner, Joseph J Gallo, Mary D Sammel (et al).
In this large community sample of adults living initially in East Baltimore in 1981 and followed up between 1993 and 1996, those with urinary incontinence (UI) associated with condition-specific functional loss were found to have higher rates of psychological distress than those with UI who did not report condition-specific functional impairment. The authors' findings support a general conceptual model that condition-specific functional impairment mediates the relationship between a chronic medical condition and psychological distress (as measured by the General Health Questionnaire - GHQ). (RH)
ISSN: 00028614

The Revised Cognitive Therapy Scale (CTS-R) is a new scale for measuring therapist competence in Cognitive Therapy, and is based on the original Cognitive Therapy Scales (CTS) devised by Young and Beck (1980 and 1988). The CTS-R was developed jointly by clinicians and researchers at the Newcastle Cognitive and Behaviour Therapies Centre and the University of Newcastle-upon-Tyne. Early versions of the scale have been used in empirical studies to examine the development of therapeutic skills in therapists treating clients in adult outpatient settings. This paper discusses aspects of therapy that require either emphasizing or adapting when working with older people. Having reviewed these requirements and then provided an overview of the scale, the paper concludes that the CTS-R needs little adaptation when used to assess the competence of therapy delivered to older people with affective disorders. (RH)
ISSN: 13603671

Validation of the Spanish version of the geriatric depression scale (GDS) in primary care; by M I Fernandez-San Martin, C Andrade, J Molina (et al).
The predictive value of the 30-question Geriatric Depression Scale (GDS) in Spanish was assessed with 218 patients aged 65+ at three health centres in Madrid. 192 were interviewed using the GDS and Geriatric Mental Schedule (GMS). Of these, 103 were considered "non-cases of depression" and 60 others made up the "cases of psychotic/neurotic depression" group. Considering a prevalence of depression of 30%, the predictive value for positives was 50% and for negatives 91.7%. Those with cognitive deterioration had a mean GDS score similar to those did not present deterioration. (RH)
ISSN: 08856230

2001

Acculturation and the prevalence of depression in older Mexican Americans: baseline results of the Sacramento Area Latino Study on Aging; by Hector M Gonzalez, Mary N Haan, Ladson Hinton.
The 1,789 participants (age range 60-100) in this study were recruited as part of the Sacramento Area Latino Study on Aging (SALSA). The prevalence of depression, assessed with the Center for Epidemiologic Studies Depression Scale (CES-D) was 25.4%. Women were at greater risk than men (32% vs 16.3%). Prevalence was greater among immigrants (30.4%), bicultural participants (24.2%), and less cultured participants (36.1%) compared with US born (20.5%) and more acculturated groups (16.1%). These findings are consistent with previously reported estimates of a higher prevalence of depression for older Mexican Americans than non-Hispanic Caucasians and African Americans. The findings are also the first to report the prevalence and risk of depression for older US-born and immigrant Mexican Americans. High prevalence in the least acculturated group may be related to cultural barriers encountered by immigrants, and to poorer health status. (RH)
ISSN: 00028614
The Alzheimer's disease Activities of Daily Living International Scale (ADL-IS); by Barry Reisberg, Sanford Finkel, John Overall (et al).
Activities of daily living (ADL) deficits are integral components of dementia disorders, and ADL measures are among the most robust markers of the course of Alzheimer's disease (AD). Despite this acknowledged importance, no clearly useful ADL instrument for cross-cultural application in pharmacological trials in the early stage of AD had been available. An ADL scale consisting of 40 items that correlated with the global and cognitive progress of AD has been developed for international use. The scale is shown to have .81 correlation with the General Depression Scale (GDS), .81 correlation with mental status assessment (Mini-Mental State Examination - MMSE), and .81 with a psychometric test (the SKT). This article considers item identification and selection, and discusses and presents items included in the final scale. (RH) ISSN: 10416102

Antidepressant treatment of depression in real-world settings; by J Mendlewicz (ed).
Two papers on antidepressant use in clinical practice review their safety and efficacy in treating depression. Studies of antidepressant prescribing were reviewed: how antidepressants are used in clinical practice can determine the clinical outcomes that are achieved. A third paper considers economic aspects: economic evaluations of antidepressants should be based on broad measures of health care expenditure. (RH) ISSN: 00071250

Anxiety sensitivity, anxiety, and depression in older patients and their relation to hypochondriacal concerns and medical illnesses; by I M Bravo, W K Silverman.
Anxiety sensitivity is the fear of anxiety symptoms, because such symptoms are believed to have harmful effects. This study was of a sample of 53 clinic-referred (mean age 78.8) and 53 non-clinic referred (mean age 70.9) older people. It examined whether: anxiety sensitivity was elevated in the clinic-referred group relative to the non-referred group; symptoms of anxiety, anxiety sensitivity and depression were related to numbers of illnesses and/or hypochondriacal concerns; and anxiety sensitivity was a better predictor of hypochondriacal concerns relative to depression or trait anxiety. Results indicate that anxiety sensitivity was significantly elevated in the clinic-referred group relative to the non-referred group, was negatively associated with history of medical illnesses, was strongly associated with hypochondriacal concerns, and was a better predictor of hypochondriacal concerns than depression and trait anxiety. Findings are discussed in terms of problems facing older people as they relate to the constructs of anxiety sensitivity and hypochondriacal concerns. (RH) ISSN: 13607863
From : http://www.tandfonline.com

The association between depressive symptoms and cognitive decline in community-dwelling elderly persons; by Hannie C Comijs, Cees Jonker, Aartjan T F Beekman (et al).
Mechanisms underlying the association between late life depression and cognitive decline are still unclear. 641 older people aged 70-85 from the Longitudinal Ageing Study Amsterdam (LASA) were examined twice in 3 years. Depressive symptoms were assessed by means of the Center for Epidemiologic Studies Depression Scale (CES-D); various cognitive functions were examined using psychological tests. Depressive symptoms were associated with decline in speed of information processing over a 3-year period, whereas there was no association between depression and increasing memory impairment or global mental deterioration. Neuropsychological assessment may contribute to early identification of the aetiology of depressive symptoms in older people, which may be relevant to treatment decisions. (RH)
Attentional processes in mildly depressed and non-depressed able elderly; by Regina O’Connell, Norman Abeles.
In this investigation on how ageing and depression affect attentional performance, it was hypothesised that age and depression would have differential effects on attentional performance, depending on task complexity. In a sample comprising 155 able older volunteers aged 55-93, although both increased age and depression are associated with decreased performance on complex attentional tasks, this interaction did not explain additional variance beyond the main effects. Results revealed mood-related depressive symptoms affect performance of overlearned functions in the younger old, while neurovegetative depressive symptoms were related to poorer psychomotor performance of the older old. (RH)

The benefits of a broader perspective in case-finding for disease management of depression: early lessons from the PROSPECT Study; by James C Coyne, Gregory Brown, Catherine Datto (et al), PROSPECT Study Group.
The PROSPECT (Prevention of Suicide in Primary Care Elderly - Collaborative Trial) evaluates collaborative care for the treatment of current depressive disorders in older primary care patients. Using screening data, the authors evaluate implications of expanding the focus to additional patients who report taking psychotropic medication or having a history of depression. Some 13.8% of the patients screened were taking a psychotropic medication, and 7.3% were both taking an antidepressant and had a Center for Epidemiologic Studies - Depression Scale (CES-D) score of >15. Patients who reported current antidepressant use and those with a history of depression that had elevated CES-D scores. Conversely, most patients having an elevated CES-D score also reported taking an antidepressant or having a history of depression. These latter criteria for potential caseness yielded a larger number of patients than those identified by CES-D alone. (RH)

Birth weight and the risk of depressive disorder in late life; by Christopher Thompson, Holly Syddall, Ian Rodin (et al).
Low birth weight is a risk factor for coronary heart disease, diabetes, stroke and hypertension. Depression is highly associated with these conditions. A total of 882 singleton term births in the 1920s had contemporary birth records of birth weight, and weight at one year. At age 68, all completed the Geriatric Depression Scale (GDS); and 867 completed the Geriatric Mental State Examination (GMS). Current social class, social class at birth, recent bereavement, social isolation and physical illness increased the risk of depression. After adjusting for these and weight at one year, the odds ratios for depression among men, but not women, rose incrementally with decreasing birth weight. Foetal undernutrition predisposes men to depression in late adult life. If replicated, these results would suggest a neurodevelopmental aetiology of depression, possibly mediated by programming of the hypothalamic-pituitary-adrenal axis. (RH)

Caregiver coping strategies: wives versus daughters; by Sara Wilcox, Paula O’Sullivan, Abby C King.
39 wife and 32 daughter caregivers completed the Revised Ways of Coping Checklist and measures of caregiver burden, perceived stress, depressive symptoms, and anger expression. Although wives and daughters did not differ in psychological variables, daughters were more likely than wives to use problem-focused coping, blame of others and self blame. However the proportion of effort devoted to each of the eight coping strategies did not differ by caregiver relationship. These results underscore that daughters and wives experience and cope with caregiving differently and may have different needs for assistance. Other factors that were not assessed, including role strain and role satisfaction, may have a greater impact on caregiving daughters' psychological well-being. (KJ/RH)

Data from 3 waves of the Asset and Health Dynamics among the Oldest Old (AHEAD) study were used to examine how driving cessation and reduction contributed to increases in depressive symptoms (as measured by the Center for Epidemiologic Studies Depression scale, CES-D). Those who had stopped driving had greater risk of worsening depression symptoms. Those who restricted their driving distances before the study began also had greater risk of worsening depressive symptoms, but seemingly less so than those who had stopped driving altogether. The risk of worsening symptoms was not mitigated for those who had a spouse available to drive them. Access to mental health therapies is necessary to prepare older people for the transition from driver to ex-driver. (RH)

ISSN: 10795014


The childless older population in the US has grown quickly, accounting for one fifth of over 65s in 1990. This study adds to the line of inquiry regarding negative effects of childlessness. The authors use the 1993 Asset and Health Dynamics Among the Oldest Old (AHEAD) survey to examine two dimensions of psychological well-being: loneliness and depression. Childlessness per se did not significantly increase the prevalence of loneliness and depression at advanced ages, net of other factors. There was also no statistical evidence for the hypothesis that childlessness increases loneliness and depression for divorced, widowed and never married older people. Gender, however, altered how childlessness and marital status influenced psychological well-being. Divorced, widowed and never married men who were childless had significantly higher rates of loneliness compared with women in comparable circumstances. Divorced and widowed men who were childless also had significantly higher rates of depression than divorced or widowed women. (RH)

ISSN: 10795014


The Clock Drawing Test (CDT) has been proposed as a quick and simple means whereby cognitive impairment may be detected in older people. Using data from their 1997 Dublin study, "Mental disorders among the community-dwelling elderly", the authors examine the sensitivities and specificities of the CDT, with particular emphasis on the effect of depression on CDT specificity. The sensitivity of CDT in detecting dementia in the general community was 76%; higher sensitivity and specificity were achieved with the Mini-Mental State Examination (MMSE). However, the use of the CDT in detecting dementia is likely to be more relevant in the primary care context than in specialist settings. Community-based late life depression does not appear to alter the specificity of the CDT. (RH)

ISSN: 08856230


The Taiwan Old-Age Depression Study (TOADS) of some 1,500 over 65s from three communities used the Geriatric Mental State Schedule (GMS), and the GMS-AGECAT (Automated Geriatric Examination for Computerised Assisted Taxonomy) for diagnosing depression. Data on life events were collected with the Taiwanese version of the Life Events and Difficulties Schedule (LEDS). One month prevalence of psychiatric disorders was 37.7%, with 15.3% depressive neurosis and 5.9% major depression. A high risk of depressive disorders was found among widows with a low educational level living in urban communities, and among those with physical illnesses. Contrary to most previous reports, the researchers found the prevalence of depressive disorders among older people in Taiwan to be high, and comparable to rates reported in some studies of UK samples. (RH)

ISSN: 00071250
Community surveys of late-life depression: who are the non-responders?; by Ulrich Freudenstein, Anthony J Arthur, Ruth J Matthews (et al).
The generalisability of community surveys of older people can be affected by both the level and nature of non-response. In a 2-stage study of late-life depression undertaken in Melton Mowbray, particularly in the first stage were more likely to be in contact with health services and tended to live in more affluent areas. Among those eligible for the second-stage psychiatric interview, participants were less likely to be receiving tranquillizers or hypnotics. To encourage older people to take part in community surveys, researchers need to look outside of traditional health service settings to ensure that those who have little contact with health services are not indirectly excluded from studies. The audit of primary care records alongside epidemiological surveys offers a way to identify factors associated with response bias. (RH)
ISSN: 00020729

The comparison of burden between caregiving spouses of depressive and demented patients; by Esa Leinonen, Lea Korpisammal, Lea-Mari Pulkkinen (et al).
The opportunities for a depressive or demented older patient to live at home are dependent on the availability of support. If the spouse is alive, his or her resources to care for the patient are an essential option. In this Finnish study, the Zarit Burden Interview (ZBI) was used in comparing the burden between two groups: 22 spouses living with a depressive patient, and 43 with a demented patient. Psychological distress was screened by the 12-item General Health Questionnaire (GHQ-12). The care and support given by the spouse was evaluated by the Involvement Evaluation Questionnaire (IEQ). The spouse's stress related to the patient's health state was evaluated by the Pearlin Stress Inventory (PSI). Among the general psychogeriatric patient groups, the caregiving spouses of demented patients with non-cognitive psychiatric symptoms are the most burdened group. However, spouses of depressive patients are as much burdened as those of demented patients with mild to moderate memory impairment. More support is needed for every spouse group caring from psychogeriatric patients. (RH)
ISSN: 08856230

A comparison of older and younger adults attending Alcoholics Anonymous; by Pearl Mosher-Ashley, Carol E Rabon.
The purpose of this study is to discover whether there are any age differences in socialisation patterns and emotional support experienced between older and younger recovering alcoholics, and whether depression levels and life satisfaction are similar or different. A total of 160 adults aged between 18 and 83 and who had attended one of 18 different Alcoholics Anonymous (AA) meetings in Massachusetts were examined. Respondents were divided into three groups based on age (under 40, 40-65, and 65+). The youngest group reported the greatest number of depressive symptoms and the lowest level of life satisfaction. The oldest group reported the lowest number of depressive symptoms and the greatest amount of life satisfaction. Most of the findings can probably be attributed to length of sobriety. Whilst AA helped these older people maintain long-term sobriety, the programme does not appear to be attracting other older people who are struggling to overcome their dependency on alcohol and/or drugs. (KJ/RH)
ISSN: 07317115
From : http://www.tandfonline.com

Contribution of education to health and life satisfaction in older adults mediated by negative affect; by Suzanne Meeks, Stanley A Murrell.
The authors developed a model of relationships between two enduring attributes (educational attainment and negative affect) and two indicators of successful ageing (health and life satisfaction). 1,177 participants (age 55+) were interviewed 4 times at 6-month intervals. Structural equation models were developed based on the authors' hypothetical model proposing a mediating effect of negative affect between health and successful ageing. As predicted, health and negative affect were both directly related to health and life satisfaction; and negative affect mediated the relationship between education and successful ageing indicators. Education thus appears to confer a lifelong advantage for healthy ageing. (RH)
ISSN: 08982643
The coping methods of patients with Parkinson's disease, their carers and the associations between health-related quality of life and depression; by Peter Hobson, Lesley Leeds, Jolyon Meara.


The methods of coping and their relationship to disease severity, cognitive function, depression and health-related quality of life (HRQoL) were examined in 70 Parkinson's disease (PD) patients and their carers. PD patients' coping methods were not associated with disease severity, cognitive function, or depression. In general, most of the correlations were weak. However, patients who used avoidance and cognitive coping methods reported improved HRQoL. Impaired cognitive function, poorer HRQoL and increased disease severity were associated with depression in patients. In carers, avoidance coping was associated with depression and cognitive impairment in the patient being cared for. These findings demonstrate the complex relationship in PD between impairment, quality of life, depression, cognitive function and the coping styles adopted by patients and carers. The study also highlights the difficulties in measuring these interactions with quantitative outcome measures.

(RH)

ISSN: 14717794

Correlates of depression in older Latinos; by Maria P Aranda, Pey-Jiuan Lee, Steve Wilson.


Data were collected from 150 Latino primary care consumers aged 50+ in Los Angeles County. Depression was measured using the depression module of the PRIME-MD Patient Health Questionnaire (PHQ). Respondents were interviewed at clinics or at home. Rates of depression indicate that 24.1% of the sample reported symptoms sufficient to meet the criteria for a PHQ depression diagnosis. Only social functioning and income were associated with the presence of a depressive disorder. Interference with social activities with family and friends as a result of physical and emotional problems was associated with an increased risk of being depressed. Although most of the cases were classified as sub-threshold, previous work has shown that sub-threshold depression can be clinically significant and debilitating. Using brief screening such as the PHQ, practitioners can identify cases needing further assessment and treatment. (KJ/RH)

ISSN: 01621424

From: http://www.tandfonline.com

Cross-cultural comparability of the Geriatric Depression Scale: comparison between older Koreans and older Americans; by Y Jang, B J Small, W E Haley.


It is becoming increasingly clear that, in order to understand the implications of global ageing, more cross-sectional research is needed. In this study, the structure and validity of the Geriatric Depression Scale - Short Form (GDS-SF) was examined with 153 Koreans (mean age 65.9) and 459 older adults from Florida (mean age 72.4). Results indicate that the GDS-SF exhibited good reliability in both samples. However, results of a principal components analysis indicate that the structure was not well replicated across the two samples. In general, the study suggests that, despite great efforts to make the questionnaires equivalent for the two cultures, the concept of depression for older people may vary greatly between Korea and the US. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

Current marital functioning as a mediating factor in depression among spouse caregivers in dementia; by Eric D Rankin, Marc W Haut, Robert W Keefover.


A model of spousal caregiving was constructed in which current marital functioning was hypothesised to predict caregiver depression, independent of the patient's clinical status and caregiver characteristics including burden. The sample was comprised 96 consecutive marital dyads seeking evaluation at an American university-based cognitive disorders programme. The results of path analysis supported a model in which current marital functioning was significantly and independently associated with the caregiver's mental health. Specifically, spouse caregivers reporting low marital cohesion and satisfaction endorsed significantly more depressive symptoms. These findings supported the model's central premise that relational losses are discretely related to the mental health of spouse caregivers, and warrant consideration in the assessment and care of spouse caregivers. (KJ/RH)

ISSN: 07317115

From: http://www.tandfonline.com

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Day clinic treatment of late life depression; by Anke Bramesfeld, Georg Adler, Stefanie Brassen (et al).
Treatment at a geropsychiatric day clinic for depressed patients in Mannheim, Germany is evaluated for its outcome. Under day clinic treatment, older depressed patients improve in depression, and almost half of them (45.5%) fully recover. Patients recovering from depression improve in their contacts, activities, cognitive functioning and quality of life. The day clinic setting meets the specific needs of patients suffering from late-life depression, by maintaining them in the community, supporting their abilities for self-care and promoting social contacts. Treatment in this setting may therefore be recommended. (RH)
ISSN: 08856230

Depression and anxiety disorders among Jews from the former Soviet Union five years after their immigration to Israel; by Nelly Zilber, Yaakov Lerner, Raphael Eidelman (et al).
Epidemiological studies have shown that the prevalence rates of major depression and anxiety are lower in older people than in younger adults. The authors found in another survey that, for immigrants, the association of age with psychological distress was the reverse. The present study's objective was to examine, in immigrants, whether the relationship of age with clinically diagnosed depression and anxiety disorders is also reversed. A stratified subsample of immigrants from the former Soviet Union who arrived in Israel in 1990 was chosen to include an over-representation of those with a high level of distress, to increase the probability of finding people suffering from psychopathology. Subjects were interviewed with an abbreviated version of the Composite International Diagnostic Instrument (CIDI-S). Before immigration, incidence rates of depression and anxiety were lower in older (age 65+) than in younger adults, a finding consistent with the literature. However, after immigration, the reverse was found, with higher prevalence and incidence rates among older immigrants. The data suggest that immigration contributes to an increase in psychopathology which is particularly pronounced in older people. (RH)
ISSN: 08856230

Depression cognitive impairment and function in Alzheimer's disease; by Doree Ann V Espiritu, Harun Rashid, Benjamin T Mast (et al).
Depression is regarded as a cause of excess disability in those with dementia and contributes to their functional decline. The assessment of depression in dementia patients, however, has been difficult, in that the validity of self-reported depression in patients with dementia has been questioned. This study conducted at the Detroit Satellite of the Michigan Alzheimer's Disease Research Center investigated whether self-reported depression by those with dementia (using the Geriatric Depression Scale - GDS) is related to their functional abilities as rated by a family caregiver (using the Instrumental Activities of Daily Living scale - IADL) above and beyond demographic variables. There were 141 participants, 67% African American, and 33% European American. Results support the notion that depression in dementia is significantly related to functional decline but, more importantly, the self-reported depression in those with dementia can be valuable information in understanding patients' functioning. (RH)
ISSN: 08856230

Depression in primary care: 1: Elderly patients' disclosure of depressive symptoms to their doctors; by Daniel W O'Connor, Richard Rosewarne, Ann Bruce.
In a survey of 1,021 patients aged 70+ of 30 general practitioners (GPs) in Melbourne, Australia, the Canberra Interview for the Elderly was used to gauge the prevalence of depressive symptoms, the frequency with which patients informed GPs of their symptoms, and GPs' recognition of major depressive episodes. Logistic regression analysis showed that symptom disclosure was associated in descending order of importance with higher depressive scores, previous contact with a psychiatrist, and female gender. Even so, 48% of those with ICD-10 moderate or severe depressive episode had not reported any current complaints to their doctor at the time of interview. Men and those patients lacking "psychological mindedness" may be at special risk of depression. (RH)
ISSN: 10416102

Depression in primary care: 2: General practitioners' recognition of major depression in elderly patients; by Daniel W O'Connor, Richard Rosewarne, Ann Bruce.
It is important that serious depressive illness be recognised and treated appropriately by primary care practitioners. In this study of 1,021 patients aged 70+ of 30 general practitioners (GPs) in Melbourne, Australia,
results using the Canberra Interview for the Elderly indicate that GPs' ratings of depression were best predicted in descending order of importance by patients' past contact with a psychiatrist, the doctor's view that a patient did not have dementia, the number of current depressive symptoms, patients' disclosure of these symptoms, and current physical pain. GPs' assessment of patients' mood concurred with research diagnoses in 23 of 35 cases (66%) of ICD-10 mild depressive episode, and 23 of 26 cases (88%) of moderate or severe depressive episode. GPs were unaware, however, of many depressive symptoms, and often rated patients as being depressed when they were not. The use of a simple checklist of depressive symptoms would lead to a dramatic improvement in doctors' knowledge of patients' current psychiatric status. (RH)

ISSN: 10416102

Depression in the community dwelling elderly: do clinical and sociodemographic factors influence referral to psychiatry?; by A Eustace, A Denihan, I Bruce (et al).
Although depression is the commonest mental illness in older people living in the community, only 10% of depressed older people are referred to old age psychiatry services. 28 people identified with depression in a day hospital had been referred by their general practitioner (GP). These were compared with 52 people with depression in the community (from an ongoing Dublin mental health study) who had not been referred to the psychiatric services. It appears that severity of depression and having higher levels of anxiety will make GP referral to old age psychiatric services more likely. (RH)
ISSN: 08856230

Depression, depressive symptoms and mortality in persons aged 65 and over living in the community: a systematic review of the literature; by Pedro Saz, Michael E Dewey (et al).
The objective was to estimate in the older population the influence on mortality of depression and depressive symptoms. A literature search of Embase (1980-1999) and Medline (1966-1999) found 21 reports on 23 cohorts using depression diagnosis. The studies showed that diagnosed depression in community-resident older people is associated with increased mortality. The picture for sex differences is still unclear. (RH)
ISSN: 08856230

Depression, service utilization and treatment costs among Medicare elderly: gender differences; by Myron J Burns, Van A Cain, Baqar A Husaini.
This study's objective was to compare gender differences in mood disorders, service utilization and health care costs for a random sample of Medicare elderly beneficiaries of Tennessee (5% random sample of 35,673 beneficiaries). The dependent variables were: patients with ICD-9 diagnosis for mood disorder (major depression and other depression); service utilization (number of outpatient visits, skilled nursing visits, etc.); and health care costs. The independent variable was gender. The results indicated that mood disorders, outpatient services and total mental health costs are higher for women than men; however, total health care costs are higher for men than women. (KJ/RH)
ISSN: 01621424
From: http://www.tandfonline.com

Depressive disorders in Europe: prevalence figures from the ODIN study; by J L Ayuso-Mateos, J L Vazquez-Barquero, C Dowrick (et al).
This is the first report on the epidemiology of depression disorders from the European Outcome of Depression International Network (ODIN) study. The study was designed to assess the prevalence of depressive disorders in randomly selected samples of the general population in Greece, Norway, the Netherlands, Spain and the UK. The study used the Beck Depression Inventory (BDI) during Phase 1 and the Schedule for Clinical Assessment in Neuropsychiatry during Phase 2. Prevalence of depressive disorders in the 8,764 study population was 8.56% (women 10.05%; men 6.61%). Prevalence was high in urban Ireland and urban UK, and low in urban Spain. Depressive disorder is thus a highly prevalent condition in Europe, but with wide differences between study sites. (RH)
ISSN: 00071250
Depressive symptomatology in middle-aged and older married couples: a dyadic analysis; by Aloen L. Townsend, Baila Miller, Shenyang Guo.
The influences of gender and race or ethnicity were a focus in this examination of depression in middle aged and older married couples. Results were based on secondary analysis of interviews with 5,429 White, Black or Mexican American married couples from the US Health and Retirement Study (HRS) and the Study of Asset and Health Dynamics Among the Oldest-Old (AHEAD). Dyadic data from husbands and wives were analysed with multilevel modelling. Husbands' and wives' depressive symptoms were moderately correlated, gender and race/ethnicity (and their interaction) predicted depressive symptoms, and both individual- and couple-level characteristics were significant covariates. Similarities and differences are noted between the HRS and AHEAD results. (RH)
ISSN: 10795014

Depressive symptoms among cognitively normal versus cognitively impaired elderly subjects; by Yan-Sheng Li, John S Meyer, John Thornby.
The present cross-sectional study analysed the prevalence and severity of depressive symptoms in 76 patients with Alzheimer's disease (AD), 51 with vascular dementia (VAD), and in 121 cognitively normal older people. Results of neuropsychological testing were obtained combining the Mini-Mental Status Examination (MMSE), Cognitive Capacity Screening Examinations (CCSE), and Hamilton Depression Rating Scale (HDRS). Prevalence of depressive symptoms was 31.4% for VAD patients, 19.9% for AD, and 13.2% for cognitively normal older people. 25.5% of VAD and 13.2% of AD patients had mild to moderate depression. Mild to moderate depression is a common comorbidity with organic dementia, especially VAD, but associated depression is independent of severity of cognitive impairments. (RH)
ISSN: 08856230

Depressive symptoms among poststroke patients in Japan: frequency distribution and factor structure of the GDS; by Andrea S Schreiner, Tomoko Morimoto, Hitoshi Asano.
A study of 101 Japanese post-stroke patients finds that the bulk of the points constituting a Geriatric Depression Scale (GDS) score suggestive of depression come from decreased energy, memory problems and depressed mood (as indicated by feelings of helplessness), boredom and social withdrawal, rather than from increased positive affect. While the authors note that their study had limitations, they suggest that treatment should focus on dealing with the problem areas found. (RH)
ISSN: 08856230

Depressive symptoms and associated factors in a cognitively normal elderly population: the Tajiri Project; by Hideo Ambo, Kenichi Meguro, Junichi Ishizaki (et al).
1,525 cognitively normal subjects aged 65+ in the town of Tajiri, Japan, were analysed. Depressive state was assessed by Zang’s SDS (self-rating depression scale) with a comprehensive interview to examine activities of daily living (ADLs), demographics and symptoms associated with illness. To determine factors associated with depression, the t-test and Chi-squared test were used. To examine the relative strength of each factor, logistic regression analysis was performed. The ratio of depressive subjects was 6.4%, lower than those in previous reports, probably due to exclusion of dementia subjects. For females aged 80+, the ratio was 14.3%, which was significantly higher than that of males. Among socio-demographic factors, sex, age, number of children and perception of economic status were significantly related. For familial and social status, factors such as daily activity and several conversation abilities were related. The logistic regression analysis indicated that perception of health and daily activity were associated. Knowledge of those factors associated with depression is important for the provision of mental health care that is appropriate. (RH)
ISSN: 08856230

Depressive symptoms in patients with Alzheimer's disease; by Nitin Purandare, Alistair Burns, Sarah Craig (et al).
A comparison was made between the depressive symptom profiles of 30 patients with Alzheimer's disease (AD) who did not have co-existing depression and 30 patients with major depression who did not have co-existing dementia. The main objective was to identify symptoms common to both disorders, and those which may be able to differentiate AD from major depression. Depressive symptoms were profiled using the Hamilton
How depression in older people is related to their previous drinking over the life span was examined in some 2,300 over 60s in Erie County, New York state. In one type of analysis, respondents were classified into: those who abstained from alcohol throughout life; drank, but experienced no alcohol-related problems or symptoms; experienced problems only before age 60; experienced problems after age 60; or experienced alcohol-related problems both before and after age 60. Drinkers who never experienced alcohol problems had the lowest depression symptomatology; and individuals who experienced alcohol-related problems both before and after age 60 had the highest. Multiple regression analysis further confirmed the possible role of earlier (around ages 20 and 40) alcohol problems in predicting depression in old age. (RH)
ISSN: 07334648

Depressive symptoms, depletion or developmental change?: withdrawal, apathy and lack of vigor in the Geriatric Depression Scale; by Kathryn Betts Adams. The Gerontologist, vol 41, no 6, December 2001, pp 768-777.
Researchers have posited a depletion syndrome in older people that resembles "depression without sadness". Disengagement-related theories also describe an adaptive narrowing of the older person's social world and decreasing investment in activities and social relationships. This study has dual goals of confirming the existence of a "withdrawal/apathy/lack of vigor" (WAV) dimension of the Geriatric Depression Scale (GDS), and of exploring its properties for evidence that it may be descriptive of either depletion or disengagement-related change in older people. Data was obtained through a postal survey of members (65+) at a health maintenance organisation (HMO). Respondents returned 327 completed surveys and 163 decline postcards. Principal components analysis obtained a 6-item WAV factor for further analyses. High endorsement rates for the items in WAV and its bivariate correlations with age and health problems suggest WAV may be congruent with disengagement or depletion, and may lead to over-identification of depression in older people. Interpretation of the GDS and similar measures may be improved by use of subscale scores and consideration of the respondent's age and health status. (KJ/RH)
ISSN: 00169013

Labelling theory suggests that applying disease labels to behaviour may serve to medicalise deviance and produce stigma. In contrast, attribution theory suggests that this practice may evoke sympathetic responses. 221 women undergraduates read vignettes describing an older parent exhibiting inappropriate behaviour in a social situation, with diagnostic label (Alzheimer's disease - AD, major depression, or no label), personal congruence of the behaviour (congruent, incongruent, no information), and parent gender manipulated across participants. Participants rated their emotional responses, attributions, and willingness to help. The AD label, and to a lesser extent the major depression label, produced more sympathy toward the parent, less blame, and greater willingness to help, indicating that the provision of these labels may enable compassionate attitudes and enhanced caregiving toward older people. However, participants reported greater anger and higher personality attributions toward fathers than mothers, suggesting that the influence of parent gender on potential caregivers' reactions warrants further attention. (RH)
ISSN: 10795014

Use of a categorical definition of depression in primary care may overstate the extent of the problem. This study investigates the relationship between severity and recognition of depression, and its modification by patient and practitioner characteristics. An association study of 414 primary care consultations from a representative sample of 156 general practitioners (GPs) in Hampshire found a curvilinear relationship between severity of depression
and practitioners' ratings. One case of probable depression was missed in every 28.6 consultations. Anxiety and unemployment altered the chances of recognition, but age, gender and deprivation scores did not. GPs generally appear to recognise depression better than previous studies have suggested. (RH)

ISSN: 00071250

Early caregiving and adult depression: good news for young caregivers; by Kim Shifren.
Limited information is available on the effects of caregiving experiences on the adult development of caregivers under 21 years old in the United States. The current study examined the effects of youthful caregiving on the mental health of these people when adults. To be included, respondents must have provided primary caregiving assistance for at least one parent when the caregiver was under 21 years old. Twelve such individuals, aged 23 to 58 were given brief phone interviews with semi-structured questions; they then completed questionnaires on their early caregiving experiences and current mental health. The findings showed that individuals were young caregivers for parents with a number of problems, ranging from dementia to drug abuse. They reported more positive than negative mental health, and only two had scores indicative of clinical depressive symptoms. It appears that early caregiving experiences may not result in universally negative consequences in adulthood. (KJ/RH)

ISSN: 00169013

The effectiveness of very short scales for depression screening in elderly medical patients; by Ian M Pomeroy, Christopher R Clark, Ian Philp.
Very short depression screening tools have been developed for use with older people, and have the potential to improve poor detection rates for depression in medical patients. In screening a rehabilitation population, there is very little choose between the 15- and 30-item versions of the Geriatric Depression Scale (GDS-15 and GDS-30) and two very short depression screening tools: a 1-item Mental Health Inventory (MHI-1) and the GDS-4. The results suggest that MHI-1 and GDS-4 should be further studied in their own right, across all older age ranges, by virtue of the advantages of these very brief and user-friendly screening scales to both screener and those who are screened. (RH)

ISSN: 08856230

Effects of forced displacement on the mental health of older people in North India; by Satish Kedia, John van Willigen.
Forced displacement, such as that caused by large hydro-electric dam projects, has significant socioeconomic and health implications for the affected indigenous people. Older resettlers (age 55+) are especially vulnerable to this type of displacement. Not only do they experience changes to their physical living spaces but they also suffer dramatic changes to their cultural environment, lifestyle, dietary habits, and health resources. The authors discuss some of the negative mental health outcomes of forced displacement on older resettlers in the Gathwal Himalayas in North India. This research presents compelling evidence of the declining mental health of older resettlers, focusing primarily on aspects of their depression and anxiety. (RH)

ISSN: 15356523

Ego-integrity versus ego-despair: the effect of "accepting the past" on depression in older women; by Kylie J Rylands, Debra J Rickwood.
The relative strength of the late-life personality process of ego-integrity, as operationalised by "accepting the past", was tested as a predictor of depression in a multivariate model containing other well-established predictors: age, social support, physical dependency, and positive and negative affectivity. 73 older Australian women living in supported accommodation completed an anonymous, self-report questionnaire. Results showed that “accepting the past” was a significant predictor in the multivariate model, along with social support, physical dependency, and positive affectivity. Results are discussed in terms of the utility of investigating later-life personality processes as potential interventions for alleviating depression in older people. (RH)

ISSN: 00914150

Emotional problems: evaluation and treatment in stroke rehabilitation; by David E Libert, Noreen Bumby.
Loss, Grief & Care, vol 9, nos 1/2, 2001, pp 107-118.
In this article, a number of changes are outlined which occur as sequelae to stroke, the impact of these on the patient's affective and cognitive states, and the effect of these changes on the patient's family system. Current methods for evaluating these changes are considered. (KJ/RH)
Evaluating geriatric medical outpatients with the Beck Depression Inventory—Fastscreen for medical patients; by S M Scheinthal, R A Steer, L Giffin (et al).
To ascertain the effectiveness of the 7-item Beck Depression Inventory—Fastscreen for medical patients (BDI-FS) for screening geriatric (age 55+) patients for depression, the BDI-FS and the 15-item Geriatric Depression Scale (GDS-S) were administered to 33 male and 42 female outpatients who were scheduled for making routine visits by geriatric medicine specialists. The internal consistency of the BDI-FS was high and was positively correlated with the GDS-S. The BDS-FS scores were not related to sex, age, ethnicity, or type of medical diagnosis, but were positively correlated with a diagnosis of depression and being prescribed an antidepressant. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Exposure to anaesthetic agents, cognitive functioning and depressive symptomatology in the elderly; by Marie-Laure Ancelin, Guilhem de Roquefeuil, Bernard Ledesert (et al).
Anaesthesia could provoke persistent alterations in specific cognitive domains in older people, where ageing-related neuronal changes may exacerbate pharmacotoxic effects. 140 French patients aged over 64 completed a full range of computerised cognitive tests. The study takes into account effects of pre-operative cognitive dysfunction, depressive symptomatology, and ability to perform activities of daily living (ADLs). Post-operative cognitive decline persisted for up to three months in 56% of subjects. Dysfunction was limited to verbal, visuo-spatial and semantic abilities, and to secondary and implicit memory. Age, low educational level, pre-operative cognitive impairment or depression are risk factors. Cognitive functions are not equally affected, type of impairment being determined by the risk factors described, and anaesthesia type. (RH)
ISSN: 00071250

Family, Alzheimer’s disease and negative symptoms; by Philippe Thomas, Jean Pierre Clément, Cyril Hazif-Thomas (et al).
The aim of this French study was to look at the correlation between the presence of apathy measured by Marin’s scale and family complaints related to withdrawal and loss of motivation or depression. Study participants were 58 non-demented people, 132 outpatients with Alzheimer’s type dementia, and their main caregivers. The first family complaint relates to loss of motivation (65%). Depression and apathy are present at the severe stage of Alzheimer’s disease, and increase the family perception of burden. (RH)
ISSN: 08856230

Financial strain and depressive symptoms in Hong Kong elderly Chinese: the moderating or mediating effect of sense of control; by Kee-Lee Chou, Iris Chi.
For many Hong Kong Chinese people, depression and financial strain are quite a common occurrence. Data from this study come from a survey of a representative sample of 411 respondents aged 60 and over in Hong Kong. Using multiple regression models, the authors found that generalised sense of control mediated and moderated the linkage between financial strain and depressive symptoms, even after controlling socio-demographic variables, but sense of control over finances did not. Findings suggest that generalised sense of control should be enhanced to protect older people under chronic financial strain from depression. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Gender differences in the depressive effect of widowhood in later life; by Gary R Lee, Alfred DeMaris, Stefoni Bavin (et al).
Cross-sectional data for 1,686 married and widowed people aged 65+ from the US National Survey of Families and Households for 1987/88 was used to test possible explanations as to why widowhood is more distressing for men than for women. It was found to be due primarily to the fact that married men were much less depressed than married women; widowed men and women were comparably depressed. Other contributors to the stronger
effect of widowhood for men included men’s shorter average time since widowhood, lower frequency of church attendance, stronger dislike of housework, and lessened ability to help their children. In the long run most people, but particularly women, adapt relatively well. (RH)

The Hayes and Lohse Depression Scale: validity evidence; by Pamela M Hayes, Irving Bernstein. Clinical Gerontologist, vol 24, nos 1/2, 2001, pp 39-54. The psychometric properties (validity and reliability) of the Hayes and Lohse Depression Scale (HLDS) are tested. This scale was developed from the Hayes and Lohse Non-verbal Depression Scale (NVDS) that was constructed to test for depression in nursing home residents who were not able to answer questions about their feelings and behaviours. The development of the original scale and the current scale are described. Construct validity was tested by determining the expected theoretical relationship of depression with other concepts such as loneliness, grief, social support, life satisfaction and positive and negative affect in a convenience sample of 73 cognitively intact older elders who lived in flats for older people. The findings indicate that the HLDS has construct validity. When added to the demographic variables, the measures of affect accounted for 48% additional variance in predicting depression on the HLDS. (KJ/RH)

Health locus of control, depression and quality of life in people who are elderly; by Paul Bramston, Vilma Tomasevic. Australasian Journal on Ageing, vol 20, no 4, December 2001, pp 192-195. 101 older people living in a southeast Queensland city completed self-report scales on the relationships between quality of life, depression, and three aspects of health locus of control for people living in retirement villages. Some older people reportedly find comfort in handing over control of their health to powerful others such as specialist medical practitioners or family members. However, doing this is linked with helplessness and depression. Levels of depression are closely related to perceptions of life quality, particularly in the areas of health, productivity, community involvement and general well-being. (RH)

High risk management guidelines for elderly suicidal patients in primary care settings; by G K Brown, M L Bruce, J L Pearson (et al), PROSPECT Study Group. International Journal of Geriatric Psychiatry, vol 16, no 6, June 2001, pp 593-601. Older adults, especially older white men, are more likely to commit suicide than other age groups. The assessment and management of suicide ideation and behaviour for older people is especially relevant to primary care physicians, because many patients visit their doctor before committing suicide. In 1993, the US Agency for Health Care Policy and Research (AHCPR) released clinical practice guidelines for the treatment of depression in primary care settings. The AHCPR guidelines offered some assistance in respect of detecting and treating patients who are suicidal. However, these guidelines lacked detailed and specific instructions for managing high-risk patients in the context of intervention research. The current set of guidelines - developed by staff associated with the PROSPECT (Prevention of Suicide in Primary care Elderly - Collaborative Trial) study - builds on this previous work by describing: a general approach for interacting with suicidal patients; structured assessments for determining the degree of risk for suicide; crisis intervention strategies; and ongoing management procedures for working with suicidal patients in primary care settings. (RH)

Hospital Anxiety and Depression (HAD) scale: factor structure, item analyses and internal consistency in a large population; by Arnstein Mykletun, Eystein Stordal, Alv A Dahl. British Journal of Psychiatry, vol 179, December 2001, pp 540-544. The Hospital Anxiety and Depression (HAD) rating scale is a commonly used questionnaire, for which previous studies have given inconsistent results regarding its psychometric properties. All inhabitants aged 20 to 89 were invited to take part in the Nord-Trondelag Health Study, Norway; only the 51,530 completing the HAD scale questionnaires formed the basis for the psychometric examinations. Principal component analysis extracted two factors in the HAD scale that accounted for 57% of variance: the anxiety and depression subscales shared 30% of the variance. Both subscales were found to be internally consistent with Crohnbach's coefficient, being 0.8 and 0.76 respectively. The HAD Scale's basic psychometric properties as a self-rating instrument should be considered as quite good in terms of factor structure, intercorrelation, homogeneity and internal consistency. (RH)

ISSN: 0071250
Undiagnosed depression can have a serious negative effect on quality of life. The authors describe a pilot study by the Bury St Edmunds Primary Care Group (PCG), with the aim of supporting people with depression in sheltered accommodation and residential and nursing homes. The project suggests that it is possible for care staff to screen residents for depression, and that there is good potential for screening and intervention to improve care home residents' mood. (RH)

ISSN: 09547762

How to detect and manage depression in older people; by Sue Tucker, John Darley, Sarah Cullum.

Undiagnosed depression can have a serious negative effect on quality of life. The authors describe a pilot study by the Bury St Edmunds Primary Care Group (PCG), with the aim of supporting people with depression in sheltered accommodation and residential and nursing homes. The project suggests that it is possible for care staff to screen residents for depression, and that there is good potential for screening and intervention to improve care home residents' mood. (RH)

ISSN: 09547762

How to help depressed older people living in residential care: a multifaceted shared-care intervention for late-life depression; by Robert H Llewellyn-Jones, Karen A Baikie, Sally Castell (et al).
The intervention was implemented for the entire non-nursing home population (1,466 residents in independent and assisted living) of a large continuing care retirement community in Sydney, Australia providing three levels of care. Of the 1,036 who were eligible and agreed to be interviewed, 281 (27.1%) were classified as depressed according to the Geriatric Depression Scale (GDS). The intervention included: multidisciplinary collaboration between primary care physicians, facility health care providers, and the local psychogeriatric service; training for primary care physicians and other facility healthcare providers about detecting and managing depression; and depression-related health education/promotion programmes for residents. The intervention was widely accepted by residents and their healthcare providers, and was sustained and advanced by the facility after the completion of the study. It is possible to implement and sustain a multifaceted shared-care intervention for late-life depression in a residential care facility, where local psychogeriatric services are scarce, staff-to-resident ratios are low, and the needs of depressed residents are substantial. (RH)

ISSN: 10416102

The impact of age, gender and race on the relationship between depression and self-rated health in community-dwelling older adults: a longitudinal study; by Beth Han.
A 2-year prospective cohort study examines whether the prediction of baseline depression for subsequent changes in self-rated health is consistent across different age cohorts, gender and racial groups. 6714 participants aged 65+ took part in both the first and the second wave of Assets and Health Dynamics among the oldest-old (AHEAD) US national survey of community-dwelling older adults. The main finding showed that baseline depression was an independent risk factor, which not only decreased the odds of having substantial improvement in self-rated health, but also increased the possibility of having substantial decline in self-rated health in older men and women in all age and racial groups. Early prevention and treatment of depression is recommended. (KJ/RH)

ISSN: 01621424
From: http://www.tandfonline.com

The impact of family environment and decision-making satisfaction on caregiver depression: a path analytic model; by Gary T Deimling, Virginia L Smerglio, Michael L Schaefer.
A causal (path) model of depression for 244 American caregivers was examined. Ordinary least squares regression was used to determine the direct and indirect effects of stressors on caregiver depression. The path coefficients obtained show that adaptability and conflict have the most powerful net effects. With the caregiving context variables, they explain about 30% of the variance in decision-making satisfaction. Family adaptability and decision-making satisfaction also have significant paths. The caregiving context, network, family environment, and decision-making variables explain about 25% of variance in caregiver depression. The findings suggest that practitioners working with caregivers to ameliorate depression need to examine the broader aspects of the family environment and caregiver perceptions related to decision-making. (RH)

ISSN: 08982643

The impact of insomnia on cognitive functioning in older adults; by Meredith Cricco, Eleanor M Simonsick, Daniel J Foley.
6,444 community dwelling men and women aged 65+ from the four sites of the Established Populations for Epidemiologic Studies of the Elderly (EPESE) were assessed using the 9-item Short Portable Mental Status Questionnaire (SPMSQ) over a 3-year period to determine whether risk of cognitive decline was associated with insomnia. Men and women with depressive symptoms at 3-year follow-up were at increased risk for cognitive decline independent of insomnia. Overall, chronic insomnia independently predicts incident cognitive decline in
older men. More sensitive measures of cognitive performance may identify more subtle declines, and may confirm whether insomnia is associated with cognitive decline in women. (RH)


The impact on caregivers of family structures, the family environment and the decision-making process on caregiving is examined with regard to caregiver depression in the context of cultural differences represented by race, as tested with 51 African American and 193 White caregivers. The model views race along with the caregiving context (spouse or adult child caregiver, care recipient, activities of daily living - ADLs, and cognitive impairment) and aspects of family environment (adaptability, cohesion and conflict) as predictors of decision-making satisfaction. In turn, decision-making is viewed as an important predictor of one global indicator of caregiving well-being, depression. Path coefficients obtained suggest very similar models for both racial groups. However, for African Americans, family adaptability was the single strongest predictor of decision-making satisfaction. Family conflict was a significant predictor for Whites but not for Blacks. While decision-making satisfaction was a significant predictor of caregiver depression for White caregivers, is was not significant for Blacks. Practitioners engaged in counselling caregivers and their families needs to be aware of such ethnic or cultural characteristics. (RH)


The authors modelled anxiety and depressive symptoms for 1,391 participants (mean age 60.9) from the Swedish Adoption/Twin Study of Ageing (SATSA). Although anxiety and depression were highly correlated, a model with distinct anxiety and depression factors fit the data better than do models with positive and negative affect factors or a single mental health factor. Lack of well-being was associated with anxiety rather than depression. Over two 3-year intervals, anxiety symptoms led to depressive symptoms, but the relationship was not reciprocal. Anxiety symptoms were more stable than those for depression. These findings provide additional support for the idea that anxiety symptoms may reflect a personality trait such as neuroticism more than do depressive symptoms, and suggest that low positive affect may not be as specific to depression in older people as in younger people. (RH)


The psychological health of staff in private and NHS care facilities for people with dementia has not been evaluated. However, staff turnover is high, and mental health could be a contributory factor. This short article outlines findings on a comparison of the prevalence of psychological distress among professional staff in the private sector and the NHS, whereby the relationship between coping strategies and staff turnover was assessed. (RH)


146 subjects with normal cognition, 19 with mild cognitive impairment (MCI), 42 patients with dementia of the Alzheimer's type (DAT), and 32 with vascular dementia (VAD) were followed for a mean of 3.5 years. With the passage of time, there were trends showing prevalence of depressive symptoms to decrease among DAT and to increase among VAD patients. VAD patients exhibited the highest incidence of new-onset depressive symptoms, followed in incidence by DAT and MCI groups. Depressive symptoms in VAD and MCI patients were more persistent and refractory to antidepressant medications than for DAT patients. Trends suggested that antidepressant treatment might benefit MCI and VAD subjects more than DAT patients. Motivationally related depressive symptoms accounted for major complications of elevated Hamilton Depression Rating Scale (HDRS) scores. Early depressive symptoms in those with MCI may represent a preclinical sign that should be considered as a risk factor for impending DAT or VAD in older people. (RH)
A longitudinal study of gender differences in depressive symptoms from age 50 to 80; by John C Barefoot, Erik Lykke Mortensen, Michael J Helms (et al).
The Obvious Depression Scale was administered to 739 Dutch community residents from the Glostrup 1914 Population Study at ages 50, 60 and 80 years; 151 were present on all three occasions. Although selective attrition influenced the level of depressive symptoms in cross-sectional vs longitudinal samples, both sets of analyses revealed higher scores in women than men at ages 50 and 60, but not at 80. Men showed increases in depressive symptoms from age 60 to 80, but women did not. This interaction was not present in somatic symptoms, which increased across time in both genders. Potential explanations include differential changes in social roles with ageing. (RH)
ISSN: 08827974

A longitudinal study of the relationship between levels of depression among persons with Alzheimer's disease and levels of depression among their family caregivers; by Marcia M Neundorfer, McKee J McClendon, Kathleen A Smyth (et al).
The effects were examined, over time, of depressive symptoms in people with Alzheimer's disease (AD) on depression in their family caregivers. In a sample of 353 American patients and caregivers, the rate of change (increase) in caregiver depression was predicted by the rate of change (increase) in patient depressive symptoms, and by increase in patient dependency in instrumental activities of daily living (IADLs). Acceleration of the increase in caregiver depression was predicted by acceleration in patient dependency in instrumental and basic ADLs, but not by acceleration in patient depressive symptoms. These findings indicate the importance of measuring the rate and acceleration of change in patient characteristics, to understand caregiver depression. They also support early intervention for caregivers. (RH)
ISSN: 10795014

Looking inward: introspectiveness, physical disability and depression across the life course; by Karen Van Gundy, Scott Schieman.
The interrelationships between age, physical disability, introspectiveness and depression are investigated using data from a community sample of 1,567 disabled and non-disabled Canadians. This study tests whether: there are age variations in introspectiveness; age variations in introspectiveness differ by physical disability status; introspectiveness mediates the association between age and depression; introspectiveness and disability status have synergistic effects on depression; and if so, whether subjective health differences between disabled and non-disabled account for the joint impact of introspectiveness and disability status on depression. Results show that older people report less introspectiveness than do younger people; this explains part of the negative association between age and depression. Additionally, this negative association is significantly stronger in non-disabled respondents. Adjustment for less introspectiveness in older adults accounts for about 24% of the negative association between age and depression. Disabled respondents experience a more positive relationship between introspectiveness and depression; their poor global health explains most of that pattern. (KJ/RH)
ISSN: 00914150

Making the connection between depression and activity levels amongst the oldest-old: a measure of life satisfaction; by Kristine Stouffer Calderon.
In this US study, depression scores are compared with activity levels among the oldest-old (respondents born in or before 1923) through a secondary data analysis of the 1994 Asset and Health Dynamics Among the Oldest Old (AHEAD) survey. Depression was measured using an abbreviated version of the Center for Epidemiological Studies Depression Scale (CES-D), and activity levels were measured using a set of "time use" questions. Time use had a significant interaction with depression. Other variables demonstrating significant interactions with depression were self-perceived health, gender and number of activities of daily living (ADLs) and instrumental activities of daily living (IADLs). It is concluded that the oldest-old population enjoys greater life satisfaction with increased activity, even if they rate their health as poor. (KJ/RH)
ISSN: 01924788
From: http://www.tandfonline.com
Managing late-life depression in primary care practice: a case study of the health specialist’s role; by Herbert C Schulberg, Cindy Bryce, Keita Chism (et al), PROSPECT Study Group. 
Complexities in the diagnosis and treatment of late-life depression have stimulated various strategies for assisting the primary care physician to fulfil these tasks more effectively. The role of health specialist was developed for this purpose in PROSPECT (Prevention of Suicide in Primary Care Elderly - Collaborative Trials), a study to reduce suicidality in older depressed patients. This role includes clinical and case management tasks which aim to provide the physician with timely, patient-specific information and recommendations. Evolution of this role and its rewards or stressors during the study's first year are described. 
(RH)
ISSN: 08856230

Mental health factors in late-life insomnia; by Kevin Morgan. 
This review builds on earlier work (Reviews in Clinical Gerontology, 1996) and reconsiders the symptoms of insomnia within the context of health and ageing, and with reference to the epidemiological literature. It asks to what extent is late-life insomnia attributable to mental health problems? As in the previous review, the focus is on affective disorders. (RH)
ISSN: 09592598

Mental health in residential homes: a role for care staff; by Sallie Moxon, Kenneth Lyne, Ian Sinclair (et al). 
Two linked studies assess the feasibility of involving care staff in reducing the prevalence of depression in homes for older people. Mental health training was provided for care staff delivered by members of a Community Mental health Team for the Elderly. The research programme used quantitative and qualitative methods to evaluate the effects of a theoretical training for care staff; a system of mentoring care staff to reinforce the training; and a care-planning intervention for the management of depression which combined psychosocial and medical approaches. The training programme was positively evaluated by the recipients, the trainers and the researcher who observed it. The ability of care staff to detect depression improved significantly over time, and depression was reduced to below case-level in seven of the eight depressed residents who participated in the care-planning intervention. This research suggests that psychosocial interventions that involve collaboration between carers and residents, supported by a Community Mental Health Team, may have an important part to play in supplementing medical management of depression in residential care homes. 
(KJ/RH)
ISSN: 0144686X

Mental health of migrant elders- the Islington study; by G Livingston, G Leavey, G Kitchen (et al). 
In the UK, 6% of over 65s were born abroad, most of whom now live in inner-city areas. It has been suggested that ethnic elders are particularly vulnerable to mental illness. A community study of 1,085 over 65s in Islington found that compared to those born in the UK, the prevalence of dementia was raised in Afro-Caribbeans (17.3%) and lower for Irish-born (3.6%). Those of Afro-Caribbean country of birth were significantly younger, but no more likely to be taking anti-hypertensive drugs. They were no more likely to report having cardiovascular problems, but had increased rates of diabetes. Overall prevalence of depression was 18.3%, and most prevalent among those born in Greece and Turkey (27.2%). Migration per se does not appear to be at risk for depression and dementia in this population. (RH)
ISSN: 00071250

Mortality and depressive symptoms in inhabitants of residential homes; by Pim Cuijpers. 
Earlier studies have confirmed a relationship between depression and mortality rate, but others have not. This study with 424 non-cognitively impaired inhabitants of 10 residential homes in the Netherlands examined the association between depressive symptoms and mortality. One year after the initial interview, 69 (16.3%) had died. In the initial interview, depressive symptoms were assessed with the Geriatric Depression Scale (GDS) and the mental health subscale of the MOS-SF-20. The study found no evidence in this population of any significant relationship between depression and mortality. Mortality was related to measures of social support, to activities of daily living (ADLs), and to presence of chronic non-specific lung disease. (RH)
ISSN: 08856230

Negative life events may have long-term consequences for people's well-being. A community sample of 194 older people in Leiden, the Netherlands was interviewed using the Geriatric Depression Scale (GDS) and the Negative Life Events Questionnaire. Depressed mood in old age was related to the reporting of negative socio-economic circumstances as well as emotional abuse and neglect, relational stress and problem behaviour of significant others during (late) adulthood. Depression scores were especially high when subjects reported the experience of many events during adulthood and late adulthood. In addition, the interaction effect between the number of negative life events experienced in childhood and adulthood indicated a much stronger association between the number of negative life events experienced in adulthood and depressive symptoms in late life for those who experienced more negative life events in childhood, than for those who did not. It is suggested that incorporating life histories into the diagnostic interview is advisable. (RH)

ISSN: 13607863

From: http://www.tandfonline.com


200 Canadians aged 65+ recruited from four different family medicine clinics rated the acceptability of 3 different treatments for geriatric depression: cognitive therapy (CT); cognitive bibliotherapy (CB); and antidepressant medication (AM). Acceptability of the treatments is a function of the severity of a depressed patient's symptoms to whom they might be applied. CT and CB were rated as more acceptable than AM where patient symptoms were mild to moderate. However, CT was more acceptable than both CB and AM when patient symptoms were described as severe. Acceptability ratings were not related to the raters' own depressive symptoms. (RH)

ISSN: 10795014


To investigate risk profiles for developing depression and anxiety, the authors used self-report data from 1810 emotionally healthy community-dwelling over 55s from the Longitudinal Aging Study Amsterdam (LASA) collected on two occasions, 3 years apart. After 3 years, 9% of subjects had scored beyond the thresholds for symptoms. Vulnerability for anxiety and depression were quite similar, but life events differed: whereas onset of depression was predicted by the death of a partner or other relatives, onset of anxiety was best predicted by having a partner who developed a major illness. No support for moderator effects between vulnerability factors and stress were found: the effects were purely additive. (RH)

ISSN: 00071250


In an initial study by the authors, 30 bereaved older Americans verbally disclosed their thoughts and feelings about the death of their spouse in four 20-minute sessions according to the Pennebaker (1985) disclosure paradigm, with significant therapeutic effects at 1-month follow-up. For the 20 subjects who completed a 1-year follow-up, their initial decrease in intensive thoughts was maintained. Total distress (on the Impact of Event Scale) decreased from pre-test and from post-treatment to 1-year follow-up. Negative thoughts showed no changes across the initial three periods, but significantly declined at one year. There were no treatment effects regarding depression, hopelessness or avoidance. The study suggests that this intervention's therapeutic effects remain strong at one year, and that reduction in negative cognitions may be a particularly strong therapeutic factor for emotional improvement in bereaved older people. (RH)

ISSN: 10784470


Limitations are considered in our understanding of middle-age people's optimism and pessimism. Specifically, a model of affectivity as a mediator of the link between outcome expectancies and psychological adjustment (life satisfaction and depressive symptoms) was presented and examined in a sample of 237 middle-aged Americans.

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Consistent with a mediation model, results of path analyses indicated that optimism and pessimism (particularly the former) had significant direct and indirect links (by means of positive and negative affectivity) with depressive symptoms and life satisfaction. These results add to the small but growing literature that identifies optimism and pessimism as important concomitants of psychological adjustment in more mature adults. (RH)

ISSN: 08827974

Pain management in older adults: role of fear and avoidance; by Kelly L Bishop, F Richard Ferraro, Dana M Borowiak.
The present study examined the relationship between fear/anxiety associated with pain, coping self-statements, depression, health status and medication intake in a sample of 38 older adults. Correlational analyses revealed that pain anxiety was significantly related to catastrophic coping, depression and self-rated health status but not with medication usage. These results indicate that certain models associating fear and avoidance with chronic pain may be relevant to the development and maintenance of pain problems in older people, as well as in younger adults. It is suggested that targeting such variables in treatment may prove beneficial for managing pain in older people. (KJ/RH)

ISSN: 07317115
From : http://www.tandfonline.com

Pharmacological treatment of depression in older primary care patients: the PROSPECT algorithm; by B H Mulsant, G S Alexopoulos, C F Reynolds III (et al), PROSPECT Study Group.
PROSPECT (Prevention of Suicide in Primary care Elderly - Collaborative Trial) is testing whether a trained clinician (the "health specialist") can work in close collaboration with a primary care physician to implement a comprehensive depression management programme and improve outcomes in depressed older patients. This article discusses the rationale behind an algorithm guiding the selection and use of antidepressant medications, developed to assist PROSPECT health specialists. The algorithm builds on existing guidelines, after updating them and adapting them to the special circumstances of older primary care patients. Special attention has been paid to the tolerability and the target doses of the recommended antidepressant agents and to duration of antidepressant trials. Patients unable to tolerate or respond to an antidepressant can be switched to another agent, or be treated with interpersonal psychotherapy. Treatments for which empirical evidence exist are favoured. However, treatments that are poorly tolerated by older patients are given lower priority than those more likely to be tolerated. Similarly, trials that are simpler to implement in primary care are favoured. (RH)

ISSN: 08856230

From : http://www.tandfonline.com

Predictors of improvement in health-related quality of life among elderly patients with depression; by Yochi Shmuely, Mona Baumgarten, Barry Rovner (et al).
Is the severity of chronic illness or of depressive symptoms at admission, or living alone before admission associated with lack of health-related quality of life (HRQL) 3 months after discharge from hospital? HRQL of 100 patients admitted to a US inpatient geriatric psychiatry unit was assessed using the Medical Outcomes Study (MOS) 6-item General Health Survey. The results suggest that the in-patient treatment of depression in older people brings about improvements in their quality of life that persist for at least 3 months following discharge. The patient's initial levels of depression and physical health may be important factors to be considered when evaluating a patient's progress. (RH)

ISSN: 10416102
Data from a 1985 survey showing high rates of depression in 146 older people living at home in Botany municipality, Australia were re-examined. Depression and cognitive impairment were also assessed in residents in a local hostel and nursing home. Review of results from the Botany study (including follow-up) points to a higher prevalence of late-life depression than suggested by other other studies. The article notes that dementia is commonly co-morbid with depression, and reports that downplaying this association may undermine efforts to enhance recognition and treatment of late-life depression. (RH)
ISSN: 08856230

146 older primary care patients pre-screened with a depression questionnaire completed a diagnostic interview and an emotions questionnaire. These participants were classified into three groups: 13 with major depressive disorder; 11 with minor depression; and the remainder with no current or past episodes of depression. The research examined whether the frequencies of specific emotions are associated with major or minor depression. Major depressives differed from non-depressed controls in nine emotions, in particular sadness, joy and interest - but not anger, fear or guilt. Minor depressives differed from controls in four emotions, in particular sadness and inner-directed hostility - but not in guilt, anger, joy or interest. Thus, the frequencies of discrete emotions are differentially associated with major and minor depression. (RH)
ISSN: 00169013

Prognosis of late-onset depression in the elderly: a study from India; by Harsh Prem Jhingan, Rajesh Sagar, Ravindra Mohan Pandey. International Psychogeriatrics, vol 13, no 1, March 2001, pp 51-62.
50 Indian patients who had their first major depressive episode (according to DSM-III-R) in old age (60+) and attended a hospital psychiatry service were assessed at baseline and after 12 months for clinical outcome. After a year, 28% had recovered, 30% had partially recovered, 23% had relapsed, 6% had been continuously ill, 11% had died, and 6% had comorbid dementia. Factors predicting a good outcome (full recovery or continuously well for 1 year) were shorter duration of episode and living in joint family system. Overall, the 12-month outcome was poor for those with late-onset depression. (RH)
ISSN: 10416102

The Psychogeriatric Assessment Scales (PAS) are a standardised instrument focusing on the clinical changes seen in dementia and depression. This study of 465 participants from Zurich (German speaking) and 456 from Geneva (French speaking) all aged 65+ examined the performance of the French and German translations of the PAS and their power to discriminate dementia and depression diagnosed to DSM-IV criteria. The PAS were shown to provide a valid and reliable summary of older people's status with regard to impairments, changes and symptomatology that lie at the core of dementing and depressive disorders. The comparability of the French and German versions of the PAS with the original English version was established. (RH)
ISSN: 08856230

The 5-item Geriatric and Extended Careline Depression Screen (GEDS) is based on an abbreviated version of the Center of Epidemiological Studies Depression Scale (CES-D). 91 male residents of a US Veterans Administration and Nursing Home Care Unit were tested with the GDS, along with the Geriatric Depression Scale - Short Form (GDS-SF) and the Discrimination Trait Inventory, to test the validity of the GEDS. Reliability of GEDS was significant, but moderate; and its convergent validity with the GDS was high. No items were identified as redundant. A review of the literature suggested that irritability is an important factor in geriatric depression that had not been included in the original screen. Inclusion of an experimental item to assess irritability, however, did not improve the psychometric properties of the GEDS. (RH)
ISSN: 13607863
From: http://www.tandfonline.com
Psychosis, depression and behavioural disturbances in Sydney nursing home residents: prevalence and predictors; by Henry Brodaty, Brian Draper, Dania Saab (et al).
There is wide variation in the rates of behavioural and psychological symptoms of dementia (BPSD) reported in nursing homes. This Australian study investigated: the prevalence of BPSD in nursing home residents using the BEHAVE-AD; the relationship of BPSD with demographic, dementia, diurnal, and nursing home variables; and the interrelationships between different types of BPSD, as measured on different sub-scales of the BEHAVE-AD. More than 90% of residents exhibited at least one behavioural disturbance. Specifically, there was evidence of psychosis in 60%, depressed mood in 42%, and activity disturbance or aggression in 82% of residents. Younger, more functionally impaired residents with a chart diagnosis of psychosis had higher BPSD rates, as did those in larger nursing homes. These findings suggest the need for psychogeriatric services to nursing homes, and for homes that are smaller. (RH)
ISSN: 08856230

Racial, ethnic and sociodemographic differences in the level of psychosocial distress among older Americans; by Terry L Mills, John C Henretta.
More than 2 million older Americans suffer from some form of depression. Yet late-life depression is often undiagnosed or underdiagnosed. This study aimed to explore the reasons for observed differences in the level of depressive symptoms between older African Americans, Hispanics and whites. It uses data from Wave 1 of the Asset and Health Dynamics Amongst the Oldest Old survey administered during 1993-94. Ordinary least squares regression results indicate that language acculturation, number of years of education, and number of years of US residency are significant factors that help to explain differences in self-reported levels of depressive symptoms among this older population. In general, men, those who are married, have more education, and are in better health have lower levels of depressive symptoms. (RH)
ISSN: 01640275

Reflections on using cognitive therapy with depressed family caregivers of people with dementia; by Georgina Charlesworth.
The author draws on workshops on cognitive therapy (CT) interventions for depressed carers which she ran at the PSIGE Conferences in 1999 and 2001. Her article includes an outline of the exercise to raise awareness of four aspects of relevant literature, namely CT, depression, carers, and people with dementia. The article also includes reference to literature on the therapeutic relationship in CT; working with “irrational” Negative Automatic Thoughts (NATs); and examples of cognitive interpersonal cycles and related intervention techniques. (RH)
ISSN: 13603671

Relationship between aggressive behaviors depression among nursing home residents with dementia; by A Sri Kumar Menon, Ann L Gruber-Baldini, J Richard Hebel (et al).
Verbal and physical aggression are common behaviour problems among nursing home residents with dementia. Depression is also a common but under-diagnosed disorder in nursing home residents. Data collected on some 1,100 residents with dementia, newly admitted to a sample of 59 nursing homes across Maryland (MD) were analysed to determine if there is a relationship between depression and physical and verbal aggression. Residents with dementia who manifested physical or verbal aggression had a higher prevalence of depression than those without such behaviours. The findings suggest that nursing home residents with aggressive behaviours should be screened for depression and treated. (RH)
ISSN: 08856230

The reliability of two measures of quality of life (QOL) was assessed in this study of 40 primary caregivers of Alzheimer's disease (AD) patients. The measures were two questions on global QOL, and the Screen for Caregiver Burden (SCB). Nearly half of the caregivers of patients with mild to moderate AD assess a patient's QOL differently than they believe the patient would. Dementia severity and the caregiver's experience of depression and burden negatively affect caregivers' assessment of QOL. These results provide a compelling
reason why clinicians should take the time to screen for and tackle caregiver burden and depression and problematic patient behaviours. (RH)

ISSN: 00028614

The relationship between severity of dementia and subjective well-being; by S Zank, B Leipold.
The relationship between cognitive deficit and self-reported subjective well-being (depression, life satisfaction, and perceived social support) was described for 63 participants with mild to moderate dementia. This German study is part of a broader longitudinal evaluation of geriatric day care units in Berlin. It used a 28-item version of the Life Satisfaction Questionnaire, a questionnaire of perceived social support, the German version of the 20-item Center for Epidemiological Studies Depression Scale (CES-D), the Montgomery and Asberg Depression Rating Scale (MADRS), and the Mini-Mental State Examination (MMSE). Participants with mild dementia reported more depressive symptoms and less life satisfaction than those with severe dementia, if there were few constraints on physical health. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Relationship quality and potentially harmful behaviors by spousal caregivers: how we were then, how we are now; by Gail M Williamson, David R Shaffer, Family Relationships in Late Life Project, University of Georgia.
Structured interview data from the Family Relationships in Late Life Project for 142 American caregivers (98 wives, 44 husbands) indicate that more depressed caregivers are more likely to treat their spouses in potentially harmful ways. However, consistent with hypotheses derived from communal relationships theory, when the pre-illness relationship between caregiver and care recipient was characterised by mutual responsiveness to each other's needs, caregivers were less depressed and less frequently engaged in potentially harmful behaviours. These effects were not attributable to demographic factors, the amount of care provided, whether the care recipient had dementia, or length of time in the caregiving role. Rather, multivariate analyses suggest that the extent to which pre-illness relationships were communal in nature (mutually responsive) determines whether caregivers perceive their current relationships as rewarding, which, in turn, predicts caregiver depression and potentially harmful behaviours. (RH)

ISSN: 08827974

The relationships among personality and vision-specific function among older people with impaired vision; by Robin J Casten, Barry W Rovner, Susan E Edmonds.
93 visually impaired older people seeking services at a low vision clinic were interviewed immediately following their low vision evaluations. Most data was self-reported, except visual acuity, which was determined by an optometrist. Personality was evaluated with the NEO Five Factor Inventory, and vision-specific function was measured by 15 items measuring ability to carry out vision-related tasks. Vision-related function was significantly related to acuity, conscientiousness and depressive symptoms. (RH)

ISSN: 10784470

Reminiscence, personality and psychological functioning in older adults; by Jeffrey A Cully, Donna LaVoie, Jeffrey D Gfeller.
There is little research on the psychological factors that correlate with reminiscence, especially in relationship to clinical constructs such as depression and anxiety. Research in the area of reminiscence functions may facilitate a better understanding of the factors affecting change in reminiscence therapies. 77 healthy older adults completed the following self-report scales: Reminiscence Functions Scale (RFS); NEO Five Factor Personality Inventory (NEO-FFI); Beck Depression Inventory, 2nd edition BDI-II; State-Trait Anxiety Inventory (STAI); and the Templer-McMordie Death Anxiety Scale (TDAS). Using canonical correlation techniques, results indicated that individuals with negative psychological functioning frequently reminisce as a way to refresh bitter memories, reduce boredom and prepare for death. Contrary to previous studies, results indicate that depressed and anxious older people commonly use reminiscence, and therefore may be appropriate candidates for reminiscence treatments. (KJ/RH)

ISSN: 00169013
The moderating effect of humour as a coping strategy on the stress-depression relationship in a group of older men in a small New Zealand city was investigated using a cross-sectional survey method. Hierarchical regression analyses revealed significant main and interaction effects for stress and humour as a coping strategy on depression and for dealing with daily stress. (RH)
ISSN: 07264240

The performance of 16 patients with mild dementia and 16 with depression at an old age psychiatry unit at Moorgreen Hospital, Southampton, were compared with 19 healthy control subjects in tests of frontal executive function (FEF). Those with mild dementia scored significantly worse than controls on all FEF tests used other than verbal fluency. Those mild dementia were only found to score worse than depressed subjects on the cognitive estimates test and Stroop test providing better discrimination between these groups. At follow-up, Mini-Mental State Examination (MMSE) scores of both depression and dementia groups were worse. Many simple tests of FEF can distinguish those with mild dementia from controls, although caution must be taken in the presence of depression. Of these tests, the cognitive estimates test may provide a simple test which can be used in conjunction with screening tests for dementia, such as the MMSE. The Stroop colour test was the most successful at distinguishing those with mild dementia from those with depression, but was more difficult to use. The depression group remained cognitively impaired at follow-up, despite improvements in depressive symptoms. (RH)
ISSN: 08856230

The authors reviewed the validity of the 1-, 4- and 15-item versions of the Geriatric Depression Scale (GDS) in 51 patients affected by mild to moderate dementia, using the long form as standard. The following sensitivity and specificity values were obtained: 66% and 91% for GDS-1, 93% and 87% for GDS-4, and 79% and 100% for GDS-15. GDS-15 also showed good agreement with GDS-30 in defining the severity of depression. These findings support the use of GDS-4 for screening depression, and GDS-15 for its severity assessment. (RH)
ISSN: 07317115
From: http://www.tandfonline.com

A multifaceted secondary preventive intervention was found to have significant effects on depressive symptomatology and quality of life for inhabitants of residential homes in the Netherlands. Improvements in Geriatric Depression Scale (GDS) scores indicate that the effects of the intervention are stronger in residents with more depressive symptoms. General approaches aimed at residential home staff may therefore be capable of influencing residents' depressive symptoms. (RH)
ISSN: 08856230

A survey of Hong Kong over 60s examined the role of social comparison in the relationship between depressive symptoms and four key life domains: physical health, financial situation, relationships with adult children, and social support from friends. The authors found that social comparison mediated the effect of support from friends on depressive symptoms, and social comparison was the partial mediator in the linkage between financial strain and depressive symptoms. Moreover, social comparison also moderated the effect of physical health and support from friends on depressive symptoms. Self-efficacy and self-esteem were found to be moderators in the relationship between depressive symptoms and all four key life domains, whereas sense of control over physical health and sense of control over support from friends moderated the effect of social comparison on physical health and support from friends, respectively, on depressive symptoms. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

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Social support and caregiver distress: a replication analysis; by Baila Miller, Aloen Townsend, Elizabeth Carpenter, (et al).
Previous studies have conceptualised and operationalised social support in different ways, making it difficult to determine if inconsistencies in findings are due to differences in study design, conceptualisation or measurement. The present study examined the replicability of models of social support and caregiver distress across four community-based caregiving studies representative of many conducted in the last 10 years. The aim was to identify areas of consistency of findings across data sets. Three models specifying patterns of relationship between social support and depression (main effect, mediation effect, and moderation effect) separately within data sets were analysed. The replication analysis confirmed the robustness of behaviour problems and caregiver health as important contributors to caregiver distress. However, results of hypotheses examining the pattern of relationship between social support and distress were inconsistent. Models are required that represent the linkages between types of stressor, types of support, and their interactions. (RH)
ISSN: 10795014

Social support and depression among elderly Chinese people in Hong Kong; by Iris Chi, Kee-Lee Chou.
In a representative community sample of 1,106 Chinese over 65s in Hong Kong, significant bivariate relationships were found between depression and all dimensions of social support, including social network size, network composition, social contact frequency, satisfaction with social support, instrumental/emotional support, and helping others. Using multiple regression models, the authors found that at least one measure of these 6 dimensions of social support was associated with depressive symptomatology, even after controlling for sociodemographic and functional disability. Social support from family is very important for older Chinese people in Hong Kong, and satisfaction with support is a more important predictor of depression levels than other objective measures of network relationships. Lastly, it was found that material aid and instrumental support is more important in preventing depression for older people in Hong Kong than emotional support. (RH)
ISSN: 00914150

Social support and treatment response in older depressed primary care patients; by Thomas E Oxman, Jay G Hull.
A previously tested theoretical model that specifies relationships between depression, activities of daily living (ADL) impairment, and social support components was validated with 307 patients aged 60+ from a multi-site effectiveness trial of three treatments (antidepressant, placebo, Problem Solving Treatment) for dysthymia or minor depression in primary care. Consistent with the previous model, impairment with ADLs was associated with subsequent increases in depression, a larger emotionally close network that made frequent visits, was associated with subsequent increases in perceived support, and perceived support was associated with a subsequent decrease in depression. This last effect was significant only in participants randomly assigned to receive placebo with clinical management, suggesting that there be a more positive response to non-specific clinical treatment components. (RH)
ISSN: 10795014

The stress process of family caregiving in institutional settings; by Carol J Whitlatch, Dorothy Schur, Linda S NoeKer (et al).
This American study adapts the Stress Process Model (SPM) of family caregiving to examine the predictors of depression in a sample of 133 caregivers with demented relatives residing in suburban skilled nursing facilities. Family caregivers were interviewed of family members residing in skilled nursing homes using a variety of measures to assess primary stressors, secondary strain, nursing home stressors and caregiver depression. Results indicated that positive resident adjustment to placement was best predicted by the closeness of the resident-caregiver relationship and nursing home stressors. Caregiver strain, resident adjustment and nursing home stressors best predicted caregiver adjustment. In turn, the best predictors of caregiver depression included caregiver age, adjustment to the nursing home and nursing home stressors. These results suggest that caregiver depression is closely linked to how well both the resident and caregiver adjust to the nursing home environment. (KJ/RH)
ISSN: 00169013
Stressful life events and depressive symptoms: social support and sense of control as mediators or moderators?
by Kee-Lee Chou, Iris Chi.
The impact is examined of a series of common stressful life events (SLEs) on change in depressive symptoms for a representative sample of 411 Hong Kong people aged 60+. Using multiple regression models, the authors found that a sense of control acted as a mediator in the linkage between the number of SLEs and depressive symptoms, even after controlling sociodemographic and physical health status were applied. In addition the social support measured by the Lubben Social Network Scale moderated the influence of the exposure to SLEs on depression. Sense of control and social support thus play distinguished and important roles in the stress-outcome relationship. (RH)
ISSN: 00914150

Stroke, vascular risk factors and depression: cross-sectional study in a UK Caribbean-born population; by R Stewart, M Prince, M Richards (et al).
Stroke, hypertension and diabetes are common in older Caribbean-born populations in the UK, who may be at risk of depression secondary to vascular disease. The association between stroke, vascular risk factors and depression was examined in a south London community-based Caribbean-born population aged 55-75. Vascular risk factors were identified by interview, examination and blood test. Depression was categorised using the Geriatric Depression Scale (GDS). Disablement was assessed as a potential mediating factor. Physical illness and disablement were strongly associated with depression, independent of disablement. Previous stroke was associated with depression, independent of disablement. No vascular risk factors were associated with depression. The risk of disablement associated with stroke was not explained by disablement. However, the hypothesis that vascular risk factors are important in the genesis of depression was not supported. (RH)
ISSN: 00071250

The structure of self-rated health among community-dwelling older adults with stroke; by Beth Han, Brent J Small, William E Haley.
This cross-sectional US study examined whether depressive symptomatology is a third fundamental component of the structure of self-rated health, in addition to two other components (physical disease and functional disability) for older people with stroke living in the community. 591 older people with stroke were identified from the 1993 Asset and Health Dynamics among the Oldest-Old (AHEAD) national survey of community-dwelling older people. It was concluded that greater attention should be given to the theoretical structure of self-rated health of older adults with stroke, particularly the significant impact of depression on their self-rated health. (KJ/RH)
ISSN: 01621424
From: http://www.tandfonline.com

Symptoms of depression in the oldest old: a longitudinal study; by Dee A Haynie, Stig Berg, Boo Johansson (et al).
One member of each of the 351 twin pairs aged 80+ from the Swedish Twin Study was assessed with the Center for Epidemiologic Studies Depression Scale (CES-D) at three time points over 4 years. Depressive symptoms were initially relatively low and decreased significantly between Waves 1 and 2, but had increased slightly by Wave 3. Participants who had been diagnosed with dementia at some point in the study did not differ significantly on initial CES-D score when compared to those without such diagnosis. Lack of well-being, as opposed to negative affect, was the biggest contributor to overall depression score at each point in the study. Predictors of negative affect included activities of daily living (ADLs), subjective health, and performance on the cognitive test, block design. None of these predictors were significant for lack of well-being. (RH)
ISSN: 10795014

The systematic assessment of depressed elderly primary care patients; by Patrick J Raue, George S Alexopoulos, Martha L Bruce (et al), PROSPECT Study Group.
Studies of the primary care treatment of depressed older patients are constrained by limited time and space, and by subject burden. Research assessments must balance these constraints with the need for obtaining clinically meaningful information. Due to the wide-ranging impact of depression, assessments should also focus on suicidality, hopelessness, substance abuse, anxiety, cognitive functioning, medical comorbidity, functional
disability, social support, personality, service use, and satisfaction with services. This paper describes considerations concerning the assessment selection process for primary care studies, using the PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) study as an example. Strategies are discussed for ensuring that data are complete, valid and reliable. (RH)
ISSN: 08856230

To tell or not to tell: comparison of older patients' reaction to their diagnosis of dementia and depression; by Arun Jha, Naji Tabet, Martin Orrell.
Subjects were 100 new patients aged 65+ with diagnosis of depression (47) or dementia (53) seen by the Old Age Psychiatry services of West Herts Community Health NHS Trust (Hemel Hempstead Sector), or Essex & Herts Community NHS Trust (Harlow Sector). No significant differences were found between patients with depression and dementia in their wish to know their diagnosis. Those with severe dementia, even if they felt upset, preferred to be told their diagnosis. Patients with vascular dementia tended to express a more favourable view. This study should resolve some of the controversies regarding disclosure of diagnosis of dementia: there is no general justification, despite previous reports of carers and practitioners that suggest otherwise. (RH)
ISSN: 08856230

Toward a threshold for subthreshold depression: an analysis of correlates of depression by severity of symptoms using data from an elderly community sample; by Celia F Hybels, Dan G Blazer, Carl F Pieper.
The prevalence of depressive symptoms in older people is high, yet the criteria to identify clinically significant depression may leave many undiagnosed and untreated. Demographic and risk factor profiles of two groups - one with severe depression, and one with less severe depression - are explored. Data are from the Duke University Established Populations for Epidemiological Studies of the Elderly (EPSE) baseline survey of 4,162 community-dwelling people aged 65+. Using criteria of the Center for Epidemiologic Studies Depression scale (CES-D), prevalence of depression was 9.1%, and for sub-threshold depression 9.9%. Both types of depression were associated with impairment in physical functioning, disability days, poorer self-rated health, use of psychotropic medication, perceived low social support, female gender, and being unmarried. Depression appears to exist along a continuum, with demographic, social and physical health predictors of subthreshold depression similar to predictors of depression as defined by the CES-D scale. (RH)
ISSN: 00169013

Treating depression in old age: the reasons to be positive; by David N Anderson.
Depression affects 10%-15% of people over 65 living at home in the UK. It is the commonest and the most reversible mental health problem in old age, and is associated with physical illness and disability, life events, social isolation and loneliness. Depression in old age carries an increased risk of suicide and natural mortality. Hence its detection using the Geriatric Depression Scale (GDS), and treatment using antidepressant drugs or referral to a specialist in old age psychology are recommended in this literature review. (RH)
ISSN: 00020729

Treatment as usual (TAU) control practices in the PROSPECT Study: managing the interaction and tension between research design and ethics; by Charles F Reynolds III, Howard Degenholtz, Lisa S Parker (et al), PROSPECT Study Group.
The use of treatment as usual (TAU) as a control condition may pose the considerable challenge of maintaining both scientific rigour and meeting high ethical standards in experiments on human subjects. The authors illustrate this tension and explore the relationship between research design and ethics in the US PROSPECT (Prevention of Suicide in Primary care Elderly - Collaborative Trial) study. Participating primary care practices are assigned to either an intervention arm (including provision of depression health specialists) or to an enhanced care arm (TAU, with the addition of screening and assessment services). The latter is to be used as a benchmark for measuring the effectiveness of PROSPECT's intervention. However, the epidemiological and clinical literature has linked TAU to high rates of suicide in older people, related to unrecognised and untreated or under-treated depression. The authors present their approach which enhances TAU, whereby primary care physicians are given information concerning the psychiatric status of their patients, and yet maintains rigour and meets high ethical standards. (RH)
ISSN: 08856230
Validation and normative data of health status measures in older people: the Islington study; by T Pettit, G Livingston, M Manela (et al).
Health related quality of life scales have been developed to measure a global picture of patients’ broader health and well-being. In a survey conducted as part of the Islington study of older people, the aim was to examine the validity and acceptability of the 12-item Health Status Questionnaire (HSQ-12) and 12-item Short Form Health Survey (SF-12). Both the HSQ-12 and the SF-12 were able to distinguish between subjects with and without a wide variety of health states. The HSQ-12 is sensitive to change in health state; and only the HSQ-12 can distinguish between those with and without dementia. The present study is limited to the scales being interviewer administered, in a community setting. (RH)
ISSN: 08856230

Validation of CES-D Scale for older Chinese immigrants; by Rashmi Gupta, Alice Yick.
The factor structure the original 1977 Center for Epidemiological Studies Depression Scale (CES-D) was empirically determined as it relates to an older Chinese immigrant population. In this study, the CES-D was administered by telephonic interview to 76 Chinese immigrants. The confirmatory factor analysis results did not support the original 4-factor theoretical structure, but did suggest a 3-factor model. In addition, the 3-factor version showed high internal consistency among the sub-scales. This study's results indicate that the revised CES-D scale reflects the differences in the manifestation of depression in the older Chinese community. This scale should be validated further by replication. (RH)
ISSN: 10784470

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Age and emotional response the Northridge earthquake: a longitudinal analysis; by Bob G Knight, Margaret Gatz, Keeneth Heller (et al).
Psychology and Aging, vol 15, no 4, December 2000, pp 627-634.
Cross-sectional studies have found older people to have lower levels of emotional distress after natural disasters. The maturation hypothesis suggests that older people are less reactive to stress events, whereas the inoculation hypothesis argues that prior experience with disaster is protective. 166 adults aged 30 to 102 were interviewed regarding the 1994 Northridge, California earthquake. Longitudinal data were available on depressed mood before and after the earthquake. The maturation hypothesis was generally not supported, The young-old were less depressed. However, this age difference was present before the earthquake. The old-old showed lowest levels of earthquake-specific rumination, but age did not buffer the the relationship between damage exposure and rumination. The inoculation hypothesis was supported for depressed mood. Previous experience of an earthquake was related to lower post-earthquake depression scores. (RH)
ISSN: 08827974

Age, the stress process and physical distress: the role of distal stressors; by Walter M Ensel, Nan Lin.
This article examines the nature of distal stressors over a 15 year period and the extent to which they contribute to the explanation of additional variation in the life stress model. Findings show that: distal stressors significantly increase variance explained in physical symptoms and maintain a direct effect on physical symptoms; recent stressors mediate the effects of distal stressors on distress; and social resources have direct and mediating effects on physical distress. Variations exist for different age groups or life stages. The major conclusion is reached that there are multiple pathways to distress that differ for different stages in the life course. (KJ/RH)
ISSN: 08982643

Alzheimer's disease, depression and normal ageing: merit of simple psychomotor and visuospatial tasks; by Marc Hofman, Erich Seifritz, Kurt Kräuchi (et al).
A brief psychometric test battery was used to differentiate Alzheimer's disease (AD) patients from patients with depression and healthy age-matched control subjects in this German study. Subjects were 30 patients with probable AD (mild to moderate), 22 patients with a major depression, and 15 healthy subjects. Discrimination reaction time separated the three groups most distinctly, but general level of cognitive functioning was a significantly confounding variable. There were no differences between the AD and the depressed patients when the Mini-Mental State Examination (MMSE) was used as a covariate. Substantial deficiencies in manumotoric co-ordination were found in both demented and depressed patients. The visual pattern-matching task yielded
longer reaction times in both patient groups than in the control group. The data suggest deficiencies in basic central operations, a slowing of central information processing and attentional deficits in AD and depressed patients. Psychomotor tasks were able to distinguish effectively healthy older people from AD and depressed patients. This test battery, however, appears to be limited in differentiating AD from depression. (RH)

ISSN: 08856230

Anxious depression among the elderly: clinical and phenomenological correlates; by T R Lynch, J S Compton, T Mendelson (et al).
Aging & Mental Health, vol 4, no 3, August 2000, pp 268-274.
Clinical, historical and phenomenological correlates of anxious depression were investigated in 150 depressed elders from the NIMH Clinical Research Center (CRC) for the Study of Depression in Late Life, Duke University. Regression analyses indicated that comorbidity of anxiety and depression was associated with a history of a greater number of depressive episodes, more negative stressors, and with a higher self-reported average stress level over the previous 6 months. Significant bivariate correlates also included feeling sinful, guilty or worthless, early depressive onset, and attempted suicide. The findings suggest a stress-related younger age of onset sub-type of elderly depression which is clinically distinct from late onset elderly depression. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Assessment of depression in older medical inpatients: practice, attitudes and the effect of teaching; by R Waller, J Hillam.
The extent to which junior doctors assess depression in older medical inpatients was determined, and how much this could be influenced by a teaching session and the availability of a depression rating scale. The study also aimed to determine attitudes to depression of hospital doctors and senior nurses involved in the medical care of older people. Case note scrutiny was used both before and after a teaching session and distribution of depression rating scales, together with administration of the Depression Attitude Questionnaire. Participants were medical inpatients aged 65+ at a district general hospital, also medical and senior nursing staff involved in their assessment and care. No patient had a documented mental state assessment on admission. This was unchanged following the intervention. The questionnaire suggested that the problem lay not with knowledge, but with willingness to be involved in managing depression. To make a difference, any training must allow for changes in attitudes about "ownership" of depression management. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Association of depression and gender with mortality in old age: results from the Amsterdam Study of the Elderly (AMSTEL); by R A Schoevers, M I Geerlings, A T F Beekman (et al).
The association between depression and increased mortality risk in older people may depend on the severity of the depressive disorder and gender. Depression (Geriatric Mental State, GMS-AGECAT) was assessed in 4051 older people from the Amsterdam Study of the Elderly (AMSTEL), with a 6-year follow-up of community death registers. 75% of men and 41% of women with psychotic depression had died at follow-up. Neurotic depression was associated with a 1.67-fold higher mortality risk in men only. In older people, major depressive syndromes increase the risk of death in both men and women, but mild depression increases the risk of death only in men. (RH)

ISSN: 00071250

Beck Depression Inventory-II (BDI-II) and the Geriatric Depression Scale (GDS) in older women; by Angela L Jefferson, David V Powers, Michaela Pope.
This research makes a preliminary examination of the Geriatric Depression Scale (GDS) and the modified Beck Depression Inventory (BDI-II) in a sample of older women living at home, to determine whether changes in the BDI have altered its efficacy for screening depression in older people. Results indicated that BDI-II positively correlated with the GDS (r = .71) and both instruments demonstrated good internal consistency (r = .85 and .84 respectively). Results suggest that revisions made to the BDI have not altered its potential use with older populations. Nevertheless, clinicians may prefer to use the GDS when assessing depression in older women, as specific questions found on the GDS may be more relevant to that particular population. (RH)

ISSN: 07317115
From: http://www.tandfonline.com
The benefits and risks of ECT for patients with primary dementia who also suffer from depression; by Vani Rao, Constantine G Lyketsos. 


The use of electroconvulsive treatment (ECT) with dementia patients is concerning, because of possible adverse effects on memory and cognition; and outcome studies of ECT in patients with primary dementia and depression are rare. A chart review was conducted of all 31 patients with a discharge diagnosis of "dementia with depression" treated with ECT at Johns Hopkins Hospital, Baltimore over a 5-year period. Admission and discharge ratings were made using the Mini-Mental State Examination (MMSE) and the Montgomery-Asberg Depression Rating Scale (MADRS) as part of the clinical routine. 55% had vascular dementia, 13% Alzheimer's disease (AD), and 32% degenerative dementia of uncertain aetiology. While 49% of patients developed delirium, by discharge there was also a significant mean increase (improvement) in MMSE. ECT is an effective treatment for depression in dementia, leading to improvements in both mood and cognition. Multiple ECT treatments may be necessary before a significant improvement in mood is achieved. (RH)

ISSN: 08856230

Burden self-image: a mediating variable of depressive symptoms among chronically ill care recipients; by Timothy B Dyeson. 


A model in which burden self-image (perception of self as a burden on one's caregiver) is a mediating variable between depressive symptoms and health status, financial resources, spirituality, reciprocal behaviour, and appraisal of caregiver behaviour of older chronically ill care recipients was proposed and tested. Data from 286 older Americans revealed that burden self image, reciprocal behaviour and gender had a direct effect on depressive symptoms. Burden self-image was predicted by poorer health, fewer financial resources, less spiritual activity, and negative appraisal of caregiver behaviour. Increased spiritual activity, having more money, and younger age predicted increased reciprocal behaviour. The model accounted for 46% of the variance in depressive symptom scores. (RH)

ISSN: 01634372

From: http://www.tandfonline.com

Cerebrovascular disease and late life depression: an age old association revisited; by Rahul Rao. 


A literature review based on searches of Medline, EMBASE, PsychLit and PsychInfo demonstrates that there is some evidence that cerebrovascular disease has an aetiological role in late life depression. The increased likelihood of damage to frontal or subcortical brain circuitry following stroke, transient ischaemia and hypertension may explain the high prevalence of depression in older people with vascular risk factors. The extrapolation to care settings from the high prevalence of depression accompanying cerebrovascular disease and the prolongation of disability in depressed people with stroke, suggests closer liaison between old age psychiatrists, neurologists and physicians caring for older people. (RH)

ISSN: 08856230

A comparison of self-reported function assessed before and after depression treatment among depressed geriatric inpatients; by Robin J Casten, Barry W Rovner, Rona E Pasternak (et al). 


The study's purpose was to determine whether self-perceptions of depressed geriatric psychiatry inpatients improved as their depression resolved. 64 older people diagnosed with major depression were asked to evaluate their function on admission to an inpatient psychiatry unit, and again 3 months post-discharge. Caregivers also rated the patients' function at admission and 3 months after being discharged. Self-perceptions of function improved over time, while caregivers' perceptions remained stable, suggesting that patients' perceptions of function is in part influenced by their depression. Further, correlations between patient and caregiver perceptions of function were higher at 3 months post discharge (when patients were not depressed) than they were at admission. The implication is that self-perceptions of function are more accurate when not depressed. (RH)

ISSN: 08856230

Comparisons of African American and white women in the parent care role; by Tracela M White, Aloen L Townsend, Mary Ann Parris Stephens. 


Little is known about African-American women's experiences providing care to impaired older relatives. This study investigated potential differences in depressive symptomatology, patient care stress and rewards, parent care mastery, and the quality of the parent care relationship between 261 White and 56 African American women.
daughters and daughters-in-law who were providing care for an impaired parent or parent-in-law. African-American women reported less stress and more rewards in the parent care role than did White women. Race did not have a significant effect on caregivers’ depressive symptomatology, parent care mastery or the quality relationship with the parent. However, the research demonstrates the importance of examining a broad range of caregiving experiences, to detect both similarities and differences between racial groups. (RH)

ISSN: 00169013

Completed suicide among older patients in primary care practices: a controlled study; by Yeates Conwell, Jeffrey M Lyness, Paul Duberstein (et al).
The primary care setting is important in the prevention of late life suicide. The circumstances of 42 suicides aged 60 and over who had visited a primary care provider within 30 days of death were compared with 196 other over 60s from group practices in Monroe County, NY. Completed suicides had more depressive illness, physical illness and functional limitations than controls, and were more likely to be prescribed antidepressants. However, physical health, overall function and treatments did not differ between the two groups. Primary care providers should be well-prepared to diagnose and treat depression in their older patients. (RH)

ISSN: 00028614

Coping with depression and anxiety: preliminary results of a standardized course for elderly depressed women; by Alletta Schimmel-Spreeuw, A Corry G Linssen, Thea J Heeren.
International Psychogeriatrics, vol 12, no 1, March 2000, pp 77-86.
The experiences of 51 older, depressed female patients with a standardised course "Coping with depression and anxiety" were investigated in this Dutch study. Preliminary findings are presented for the 34 patients who completed the course, which consists of psycho-education and skills training. Depressive symptoms were scored using the Symptom Checklist 90 (SCL-90) depression scale and the Geriatric Depression Scale (GDS). Results indicate that patients were very enthusiastic about the course, and that there was no need to make major changes in its structure and content. Depressive symptoms were significantly reduced after completion of the course. (RH)

ISSN: 10416102

Coping, social support and depressive symptoms of older adults with type II diabetes mellitus; by Tavia Yuk Ling Cheng, Kam Weng Boey.
The effects of coping and social support on the adaptation to Type II diabetes mellitus of 200 older Hong Kong Chinese patients (age range 60-92) were examined. The duration of illness since its first detection ranged from 6 months to 36 years (mean 9.14 years). Data were collected in face-to-face interviews with a structured questionnaire. Results indicated that patients did not perceive diabetes as severely threatening to their daily activities, nor did they exhibit higher levels of depression as measured by the 15-item Geriatric Depression Scale (GDS-15), compared to a normal sample of older people. Concealment of feelings was most significantly associated with depressive symptoms. General social support appeared to be more beneficial than diabetic-specific support. Support from friends played a more significant role in the adaptation to diabetes mellitus than support from the family network. (RH)

ISSN: 07317115
From: http://www.tandfonline.com

Cross-national comparisons of antidepressant use among institutionalized older persons based on the Minimum Data Set (MDS); by John P Hirdes, Naoki Ikegami, Palmi V Jonsson (et al).
Canadian Journal on Aging, vol 19, supplement 2, Fall 2000, pp 18-37.
Antidepressant use was examined with samples from long-term care facilities in Toronto, Sapporo and Naie (Japan), Reykjavik and Prague. Only in Iceland did the majority of residents with depression receive an antidepressant. Rates of depression and antidepressant use were uniformly low in Japan, and there was a great discrepancy between diagnosed depression and behavioural signs of depression in the Czech Republic. In all countries, about half the recipients of antidepressants have not a clear indication of depression present. For some countries, antidepressant use was lower among residents who were female, older and more disabled. Depression is clearly under-diagnosed in the Czech Republic, but low rates of depression in Japan are somewhat more difficult to interpret. Given the widespread consensus that depression is under-detected and under-treated, these results suggest that responses to depression could be improved through instruments like the MDS. (KJ/RH)

ISSN: 07149808
Dementia and depression in elderly medical inpatients; by Emese Linka, Gyorgy Bartko, Tamas Agardi (et al). International Psychogeriatrics, vol 12, no 1, March 2000, pp 67-76. Prevalence and correlation of cognitive impairments, major depression, and depressive symptoms among older medical inpatients are examined. This Hungarian study also compares the degree of depressive symptomatology and cognitive deterioration in possible vascular dementia and possible Alzheimer’s disease (AD). 36 male and 64 female patients over 65 were interviewed and assessed by the Hachinski Ischaemic Scale, the Hamilton Rating Scale for Depression (HDS) and Modified Mini-Mental State (MMMS) Examination. Major depression was established in 11 patients; deterioration of cognitive functions was seen in 66; cognitive impairment was mild in 30, moderate in 19, and severe in 17. 46 had mild depressive symptoms, and 27 had severe. A high prevalence of cognitive dysfunction and depressive symptomatology was detected, illustrating the importance of psychiatric care in older medical inpatients. (RH) ISSN: 10416102

Dementia and depression in older persons: cross national challenges to primary care medicine; by R H Fortinsky. Aging & Mental Health, vol 4, no 4, November 2000, pp 283-285. Much work remains to be done to ensure that general practitioners (GPs) are able to detect, diagnose and manage dementia and depression in older people. Papers in this issue of Aging & Mental Health examine the role of GPs in responding to the needs of patients and families affected by these diseases. (RH) ISSN: 13607863 From : http://www.tandfonline.com

Depression: making sure that older patients stay well; by George Kassianos. Geriatric Medicine, vol 30, no 6, June 2000, pp 33-35. The author believes that general practitioners (GPs) should aim to achieve complete remission when treating older patients with depression. Quality of life is important; therefore any prescribed antidepressant therapy must be effective and well-tolerated, and not interact with underlying disease or concurrent therapy. It is suggested that once a patient is well, an antidepressant should be continued for 6-8 months before considering its withdrawal. (RH) ISSN: 0268201X

Depression among the elderly Chinese in Canada; by Daniel W L Lai. Canadian Journal on Aging, vol 19, no 3, Autumn 2000, pp 409-429. This research investigated the prevalence of depression among older Chinese people in Canada. Respondents were 96 randomly selected older Chinese living in Calgary. A 15-item Chinese version of the Geriatric Depression Scale (GDS) was used as the depression measure. Results show that among the respondents, 9.4% were mildly depressed and 11.5% were moderately to severely depressed. The overall prevalence rate of depression in older Chinese people is higher than that of the general older population in Canada, but lower than that of the Chinese in the United States. Findings from regression analysis show that having more illnesses, having lived in Canada longer, not knowing English, being younger in age, and having poor physical health are the significant predictors of depression in older Chinese people. The results indicate the mental health needs of this group of ethnic elderly. Other research and practice implications of the findings are also discussed. (KJ/RH) ISSN: 07149808

Depression and risk of cognitive decline and Alzheimer's disease: results of two prospective community-based studies in the Netherlands; by M I Geerlings, R A Schoevers, A T F Beekman (et al). British Journal of Psychiatry, vol 176, June 2000, pp 568-575. Depression may be associated with cognitive decline in older people with impaired cognition. Depression and clinical diagnoses of incident Alzheimer’s disease (AD) were assessed in samples of older people with normal cognition from the Amsterdam Study of the Elderly (AMSTEL) and the Longitudinal Aging Study Amsterdam (LASA). In both samples, depression was associated with an increased risk of AD and cognitive decline, respectively, but only in those with higher levels of education. (RH) ISSN: 00071250

Depression and the response of residential homes to physical health needs; by Anthony H Mann, Justine Schneider, Caroline G Mozley (et al). International Journal of Geriatric Psychiatry, vol 15, no 12, December 2000, pp 1105-1112. In residential homes, care planning and the response to specific health care needs of residents is of variable quality. This study, based on 17 homes in different areas of England, suggests a link between depression and a
poor response by homes to specific physical health problems. Lower levels of depression were more strongly related to the individual staff response to an individual resident's physical needs than to any of the general "home level" care quality indicators examined. A concerted effort to improve physical healthcare might reduce the prevalence of depression in care homes, and thus enhance quality of life. (RH)
ISSN: 08856230

Depression in holocaust survivors: profile and treatment outcome in a geriatric day hospital program; by David K Conn, Diana Clarke, Robert van Reekum.
The profile of depressive symptoms and the outcome of treatment in holocaust survivors (HS) versus non-Holocaust Survivors (NS) attending a Canadian psychiatric day hospital programme for depression were evaluated retrospectively using a clinical database. Some 24% of the study population were HSs. The HS group was more likely to receive a diagnosis of major depressive disorder or episode as one of their diagnoses. The HS group, in particular those survivors who had been in ghettos or in concentration camps, were more likely to be given a diagnosis of post-traumatic stress disorder (PTSD). Both groups showed improvement from baseline in their ratings of depression on the Hamilton Depression Rating Scale (HDRS) and Geriatric Depression Scale (GDS) at time of discharge. However, there were no significant differences between the groups in terms of their depression ratings either at admission, at discharge, or in their degree of improvement. As regards the "profile" of depression, the HS group displayed more "insight" than the NS group, who scored higher on the Mattis Dementia Rating Scale compared to the HS group even when education co-varied; language may be an important influence, though. (RH)
ISSN: 08856230

Depression in institutionalised older people with impaired vision; by Shirley P S Ip, Y F Leung, W P Mak.
The prevalence of depressive symptoms in visually impaired nursing home residents is high, and screening with a standardised instrument - the Geriatric Depression Scale, GDS - may be useful. In a Hong Kong nursing home designed for people with impaired vision, the residents' duration of blindness appears to have no correlation with depression. People with sensory impairment are more prone to depression when adapting to changes in the social environment, as in the event of institutionalisation. After controlling for socio-demographic factors such as age, duration of institutionalisation and duration of blindness, functional disability is an independent predictor of depression. (RH)
ISSN: 08856230

Depression in Parkinson's disease; by Ashum Gupta, Sangeeta Bhatia.
The severity of depression in patients with Parkinson's disease (PD) is investigated, and the relationships between depression and duration, stage, cognitive status and impairment in daily functioning are explored. 40 patients in Delhi, India with PD who did not have dementia were evaluated with the Geriatric Depression Scale (GDS). They showed a high frequency of depression with 52.5% severely depressed and 37.5% mild to moderately depressed. Severely depressed patients were significantly more impaired in their functioning of daily activities, compared to the mildly depressed group. Depression did not correlate significantly with duration of illness. However, stage of disease, global cognitive functioning and functional capacity were significantly related to depression. (RH)
ISSN: 07317115
From: http://www.tandfonline.com

Depression predicts cognitive decline in Hong Kong Chinese older adults; by I Chi, K-L Chou.
Depression is quite common in older members of Hong Kong Chinese society. This study examined the impact of depression on change in cognitive functioning in 260 over 70s from a longitudinal study of a representative community sample. Using multiple regression analysis, the authors found that depression at baseline measurement was negatively associated with cognitive functioning 3 years later, even after sociodemographic, physical health status, smoking status, exercise behaviour and social support variables were applied in regression models. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Although depression is second only to dementia in prevalence among older people, it is unclear how factors such as age, gender and level of cognitive functioning may be related to an individual’s feelings of depression. This study examined the association between symptoms of depression and cognitive functioning in 50 older Americans (mean age 71) living in the community. The effects of memory and attention training were also measured. Significant correlation was found between both the Beck Depression Inventory and the Geriatric Depression Scale (GDS) and one measure of attention, Trail Making Part B. Symptoms of depression accounted for 18% of the variance on this measure, and symptoms related to motivational problems explained more of this variance than did those related to mood. Contrary to expectations, there were no differences between men and women in the types of depressive symptoms reported. Attention scores as measured by the Panel Auditory Serial Addition Task improved after participants completed memory and attention training workshops. (RH)

ISSN: 07317115
From : http://www.tandfonline.com


In an earlier study, the authors observed that a depressive syndrome was highly predictive of developing Alzheimer’s disease (AD) in older people with normal baseline cognition and higher levels of education. This study examines whether specific symptoms of depression can be identified that predict AD among older subjects with higher levels of education. A sample of 3147 Dutch non-demented and with normal cognition aged 65 to 84 from the Amsterdam Study of the Elderly (AMSTEL) were divided into two groups with more than 8 and 8 or less years of education. After average follow-up of 3.2 years, 1911 people were re-evaluated, of who 22 with more than 8 years and 31 with 8 or less years of education had developed AD. For those with more than 8 years of education, depressed mood and subjective bradyphrenia were strongly associated with incident AD. No association between depressive symptoms and AD were observed among those with 8 or less years of education.

Both depressive mood and subjective bradyphrenia seem to indicate subclinical AD in older people with higher levels of education. (RH)

ISSN: 00028614


The specific symptoms of depression associated with increased mortality in depressed older people are poorly known. The aim of this paper is to analyse the individual depressive symptoms measured by the Zung Self Rated Depression Scale (ZSDS) and the Hamilton Rating Scale for Depression (HRDS) in association with mortality among depressed older subjects. The population consisted of 169 depressed (DSM-III criteria) aged 65 and over from a Finnish epidemiological research project. The follow-up for deaths continued for about 6 years. When age, sex, smoking, physical health and functional abilities were taken into account, dissatisfaction, weight loss and gastro-intestinal symptoms (anorexia and constipation) predicted mortality together with high age and poor physical health. Weight loss was related to an increased risk of death, specifically in the depressed. Dissatisfaction and gastro-intestinal symptoms were more general markers of increased mortality. (RH)

ISSN: 008856230


No previous study has examined both the emotional difficulties and satisfaction with the caregiving role in a sample of patients with dementia and non-dementing disorders. Principal informal caregivers to 91 patients with dementing or non-dementing disorders were identified from consecutive referrals to community psychiatric nurses in an old-age psychiatric service. Clinical, demographic, service and carer satisfaction variables were recorded. Carers' emotional distress (only a weak correlation with dissatisfaction) was measured with the 28-item General Health Questionnaire (GHQ). Greater dissatisfaction with the caregiving role was indicated by the degree of difficulty and younger age of the carer. Emotional distress was independently associated with the degree of difficulty in the caregiving situation and inversely with the patient’s dependency on care. The caregiver’s assessment of the difficulty with caregiving was associated with both carer dissatisfaction and emotional distress in the caregiving role. While emotional distress was associated with a perception that patients could do more for themselves, carer dissatisfaction was associated with younger age carers who had competing demands, particularly work. (RH)
ISSN: 08856230

Development and validation of a brief observer-rated screening scale for depression in elderly medical patients; by Margaret F Hammond, Shaun T O'Keefe, David H Barer.
Age and Ageing, vol 29, no 6, November 2000, pp 511-516.
The authors devised a 9-item scale using observable behaviour for criteria for depression from the Diagnostic and Statistical Manual (DSM-III). Three items were subsequently rejected. The resulting 6-item observation-based scale shows good sensitivity and specificity for depression in geriatric inpatients, and can be completed by nurses who reliably recognise the signs of depression. (RH)
ISSN: 0020729

Development of a Minimum Data Set-based depression rating scale for use in nursing homes; by Adam B Burrows, John N Morris, Samuel E Simon (et al).
There is a need for a standardised instrument to screen for depression in nursing homes which incorporates daily observations of nursing staff. The authors conducted semi-structured interviews with 108 residents from two nursing homes in the US and Canada to obtain depression ratings using the 17-item Hamilton Depression Rating Scale and the Cornell Scale for Depression in Dementia. Nursing staff completed Minimum Data Set (MDS) assessments. In a randomly assigned derivation sample, the authors identified MDS mood items that were correlated with Hamilton and Cornell ratings. Performance of the MDS compared favourably with the 15-item Geriatric Depression Scale (GDS) when tested against psychiatric diagnoses. Further testing of the MDS is now required. (RH)
ISSN: 00020729

Development of a shorter version of the Geriatric Depression Scale for visually impaired older patients; by Irfan I Galaria, Robin J Casten, Barry W Rovner.
Clinical diagnosis of major depression was used as the dependent variable, with four items from the Geriatric Depression Scale (GDS) to form the GDS-Abbreviated (GDS-A) scale. Endorsing any two of these four items - dissatisfied with life, feeling helpless, reporting problems with memory, and lost activities and interest - yielded the best results. The GDS-A's short format and strong discriminating ability makes it an effective, convenient tool for screening visually impaired, older patients for depression. (RH)
ISSN: 10416102

ISSN: 09720227

111 non-demented patients with cognitive impairment aged over 55 from the Maastricht Memory Clinic were assessed for personal characteristics, the severity of depression, and cognitive functioning at baseline, and on the
course of cognitive impairment and presence of dementia after 2 and 5 years. 25 patients had preclinical dementia with Alzheimer's type dementia at follow-up, of whom 15 were depressed at baseline. Those with depression and preclinical AD had a poorer performance on cognitive tasks and were older than those with depression-related cognitive impairment. Depression is common in preclinical AD. Depressed subjects with preclinical AD can be accurately differentiated from those with depression-related cognitive impairment by age and the severity of the memory impairment. Research that aims to investigate preclinical AD should not exclude a priori subjects with depression, because preclinical AD is often accompanied by depression. (RH)

ISSN: 00028614

Distinction of early and late onset depression in the elderly by their lifetime symptomatology; by Reinhard Heun, Martin Kockler, Andreas Papassotiropoulos.


It has been proposed that early-onset depression (EOD) and late-onset depression (LOD) differ aetologically and phenomenologically. In this study, 71 patients with age-at-onset of depression below 60 years (EOD) and 67 age-matched patients with age-at-onset over 60 (LOD) were recruited from the Departments of Psychiatry at the University of Mainz and the University of Bonn. To reduce the effect of inter-episode variance of symptoms, the study focused on lifetime prevalence of different affective symptoms which were evaluated using the Composite International Diagnostic Interview (CIDI). Logistic regression analysis was performed to identify particular depressive symptoms which might discriminate EOD and LOD, and to account for possible sociodemographic differences between the two groups. Low spirits and feelings of worthlessness were more frequently found in EOD, sufficient to distinguish older people with EOD and LOD. (RH)

ISSN: 08856230

Early onset and late onset depression in older adults: psychological perspectives; by Jemma Boyd, Fionnuala McKiernan, Glenn Waller.


"Early onset" refers to depression in older adults who have experienced at least one episode of depression prior to late life. "Late life" refers to depression in older adults who have not experienced depression until old age. Although there is clear evidence that social and biological factors are associated with both early- and late-onset depression, the focus of this review is on psychological perspectives distinguishing between early and late onset. Drawing on the cognitive model, it has been predicted that late-onset depression will be associated with greater levels of stress, whereas early-onset depression will be associated with more significant levels of cognitive vulnerability. There is some evidence that early- and late-onset depression can be differentiated on the basis of internal vulnerability and life stressors. However, the role of cognitions and stress in early- and late-onset depression provides an almost untouched area of research. (RH)

ISSN: 09592598

Effectiveness of cognitive-behavioural family intervention in reducing the burden of care in carers of patients with Alzheimer's disease; by Alison Marriott, Catherine Donaldson, Nicholas Tarrier (et al).


Family intervention can have significant benefits in carers of patients with Alzheimer's disease (AD) and has a positive impact on patient behaviour, as reported in this review of a randomised controlled trial. Its results indicate significant reductions in distress and depression in the intervention group compared with control groups at post-treatment and follow-up. There were also significant reductions in behavioural disturbance at post-treatment and an increase in activities at three months in patients in the intervention group. (RH)

ISSN: 00071250

The effectiveness of the treatment of depression in the physically ill elderly; by B M Draper.


The effectiveness of depression treatments in older people with physical illnesses is critically reviewed. Few controlled studies have been published and many of these have methodological limitations. Controlled studies of antidepressants indicate that they are effective in the treatment of major depression associated with chronic stable physical illness, though there are high dropout rates. Psychological interventions have been infrequently investigated in controlled studies. The few available studies support their potential utility in chronic stable illness. Uncontrolled trials suggest that electroconvulsive therapy (ECT) is safe and effective in the treatment of severe major depression associated with physical illness. A range of psychosocial interventions that target quality of life domains should be further investigated in less severe depression. (AKM)

ISSN: 13607863

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The effects of an acute stressor on depressive symptoms among older adults: the moderating effects of social support and age; by Kimberly A Tyler, Dan R Hoyt. Research on Aging, vol 22, no 2, March 2000, pp 143-164.

Research has demonstrated the negative effects that acute stressors, such as natural disasters, have on mental health. This study used longitudinal data to examine the potential moderating effects of social support and age among older adults exposed to an acute stressor. Using a sample of 651 older persons, data were gathered in the spring of 1992 and in the autumn of 1993, approximately 60 days after the peak impact of flooding in the Midwest, US. Results indicate a positive association between social support and post-flood depression. For the youngest of the two older age groups, there was also a positive association between flood exposure and post-flood depression, controlling for prior levels of depression. (AKM)

ISSN: 01640275


The focus of Lawton's model (based on his environmental docility hypothesis) concerns the mechanisms by which transactions between the person and the environment occur, especially among older people. Based on this model, the authors consider whether there is a strong association between functional limitations and depressive symptomatology affected when environmental conditions, objective and subjective efficacy, and docile or proactive behaviour are taken into account. Data were used from LASA (the Longitudinal Aging Study Amsterdam), a survey of the Dutch population aged 55-85 stratified by age and sex. Hierarchical regression analyses were performed on data of 2,981 respondents. Empirical support was found for the extended Lawton model, including environmental, efficacy and behavioural factors. The following tend to increase depressive symptoms, particularly if combined with lower functional status: living in an urban area, being unable to perform heavy household tasks, having low self-efficacy, not feeling safe, receiving help from others, and having few social contacts within the neighbourhood. (RH)

ISSN: 0144686X


692 Japanese aged 65+ from the Tokyo Metropolitan Institute of Gerontology Longitudinal Interdisciplinary Study on Aging (TMIG-LISA) with high functional capacity at baseline were observed and tested for changes during a 2-year follow-up. The 12.5% of subjects who experienced functional decline in that time showed a larger decrease in the number of relatives, friends and neighbours having frequent contacts, a larger decline in life satisfaction, and a larger increase in depression than those without functional decline. The results seem to confirm further the importance of functional health status as a prerequisite for higher quality of life in old age. (RH)

ISSN: 00914150


Depressed older people who develop a physical disease or whose family member dies during the treatment of depression are at high risk of chronic depression. This study reports on 97 Finns aged 60 and over treated for depression in primary health care. The occurrence of depression was assessed after treatment and follow-up periods of about 15 months and 5 years, and they were classified according to their recovery: 47 chronically depressed; and those depressed at first examination but had recovered subsequently. In order to increase the probability of recovery from depression, intensive antidepressant and psychotherapeutic treatment and adequate physical treatment of these patients are proposed. (RH)

ISSN: 10416102


Studies in mixed-aged populations show differences between the predictors of a relapse and those of a long-term course of depression, supporting the hypothesis about similar differences among older people. The present study aimed to identify factors predicting or related to a relapse to depression during a 4-year follow-up of 70 Finns aged 60+ who had recovered from depression during 15 months of treatment in primary health care. By the 4-year follow-up after recovery, 20 patients had relapsed and 50 were non-depressed. The logistic regression model showed major depression and psychomotor retardation to be independent predictors. Relapses were not
related to stressors in life or physical illnesses. In clinical practice, major depressive older patients should be followed up, to detect and treat potential relapses as early as possible. Co-operation between psychiatrists and general practitioners (GPs) is needed in the follow-up. Theoretically, the results suggest the assumption of a biological aetiology of major depression. (RH)
ISSN: 08856230

Fatigue is a common symptom that has not been studied well in older populations. This US pilot study examines the epidemiology of fatigue symptoms in relation to demographic and medical characteristics of older patients in a long-term care setting. 199 of 308 potential subjects (65%; mean age 88 years, 82% female) completed the study. 195 (98%) reported some fatigue symptoms (median duration 44 weeks). Significant relationships were found between fatigue and depression (GDS), 3-minute walk, Lawton instrumental activities of daily living (IADLs), pain, and number of medications. No significant relationships were found between fatigue and age, sex, Folstein score (mental status), or number of medical diagnoses. Multivariate regression analyses identified GDS, pain, number of medications and 3-minute walk as significant predictors of fatigue intensity. Given that it is poorly recognised and probably undertreated in older people, fatigue has important quality of life implications for those in long-term care. (RH)
ISSN: 00028614

Black and white community-dwelling women and men over 65, all of whom had been referred for psychotherapy, were interviewed to determine their perceived control (internal versus external) over the causes and solutions to their problems. Personal control orientations were found to vary both by race and gender. Men perceived themselves as having more control over causes than did women, but women perceived themselves as having more control over solutions than did men. Black men and women perceived themselves as more responsible both for causes and solutions than did white persons. Of the four groups studied, white females saw themselves as having the least control over the causes of their problems, but those perceiving higher levels of control over causes were most depressed. White men saw themselves as having the least control over solutions, but those with higher levels of perceived control had lower levels of depressive symptoms. (AKM)
ISSN: 00914150

Gender-specific factors appear to affect survival in psychogeriatric patients, such as this group studied over 40 months in Perth, Western Australia. Male psychogeriatric patients were younger, but experienced twice the mortality rate of female patients. A diagnosis of dementia doubled the mortality risk in female patients, but was not predictive in male patients. Ethnic background did not influence mortality in either male or female patients. (RH)
ISSN: 08856230

The Long and Short Forms of the Geriatric Depression Scales (GDS) are compared. The two forms of the GDS were administered to 86 geriatric male veterans on admission to a nursing home. The Short Form of the GDS consistently identified 94% of the participants using the Long Form as the standard. In the second phase of the study, 31 veterans were administered by forms of the GDS in alternating order during their intake or annual screening assessment. A scatter graph showed the Short Form to consistently identify 100% of the participants using the Long Form as the standard, thereby indicating its screening validity. (RH)
ISSN: 07317115

Screening for depression in older people has been advocated to improve detection and management. This article summarises trends towards briefer screening instruments. The study aimed to validate a single question...

The risk factors for mistreatment of older people include age, race/ethnic background, low income, functional or cognitive impairment, a history of violence, and recent stressful events. There is little information in the literature concerning the clinical profile of mistreated older people. This study examined the characteristics of 47 older persons referred for neglect and 97 referred for other reasons, and compared the prevalence of depression and dementia in neglected persons with that of persons referred for other reasons. Findings showed that there was a statistically significant higher prevalence of depression (62% versus 12%) and dementia (51% versus 30%) in older persons with neglect compared to those referred for other reasons. It is recommended that geriatric clinicians should rule out elder abuse or neglect in their depressed or demented patients. (AKM)

ISSN: 00028614


Selective serotonin re-uptake inhibitors (SSRIs) are increasingly being prescribed for depression. However, their use as a first line treatment remains controversial as they cost more. This study aimed to identify factors predicting general practitioners' (GPs) choice of which antidepressant to prescribe for depression in older people, using a postal questionnaire survey based on three clinical case vignettes. GPs prescribing SSRIs gave 'few side effects' and safer in overdose as the most important reasons for choosing the antidepressant. Older GPs were more likely to use unmodified tricyclics, and selected drugs based on their knowledge and experience in use of the drug. Cost was rarely a primary consideration. Educational programmes should deal with the reluctance of some GPs to use new or unfamiliar medications, and should also highlight issues relating to side-effects and drug safety. (RH)

ISSN: 08856230


Data was examined on hospitalisation and health of some 3,500 over 65s living at home from the Duke University, North Carolina (NC) site of the Established Populations for Epidemiological Studies of the Elderly project (EPESE). 300 of the participants were admitted to hospital during this 6-month study. Depressive symptoms were independently associated with a more than threefold increased risk for hospital admissions for

ISSN: 08856230


Changes over 10 months in self-assessed health, depression, anxiety, stress, coping and support in a convenience sample of 74 grandmothers living in the same home as grandchildren are examined and compared with those of grandmothers who had either primary (49) or partial/supplementary (25) responsibility for their grandchildren's care. Grandmothers showed high stability over the 10 months, with many reporting elevated depression and parenting stress at both time points. Depression was associated with greater parenting stress, primary responsibility for caregiving and with coping. Better self-assessed health was linked with less parenting stress and less formal and instrumental support. (KJ/RH)

ISSN: 08952841

From: http://www.tandfonline.com
men aged 75+. This result reflects differences in the effects of depressive symptoms across age and gender groups, and emphasises that symptoms of depression influence overall health and medical service use among, at least, the oldest male age group. (RH)

ISSN: 00028614

The implication of selection bias in clinical studies of late life depression: an empirical approach; by E Van Exel, M L Stek, D J H Deeg (et al).
There is little empirical evidence demonstrating the degree to which those depressed in the community differ to those treated in clinical settings. In this Dutch study, all older patients admitted between 1990 and 1992 to a psychiatric hospital with DSM major depression as the primary diagnosis (n=104) were compared with all older patients with the same diagnosis (n=59) participating in the Longitudinal Ageing Study, Amsterdam. Data from the clinical sample were gathered by chart review, while the community based sample was interviewed. The following characteristics were significantly more prevalent in the clinical sample: late onset of the depression; threat of suicide; conflicts with significant others; and use of antidepressant medication. Chronic physical illness was the only characteristic that was more prevalent in the community sample. In all other respects, the two samples were similar. The assumption that selection bias precludes the extrapolation of results of studies carried out in a clinical setting to the general population is only partly true. (RH)
ISSN: 08856230

In search of a marital distress model of depression in older marriages; by J G Sandberg, J M Harper.
Traditional models of depression in later life describe the illness in terms of intra-physiological and intra-psychic processes. To investigate and describe the interpersonal nature of depression, data was analysed on levels of depression, stress, health, and marital distress in 535 married American couples. The results showed that marital distress was significantly associated with levels of depression for both partners, and that wives' distress was also significantly related to husbands' depression. With few exceptions, the levels of stress and/or health in either partner were directly and indirectly associated with depression for husbands and wives. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Integrative and instrumental reminiscence therapies for depression in older adults: intervention strategies and treatment effectiveness; by L M Watts, P Cappeliez.
Gerontologists, developmental theorists and clinical practitioners have identified reminiscence as an important contributor to adaptation in later life. Despite its wide acceptance, there remains some doubt about its therapeutic efficiency. In this Canadian study assessing its value in the treatment of depression in older people, cognitive theories of depression were integrated with reminiscence theory to develop two standardised integrative and instrumental reminiscence interventions. Integrative reminiscence therapy aims at a constructive re-appraisal of interpretations and emotions to past self-defining events, whereas instrumental reminiscence uses memories for providing evidence of past successful coping and for identifying appropriate coping strategies. The two interventions were implemented with 26 older people with moderate to severe depression. Evaluation of the clinical significance of the results showed that both therapies led to significant improvements in depression symptoms. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Interpersonal problem-solving of means-ends thinking, frequency and strength of pleasant and unpleasant activities and symptoms of depression in French older adults; by George Kleftaras.
Physical & Occupational Therapy in Geriatrics, vol 17, no 4, 2000, pp 43-64.
The relationships were investigated between depressive symptomatology in older people and: interpersonal problem-solving cognitive ability; and the strength and frequency of the occurrence of pleasant and unpleasant events and activities. 310 French semi-institutionalised older people answered the Depressive Symptomatology Questionnaire, the Means-Ends Problem-Solving Procedure, the Pleasant and Unpleasant Events Schedules for Older Adults. Regression analysis indicated that collectively these three cognitive and behavioural variables accounted for about 50% of the variance in predicting depressive symptoms. More specifically, the results revealed that the more depressed an older person: the lower the effectiveness of interpersonal problem solving; the lower the frequency, the subjective enjoyability and the obtained reinforcement of the pleasant events; and the higher the frequency, and the subjective and experienced aversion of unpleasant events. According to the
results, depressive symptoms were not related to age and to length of institutionalisation. However, there was significant association with health problems. (RH)

ISSN: 02703181

The investigation of pastoral care interventions as a treatment for depression among continuing care retirement community residents; by David C Baker.
This prospective study provided support for the efficacy of pastoral care with older adults both as a treatment for depression and as a prophylactic to deter the potential negative impact of change and life circumstances. Subjects included 40 people taking antidepressant medication, 40 people at risk for depression, and 40 people recruited by convenience. Treatment subjects were visited by a chaplain for a 30-minute period weekly for six months. Control subjects received only minimal pastoral care. Treatment group post-test scores for depression decreased, while follow-up treatment group scores for depression increased after cessation of the intervention. Prayer, counselling for issues raised, grief work, active listening, life review and the provision of blessings were significantly associated with a reduction in depression scores. (KJ/RH)
ISSN: 10502289
From: Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Is depression a risk factor for dementia or cognitive decline?: a review; by A F Jorm.
It is generally accepted that depression can be associated with significant cognitive deficits and that depression can be comorbid with dementia. This review of epidemiological evidence from case-control and prospective studies seeks to go further, and ask whether depression earlier in life can be a risk factor for subsequent dementia or for cognitive decline. The literature was also reviewed in relation to six hypotheses that might explain an association: depression treatments are a risk factor for dementia; dementia and depression share common risk factors; depression is a prodrome of dementia; depression is an early reaction to cognitive decline; depression affects the threshold for manifesting dementia; and depression is a causal factor in dementia. A meta-analysis found that depression was associated with an increased risk of subsequent dementia in both case-control studies and prospective studies. There is sufficient evidence to take seriously the possibility that depression is a risk factor for dementia and cognitive decline. (KJ/RH)
ISSN: 0304324X

Item bias in the Center for Epidemiologic Studies Depression Scale: effects of physical disorders and disability in an elderly community sample; by D A Grayson, A Mackinnon, A F Jorm (et al).
The Center for Epidemiologic Studies Depression Scale (CES-D) is frequently used in studies of older people. One controversy regarding its use turns on the issue of whether the effect of physical disorder on the CES-D total score reflects genuine effects on depression or item-level effects. The authors examine this issue, using medical examination data from 506 Australian over 75s living in the community, and who were part of the Sydney Older Persons' Study. A form of structural equation modelling, the Multiple Indicators, Multiple Causes (MIMIC) model, is used, enabling the effect of a physical disorder on CES-D total score to be partitioned into bias and genuine depression components. The results show substantial physical disorder-related artefacts with the CES-D total score. Caution is required in the use of CES-D (and possibly other) depression scales in groups, such as older people, in which physical disorders are present. (RH)
ISSN: 10795014

Knowledge of late life depression and aging among primary care physicians; by R G Zylstra, J A Steitz.
Depression is frequently untreated in older persons because the changes commonly associated with depression are also associated with the normal ageing process. This study assessed 52 physicians from Memphis, Tennessee, and their knowledge of late life depression and its relationship to their knowledge of ageing in general. Age and gender of the physicians, years of practice, the amount and quality of contact with older patients, and their attitudes toward older people were also assessed. The physicians scored 80% correct on the Late Life Depression Quiz and 65% correct on the Facts on Aging Quiz. Regression results indicated the variables significantly associated with the number of misconceptions regarding late life depression were amount of negative bias toward older people, followed by limited contact with older patients. Knowledge of late life
depression was not related to the amount of physician contact with older adults and older patients, but rather the quality of that contact. Implications for effective identification and care of late life depression are discussed. (AKM)

ISSN: 13607863

From: http://www.tandfonline.com

Late life depression: a naturalistic study of inpatient treatment; by Karen Blank, Denise Fogel, Julie Robison (et al).
The clinical and demographic characteristics, treatment features, and short-term response of 135 depressed older patients (aged 51-94) hospitalised on an American geropsychiatry unit were examined retrospectively over one year. Diagnoses included 112 with major depression, and 23 with bipolar disorder. Half had a late onset depression (after age 60) or had high rates of psychotic features. Patients averaged 3.3 medical comorbidities. There was a high incidence of suicidal ideation (40.7%), with 12.6% making a recent attempt. Data on psychopharmacological treatments, including new generation agents and electroconvulsive therapy (ECT), were gathered. Despite severe psychiatric illness, advanced age, and medical comorbidity, inpatient treatment of depression was effective for this patient population. At discharge, 79.3% were much or moderately improved. Significant predictors of better treatment response include ECT, bipolar diagnosis, presence of psychotic symptoms, absence of substance abuse history, and less medical comorbidity. (RH)

ISSN: 10784470

Late-life chronic depression: a 399-case study in private practice; by Franco Benazzi.
Clinical differences between late-life depression and depression in younger patients have been reported in previous research. A major feature of this Italian study was the inclusion of a large number of bipolar II patients, usually not included in previous studies. 399 consecutive unipolar (n=200) and bipolar II (n=199) depression outpatients in a private practice were interviewed with the Structured Clinical Interview for DSM-IV and depression rating scales. Chronic depression was more common in older than in younger patients (53.6% vs 40.1%). Late-life chronic depression patients had later age at onset, longer duration of illness, fewer bipolar II cases, more unipolar cases, and more relapses than younger chronic depression patients. Results suggest that late-life depression is more likely to be chronic than depression in younger patients. The sub-typing of chronic depression according to age seems to be supported by a different age at onset and some clinical differences. (RH)

ISSN: 08856230

Living arrangements, depression, and health status among elderly Russian-speaking immigrants; by Thanh V Tran, G Khatutsky, K Aroian (et al).
150 male and 150 female Russian-speaking immigrants to the US (mean age 73.2) were surveyed regarding various aspects of their health, mental health, health service use and health behaviours. Regression analysis reveals that those living alone are more likely to experience a higher level of depression than those living with others. This relationship remains statistically significant after controlling for age, education, income, ability to speak English, years resident in the US, gender, and health. Since health appears to affect depression, further regression analyses found that living arrangements had no statistically significant relationship with health, which itself serves as an intermediate variable between the block of demographic variables and depression. (RH)

ISSN: 01634372

From: http://www.tandfonline.com

Loneliness and depression among elderly nursing home patients; by Nicole Fessman, David Lester.
A study of residents of a US nursing facility showed that social relationships formed with other residents was a much stronger predictor of depression and loneliness than social relationships with friends and relatives from outside the institution. The research was conducted at a non-profit nursing facility, located in a suburban area, with about 170 residents. All the residents who had sufficient cognitive ability were included in the study; 49 women and 22 men completed questionnaires. (KJ/RH)

ISSN: 00914150
Longitudinal changes in the contribution of genetic and environmental influences to symptoms of depression in older male twins; by Dorit Carmelli, Gary E Swan, Margaret Kelly-Hayes (et al). Psychology and Aging, vol 15, no 3, September 2000, pp 505-510.

Genetically informative longitudinal data on self-reported symptoms of depression allow for an investigation of the causes of stability and change in depression symptoms throughout adult life. The authors investigate the relative contribution of genetic and environmental influences to symptoms of depression in 83 monozygotic and 84 dizygotic twin pairs from the US National Heart, Lung and Blood Institute (NHBLI) Twin Study. Participants first completed the Center for Epidemiologic Studies - Depression (CES-D) scale in 1985/86 and again during 1995/97. Mean age of twins at baseline was 63, range 59 to 70. From cross-sectional genetic analyses, the authors estimated the heritability of CES-D to be 25% at baseline and 55% at follow-up. Fitting longitudinal genetic models to the two-wave data, the stability of symptoms over the 10-year follow-up was found due primarily to continuity of genetic influence. (RH)
ISSN: 08827974


Comorbidity between health and depression is salient in later life, when risk for physical illness rises. Other community studies have not distinguished between the effects of brief and long-standing depressive symptoms in excess morbidity and mortality. S Cohen and M S Rodriguez's (1995) differential hypothesis of pathways between depression and health was used to examine the relationships between health and depression in a prospective probability sample of 1,479 middle-aged and older people living in the community. Findings suggest that different durations of depressive symptoms have different relationships to health. Health had an impact on short-term increases in depressive symptoms, but depressive symptoms had a weaker impact on health. The reciprocal impact was indistinguishable from the health influence on depression. In contrast, longer term depressive symptoms had a clear impact on health. The results imply that physical illness can affect depressive states; and depressive traits but not states can affect illness. (RH)
ISSN: 08827974


The temporal relationship between depression and low blood pressure was investigated in a group of 1389 French people aged 59 to 71 in the EVA (Epidémiologie du Vieillissement Artériel) longitudinal study. Among 1112 considered as non-depressed at baseline, it was found that low diastolic blood pressure (DBP) and decrease of blood pressure were indicators of high depressive symptomatology at follow-up. Baseline high CES-D (Center for Epidemiological Studies - Depression) scores did not predict low blood pressure two years after. Low blood pressure was a risk factor for, but not a consequence of, high depressive symptomatology. (RH)
ISSN: 00071250


Depression is common in older people, but in primary care it is frequently under-detected and usually untreated. This study used a questionnaire survey of general practitioners (GPs) in 12 areas of England and Wales to investigate their views on the detection and management of depression, and also conducted a local assessment of service characteristics. Most GPs recognised the importance of making an early diagnosis of depression, but 30% of them were unclear whether they needed further training. Only half of the GPs were satisfied with the local specialist services for depression. Services that used the care programme approach or key worker systems, and those that had made efforts to contact and educate GPs were seen as better quality. Providers of specialist services should ensure that they consider the needs of primary care. National and local initiatives to educate and support GPs in identifying and managing depression should be a high priority. (RH)
ISSN: 13607863
From: http://www.tandfonline.com


This is the second of three papers reviewing 69 patient-based outcome measures developed specifically for older people. Firstly, 9 measures of mental health status and cognitive function are reviewed: Clifton Assessment
Procedures for the Elderly (CAPE); Dementia Rating Scale (DRS); Alzheimer's Disease Assessment Scale (ADAS); Mental Status Questionnaire (MSQ); Short Portable Mental Status Questionnaire (SPMSQ); Mini-Mental State Examination (MMSE); Abbreviated Mental Test Score (AMTS); Cambridge Mental Disorders of the Elderly Examination (CAMDEX); and Brief Symptom Inventory (BSI). Next, 10 measures of depression and anxiety are reviewed: Beck Depression Inventory (BDI); Self-rating Depression Scale (SDS); Center for Epidemiologic Studies Depression Scale (CES-D); Geriatric Depression Scale (GDS); Depression Adjective Check Lists (DACL); Montgomery-Asberg Depression Rating Scale (MADRS); Hospital Anxiety and Depression Scale (HADS); and Symptoms of Anxiety and Depression Scale (SAD). Lastly, 7 psychological well-being measures are reviewed: Life Satisfaction Index (LSI); Philadelphia Geriatric Center Morale Scale; General Wellbeing Schedule (GWB); Rand Mental Health Inventory (MHI); Health Perception Questionnaire (HPQ); General Health Questionnaire (GHQ); and Profile of Mood States (POMS). (RH)

ISSN: 09592598

Memory complaint in a community sample aged 70 and older; by Carolyn L Turvey, Susan Schultz, Stephan Arndt (et al).

There have been conflicting results in previous studies regarding older people's ability to estimate their own memory (often referred to as "metamemory"). While some have suggested that an older person's metamemory is mostly accurate, others have demonstrated a little relationship between memory complaint and actual impairment. This US longitudinal study (part of AHEAD - Asset and Health Dynamics Among the Oldest Old) examined memory complaint in 5444 over 70s living at home and their spouses. In general, people's assessment of their memory corresponded with their actual performance on cognitive measures (Mini Mental Status Examination - MMSE). However, large portions of the sample inaccurately assessed their memory skills. Those who reported depressive symptoms and had impairment in activities of daily living (ADLs) were more likely to state that their memory was impaired, although they performed very well on cognitive measures. (RH)

ISSN: 00028614

Mental health of elderly Asians in Britain: a comparison of Hindus from nuclear and extended families of differing cultural identities; by Sacha Guglani, Peter G Coleman, Edmund J S Sonuga-Barke.

The psychological adjustment of grandmothers from 34 nuclear families and 36 extended families within British Hindu communities was compared, and the influence of cultural identity investigated, based on Asian Hindi schoolgirls aged 13-17 in the London Borough of Redbridge. Questionnaire measures were obtained for the following variables: cultural integrity, traditionalism, religious participation, ethnic identity, anxiety, depression, and self-esteem. Grandmothers were better adjusted in extended families than in nuclear families. This adjustment was in part mediated by the level of traditional belief within the family. Elders whose granddaughters had an exclusively "Indian" or "Hindu" ethnic identity were better adjusted than those whose granddaughters included a "British" ethnic identity. The study confirmed findings from earlier studies that grandmothers in extended families were significantly better adjusted in comparison to those from nuclear families. Ethnic identity of the adolescent, independent of its salience and self-esteem. Grandmothers were better adjusted in extended families than in nuclear families. This adjustment was in part mediated by the level of traditional belief within the family. Elders whose granddaughters included a "British" ethnic identity were better adjusted than those whose granddaughters included a "British" ethnic identity. The study confirmed findings from earlier studies that grandmothers in extended families were significantly better adjusted in comparison to those from nuclear families. Ethnic identity of the adolescent, independent of its salience and commitment to the adolescent, had a significant relationship to the grandmother's mental health. (RH)

ISSN: 08856230

Mental health service utilization among frail, low-income elders: perceptions of home service providers and elders in the community; by Anissa Rogers, Amanda Barusch.

Results of interviews using the Center for Epidemiological Studies Depression Scale (CES-D) with low-income, frail older Americans examined the extent to which service providers in a community-based care programme accurately identified and referred older people with symptoms of depression. Reviews of case files, recognition of depressive symptoms, and mental health service referrals gave an imperfect association between CES-D scores and case managers' perceptions and referrals. Only 31% of those screened received counselling. (RH)

ISSN: 01634372

From: http://www.tandfonline.com

A new version of the Geriatric Depression Scale for nursing and residential home populations: the Geriatric Depression Scale (Residential) (GDS-12R); by Caroline Sutcliffe, Lis Cordingley, Alistair Burns (et al).

Development of the Geriatric Depression Scale (Residential) (GDS-12R), a screening measure appropriate for use with older people in nursing and residential care, including those with significant cognitive impairment, is reported. 308 newly admitted residents of 30 nursing and residential homes in north-west England were
Interviewed using the GDS-15, the Mini Mental State Examination (MMSE) and the Affect Balance Scale (ABS). A 12-item version of the GDS was shown to have greater internal reliability than the 15-item version, because of the context-dependent nature of the deleted items. There was close agreement between the GDS-12R items and another indicator of depressed mood (a single item from the ABS). Furthermore, moderate to high levels of cognitive impairment did not affect the performance of the new version of the scale. The GDS-12R provides researchers and clinicians with a brief, easy-to-administer depression scale that is relevant to nursing and residential home populations. (RH)

ISSN: 10416102

Non-drug strategies to resolve psychosocial difficulties after stroke; by Peter Knapp, John Young, Allan House (et al).


Psychosocial difficulties are common after stroke; and patients experience increased levels of clinical depression, anxiety and general psychological distress. Difficulties in personal and social adjustment are also common and are associated with mood disorder, with patients reporting a reduction in both the quantity and quality of relationships. Carers can also experience problems with mood disorder and impaired social function, both in the short and the long term. These problems have been reported even in those in receipt of well-organised rehabilitation services. Interventions therefore need to be aimed specifically at improving psychosocial outcomes after stroke, and several have been developed and evaluated in trials. The purpose of this article is to review those studies. (RH)

ISSN: 00020729

A nurse-coordinated educational initiative addressing primary care professionals' attitudes to and problem-solving in depression in older people: a pilot study; by Gill Livingston, Paula Yard, Alison Beard (et al).


14 general practices, comprising 40 general practitioners (GPs) in Redbridge, Essex and Hertfordshire participated in the study, which subsequently elicited few results. The only statistically significant before versus after change in an attitude questionnaire was found in "I need more training to be able to deal effectively with depression in the elderly". Significant improvements post-intervention related to whether patients with depression complicated by or presenting with physical illness were referred appropriately and/or followed up. The results do not indicate that the evaluation of nurse-led educational interventions in primary care is feasible for depression in old age. The belief that all that is needed is the provision of accessible education of professionals by experts in the field to change attitudes and practice has not been reinforced. The high refusal rate suggests that such interventions are unlikely to be generally acceptable. (RH)

ISSN: 08856230

Outcome of hospital-treated depression at 4.5 years. An elderly and a younger adult cohort compared; by T A Tuma.


Direct comparisons of the prognosis for treated depression in adult and elderly cohorts are few, but suggest higher morbidity in older persons. In this study, 56 adults and 54 older persons were assessed 4.5 years after receiving hospital treatment, and factors influencing the outcome were explored. Findings revealed that recovery rates were higher in the adults than in the older persons, largely due to higher rates of death and dementia in the latter group, who also suffered more serious health problems. Survival analysis showed no difference in the recovery time between cohorts, with over 90% recovered after 25 weeks. After detecting the natural deaths, melancholic illness proved a poor outcome predictor in the adults. (AKM)

ISSN: 00071250

Personality as a predictor of depression among the elderly; by John Monopoli, Frank Vaccaro, Edwin Christmann (et al).


This study examined the relationship of depression to the sixteen scales constituting the Sixteen Personality Factor Questionnaire (16PF) by samples of older people in retirement communities and private residences. Scale two of the Minnesota Multiphasic Personality Inventory (MMPI) and the Geriatric Depression Scale (GDS) served as measures of depression in the prediction of 16PF scores. From the 102 participants in the investigation, a multiple regression analysis indicated that depression scores were negatively related to Factor C (ego, strength), Factor E (dominance), Factor F (impulsivity), Factor H (boldness) and Factor Q3 (ability to bind anxiety). Results were interpreted as indicating that geriatric depression could be best conceptualised as a depressive somatic phenomenon, the onset, severity and longevity of which depended on three distinct factors: personality predispositions, health factors, and demographic factors. (RH)
Personality traits and suicidal behavior and ideation in depressed inpatients 50 years of age and older; by Paul R Duberstein, Yeates Conwell, Larry Seidlitz (et al).
Completed suicide may be the most preventable lethal complication of depressive disorders in older adults. Identification of risk factors for suicidal behaviour has therefore become a major public health priority in the US. Using data collected on 81 depressed patients 50 years of age and older, this study examined the associations between the personality traits that constitute the Five Factor Model of personality and measures of suicidal behaviour and ideation. It was hypothesised that low extroversion would be associated with a lifetime history of attempted suicide, and high neuroticism would be associated with suicidal ideation. Results were generally consistent with the hypothesis, and also showed a relationship between between openness to experience with suicidal ideation. The results suggest that longstanding patterns of behaving, thinking, and feeling contribute to suicidal behaviour and thoughts in older adults, and highlight the need to consider personality traits in creating and targeting prevention strategies. (AKM)
ISSN: 10795014

A pilot study of sibling resemblance in later life; by Nigel Tunstall, Martin Prince, Anthony Mann.
Behavioural genetic studies of later life are strictly limited. The authors carried out a community-based pilot study of sibling resemblance with the primary aims of establishing feasibility of such work in this population and estimating genetic influence on depression and its risk factors. Interviews were conducted with 32 surviving siblings from 25 families interviewed in previous phases of the Gospel Oak survey. Scales relevant to identification of late life depression and its risk factors were used. The range of difficulties in carrying out the study are discussed. The study is the first of its kind to examine familial resemblance for common disorders of old age. Establishing ways of engaging older family members with research will be a challenge that future research will need to meet. (RH)
ISSN: 08856230

Predicting caregiver burden and depression in Alzheimer's disease; by Leah D Clyburn, Michael J Stones, Thomas Hadjistavropoulos (et al).
Using data from the 1994 Canadian Study of Health and Aging, this study investigated the predictors of caregiver burden and depression, including objective stressors and mediation forces influencing caregiving outcomes. Participants were 613 individuals with dementia and their informal caregivers. Results showed that a higher frequency of disturbing behaviour, caring for a community-dwelling patient, and low informal support were related to higher burden, which in turn led to more depressive symptomatology. Caregivers of patients exhibiting more disturbing behaviours and functional limitations received less help from family and friends, whereas those whose care recipients resided in an institution received more informal support. (AKM)
ISSN: 10795014

Predicting depression in a sample of older women living in a retirement village; by Debra Rickwood, Kylie J Rylands.
Recently, research on risk factors for depression in older persons has focused on personality processes occurring in later life that are believed to be essential for healthy psychological functioning. This study aimed to determine the strength of ‘accepting the past’ as a predictor of depression in 73 older women living in a retirement community in Australia. Results showed that depression was predicted by lower levels of social support, physical independence and positive affect, and more difficulty accepting the past. The study concluded that mental health of older women in residential care may be improved by programmes to facilitate accepting the past and improve social support. (AKM)
ISSN: 07264240
Prevalence and correlates of depressive symptoms among Hispanic elders in Massachusetts; by Luis M Falcón, Katherine L. Tucker. 
715 Hispanic elders (429 Puerto Ricans, 128 Dominican, and 149 other Hispanics) in Massachusetts and 238 non-Hispanic white (NHW) elders living in the same neighbourhoods were assessed for depressive symptomatology using the Center for Epidemiologic Studies Depression Scale (CES-D). Puerto Rican elders experience high rates of depressive symptomatology that are associated with, but not fully explained by, high numbers of chronic health conditions. Higher CES-D scores were significantly associated with being female, living alone, and having a higher number of health problems, but not with income. Effects of acculturation were only found in the Dominican elders. (RH) 
ISSN: 10795014

The prognosis of late-life depression in two contiguous old age psychiatry services: an exploratory study; by M P Philpot, I Bin Drahman, C J Ball (et al). 
Aging & Mental Health, vol 4, no 1, February 2000, pp 72-78. 
A retrospective case-note study of 131 patients with depressive disorder over the age of 65 years discharged over a 3-year period from acute in-patient care in two organisationally different old age psychiatry services in London was conducted to determine the factors affecting subsequent readmission to hospital and mortality. Demographic data, clinical aspects and initial management of patients were similar at discharge with the exception of family history of depression and a measure of social deprivation. Patients from the traditionally organised service (A) had greater lengths of stay in hospital, were more likely to be discharged to institutional care and died earlier than patients from the community-focused service (B). There was a trend for patients from service A to be readmitted sooner than those from service B. Differences in follow-up arrangements reflected the different models of service organisation employed. (AKM) 
ISSN: 13607863 
From: http://www.tandfonline.com

Psychiatric symptomatology in elderly people admitted to nursing and residential homes; by C Godlove Mozley, D Challis, C Sutcliffe (et al). 
The prevalence of psychiatric morbidity in some 300 over 65s newly admitted to 30 nursing and residential homes in north-west England was assessed, using screening measures of cognitive impairment, depression and dependancy. Almost two-thirds of these admissions showed clinically significant cognitive impairment. Just under 45% were identified as depression “cases”. More respondents in the lower of two social class categories were found in both cognitively impaired and depressed groups. The high level of psychiatric morbidity in this new admission cohort raises questions about the availability of specialist expertise for this population, for both treatment and pre-admission assessment. (RH) 
ISSN: 13607863 
From: http://www.tandfonline.com

The psychological and physical costs of caregiving: the Canadian Study of Health and Aging; by Norm O'Rourke, Holly Tuokko. 
118 people with dementia and their caregivers were randomly identified as part of the Canadian Study of Health and Aging. This study examines the interrelationship between demographic and illness variables relative to various outcomes of caregiving. Two pairings of canonical variates emerge as significantly correlated. The first suggests an underlying affective construct related to activities of daily living (ADLs) and problematic behaviours. The second reflects a caregiver health construct composed of demographic variables, depressive affect, and diagnosis of the care recipient. These findings suggest that negative caregiving outcomes may arise within distinct affective and physical health domains. Illness would appear to manifest within either system, where a predisposition exists among caregivers faced with specific stressors. (RH) 
ISSN: 07334648

Psychometric behaviour of BDI in Alzheimer's disease patients with depression; by A C Wagle, L W Ho, S A Wagle (et al). 
Psychometric properties of the Beck Depression Inventory (BDI) in subjects with Alzheimer's disease (AD) and depression have not been fully evaluated. Item endorsement patterns may be distorted by the presence of AD. This was tested by applying the BDI to a sample of 129 subjects with probable AD without depression and to 57
Subjects with both probable AD and depression. It was found that the BDI under-diagnoses depression in the context of AD. ROC (receiver operating curves) for total BDI and cognitive and somatic items subsets showed low sensitivity and low areas under the curve indices. Results suggest that the BDI is not an ideal test for measuring depression in AD. This may not result solely from the swing of the somatic item subset, but from other aspects which require further investigation. (RH)

ISSN: 08856230

Psychosocial resources as predictors of depression among older adults in Korea: the role of sense of mastery, social network and social support; by Yuri Jang, William E Haley, Brent J Small (et al).


While social network and social support have been widely acknowledged as valuable coping resources for older people, their associations with internal values or psychological resources have not received much attention. In the present study, 153 older people in three cities in Korea completed Korean versions of a range of assessments including Pearlín and Schooler's Mastery Scale (1978), Labban's Social Network Scale (1988), and the Geriatric Depression Scale - Short Form (GDS-SF). A regression model of depression showed that individuals with higher sense of mastery and a larger network of relatives were better off in mental health. Results are discussed in the context of Korean culture and values. (RH)

ISSN: 15356523

Psychotropic drug use and the relation between social support, life events, and mental health in the elderly; by Guilhème M Péreudeau, Guillaume Galbaud du Fort.


109 psychotropic drug users were compared with 90 non-users (age range 62-98), to determine whether self-reported social support and life events explained differences in their levels of anxiety and depression. Two-thirds of respondents were French-speaking, mostly female (82.1%) and widowed (57.4%), and recipients of a home care programme in Montreal, Canada. The life event and social support scales, broken down by item value, did not differentiate users from non-users, except for feelings of loneliness reported by 40% of users compared to only 16% of non-users. Analysis of the relation between psychiatric symptomatology and psychosocial variables, broken down by item value, showed greater sensitivity among users to perceived (subjective) lack in social support. In contrast, only “feelings of loneliness” had an effect on non-users' mental health. There was no effect with regard to objective items of social support. (RH)

ISSN: 07334648

Quality adjusted life years in older adults with depressive symptoms and chronic medical disorders: first place 1999 IPA/Bayer Research Awards in Psychogeriatrics; by Jürgen Unützer, Donald L Patrick, Paula Diehr (et al).

International Psychogeriatrics, vol 12, no 1, March 2000, pp 15-34.

Data from a 4-year prospective study of 2,558 US 65+ primary care patients in a large health maintenance organization (HMO) were used in linear regression models to determine the association of clinically significant depressive symptoms and eight other chronic medical conditions with quality adjusted life years (QALYs). Depressive symptoms were as defined by a score of 16 or more on the Center for Epidemiological Studies Depression Scale (CES-D). Estimates of QALYs were derived from Quality of Well-Being Scale scores at baseline, 2 years and 4 years. Those with clinically significant depressive symptoms at baseline had significantly lower QALYs over the 4 years. In terms of the entire study population, only arthritis and heart disease were more strongly associated with QALYs than depression. (RH)

ISSN: 10416102

Quality of life in assisted living homes: a multidimensional analysis; by Judith M Mitchell, Bryan J Kemp.


The impact on older Americans living in assisted living homes (i.e. sheltered housing) of four domains of quality of life (QOL) are examined: demographic characteristics and health status; social involvement; facility characteristics; and the social climate. Participants were 20 residents with functional impairments living in 55 different assisted living facilities in California. QOL was measured with three scales of depression, life satisfaction and facility satisfaction. Significant relations were found between at least one of the QOL measures and age, health status, social and family involvement measures, facility characteristics and social climate measures. Assisted living homes can improve residents’ QOL by creating a cohesive social environment, and encouraging social participation and family involvement. (RH)

ISSN: 10795014
Relationship between insomnia, depression, and mortality: a 12-year follow-up of older adults in the community; by Lena Mallon, Jan-Erik Broman, Jerker Hetta.
In 1983, a sample of 1,870 Swedes aged 45-65 answered a questionnaire on sleep and health. Of the 1,604 survivors in 1995, 1,244 (77.6%) answered a new questionnaire with almost identical questions. Mortality data were collected for the 266 who had died in the follow-up period. Chronic insomnia was reported by 36% of women and 25.4% of men. About 75% of those with insomnia at baseline continued to have insomnia at follow-up. Insomnia in women predicted subsequent depression, but was not related to mortality. In men, insomnia predicted mortality, but after adjustment for an array of possible risk factors, this association was no longer significant. Men with depression at baseline had an adjusted total death rate that was 1.9 times higher than in the non-depressed men. (RH)
ISSN: 10416102

The relationship between staff empathy and depressive symptoms in nursing home residents; by N Hollinger-Samson, J L Pearson.
The relationship between nurse-aide empathy and self-rated depressive symptoms were examined in a sample of 62 cognitively intact older nursing home residents in six nursing homes. Depressive symptoms were assessed with the Geriatric Depression Scale (GDS). Nurse-aide empathy was measured from the perspective of the aide (resonated empathy), their supervisor (expressed empathy) and the patient (perceived empathy) using the Barrett-Lennard Relationship Inventory Empathy Subscales. Resonated, expressed and perceived empathy were relatively independent of each other. Only perceived empathy was associated with residents' self-rated depression. The need to assess staff empathy in the nursing home, in conjunction with the specific role of the nurse aide, as well as patient and staff perspectives on the importance of empathy as they relate to psychological outcome, is discussed. (AKM)
ISSN: 13607863
From: http://www.tandfonline.com

The relationship of social support, social networks and negative events with depression in patients with coronary artery disease; by H B Bosworth, D C Steffens, M N Kuchibhatla (et al).
The authors hypothesised that low levels of perceived social support and increased experience with negative life events are likely to be most related to increased depression. 335 patients with coronary artery disease (CAD) and free of neurological disease were assessed using the Duke Depression Evaluation Schedule, a structured psychiatric interview including the Diagnostic Interview Schedule depression sub-scale, along with scales measuring instrumental and self-maintenance activities of daily living (IADLs and ADLs), and measures of social support. 27 subjects met DSM-IV criteria. While there was lack of support for the main effect hypothesis, there was evidence that stress has a negative effect on mental health. Age, ethnicity, gender, and poor functional status, social interactions and perceived social support are additional factors. Understanding the causes of depression in CAD patients may be useful, in that reducing depression may lead to a decreased risk of future CAD events. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Relationships between mood and estradiol (E2) levels in Alzheimer's disease (AD) patients; by Linda E Carlson, Barbara B Sherwin, Howard M Chertkow.
Mood has been infrequently studied in people with Alzheimer's disease (AD). This study investigated the relationship between mood and estradiol (E2) levels and assessed the prevalence of mood symptoms in AD patients compared to healthy older controls. Fifty-two AD patients (23 men, 23 oestrogen non-using women, and 3 oestrogen-using women) were assessed. No differences were found between the AD patients and the controls in overall E2 levels, but, as expected, the women oestrogen-users in both the AD and control groups had higher E2 levels. There was a significant negative correlation between E2 levels and Geriatric Depression Scale (GDS) scores in the full sample, which was particularly strong in the oestrogen-using women. Overall, mood scores in the AD patients were higher than in the healthy controls, indicating higher levels of depressive symptomatology; the highest depression scores occurred in the AD women who were oestrogen non-users. (AKM)
ISSN: 10795014
Reliability, validity, and factor structure of the Geriatric Depression Scale in Turkish elderly: are there different factor structures for different cultures?; by Turan Ertan, Engin Eker.
The Geriatric Depression Scale (GDS) translated into Turkish was examined for its reliability, discriminant validity, and factor structure with a sample of 276 community-dwelling older people and 30 patients with depression. Item 5 (“Are you hopeful about the future?”) was discovered to have conceptual difficulty for Turkish older people, as it transformed to a negative form. Item 2, on activities, was changed to a positive question to keep the number of positive and negative items equal to that in the original GDS. Overall, though, the Turkish version of the GDS was found to have reasonable time reliability, high internal consistency, and discriminant validity for Turkish older people. Its two-factor structure can be used as an informative instrument for epidemiological studies, reflecting two main dimensions of depression in older people. (RH)
ISSN: 10416102

Religiosity and depression among nursing home residents: results of a survey of ten states; by Kenneth J Branco.
This study extends the growing literature on religiosity and mental health to include those in long-term care. A distress deterrent model and moderator/exacerbator model of religiosity's effects on depression are compared in a sample of 1449 nursing home residents from ten US states. Both direct and interactive effects of religiosity in response to health, non-family and family relationship stressors were tested using regression analysis. Differential results by race and gender are discussed in light of previous research on religiosity and depression in older people living in the community. (KJ/RH)
ISSN: 10502289
From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Religious activity, alcohol use, and depression in a sample of elderly Baptists; by Marc A Musick, Dan G Blazer, Judith C Hays.
Recent research has shown the beneficial effects of religious activity for individual health and well-being among older adults. The aim of this article is to determine whether breaking the norms of the religious group can have deleterious consequences for individual mental health and whether this effect is exacerbated by frequent service attendance. Using data collected from a sample of older Baptists, the authors tested whether attending services more often and living in rural areas were associated with a smaller likelihood of alcohol use, and whether the use of alcohol was associated with higher counts of depressive symptoms. The results indicated that older Baptists who lived in rural areas and who attended services more often were less likely to use alcohol. It was also found that alcohol use had no effect on depressive symptoms. (AKM)
ISSN: 01640275

Religious denomination as a symptom-formation factor of depression in older Dutch citizens; by Arjan W Braam, Caroline M Sonnenberg, Aartjan T F Beekman (et al).
As religion represents an important cultural resource for older people, it is hypothesised that religious denomination represents a symptom formation factor of depression in the older generation. This study focuses on older Dutch citizens, and compares Calvinists with Roman Catholics and non-church members. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to distinguish depressed and non-depressed; and the Diagnostic Interview Schedule (DIS) was used to assess major depressive episodes and criterion symptoms of depression. Depressed Calvinists, especially males, had higher scores of the vegetative CES-D subscale. The same was found for non-church members with Calvinist parents. Feelings of guilt were more prevalent for Roman Catholics. Religious denominations modified the type of symptoms in late-life depression. As a Calvinist background was associated with less depressive affect and more inhibition, there is a risk of underdiagnosis of major depression in older Calvinists in the Netherlands. (RH)
ISSN: 08856230

Sertraline in the treatment of minor depression in nursing home residents: a pilot study; by Jules Rosen, Benoit H Mulsant, Bruce G Pollock.
"Minor" depression affects up to 50% of residents in long-term care, and is associated with considerable discomfort, disability and risk of morbidity. Despite the prevalence of this problem, few studies concerning treatment of these patients have been conducted. In an open clinical trial, 12 American nursing home residents
who met the DSM-IV description for minor depressive disorder were treated with sertraline for 6 weeks. Adverse effects and clinical response were monitored. All residents tolerated their medication without any significant side effects. At the completion of the study, the Hamilton Depression Rating Scale (HDRS) and Global Assessment Scale (GLA) change scores both indicated significant improvement, and 75% of the residents met criteria for "remission". This preliminary study provides evidence that nursing home residents with minor depression tolerated treatment with sertraline and improved clinically. (RH)
ISSN: 08856230

Service needs of depressed older adults following acute psychiatric care; by N L Morrow-Howell, E K Proctor, E H Rubin (et al).
Older people with mental disorders need mental health services, but the extent to which they have other service needs is not established, though these needs may compromise the attainment of psychiatric outcomes. This US study focuses on 169 older people hospitalised for depression, and documents their post-acute psychiatric, medical, functional and psycho-social service needs. 75% had medical conditions requiring treatment; 84% needed assistance with routine activities; and two-thirds experienced one or more psychosocial or environmental problems that warranted intervention. The mean number of service needs was 6.5, with 57% having needs in all four domains. Use of a biopsychosocial model suggests that needs in each domain should be identified and treated, if desired psychiatric outcomes are to be attained. (RH)
ISSN: 13607863
From : http://www.tandfonline.com

Some predictors of mortality in acutely medically ill elderly inpatients; by Ajit Shah, Katharina Hoxey, Vidurath Mayadunne.
The prevalence of depression and suicidal ideation in acutely medically ill older inpatients is high; and it is hypothesised that suicidal ideation and functional disability may have a causal effect on mortality. This study at the West Middlesex Hospital assessed (with 6-8 month follow-up) 55 acutely medically ill older inpatients using the Brief Assessment Scale (BAS-DEP), the London Handicap Scale (LHS), the Barthel Index (BI), and the Beck Suicidal Ideation Scale (BSSI). On univariate analysis, significant associations between mortality and being married, previous deliberate self-harm, higher scores on the BAS-DEP items of pessimism, lower scores on the LHS and the BI, and higher scores on the BSSI were observed. On multivariate analysis, only LHS and BSSI scores independently predicted mortality. Randomised and controlled intervention studies, designed to improve suicidal ideation and functional disability, are required to examine their impact on mortality. (RH)
ISSN: 08856230

Stage of life course and social support as a mediator of mood state among persons with disability; by Susan M Allen, Desiré Ciambrone, Lisa C Welch.
This research seeks to determine which aspects of social support are most effective in mediating mood state among working age and older people with disabilities (442 participants). Analyses revealed that network size and confidence in the reliability of helping networks are significantly and negatively related to depressed mood. Confidant support was related to lower levels of depressed mood for younger respondents only. Neither marital status, adviser support nor social integration were related to mood. Both instrumental and emotional support are key in mediating depressed mood among this population. The authors concluded that all types of social support are not equally effective in mediating mood among people with disability. (KJ/RH)
ISSN: 08982643

Stressful events and depressive symptoms among old women and men: a longitudinal study; by Kee-Lee Chou, Iris Chi.
Depression is quite common among older people in Hong Kong Chinese society. This study examined the impact of a series of common stressful life events (SLEs) on changes in older people's depressive symptoms. The study involved 260 respondents aged 70 or more from a longitudinal study of a representative community sample. Using multiple regression models, findings showed that of eight SLEs examined, only widowhood was associated with depressive symptoms three years later, even after controlling sociodemographic, physical health status and social support variables were applied. Also, the SLE influenced the depression differently for men and women: the death of a spouse was found to be associated with increased depressive symptoms in elder women, whereas children moving out was associated with a decrease in depressive symptoms in old men. Finally, a close relationship was found between number of SLEs and depression. (KJ/RH)
Subjective memory complaint in relation to cognitive performance and depression: a longitudinal study of a rural Chinese population; by Pei-Ning Wang, Shuu-Jiun Wang, Jong-Ling Fuh (et al.).
The associations were examined of subjective memory complaint (SMC) in old age with objective test performance, past and subsequent cognitive decline, and depression. The study was an extension of the Kummen Neurological Disorders Survey (KINDS), and comprised 543 Chinese men and women aged 65+. Neurologists interviewed and examined all participants for dementia and asked, “Do you have trouble with your memory?” The Cognitive Abilities Screening Instrument (CASI, assessing long-term memory (LTM) and short-term memory (STM)), and the Geriatrics Depression Scale - Short Version (GDS-S) were also administered. At each examination, almost half of the subjects acknowledged having trouble with their memory (the SMC+ group). At both examinations, the SMC+ group scored significantly lower on the CASI and significantly higher on the GDS-S than the SMC- group. However, presence of SMC was not associated with faster cognitive decline over the past or subsequent 3 years. SMC was associated with poorer objective memory performance, even after controlling the effect of depression and demographic data, but SMC did not predict faster cognitive decline or dementia over 3 years. (RH)

Suicidal ideation in acutely medically ill elderly inpatients: prevalence, correlates and longitudinal stability; by Ajit Shah, Katharina Hoxey, Vidurath Mayadunne.
Suicidal ideation encompasses people with thoughts of death and suicide, thoughts of an actual suicide plan, suicide attempts and completing suicides. In this prospective study, suicidal ideation was measured using the Beck Scale for Suicidal Ideation (BSSI) and the items of pessimism, life not worth living and a wish to die on the Brief Assessment Schedule (BAS). Formal measures of physical illness, functional disability and handicap were also used. Patients were seen at the outset and at about 6 months. The prevalence of suicidal ideation on the BSSI and BAS items of pessimism, life not worth living and a wish to die were 36%, 60%, 33% and 22% respectively. These four variables were significantly inter-correlated. The BSSI was significantly associated with BAS depression scores, BAS depression caseness, and prescription of antidepressants. Similar results were ascertained for the BAS items of pessimism, life not worth living and a wish to die. Further studies examining the longitudinal stability of suicidal ideation coupled with intervention studies to reduce suicidal ideation are required. (RH)

Three year prognosis of depression in the community dwelling elderly; by Aisling Denihan, Michael Kirby, Irene Bruce (et al).
Depression is the most common mental disorder in older people living at home. A 3-year study assessed 127 community-dwelling older people in Ireland for depression. Those diagnosed depressed at year 0 using the GMS-AGECAT package were followed up three years later. Factors were investigated for an association with recovery from, or persistence of, depression. At follow-up, 30% had died; 34% had persistent or relapsed case-level depression; and 24.5% had other case or sub-case mental illness. 10.4% had recovered completely: treatment with antidepressant medication significantly improved their prognosis. (RH)

Behavioural symptoms and disturbances in Alzheimer's disease (AD) remain the leading cause of distress to families and patients. The management of these disturbances is not fully elucidated and not without controversy. The American Psychiatric Association's guidelines for treatment of patients with AD and the American Academy of Neurology's publication on managing AD are analysed, focusing on the pharmacological treatment of depression, and on common and conflicting recommendations. (RH)

The use of GDS-15 among the older adults in Beijing; by Kam Weng Boey.
A sample of 511 older people in Beijing were interviewed using a standardised questionnaire examining the psychometric properties of the 15-item Geriatric Depression Scale (GDS-15). A second interview conducted
with 48 older people examining the test-retest reliability of the GDS-15 in terms of internal consistency and test-retest reliability was satisfactory. Concurrent validity of the GDS-15 was demonstrated by its differential relationships with negative and positive affect. Significant relationships of the GDS-15 with life satisfaction, self-rated health, somatic symptoms, and social support also provided indirect evidence for the measurement's construct validity. (RH)

ISSN: 07317115

From: http://www.tandfonline.com

Validation and comparison of three brief depression scales in an elderly Chinese population; by P P J Lim, L L Ng, P C Chiam (et al).
The three scales considered in this Singapore study are the Geriatric Depression Scale (GDS), the Even Briefer Assessment Scale for Depression (EBAS DEP), and the single question test for depression. The scales were administered to 98 community-living socially active and non-depressed older Chinese and 75 patients diagnosed with depression. All three scales were valid depression diagnostic instruments for depression in the older Chinese population. Administering the single question first, followed by, in appropriate instances, either the GDS or the EPAS DEP, appears to be an efficient diagnostic strategy for detecting depression in older Chinese people. (RH)
ISSN: 08856230

Validation of the Hamilton Depression Rating Scale and Montgomery [i.e. Montgomery] and Asberg Rating Scales in terms of AGECAT depression cases; by Patricia Mottram, Kenneth Wilson, John Copeland.
The hypothesis is examined that cut-off scores generated by the Hamilton Depression (HAM-D) and the Montgomery and Asberg Rating Scales (MADRS) can identify case level depression. The GMS AGECA (Automated Geriatric Examination for Computer Assisted Taxonomy) is employed as external validation criterion in determining the rate scale cut-off scores. The sensitivity and specificity of both instruments are examined, and age and gender sub-group analyses conducted. HAM-D cut-off score of 16 and MADRS of 21 were identified as differentiating case from sub-case. These scores provide researchers with externally validated and clinically relevant cut-off scores in designing trials in the management of older depressed community residents. (RH)
ISSN: 08856230

The validity of the Hamilton and Montgomery-Asberg depression rating scales as screening and diagnostic tools for depression in Parkinson's disease; by Albert F G Leentjens, Frans R J Verhey, Richel Lousberg (et al).
63 patients with Parkinson's disease (PD) referred to the authors' movement disorders clinic participated in this Dutch study: 40 men and 23 women with an average age of 68 years. Their average MMSE score was 27.5, with all except one scoring at least 23. The article provides information on the sensitivity, specificity, positive and negative predictive values (PPV and NPV) from different cut-off scores for the Hamilton Rating Scale of Depression (HAM-D-17) and the Montgomery-Asberg Depression Rating Scale (MADRS). The study indicates that the clinical practice to use the HAM-D-17 and the MADRS to measure depressive symptoms in both depressed and non-depressed PD patients, to diagnose depressive disorder in PD, and to dichotomise patient samples into depressed and non-depressed groups is justified. (RH)
ISSN: 08856230

1999

Accuracy of recognition and diagnosis of comorbid depression in the nursing home; by P E Goodwin, M A Smyer.
Whilst some research has documented high levels of depression among older people in health care settings, other research has shown that some care providers are not very effective at diagnosing comorbid depression. This is a troublesome finding, as comorbid depression has been linked to a number of negative outcomes in older people. Early results have indicated that comorbid depression may be associated with a number of unfavourable consequences ranging from impairment in physical functioning to increased mortality. The health care setting with arguably the highest rate of physical impairment is the nursing home, where the effects of comorbid depression may also be most costly. The current analysis uses data from the Institutional Population Component of the National Medical Expenditure Survey (US Department of Health and Human Services, 1990) to explore rates of both recognised and unrecognised comorbid depression in nursing home settings. Using a
constructed proxy variable representative of the DSM-III-R diagnosis of depression, results indicate that some 8% of nursing home residents have an unrecognised potential comorbid depression. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Antidepressant use in the elderly population in Canada: results from a national survey; by Stephen C Newman, Ahmed I Hassan.
There are few epidemiological studies of the rate of antidepressant use in the older population, especially for those living at home. Findings on antidepressant use are reported using data from the Canadian Study of Health and Aging (CSHA), a national prevalence study of dementia in which information was collected from 2,914 older people on current drug use, place of residence (community, institution), depression, dementia, and self-reported health. The rate of antidepressant use was 4.1% (community 3.1%, institution 16.5%). Of those who were depressed, 9.4% were taking an antidepressant (community 4.2%, institution 36%). A logistic regression analysis showed that female gender, living in an institution, the presence of dementia, and presence of a chronic physical disease, but not depression, were associated with increased antidepressant use. Findings are consistent with and extend previously published reports. Evidence was found of underuse of antidepressants in the treatment of geriatric depression, especially for community residents. However, the evidence needs to be treated with caution, as the CHSA data on depressive symptoms were incomplete. (RH)
ISSN: 10795006

Anxiety in Alzheimer's disease: prevalence and comorbidity; by Linda Teri, Louise E Ferretti, Laura E Gibbons (et al).
Anxiety may be associated with psychiatric morbidity, disability, increased health care use, and mortality in Alzheimer's disease (AD) patients as it is in the general adult population. However, the phenomenology of anxiety symptoms in AD and its relationship to dementia progression, comorbid depression, and the presence of other problematic behaviours have not yet been examined. Data on anxiety symptoms and their coexistence with other factors were obtained in 523 community-dwelling AD patients through interview with their caregivers and physical examination. The prevalence of anxiety symptoms and their association to patient depression, other behavioural problems, gender and age were investigated. Anxiety symptoms were common, occurring in 70% of subjects, and were significantly correlated with activities of daily living (ADL) impairment and problem behaviours: wandering, sexual misconduct, hallucinations, verbal threats, and physical abuse. Comorbidity of anxiety-depression was also prevalent, 54% having symptoms. ADL impairment and problem behaviours were significantly associated with comorbidity; however the latter association was explained entirely by presence of anxiety. (RH)
ISSN: 10795006

Association of low serum total cholesterol with major depression and suicide; by T Partonen, J Haukka, J Virtamo (et al).
It has been suggested that low serum total cholesterol is associated with an increased risk of suicide. In this study, a total of 29,133 men aged 50-69 years were followed up for 5-8 years. Baseline blood samples were analysed for serum total and high-density lipoprotein cholesterol concentrations. Self-reported depression was recorded, data on hospital treatments due to depressive disorders were derived from the National Hospital Discharge Register and deaths from suicide were identified from death certificates. Results revealed that low serum total cholesterol was associated with low mood and subsequently a heightened risk of hospital treatment due to major depressive disorder and of death from suicide. (AKM)
ISSN: 00071250

Beliefs about constipation in old age psychiatry; by D C Tullett, S Prior, A J D Macdonald.
A questionnaire survey of opinions about the influence of constipation on the mental state of older people were sent to nursing staff and psychiatrists in the South-East Thames region. The response rate for trusts was 62.5% and just over 50% of individuals from participating services returned questionnaires. Constipation was thought to be an important cause of deterioration in patients with dementia by 86.6% of respondents, and 54.9% felt that reabsorption of toxic substances contributed to this. Of respondents, 86.6% believed that delirium could be caused de novo by constipation. There was little difference between doctors and nurses in their responses. These
results from experienced clinicians suggest that further investigation of the role of constipation in older people with dementia is warranted. (AKM)

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The CAMCOG is the second most popular cognitive testing instrument in use by Israeli clinicians. This study examines the reliability and validity of a Hebrew version of the CAMCOG in a group of dementia sufferers in a clinical setting. Study participants included 36 dementia sufferers and 19 control non-demented, depressed older people, consecutive referrals to an outpatient psychogeriatric service and an “open” ward of a psychiatric hospital. Operational clinical criteria for dementia and its subtypes and for the various forms of depression were used as the “gold” standards. The CAMCOG was translated into Hebrew and then back into English. Seven items needed modification for local usage. The Hebrew version of the CAMCOG was found to be an appropriate instrument to discriminate between demented and non-demented depressed controls in a clinical setting. In the light of the demographic, cultural and linguistic heterogeneity of Israel's population of older people, further studies should examine the psychometric characteristics of the CAMCOG in a more varied sample, and also using other cut-off points to establish whether an increase in discriminatory power is obtainable. (RH)
ISSN: 08856230

Can a brief intervention have a longer-term benefit?: the case of the research nurse and depressed older people in the community; by M R Blanchard, A Waterreus, A H Mann, International Journal of Geriatric Psychiatry, vol 14, no 9, September 1999, pp 733-738.
The present study involved depressed subjects among Gospel Oak, Camden residents who had been identified by household enumeration and screening. This article reports a follow-up over 6 to 23 months of the authors' original intervention study, to determine whether immediate benefits are lasting. The authors also considered the effect of feedback to general practitioners (GPs) on a management plan for those who had not received nurse intervention. They suggest that the nurse-managed intervention may be a possible way forward in the care of those who go "hidden" and untreated. More importantly, there is a need for the transfer of specific skills from secondary care services to primary health care teams. Primary health care workers with an interest in older people, and specifically their mental health, are needed to work alongside GPs. (RH)
ISSN: 08856230

The authors report data on psychiatric symptoms and life satisfaction in a sample of carers identified in an Australian community survey of the health of older people. Participants were 630 older people aged 75 and over living at home, and a nominated informant: 21 full carers, 187 partial carers, and a non-carer group of 344. Informants completed the General Health Questionnaire (a continuous measure of psychiatric symptoms), the life satisfaction index (a measure of well-being) and the interpersonal bonding measure (a measure of the quality of relationship with the older person). The participants themselves had a medical examination, were assessed for disability and were questioned about use of services. Those who had a full carer were more disabled and had more medical diagnoses. Full, but not partial, carers reported more psychiatric symptoms and lower life satisfaction. In multivariate analysis, the main determinant of carer distress was a relationship in which the carer felt controlled by the older person. When carers are selected from a population-based sample, only those who are full carers are more distressed. However, relationship factors are the most important determinants of distress. (RH)
ISSN: 00020729

Change in depressive symptoms among daughter caregivers: an 18-month longitudinal study; by Lydia Wailing Li, Marsha Mailick Seltzer, Jan Steven Greenberg, Psychology and Aging, vol 14, no 2, June 1999, pp 206-219.
The data for this analysis are taken from the first two waves of a longitudinal study of women caregivers in Wisconsin: 115 daughters providing care to an ageing parent. The levels of depressive symptoms manifested by these daughters were relatively low, with only 23.5% scoring in the clinical range during the study. Nevertheless, there was substantive change in depressive symptoms among the daughters during the 18 months. Daughters with higher levels of mastery were more likely to use problem-focused coping strategies, which led
to reductions in depression, whereas daughters with lower levels of mastery were more likely to use emotion-focused coping, which led to increased levels of depression. Mastery was higher when the caregiving role was shared with a sibling. It was lower if the daughter had other caregiving responsibilities, and if the parent care recipient had more behaviour problems with which to cope. (RH)

ISSN: 08827974

Coexistence of lowered mood and cognitive impairment of elderly people in five birth cohorts; by S Arve, R S Tilvis, A Lehtonen (et al).
The prevalences of lowered mood (i.e. depression) and cognitive impairment, and their combination were investigated in 1993 random subjects of five birth cohorts (at age 65, 70, 75, 80 and 85 years) from the Ageing Study of three urban areas in Southern Finland. The frequency of a high Zung score (>45), indicating depressive symptoms, in the five groups was 11%, 13%, 20%, 16% and 36% respectively. Corresponding figures for a low MMSE score (Mini Mental State Examination <24) were 11%, 9%, 25%, 46% and 60%. The respective frequencies of subjects fulfilling both criteria simultaneously were 2%, 3%, 8%, 12%, and 24% respectively. Overall, about 30% of the subjects with a low MMSE score had a high Zung score. However, more than half of those aged 75 and over with a high Zung score also had low MMSE scores. The data indicate that the combination of impaired cognition and lowered mood doubles in frequency by 5-year intervals after the age of 70 years in the general aged population, and that this condition is present in one in four subjects at the age of 85. (RH)

ISSN: 03949532

Cognitive impairment and depression predict mortality in medically ill older adults; by Cynthia L Arfken, Peter A Lichtenberg, Manuel Tancer.
Depression and cognitive impairment are common in medically ill older adults, but few studies have investigated the roles of both in predicting mortality. The authors used a cohort of 667 consecutive patients aged 60+ admitted to a rehabilitation hospital, of whom 455 completed a standardised protocol measuring cognition (Dementia Rating Scale), depression (General Depression Scale - GDS), and disabilities (Functional Independence Measure). Burden of medical illnesses was measured with the Charlson Index. Those who did not complete the screening were more likely to die (24% vs 17%) during a 1-year follow-up. Of those who completed the screening, male sex, depression and more severe cognitive impairment predicted mortality independent of age, medical illnesses or disabilities. No interaction of cognitive impairment and depression was detected. In those subjects cognitively intact, moderate depression and male sex were independent risk factors for dying. In those without depression, male sex and elevated Charlson Index predicted mortality. Depression and cognitive impairment are independent predictors of 1-year mortality in this sub-group of medically ill older people. (RH)

ISSN: 10795006

Community-based case-control study of depression in older people. Cases and sub-cases from the MRC-ALPHA study; by J R M Copeland, R Chen, M E Dewey (et al).
Depression is the most common psychiatric condition found in older people, yet risk factors of depression in later life are unclear. This paper describes a case control study utilising the large, community-based MRC-ALPHA study. Over 5200 older people, randomly selected from Liverpool, were interviewed using the Geriatric Mental State (GMS) and the Minimum Data Set (MDS). The computer-assisted diagnosis AGECAT identified 483 cases and 575 sub-cases of depression and 2451 with no mental problems. Logistic regression was used to examine factors associated with depression. Being female, widowed, having alcohol problems, physical disabilities, physical illness, taking medications to calm down, and dissatisfaction with life were all associated with depression. Good social networks reduced the likelihood of depression. The study concluded that age was not associated with depression in later life. (AKM)

ISSN: 00071250

Comparative efficacy and safety of sertraline versus nortriptyline in major depression in patients 70 and older; by Sanford I Finkel, Ellen M Richter, Cathryn M Clary.
Given the lack of studies examining antidepressant treatment of over 70s, a sub-group analysis was carried out with 76 outpatients meeting DSM-III criteria for major depression and minimum Hamilton Rating Scale (HAM-D) severity score of 18. Patients were randomised to 12 weeks of flexible dose treatment with sertraline (50-150
mg) or nortriptyline (25-100 mg). Both treatments significantly improved depression as measured by the HAM-D and Clinical Global Impression (CGI) scales. At weeks 10, 12 and endpoint, setraline demonstrated a significantly greater reduction in depression severity compared to nortriptyline as measured by improvement on the 24 HAM-D. Setraline had a significantly more positive effect, when compared with nortriptyline, across almost all associated measures of cognitive function, energy, anxiety, and quality of life and was better tolerated than nortriptyline, with a lower attrition rate/side effect burden. The efficacy advantage of sertraline appeared to be even greater in this sub-group of older patients drawn from a larger treatment study of depression that included older people aged over 60. (RH)
ISSN: 10416102

Psychotic symptoms presenting in late life can offer a diagnostic challenge to the clinician. In this US study, 140 geriatric patients were examined for psychotic symptoms and assessed on a number of demographic and clinical variables. Cognition was assessed using the Mini-Mental State Examination (MMSE). Psychiatric diagnoses were made by DSM-III-R criteria. 38 (27%) had psychotic symptoms, delusions being the most common type. Patients with psychosis were significantly more likely to have a previous history of psychosis, to have a lower MMSE, and to live in a nursing home. Four diagnoses accounted for 79% of all psychotic patients. In order of frequency these were dementia, major depression, delirium, and organic psychosis (organic hallucinations, organic delusional disorder). Psychotic patients were significantly more likely to have a diagnosis of dementia, delirium or organic psychosis than non-psychotics, but depression was significantly more likely to occur in patients without psychosis. Although psychotic symptoms occur in a variety of illnesses, older patients with psychosis should be carefully evaluated for these disorders. (RH)
ISSN: 08856230

554 older people living in the community, 30 older people from a community centre, and 31 older patients with depressive symptoms participated in this 3-year longitudinal study in Hong Kong on reliability of the CES-D-10 (short form of the Center for Epidemiologic Studies Depression Scale). Other instruments used in the study included Activities of Daily Living (ADL), the Life Satisfaction Scale (LSS), and the Lubben Social Network Scale, a single-item measure of self-rated health. Reliability of the CES-D-10 in terms of internal consistency was satisfactory. Moderate consistency over a 3 year period was also significant. The CES-D-10 showed comparable accuracy to the CES-D in classifying cases with depressive symptoms; and the scale established significant relationships with impairments of daily functioning, life satisfaction, social support and self-rated health. The CES-D-10 also differentiated significantly between groups of "normal" and clinically depressed older people. The brevity of the scale should prove a useful mental health measure for older people. (RH)
ISSN: 08856230

The prevalence and distribution of depressive symptoms are examined among the general population of older people, using data from community based samples from nine EURODEP centres (using the AGECAT-GMS package). The following questions are asked. Are there high proportions of depressive symptoms among otherwise well people? Do these levels reflect the prevalence of depression? Do key symptoms vary with age and do they confirm stereotypes? Proportions of depressive symptoms varied between centres. Some often associated with ageing were rare. Many were more common in women. Low-prevalence centres tended to have fewer symptoms among "well" people, but there were inconsistencies. Low levels of symptoms among the well population of a centre did not necessarily predict lower levels in the depressed. Variations in prevalence of depressive symptoms occurred between centres, not always related to levels of illness, with no consistent relationship between proportions of symptoms in well persons and cases for all centres. Few symptoms were present in >60% of older people. Stereotypes of old age were not upheld. (RH)
ISSN: 00071250

Review of records for a sample of 313 geriatric rehabilitation in-patients at a US urban medical centre examined the diagnostic validity of the short form of the Geriatric Depression Scale (GDS-SF). In a predominantly
African American medical patient sample, scores on the GDS-SF were compared to the 30-item form (Geriatric Depression Scale - Long Form, GDS-LF) for both cognitively intact and cognitively impaired people. Results suggests that the 15-item form of the GDS is a valid screening instrument for this population. The two scales were highly correlated ($r=0.88$), and both demonstrated similar rates of sensitivity and specificity for mood disorders in this population. (RH)

ISSN: 07317115
From: http://www.tandfonline.com

Depression in Europe: geographical distribution among older people; by A T F Beekman, J R M Copeland, M E Dewey (et al).
This is the first report of results from the EURODEP Programme, and uses the AGECAT-GMS package to assess the prevalence of depression judged suitable for intervention in randomised samples of those aged 65 and over in nine European countries. Differences in prevalence are apparent: 8.8% in Iceland to 23.6% in Munich, Germany. When sub-cases and cases are added together, five high- and four low-scoring centres emerge. Women predominate over men. Proportions of sub-cases to cases revealed striking differences, but did not explain prevalence. There was no constant association between prevalence and age. A meta-analysis of 13,808 subjects gave an overall prevalence of 12.3%, 14.1% for women and 8.6% for men. Considerable variation occurs in the levels of depression across Europe, the cause for which is not immediately obvious. Case and sub-case levels taken together show greater variability, suggesting that it is not a matter of case/sub-case selection criteria, which were standardised by computer. Substantial levels of depression are shown, but 62%-82% of people had no depressive level. Opportunities for treatment exist. (RH)

ISSN: 00071250

Depression in patients with Parkinson's disease; by Jeffrey L Cummings, Donna L Masterman.
Parkinson's disease (PD) is a disabling neurodegenerative condition commonly complicated by the existence of comorbid depression. The prevalence rates of depression in this patient group have been reported to be as high as 40%. Currently, depression in PD is undertreated; and there have been few clinical trials of antidepressants for this patient group. Patients with PD are usually older people taking a range of medication, so that choice of antidepressant must be made with care. Tricyclic antidepressants (TCAs) have been studied in patients with PD and comorbid depression. However, the risk of anticholinergic side effects means that their use is largely avoided. Selected serotonin re-uptake inhibitors (SSRIs) have comparable efficacy to the TCAs and a better tolerability profile in patients with depression; they are rapidly being considered as first-line therapy for PD patients with depression. Clinical studies in this patient group are warranted. This article reviews the characteristics of comorbid depression in patients with PD and discusses the treatment options available. (RH)

ISSN: 08856230

Depression of older age: origins of the study; by J R M Copeland.
The EURODEP collaboration was formed to take advantage of existing studies of depression in random community samples of older people in Europe, using GMS-AGECAT for case identification and diagnosis. Later, other centres joined, and the EURO-D scale was developed to harmonise the different methods used with the GMS. Previous studies had revealed different levels of depression in Europe, but had been confounded by the use of irreconcilable methods. These studies attempt to overcome this problem, and are published as five papers in this issue of the British Journal of Psychiatry. (RH)

ISSN: 00071250

Depression symptoms in late life assessed using the EURO-D scale: effect of age, gender and marital status in 14 European centres; by M J Prince, A T F Beekman, D J H Deeg (et al).
Data from surveys involving 21,724 subjects aged _65 years were analysed using a harmonised depression symptom scale, the EURO-D. The authors tested for the effects of centre, age, gender and marital status on EURO-D scale. Between-centre variance was partitioned according to centre characteristics: region, religion, and survey instrument used. EURO-D scores tended to increase with age, women scored higher than men, and widowed and separated subjects scored higher than others. The EURO-D scale could be reduced into two factors: affective suffering, responsible for the gender difference; and motivation, accounting for the positive association with age. Large between-centre differences in depression symptoms were not explained by demography or by the depression measure used in the survey. Consistent, small effects of age, gender and
Depression, cerebral atrophy, cognitive performance and incidence of dementia: population study of 85-year-olds; by Sigurdur Pálsson, Olafur Aevarsson, Ingmar Skoog.
Hospital-based studies suggest that depression in old age relates to organic brain changes. To determine whether these findings are confirmed, a Swedish population sample of non-demented 85-years-olds (227 mentally healthy, and 62 with DSM-III-R depression) were given a neuropsychiatric examination and computerised tomographic scans of the brain, and followed for 3 years. On the Mini-Mental State Examination (MMSE), those with low educational level with major depression performed worse than the mentally healthy. This distinction was not evident among those who had received higher education. Measures of brain atrophy were similar in depressed and mentally healthy individuals. The 3-year incidence of dementia was increased in those with early-onset major depression. The study concludes that higher education may protect against cognitive symptoms in depressed individuals. The association between depression and cerebral atrophy in older people is not very strong. The higher incidence of dementia in those with early-onset major depression may be due to a longer lifetime duration of depression, emphasising the importance of detecting and treating depression in the community. (RH)
ISSN: 00071250

Depressive illness, depressive symptomatology and regional cerebral blood flow in elderly people with sub-clinical cognitive impairment; by Karen Ritchie, Clare Gilham, Bernard Ledésert (et al).
Depressive illness in dementia is often assumed to be a unitary clinical phenomenon. This study describes changes in patterns of depressive symptomatology with time, and associated changes in cerebral blood flow to the frontal and temporal regions. 397 French people from the Eugeria longitudinal study of cognitive ageing, aged 64 and over and with sub-clinical cognitive dysfunction, were observed over 3 years. 16% of them developed dementia during the study. The prevalence of depressive symptomatology was higher in this group than in the general population, especially in women, who also had higher recovery rates. A changing profile of depressive symptoms was found in depressed older people progressing to dementia, with fewer affective symptoms and increases in agitation and motor slowing. These changes were paralleled by greater reductions in left temporal regional cerebral blood flow than in non-depressed subjects with Alzheimer’s disease (AD). The results suggest two separate and interacting depressive syndromes whose differentiation may be important in the clinical management of dementia. (RH)
ISSN: 00071250

Depressive symptomatology in coronary artery bypass graft surgery patients; by Paul A Pirraglia, Janey C Peterson, Pamela Williams-Russo (et al).
Depression is commonly reported in coronary artery bypass graft (CABG) surgery patients. This study assesses the relationship of pre-operative characteristics, life stressors, social support, major cardiac and neurological outcomes and other complications to depressive symptomatology. 237 patients were included in this US study, 92% of whom completed a 6-month follow-up. Significant depressive symptomatology was found in 43% pre-operatively and in 23% post-operatively. Low social support, presence of at least one life stressor within a year of surgery, moderate to severe dyspnoea, little or no available help and less education were associated with a higher pre-operative CES-D score, while longer intensive care unit (ICU) stay and little or no available help predicted higher post-operative CES-D scores. Neither pre- nor post-operative depressive symptomatology was related to major outcomes or other complications. (RH)
ISSN: 08856230

Depressive symptomatology, daily stressors, and ways of coping among middle-age and older adults living with HIV disease; by Timothy G Heckman, Arlene Kochman, Kathleen J Sikkema (et al).
The majority of AIDS mental health research has focused on younger persons, and little is known about stressors that affect HIV-infected older adults, their coping mechanisms, and whether the presence of psychological distress alters their coping responses. This study surveyed 113 midlife and older adults living with HIV/AIDS in the United States (US) and assessed levels of depressive symptomatology, daily stressors, and the relationship between coping and depression. About 29% of participants reported "moderate" or "severe" levels of depression as assessed by the Beck Depression Inventory (BDI). HIV-infected older adults with elevated...
levels of depression experienced more stress due to poor finances, lack of HIV-related information and support resources, and AIDS-related stigma and discrimination. When attempting to resolve significant stressors, depressed older persons more often distanced themselves from the stressors, used more escape-avoidant coping, and less frequently found something positive in the stressful situation. The authors concluded that mental health interventions that enhance the coping abilities of older persons with HIV/AIDS are urgently needed. (AKM)

ISSN: 10784470

Depressive symptoms and depressive episodes in recently widowed older men; by Gerard J A Byrne, Beverley Raphael.


Older widowers have high rates of completed suicide, but have rarely been the subject of systematic inquiry. This Australian study investigated the prevalence of depressive symptoms and major depressive episodes (MDEs) in 57 recently widowed older men over the first 13 months after bereavement, compared with 57 matched married men identified from the electoral role. Subjects were assessed for the presence of current DSM-III-R MDEs using the Composite International Diagnostic Interview (CIDI). Both groups were assessed at 6 weeks (T1) and 13 months (T2). At T1, seven widowers (12.3%) and no married men were found to have CIDI cases of current MDE; and at T2, only one widower (1.9%) and no married men had CIDI cases of current MDE. Current MDE was not predicted by a past history of dysphoria. At T1, 14% (8/57) of widowers reported specific suicidal thoughts or actions; and at T2, 15.4% (8/52). The authors conclude that health workers should monitor closely the clinical course of MDEs in recently widowed older men. Routine inquiry about suicidal ideation should also be an essential component of clinical assessment for this population group. (RH)

ISSN: 10416102

Depressive symptoms in chronically ill elderly people in residential homes; by P Cuijpers, P van Lammeren.


Physical ill health is known to be a risk factor for depression. However, little is known about the relationship between chronic illness and depression in older people living in residential care homes. This study looked at the differences in the level of depressive symptoms between patients with different types of chronic illness, and the relationship between chronic illness and depression when other risk factors of depression were controlled for. A total of 424 people living in residential care homes in the Netherlands were included in the study. Residents with cognitive impairment were excluded. The degree of depression was assessed with the Geriatric Depression Scale (GDS) and psychological distress was measured with the MOS-SF-20 mental health sub-scale. Other risk factors included functional impairment, earlier depression, degree of pain, life events, and social support. Few residents had no chronic illness and almost half had more than one illness. There was only modest evidence to suggest that chronic illnesses were related to depressive symptomatology or psychological distress, whereas other risk factors were found to be much stronger predictors. (AKM)

ISSN: 13607863

From: http://www.tandfonline.com

Depressive symptoms in the frail elderly: physical and psycho-social correlates; by Amanda Smith Barusch, Anissa Rogers, Soleman H Abu-Bader.


Older people who suffer from chronic illness are at an unusually high risk of depression and depressive symptoms. This study was conducted to describe the prevalence of depressive symptoms in a sample of older persons with chronic illness and to examine the relationship between physical illness and depression, both as it is illuminated in a regression model and as it is understood by the respondents themselves. Interviews were conducted with a random sample of 100 clients in a community-based care programme for low-income older people at risk of nursing home placement. Over one-third of the sample (36%) reported significant depressive symptoms, as measured by the CES-D. Multiple regression analysis identified functional limitations, cognitive impairment and self-perception as significant correlates of depression in a model that explained 30 percent of the variance in CES-D scores. (AKM)

ISSN: 00914150

Depressive symptoms, cognitive impairment and functional impairment in a rural elderly population in India: a Hindi version of the Geriatric Depression Scale (GDS-H); by Mary Ganguli, Sanjay Dube, Janet M Johnson (et al).


A Hindi version of the Geriatric Depression Scale (GDS-H) was developed and administered to a rural community sample of 1554 mostly illiterate Hindi-speaking over 55s. The GDS-H had high internal consistency and a factor structure comparable to the original English language version. The overall distribution of scores
was higher than reported from other populations. More depressive symptoms, as measured by high scores on the GDS-H, were associated with older age and illiteracy. Among the illiterate, there was no gender difference, while among the literate, higher depression scores were found among women. Cognitive impairment and functional disability were independently associated with higher scores on the GDS-H after adjustment for age, gender and literacy. This version of the GDS appears to reliable and internally consistent. (RH)

ISSN: 08856230

Detection of depression in elderly hospitalized patients in emergency wards in France using the CES-D and the Mini-GDS: preliminary experiences; by Jean-Pierre Clement, Eric Fray, Sandrine Paycin (et al).
The purpose of this study was to evaluate the mini-GDS (Geriatric Depression Scale) and the CES-D (Center for Epidemiological Studies Depression Scale) as instruments to detect depression in older hospitalised patients in emergency wards in France. The CES-D was used on two cohorts of 60 non-cognitively impaired patients aged 70 and over. The mini-GDS was also used on the second of the two cohorts. These ratings were compared with a diagnosis of depressive disorder by ICD-10 criteria. The study population had a high prevalence (58%) of depression and low level of active psychiatric referral. Mini-GDS and CES-D scores were well correlated (0.72, p <0.001). The mini-GDS, with a cut-off score of 1, gave optimum sensitivity (88%) and specificity (63%). The use of the mini-GDS may aid the detection of depression in patients in emergency wards. (RH)

ISSN: 08856230

Detection of geriatric depression: knowledge and practice of hospital nurses; by Kam Weng Boey.
The misdetection or misdiagnosis of geriatric depression may result in undesirable consequences. Previous studies have shown that depression in older people not only lengthened hospital stays, but also led to deliberate self-harm and suicidal behaviour. Because nurses have more contact with patients in hospital settings than any other health professionals, they are in a unique position to recognise depression and to prevent associated morbidity and mortality. This study examines practices carried out by nurses in assessing older patients for depression, on which previous research has been limited. 221 nurses from various departments of a Hong Kong hospital were invited to participate voluntarily in a questionnaire survey. Results confirmed previous findings that most nurses (68%) did not conduct assessments for depression in older patients, even though they had good knowledge of the symptoms, and had a relatively positive attitude towards depressed older people. Perceived incompetence and constraints of working conditions were the major deterring factors. Among those who assessed depression, very few used objective clinical tools. The implications for clinical practice are discussed. (RH)

ISSN: 07317115
From: http://www.tandfonline.com

Detection of subthreshold depression and subthreshold anxiety in the elderly; by Andreas Papassotiropoulos, Reinhard Heun.
The authors investigated whether already available instruments could be used, improved or modified to detect sub-threshold depression disorders. Attention was focused on detection of affective and anxiety disorders in the general older population, where prevalence of such disorders appears to be high. A community-based sample of 274 Germans aged over 60 comprised 57 suffering from sub-threshold depression, 26 with acute sub-threshold anxiety, and 173 defined as being healthy. Measurements used were the short version of the General Health Questionnaire (GHQ-12), the Center for Epidemiologic Studies Depression Scale (CES-D), and the Structured Interview for the Diagnosis of Dementia of the Alzheimer type, the Multi-infarct Dementia and Dementias of other Etiology (SIDAM) for cognitive impairment. The CES-D moderately detected sub-threshold anxiety. However, sub-threshold depression could not be efficiently detected by any of these questionnaires. The combination of items indicating the presence of somatic symptoms and depressive affect could improve instrument performance when screening for sub-threshold anxiety, but not for sub-threshold depression. (RH)

ISSN: 08856230

Determinants of depressive symptoms among elderly Chinese living alone; by Kee-Lee Chou, Iris Chi, Kam Weng Boey.
The aim of this study was to identify determinants of depressive symptoms among a cohort of 105 older Chinese people living alone in Hong Kong. Bivariate correlation indicated that depressive symptoms were associated with age, education, variables related to physical health, social support, frequency of exercise, and financial strain. Multiple regression analysis revealed that older people living alone who had poorer self-rated health,
more instrumental activities of daily living (IADLs), less frequent contact with relatives, and higher levels of financial strain reported more depressive symptoms. (AKM)
ISSN: 07317115
From: http://www.tandfonline.com

Developing a preventive approach with older people; by Eileen Waddington, Mary Godfrey.
Managing Community Care, vol 7, issue 6, December 1999, pp 10-16.
There has been growing policy emphasis on prevention and promotion of independence for older people. The Nuffield Institute's Community Care Division has been involved in a research project commissioned by the Joseph Rowntree Foundation (JRF) and Anchor Trust on behalf of the National Preventative Task Group. The purpose of the research has been to explore how far local authorities and health authorities are developing preventive strategies and services for older people. The research and associated systematic review of the research literature are published in "Preventive strategies for older people: mapping the literature on effectiveness and outcomes" (Anchor Trust, 1999). Using work of colleagues in the research team and the associated mapping of literature carried by Mary Godfrey, this article explores the policy context in which prevention is being developed and the extent to which authorities have begun to develop preventive strategies and services. (RH)
ISSN: 14615436

Development and testing of a five-item version of the Geriatric Depression Scale; by M Trinidad Hoyl, Cathy A Alessi, Judith O Harker (et al).
A 5-item version of the Geriatric Depression Scale (GDS) was created from the 15-item GDS by selecting items with the highest Pearson chi squared correlation with clinical diagnosis of depression. Sensitivity, specificity, diagnostic accuracy, and positive and negative predictive values were calculated for the 15-item GDS and the new 5-item scale. Subjects were 74 frail out-patients (98.6% male, mean age 74.6). Clinical evaluation found that 46% were depressed. The depressed and not depressed groups were similar with regard to demographics, mental status, educational level, and number of chronic medical conditions. The 5-item GDS (compared with the 15-item GDS results shown in parenthesis) had a sensitivity of .97 (.94), specificity of .85 (.84), positive predictive value of .85 (.82), negative predictive value of .97 (.94) and accuracy of .9 (.88) for predicting depression. Thus, the 5-item GDS was as effective as the 15-item GDS for depression screening in this population, and had a much shorter administration time. If validated elsewhere, it may be preferred as a screening test for depression. (RH)
ISSN: 00028614

Development of the EURO-D scale - a European Union initiative to compare symptoms of depression in 14 European centres; by M J Prince, F Reischies, A T F Beekman (et al).
In an 11-country European collaboration (the EURODEP Concerted Action Programme), 14 population-based surveys on depression included 21,724 people aged 65 years. Most participating centres used the Geriatric Mental State (GMS), but other measures were also used. The EURO-D depression symptoms scale enabled comparison of risk factor profiles between centres. Common items were identified from the instruments. Algorithms for fitting items to GMS were derived by observation of item correspondence or expert opinion. The resulting 12-item scale was checked for internal consistency, criterion validity and uniformity of factor-analytic profile. The EURO-D is internally consistent, capturing the essence of the parent instrument. A two-factor solution seemed appropriate: depression, tearfulness and wishing to die loaded on the first factor (affective suffering); and loss of interest, poor concentration and lack of enjoyment on the second (motivation). The EURO-D should enable valid comparison of risk-factor associations between centres, even if between-centre variation remains difficult to attribute. (RH)
ISSN: 00071250

Differences in familism values and caregiving outcomes among Korean, Korean American, and white American dementia caregivers; by Gahyun Youn, Bob G Knight, Jyun-Suk Jeong (et al).
Recent theories have suggested that burden and distress among dementia caregivers may be higher in American culture, which emphasises individualism, and lower in cultures with higher levels of familism. However, immigrants may experience higher levels of burden because of acculturation with attendant values, conflicts and stresses. In this study, 44 Korean caregivers and 32 Korean American caregivers were compared with 54 white American caregivers on sociodemographic variables, familism, burden, anxiety, and depression. Familism was highest in Korean caregivers and lowest in white caregivers, with Korean Americans in the middle. Koreans and
Korean Americans reported higher levels of burden. Koreans showed higher levels of depression and anxiety than white American caregivers, with Koreans and Korean Americans higher than white Americans on anxiety. These results suggest a need for greater specificity in theories about familism values, with attention to the specific meaning of familism in different cultures. (AKM)

ISSN: 08827974


Previous studies have identified that quality of social functioning is strongly associated with both physical and cognitive recovery from stroke as well as with the existence of depression. This US study of 50 patients with acute stroke who were assessed in hospital and at short term (3- or 6-month) and long-term (12- or 24-month) follow-up was undertaken to identify specific elements of social functioning related to depression and impaired recovery, and to determine whether these elements are different between acute and chronic periods of stroke. An impaired relationship with the patient's "closest other” prior to the stroke and limited social activities were both associated with depression immediately after the stroke, and with depression, impaired recovery in activities of daily living (ADLs) and cognitive recovery at long-term follow-up. Fears of economic stability and limited social activity were associated with depression at short-term follow-up, whereas loss of job or job satisfaction was associated with depression at long-term follow-up. Future research should examine the effect of enhanced social support on post-stroke depression and physical and cognitive recovery. (RH)

ISSN: 10416102


The buffering effect of social support on depressive symptoms in older people living at home were explored in this study. Interviews were conducted with older people with varying levels of disability in their own homes. Results showed that higher levels of disability were associated with higher levels of depression. Instrumental support and subjective appraisal of the network were associated with depressive symptoms, but instrumental support had a weak positive correlation, while subjective appraisals showed a negative relationship. Social support was shown to mitigate the depressive effect of disability only when the network's efforts were appraised positively. However, no such relationship was shown for instrumental support. Individuals' perception of the network's helpfulness appeared to be more important than the actual help provided by friends and family. (AKM)

ISSN: 00914150


The purpose of this Canadian study was to determine whether performance on the Geriatric Depression Scale (GDS) predicted the development of probable Alzheimer's disease (AD) in memory-impaired non-demented participants. Participants were followed for 2 years, after which they underwent a diagnostic assessment. 27 developed probable AD, 98 remained cognitively impaired but not demented, and 18 developed other neurological conditions. The GDS did not contribute significantly to the prediction of probable AD, it was not related to scores on selected neuropsychological tests, but it was related to complaints of memory on a self-reporting scale. These findings highlight the need to consider patient characteristics and the method of assessing depression when examining the role of depression in dementia. (RH)

ISSN: 13607863

From: http://www.tandfonline.com


Religious activities are shown to correlate with rates of psychological depression symptoms in a sample of 995 African-American and white older residents of Nashville. The data, collected in face-to-face interviews, included indicators of both public and private religiosity. Levels of religiosity and perceived social support were higher among the African-American respondents than among whites, and among female respondents. Separate regression analyses of the racial groupings, which appeared to have distinctive religious subcultures, generally show that perceptions of social support mediate the relationship between levels of religiosity and symptoms of depression. (RH)
Drug treatment of older people with affective disorders in the community: lessons from an attempted clinical trial; by Tim Stevens, Cornelius Katona, Monica Manela (et al).
Depression and phobic anxiety disorders are the most common psychiatric disorders in people aged 65+. SSRI (specific serotonin re-uptake inhibitor) antidepressants are effective in treating both conditions in younger people, and in treating depression in hospital samples of older subjects. The efficacy and feasibility of treating older people suffering from depression and/or phobic anxiety in the community with fluoxetine alone is evaluated. 67 subjects were identified as depressed and/or anxious at screening, and reassessed for affective illness at 3 and 6 months. Of these, 55 (81%) were eligible to take fluoxetine. 54 (98%) of these agreed to follow-up, but only 6 (11%) agreed to take medication. No subject was still taking medication by the end of the study. For those subjects on whom follow-up data were available, 70% of those depressed at screening and 97% of those with phobic anxiety retained their diagnoses at 3 months; at 6 months, figures were 65% and 92% respectively. Drug treatment alone is not acceptable to such older patients in the community. Further work is needed to evaluate the effectiveness of a key worker such as a mental health nurse in co-ordinating treatment of patients with these disorders. (RH)
ISSN: 08856230

Dysthymia among the community-dwelling elderly; by Michael Kirby, Irene Bruce, Davis Coakley (et al).
There are few data on the clinical features of dysthymia (a chronic depressive state with symptoms of less severity than major depression) among older people living in the community. 40 over 65s in Dublin with dysthymic disorder were identified following screening in the community with GMS-AGECAT. A detailed clinical history was obtained and DSM-IV checklists and standardised scales were used at a second interview. Comparisons were made with a group of 630 non-depressed older people from the same community. Dysthymia was predominantly of late onset (93%) and associated with a major stressor in 65% of cases. Comorbid axis 1 disorders were present in 15% of dysthymics and an axis 2 disorder in 10%. The dysthymic group had significantly higher degrees of physical impairment than the non-depressed. The symptom profile demonstrated prominent anxiety and functional features. 83% of those with dysthymia had presented to their GP with anxiety/depressive symptoms at some stage during the dysthymic disorder. The presentation of dysthymia in older people differs from that in earlier life, being associated with significant degrees of physical impairment. (RH)
ISSN: 08856230

The effect of major depression on functional status in patients with coronary artery disease; by David C Steffens, Christopher M O'Connor, Wei Jan Jiang (et al).
Depressive symptoms are highly prevalent in patients with coronary artery disease (CAD). This American study examined the effect of major depression on both IADLs and self-maintenance ADLs in 335 inpatients with CAD who were free of dementia, Parkinson's disease and other primary neurological illnesses. Measurements used were the Duke Depression Evaluation Schedule, a structured psychiatric interview including the Diagnostic Interview Schedule depression subscale, the Cumulative Illness Rating Scale and two scales for measuring IADLs and self-maintenance ADLs. 27 subjects met DSM-IV criteria for major depression. Compared to those without major depression, depressed subjects were more than twice as likely to report a self-maintenance ADL deficit and were significantly more likely to report an IADL deficit than the non-depressed (93% vs 71%). Female gender, older age, greater medical illness severity and presence of major depression were significant predictors of self-maintenance ADL disability and of greater IADL impairment. Further research is needed to clarify whether antidepressant treatment has any significant effect on symptoms and functional status in patients with CAD. (RH)
ISSN: 00028614

The effects of age and mood on saccadic function in older individuals; by Ruxsana Shafiq-Antonacci, Paul Maruff, Scott Whyte (et al).
To investigate the effect of age and mood on saccadic function (i.e. quick, abrupt eye movement), the authors recorded prosaccades, predictive saccades and antisaccades from 238 cognitively normal, physically healthy volunteers aged 44 to 84. Mood levels were measured using the Satte-Trait Anxiety Inventory and Center for Epidemiological Studies Depression Scale inventories. Small but significant, positive relationships with age
were observed for the mean latency and associated variability of latency for all types of saccades, as well as the anti-saccade error rate. Saccade velocity or accuracy was unaffected by age. Increasing levels of depression had a minor negative influence on the anti-saccade latency, whereas increasing levels of anxiety raised the anti-saccade error rate marginally. (RH)

ISSN: 10795014

Effects of emotional expression on adjustment to spousal loss among older adults; by Daniel L Segal, Jay A Bogaards, Lee A Becker (et al).
Loss of a spouse in older age can cause a greater disruption in the life of an individual than the loss of a spouse at an earlier age. The aim of this study was to examine the therapeutic effects of verbally disclosing thoughts and feelings about loss of spouse in 30 distressed bereaved older adults participating in an exposure intervention according to the paradigm developed by Pennebaker (1985). Participants were randomly assigned to treatment (four 20-minute vocal expression sessions within a 2-week period) or delayed treatment. No immediate effects of treatment were found with the exception that participants receiving treatment showed a decrease in hopelessness relative to participants in delayed treatment. After treatment was provided to the delayed-treatment group, combined data from both groups indicated significant decrease in hopelessness, intrusive thoughts, obsessive-compulsive symptoms, and depression. Feelings of painfulness and negative affect decreased steadily over sessions. The findings suggest that confronting painful feelings can potentially reduce psychological distress among bereaved older people. (AKM)

ISSN: 10784470

EURODEP Consortium and late-life depression; by Dan Blazer.
The cross-national nature of the study being co-ordinated by the EURODEP Consortium is enabling new questions to be brought to the fore in discussions about late-life depression. This article outlines the methods of the collaboration, the question of prevalence, and the question of geographical difference. (RH)

ISSN: 00071250

The Even Briefer Assessment Scale for Depression (EBAS DEP): its suitability for the elderly in geriatric care in English- and German-speaking countries; by Siegfried Weyerer, Uta Killmann, David Ames (et al).
The psychometric properties of the Even Briefer Assessment for Depression (EBAS DEP) were analysed for their reliability when used with three groups of German older people. The German EBAS DEP yielded, as did that of the English version, a satisfactorily high internal consistency (0.73 and higher). Based on a subset of 71 subjects, the scale's validity was tested by independent psychiatric experts using the Feighner Criteria of Depression. The EPAS DEP (cutoff 3/4) had a sensitivity and specificity for a diagnosis of depression of 93.3% and 85.3%, respectively. Similar results were reported by Allen et al (1994), but at a lower cutoff (2/3). In agreement with the English findings, the receiver operating curve (ROC) statistics revealed that EPAS DEP is a screening instrument which is as efficient as the longer BAS DEP. Given that EPAS DEP is well suited for use in screening depressed older people in different care settings, the authors recommend that further studies should be conducted in community settings and other clinical areas, such as general practices. (RH)

ISSN: 08856230

This book and the biannual Short Course in Old Age Psychiatry at the Institute of Psychiatry from which it arose aims to provide a current and comprehensive digest of areas of rapid development in old age psychiatry. The book is in three sections. The first examines research developments in dementia, including the molecular biology of Alzheimer's disease (AD) and genetic risk factors, prion diseases, Lewy body and vascular dementia. Section two considers emerging treatments of the dementias, and ethical and philosophical issues such as physician-assisted suicide. The final section provides updates on the modern management of functional disorders in older people - depression, schizophrenia, anxiety, and panic - including advances in electroconvulsive therapy (ECT), antipsychotics, and family therapy. (RH)

ISBN: 1871816386
Price: £45.00
From: Wrightson Biomedical Publishing Ltd, Ash Barn House, Winchester Road, Stroud, Petersfield, Hampshire GU32 3PN.
The ageing population in the US is growing to increasingly larger proportions, and the need for progressive mental health policy and services for older people is a function of the rapidly growing older population. Lack of attention to mental health needs of older people, particularly frail older people, is reflected in the dearth of education, literature, and services in this area. This study examined the influence of psychosocial constructs on well-being in a sample of 79 low-income, frail older persons. Statistical models indicated that several psychosocial constructs were significantly associated with well-being among the participants. Results have relevance for social work mental health service delivery and policy development for frail older people. (AKM) ISSN: 01634372
From: http://www.tandfonline.com

The authors examined the risk for depressive symptoms associated with age, education, ethnicity, gender, marital status, apolipoprotein E genotype (APOE) and memory complaints among non-demented older people. This investigation included 506 older Americans living in the community who were screened for memory impairment and classified as non-demented based on age and education-adjusted Folstein Mini-Mental State Exam (MMSAdj) scores of 24 or greater. The prevalence of significant depressive symptoms (Hamilton Depression Rating Scale) was 12.1% (N=61). Increased risk for depression was associated with female gender, Cuban American ethnicity, and memory complaints. Factors not confirmed by this study include age, education, marital status and APOE genotype. An observed APOE e4 allele frequency of 0.13 supports the normal cognitive classification of the sample. (RH) ISSN: 08856230

Failure to thrive (FTT) syndrome in older people is a relatively new but poorly understood concept, although depression is thought to be one of the causes. This study examined variables associated with depression that have been linked to FTT syndrome in 133 nursing home residents. Results supported the hypothesis that older nursing home residents identified as depressed by the Geriatric Depression Scale (GDS) experienced less comfort with being touched, more feelings of dejection and hopelessness, greater preference for privacy, less self-esteem, and fewer social resources than residents who were not depressed. (AKM) ISSN: 07317115
From: http://www.tandfonline.com

For many Hong Kong Chinese older people, depression and financial strain are quite common. This study uses data from a longitudinal study to examine the impact of financial strain on depressive symptoms. Even after controlling for socio-demographic, physical health status and social support variables, the authors found that older people with financial strain reported more depressive symptoms three years later, and that men and women were equally affected. The data do not show evidence of a stress-buffering effect of social support on the negative consequences of financial strain on depression. Among women, poor physical health aggravated the adverse effect of financial strain on depressive symptoms. But among men, poor health moderated the impact of financial strain on depression. (RH) ISSN: 01634372
From: http://www.tandfonline.com

This article examines how financial strain and social relations may independently and jointly influence psychological distress among older people in four nations. Data for this study came from the 1983-1985 survey, Social and Health Aspects of Ageing in Fiji, Korea, Malaysia, and the Philippines (N=3,577), and tests summative and multiplicative models of the relationship between financial strain, social relations, and
psychological distress. Financial strain is associated with higher levels of psychological distress in three of the four nations. Interactive models of the effects of financial strain and social relations on distress were uncovered in three of the four nations, but the type of social relation influencing the strain-distress relationship varied. Subjective health and instrumental activities of daily living (IADLs) were significant predictors of psychological distress in all four nations. Findings suggest that although financial strain is quite likely to lead to psychological distress among older people, this can be mitigated, at least in part, by social relationships. Modernisation was not associated with higher psychological distress. (RH)

ISSN: 10795014


Imaging studies in depression of older people are often small and highly selective. The aim of this study was to investigate a large group of older depressed patients in order to assess changes in clinical, imaging and neuropsychological variables at follow-up. A total of 175 patients aged between 65 and 91 years with clinical depression were identified from consecutive local referrals. Clinical interviews, neuropsychological tests and SPECT scans were carried out a referral and and 2-year follow-up. Results showed that of 84 re-examined patients, 46.5% were well, 9.5% were ill, 33% partially recovered and 11% had developed dementia. Duration of illness before index assessment was the only factor to predict outcome. Thirty-nine patients could be scanned and followed up. There were no differences between patients with good or poor depressive outcome on SPECT. The findings indicate that the patient group was comparable with other studies showing high levels of residual depressive symptoms. Activity changes in limbic cortex are implicated in depression in older age. (AKM)

ISSN: 00071250

Geriatric Depression Screening Scale (GDS) in patients hospitalized for physical rehabilitation; by Devora Lieberman, David Galinsky, Vera Fried (et al).


276 Israeli geriatric patients hospitalised for physical rehabilitation (150 following hip fracture, 126 after stroke) were measured for symptoms of depression by the Geriatric Depression Screening Scale (GDS). Functional state was assessed using the FIM scale; and a broad spectrum of clinical, functional, social and demographic variables was measured using conventional tests. 113 patients (41%) showed signs of depression (GDS > 10), with 12 patients (4%) having severe symptoms (GDS > 20). There were no significant differences between HF and stroke patients in symptoms of depression. The severity of the depression symptoms decreased significantly during rehabilitation, and the GDS at discharge was significantly lower than on admission. This change correlated significantly with corresponding change in functional state. Symptoms of depression are common in patients beginning rehabilitation. These symptoms are affected independently, and almost exclusively, by the functional state of the patient, both prior to the event and after its occurrence. The depressed condition improves towards the end of hospitalisation, and the degree of improvement correlates with the corresponding change in the patient's functional state. (RH)

ISSN: 08856230

Geropsychological problems in medical rehabilitation: dementia and depression among stroke and lower extremity fracture patients; by Benjamin T Mast, Susan E MacNeill, Peter A Lichtenberg.


Although stroke and lower extremity fracture are often viewed as distinct medical rehabilitation conditions, they share similarities in that they are both experienced primarily among older adults, and are often accompanied by geropsychological problems such as dementia and depression. However, there has been a lack of studies comparing these prevalence rates. In this study, 101 stroke and 198 lower extremity fracture patients were assessed with neuropsychological tests. The prevalence rates of dementia and depression were then compared between the two patient groups. Overall, 34.7% of stroke and 27.8% of lower extremity fracture patients met the criteria for dementia. In addition, 33.3% of stroke and 25.1% of lower extremity fracture patients scored in the depressed range on the Geriatric Depression Scale. The prevalence rates for dementia did not differ significantly between the two patient groups. (AKM)

ISSN: 10795006
Older people - defined here as those aged 65 and over - comprise a group whose health and medical requirements differ from those of younger age groups, and deserve specific research and analysis. This article analyses published data from the General Practice Research Database (GPRD), to enable us to build up a picture of older people's health and their health service usage, in terms of prescribed medication and referrals to outpatient specialists. The prevalence of five treated diseases is examined: hypertension, coronary heart disease, depression, anxiety, and insulin and non-insulin treated diabetes. Data are taken from 288 general practices across England and Wales. On average, older women were prescribed 27 items during 1996, as compared to 23 items for men. For both sexes, there were more than 200 referrals per 1,000 patient years at risk during 1996. It is paramount that further validation and continued quality checking of GPRD data is undertaken, to ensure the future of the database as an important primary health research tool. (RH)
ISSN: 14651645

The impact of new demands for assistance on caregiver depression: tests using an inception cohort; by Charles W Given, Barbara A Given, Manfred Stommel (et al).
Family caregivers of patients facing new demands for assistance following hospital discharge were more likely to experience increased levels of depression in the following 6 months compared with caregivers facing similar overall demands but few new demands for assistance after hospital discharge. New demands for assistance had a significant independent effect on the levels of depression and were independent of family relationship (spouse vs non-spouse) and caregiver gender. These findings provide insight into theories of caregiver stress, begin to specify the interaction of time after the onset of a stressful event and caregivers' subsequent reactions, and suggest which caregivers may require some assistance with discharged patients. (RH)
ISSN: 00169013

The impact of transition to nursing home on elders' cognitive status, well-being and satisfaction with nursing home; by Kathleen Krichbaum, Muriel Ryden, Mariah Snyder (et al).
Admission to a nursing home is a time of dramatic change for older people that can negatively affect their sense of well-being and cognitive status. In a US study of quality of care in nursing homes, data were collected on 79 newly admitted residents and their experience of transition to a nursing home. Assessments were done on admission and at 6 months, in order to compare subjects' cognitive status, morale, level of depression, observed affect and satisfaction at both times. Thus, the trajectory of change was examined, revealing a decline in cognitive status and observed affect, but improvement in level of depression. These changes were observed regardless of patient's cognitive status. Satisfaction improved or remained stable in most subjects. Using satisfaction as an indicator of successful adjustment, investigators found that three resident characteristics explained variance in satisfaction scores: gender, cognitive status, and level of depression. (RH)
ISSN: 10784470

The impact of two changes in service delivery on a geriatric psychiatry liaison service; by Mala Baheerathan, Ajit Shah.
The changes examined were admission policy and the introduction of a formal liaison component to a "consultation only" liaison geriatric psychiatry service. A 30-month study examined the impact of these changes on service delivery on: the referral rate; reasons for referral; and demographic and clinical characteristics of the referrals. Advice offered after assessment was examined retrospectively. There was a significant decline in the number of referrals for each month, with a decrease in the number of reasons for referral and management advice offered for social treatments per patient. The cost of a specialist registrar attending a geriatric medicine ward round was more than offset by the associated decline in the number of referrals per month. Results suggest that the liaison component has the potential to be cost-effective. There is a need for more formal clinical effectiveness and cost-effectiveness studies in liaison geriatric psychiatry. (RH)
ISSN: 08856230

Incidence of a major depression in a very elderly population; by Y Forsell, B Winblad.
Depression is considered to be a major health problem in older people. Due to methodological problems, there are few studies on the incidence of depression in old age. The present study examines the prevalence of depression in a 3-year follow-up study of a non-depressed very old population, thus estimating the incidence.
875 non-depressed people with a mean age of 85 years from the Kungsholmen district, Stockholm, Sweden, were extensively examined by physicians twice with a 3-year interval. Depression diagnosis was made according to DSM-IV. All persons with a history of depression or a current depression were excluded in order to estimate the first incidence. 4.1% of the population was diagnosed as having a depression at follow-up. The estimated first incidence was 1.4% per person year (0.8% in males, and 1.5% in females). Characteristics at baseline correlated with the onset of depression were: having a dementia; insufficient social network; and having more than two depressive symptoms. The incidence of depression was slightly lower in this very old population than for younger age groups, but followed the same female to male ratio. (RH) ISSN: 08856230

Interpretative guidelines for neuropsychiatric measures with dichotomously scored items; by John L Woodard, Bradley N Axelrod.
Neuropsychiatric measures consisting of dichotomously scored items are commonly used in clinical assessment. After summing these items, clinical guidelines frequently recommend cut-off scores to determine the presence or degree of a particular attribute, such as depression. However, blind application of such cut-offs neglects whether the total score is significantly different from chance. The confounding problem is illustrated using the Geriatric Depression Scale (GDS), and recommendations for interpreting the degree to which a GDS score significantly exceeds chance are presented. Specifically, GDS scores between 11 and 20 inclusive, were found not to differ significantly from chance (p>0.05), assuming a random response pattern. The importance of supportive clinical evidence of depressive symptomatology is increased for scores in this range. These guidelines would be helpful in using such measures with patients who may vary with respect to response accuracy, and in assessing possible incomplete effort of random responding. (RH) ISSN: 08856230

Intervention on attitudes toward death along the life span; by Ma Carmen Abengózar, Belén Bueno, José Luis Vega.
Changes in attitudes, anxiety and depression toward death along the life span are described, and the effects of two different educational modes on the levels of death anxiety and fear of death are explored in this Spanish study. Nine groups were involved: three of each of young adults, middle-aged people, and older people. These were assigned to a group of each of: "experiential workshop" (dynamic exercises); "conference" (explanation of a monograph on the definition and types of death), or control group. Groups participated in the same tests four months later. Young adults subjected to the "conference" treatment increased their "despair", "sadness" and "depression" about death, whereas those in the experiential workshop had decreased "terror" and "death anxiety" levels, although their level of "despair" increased. In the middle-aged group, significant differences were only found after the experiential workshop intervention, with an increase in "despair", "loneliness", and "death depression" levels. Older people participating in the experiential workshop had decreased levels of "death anxiety''. Reasons for such seemingly inexplicable differences are discussed. (RH) ISSN: 03601277

Longitudinal patterns of risk for depression in dementia caregivers: objective and subjective primary stress as predictors; by Mary E Liming Alspaugh, Mary Ann Parris Stephens, AloeL Townsand (et al).
The present study examined how patterns of risk for depression over one year in 188 dementia caregivers (88 consistently asymptomatic, 40 consistently symptomatic, and 60 changing risk) could be predicted by objective (behaviour problem of the relative) and subjective (role captivity and overload) primary stress. Results reveal that all primary stressors differentiated caregivers who remained at low levels of symptomatology over the course of one year from those who were at risk for experiencing a depressive disorder. In addition, caregivers' subjective experience of role captivity predicted the chronicity of risk. Findings extend previous caregiving research on patterns of depressive symptomatology, by highlighting the relationship between subjective primary stressors and stability and change in caregivers' mental health. (RH) ISSN: 08827974

A longitudinal study of chronic disease and depressive symptoms in a community sample of older people; by O F Dent, L M Waite, H P Bennett (et al).
Previous research on the association between illness and depression in older people has relied on self-reported diagnoses with their inherent limitations in scope and reliability. This Australian longitudinal study examined the association between depressive symptoms and medically diagnosed chronic physical and neurodegenerative
diseases and disability in community-living older people. Some 300 over-75s underwent a clinical interview and medical examination with a doctor experienced in geriatric medicine in 1992 and again in 1995. Examination included diagnoses of chronic acute medical illness, a standardised neurological examination, as assessment of functional disability and an abbreviated neuropsychological assessment. Depressive symptoms were assessed by the Center for Epidemiological Studies - Depression (CES-D) scale. Analyses of concurrent and longitudinal associations and the impact of incident disease showed very few independent connections between individual diseases or the total burden of disease and depressive symptoms. However, in every circumstance, disability had a marked independent impact on depressive symptoms. (RH)

Managing depressed and suicidal geriatric patients: differences among primary care physicians; by Mark S Kaplan, Margaret E Adamek, Alvin Calderon (et al).
Although there is a high rate of suicide and depression among older people, they are more likely than younger people to seek mental health care from primary care physicians than from mental health specialists. This study examined differences by specialty of primary care physicians in managing suicidal and depressed geriatric patients. A probability sample of 300 Illinois physicians drawn from the American Medical Association Physician Masterfile was surveyed. Significant differences were found between the specialties in estimates of the prevalence of psychiatric disorders; use of assessment procedures, treatment approaches, and referrals; perceptions of obstacles to providing mental health care; and confidence in diagnosing and treating depression and suicidality. The study concluded that meeting the mental health needs of the rapidly growing older population will require a greater emphasis on geriatric mental health and consistency across primary care specialties. (AKM)

Managing people with depression-related insomnia; by David Nutt, Sue Wilson.
Geriatric Medicine, vol 29, no 6, June 1999, pp 55-57.
Insomnia is common in older people and, when combined with depression, is very difficult to manage. The authors explain changes in sleep patterns in old age, and give advice on treatments and the key elements of a sleep hygiene programme. (RH)

Memory awareness among Japanese nursing facility residents; by Satoshi Ide, Graham J McDougall, May H Wykle.
117 residents of seven geriatric nursing homes in Tokyo participated in this study. The Mini-Mental State Examination (MMSE), Metamemory in Adulthood Questionnaire (MIA), Geriatric Depression Scale (GDS) and demographic questionnaires were used in face-to-face interviews. Subjects were 32 older men and 85 older women, mean age 83.08 years. Depression was found to be a key factor for explaining metamemory; and accounted for 17% of the variance in capacity and 23% in change. There were no differences between the mild cognitive impairment group and the cognitively intact group on achievement, capacity, change, locus and strategy sub-scales. When depression was considered as a moderating factor, a difference arose between the two cognitive levels. History of stroke was not related to metamemory in this study. However, future studies should emphasise memory awareness in brain injury residents, since 41% of this sample had a history of CVA (cerebral vascular accident). (RH)

Mental health in senior citizens in the metropolitan zone of Guadalajara; by M Pando Moreno, C Aranda Beltrán, J L Ponce de Léon Barbosa (et al).
A lack of studies about health and mental illness in older people in Mexico has meant that the prevalence of mental disorders cannot be assessed. The aims of this study were: to determine the prevalence of untreated psychological disorders in the population older than 65 in the metropolitan zone of Guadalajara; and to point out some factors associated with psychological disorders in this population. Using Goldberg's General Health Questionnaire (GHQ) to identify potential cases of mental disorders, the authors screened 246 randomly selected people among Guadalajara's 116,616 over 65s. 86 subjects (35%) qualified as "cases"; this figure is much higher than reported (20.8%) in the adult population in a previous study. Among the cases, 69% were female, 66% were widowed, and 50% were divorced. 44% had not finished their school education, 42% had no school education, 54% were unemployed, and 40% worked at home. Factors associated with anxiety and severe
depression, sleep disorders, psychosomatic symptoms and problems in interpersonal relations were studied. (RH)
ISSN: 03949532

Mental symptoms in Parkinson's disease are important contributors to caregiver distress; by D Aarsland, J P Larsen, K Karlsen (et al).
Caregivers of 94 patients with Parkinson's disease (PD) living at home, and two control groups (patients with diabetes mellitus and healthy older people) participated in this Norwegian study on the emotional and social distress of caring for a patient with PD. The Relative Stress Scale, Beck Depression Inventory (BDI) and the General Health Questionnaire (GHQ) were used. Caregivers, particularly spouses, had more severe depression and a higher proportion reporting tiredness, sadness and less satisfaction with life compared with healthy older subjects. Using linear regression analysis, patient predictors of caregiver distress were depression, functional and cognitive impairment, agitation, aberrant motor behaviour and delusions. Caring for a spouse with PD is associated with emotional and social distress, underlining the importance of also assessing the needs of carers. Mental symptoms of Parkinsonian patients were the most consistent and powerful predictors of caregiver distress, suggesting that identification and treatment of mental symptoms may reduce distress in caregivers of subjects with PD. (RH)
ISSN: 08856230

A meta-analysis of epidemiological studies in depression of older people in the People’s Republic of China; by R Chen, J R M Copeland, L Wei.
There has been little information about depression in Chinese older people. The authors performed a meta-analysis of published epidemiological studies from Chinese medical databases and other sources. There were 10 cross-sectional studies giving sufficient prevalence data on depression (13,565 subjects) or depressive mood (8,476 subjects). The pooled prevalence of depression was 3.86% while that of depressive mood was 14.81%. The risk of depression in rural areas was higher than in urban. The same trends were observed for depressive mood. The patterns of risk factors were similar to those in western countries, while Chinese tradition and culture may be explanatory factors for the low prevalence. (RH)
ISSN: 08856230

Morbidity in older people with self-reported asthma; by Shu F Ho, Dee Jones.
In this investigation of the differences in physical and psychological morbidity in older people with and without self-reported asthma, and possible association with use of more medication and hospital services, a random sample of 2818 people in South Wales were interviewed in 1990 and 1992. 213 subjects with self-reported asthma were identified, a prevalence of 8%, which was not significantly different between sexes, age groups or social class. There was a significant relationship between asthma and physical and functional disability (severe disability 29% in asthmatics vs 16% in non-asthmatics), mobility (housebound 7% vs 4%) anxiety (37% vs 20%), depression (19% vs 10%), poor perceived health status (23% vs 9%), number of different medications (seven or more, 13% vs 4%) and inpatient and outpatient use of hospital services. Self-reporting of asthma is practical and appropriate in the evaluation of functional and psychological status. (RH)
ISSN: 00020729

Mortality and mental disorders in a Spanish elderly population; by Pedro Saz, Lenore J Launer, José-Luis Díaz (et al).
A baseline, cross-sectional study (two-stage screening) of some 1,080 older people (age 65+) living in the community was used to analyse the relationship between mental disorders and mortality rates in Zaragoza, Spain. 216 died during the 4.5 year follow-up (global mortality rate 4.8% per year). A logistic regression model was used, with sex, age, educational level, physical illness and AGECAT diagnosis as explanatory variables, and alive/dead as response. Both pure "organic" and pure "depressed" cases had higher mortality when compared with comorbidity cases. Results obtained indicate a significant association between psychiatric morbidity and mortality in older people living in a Spanish community. Mortality risk in psychiatric cases are higher than previously reported in the literature. (RH)
ISSN: 08856230
Mothers and fathers of adults with chronic disabilities: caregiving appraisals and well-being; by Rachel Pruchno, Julie Hicks Patrick.
Research on Aging, vol 21, no 5, September 1999, pp 682-713.
The stressors, resources, caregiving appraisals, and mental health of ageing women and men who have a child with a chronic disability (developmental disabilities or schizophrenia) were contrasted. Data from 251 women and their husbands indicated that while mean level differences characterise the reports of mothers and fathers, predictors of caregiving satisfaction, caregiving burden, depression, and life satisfaction were relatively similar. With similar mechanisms linking stressors, resources, appraisals and outcomes for mothers and fathers, these data provide strong evidence for the application of a common model for understanding the experiences of ageing men and women who have a child with a chronic disability. (RH)
ISSN: 01640275

Multifaceted shared care intervention for late life depression in residential care: randomised controlled trial; by Robert H Llewellyn-Jones, Karen A Baikie, Heather Smithers (et al).
A population of 220 depressed residents aged 65+ without severe cognitive impairment and living in self care units and hostels in Sydney, Australia participated in this randomised controlled trial of a shared care intervention. The intervention included: multidisciplinary consultation and collaboration; training of general practitioners (GPs) and carers in detection and management of depression; and depression related health education and activity programmes for residents. A control group received routine care. The Geriatric Depression Scale (GDS) and intention to treat analysis were used. There was significantly more movement to "less depressed" levels of depression at follow-up in the intervention than the control group. The outcome of depression in older people in residential care can be improved by multidisciplinary collaboration, by enhancing the clinical skills of GPs and care staff, and by providing depression related health education and activity programmes for residents. This article is followed by a commentary, "Beyond the boundary for a randomised controlled trial?" by Jonathan J Deeks and Edmund Juszczak. (RH)
ISSN: 09598138

Multiple roles and well-being among midlife women: testing role strain and role enhancement theories; by Jennifer Reid, Melissa Hardy.
Research on women’s multiple roles frequently adopts one of two perspectives: role strain, assuming multiples roles as being detrimental to mental well-being; or role enhancement, which argues that engaging in multiple roles enhances mental well-being. The authors contend that the relationship between role occupancy and well-being is manifested through multiple dimensions of role experiences. They investigate the association between depressive symptomatology and various dimensions of the roles of wife, mother, paid worker, and informal caregiver to ageing parents. Data from the 1992 wave of the US Health and Retirement Study is used; and depressive symptomatology is measured by a sub-set of the CES-D scale. The robustness of the findings is also assessed by estimating multiple and log-linear regression. Although the number of roles women assume affects their reports of depressive symptoms, once the demand and satisfaction associated with these roles is controlled, number has no effect. These results highlight the importance of women’s perceptions of the quality of their roles in relation to their overall well-being. (RH)
ISSN: 10795014

Natural history of pharmacotherapy of older depressed community residents: the MRC-ALPHA study; by K C M Wilson, J R M Copeland, S Taylor (et al).
Depression in older people is common and has a high mortality, but effective treatment exist. This study aimed to describe drug prescribing in older community residents in relation to depression status. The MRC-ALPHA community cohort aged 65 years and over were interviewed using the Geriatric Mental State examination drug data collected at index interview and at two and four years. Findings showed that antidepressants were used by 10.9% of the depressed population. Benzodiazepines were used frequently, which indicates that it may be misprescribed for treatment of depressive symptoms. Of the antidepressant users, 59.6% took low dose antidepressants for 2 years, had a poor outcome and few drug changes. The study concluded that trends of increasing antidepressant use may have cost implications for primary care groups. (AKM)
ISSN: 00071250
Perceived control, self-reinforcement, and depression among Asian American and Caucasian American elders; by Shyh S Wong, Elaine M Heiby, Velma A Kameoka (et al).
The role of perceived control and self-reinforcement in depression among older people living in the community from different ethnic backgrounds is investigated. The study's initial purpose was to determine the extent to which the behavioural competencies of self-reinforcement and perceived control co-vary with and predict depression scores among 205 older people (77 Asian American and 128 Caucasian American). The second purpose was to examine possible cultural differences in depression, self-reinforcement, and perceived control scores. It was found that self-reinforcement predicted depression for the total sample and each ethnic sub-sample concurrently and 5 months later. Perceived control predicted depression concurrently and subsequently for the Caucasian group only. Implications for multicultural assessment of depression among older people are discussed. (RH)
ISSN: 07334648

The impact of depressive symptoms on changes in self-reported physical functioning was examined in 574 low-functioning older people, a sub-sample from the Groningen Longitudinal Ageing Study (GLAS). Initial levels of depressive symptoms were not predicted for subsequent change in self-reported physical functioning, for which changes were only moderately associated with changes in performance-based physical functioning. The strongest congruence of measured change between self-reported and performance-based physical functioning was found in older people with increased depressive symptoms. The results suggest that preventing an increase in depressive symptoms may help prevent further discrimination in poorly functioning older people. (RH)
ISSN: 10795014

Prediction of the presence and stability of depression in the Great Lakes native American elderly; by Kim J Curyto, Elizabeth E Chapleski, Peter A Lichtenberg.
There is a paucity of research on depression among older Native Americans. This study examined depression in a longitudinal study of 204 older Great Lakes Native Americans aged 55 years and older who were interviewed both at baseline and 18 to 24 months later. At time 1, 20% had at least one activities of daily living (ADL) limitation, 28% had at least one instrumental ADL (IADL) limitation, and the mean number of chronic medical diseases was 1.60. Examination of the prevalence of depression showed that 16.5% of the sample at time 1 and 19% of the sample at time 2 were depressed. Subjects were identified categorically as having been depressed at both times, at time 1 but not time 2, at time 2 but not time 1, or never having been depressed. Significant differences were found between the never depressed and the other groups for functional ability and comorbid medical illness, indicating that physical and medical limitations were related to increased levels of depressive symptomatology. Also, poor medical functioning and limitations in ADLs and IADLs were predictive of those who developed depression later on. (AKM)
ISSN: 10784470

Predictors of carer distress following stroke; by Valerie Morrison.
While there is a considerable literature concerning predictors of depressed mood in stroke survivors, much less research has been directed towards identifying the impact of a stroke on primary informal carers and the nature of the relationship between patient and carer characteristics, stroke consequences and carer distress. This review attempts to elucidate such relationships, so that implications for health and social care provision can be drawn (RH)
ISSN: 09592598

Predictors of recovery from major depression among geriatric psychiatry inpatients: the importance of caregivers' beliefs; by Robin J Casten, Barry W Rovner, Yochi Shmuely-Dulitzki (et al).
Caregiver support is an important factor in recovery from depression among older patients. The authors examined whether caregivers' perceptions regarding patients' ability to control depressive symptoms and health were controlled. Depression treatment, demographics, number of depressive symptoms, and health were controlled. The sample comprised 51 geriatric psychiatry inpatients who met DSM-IV criteria for major
depression, and who had a primary caregiver. Depression was assessed at admission and discharge. Caregivers were asked to indicate whether they believed their patient-relatives could control their depressive symptoms. At discharge, 33 patients (64.7%) were 'remitted' and 18 (35.5%) were 'non-remitted'. Multivariate analysis indicated that receiving electroconvulsive treatment (ECT), having fewer depressive symptoms caregivers perceived to be within patient control, and being female predicted depression remission at discharge. This study highlights the important relationship between family dynamics and course of depression. (RH)
ISSN: 10416102

A preliminary study of the association between changes in mood and cognition in a mixed geriatric psychiatry sample; by Ralph H B Benedict, Melissa Dobraski, Marion Z Goldstein.
The relationship between measures of mood state and cognitive function was investigated in a sample of American geriatric psychiatry patients. All were admitted to an urban hospital with varying degrees of cognitive impairment. Patients with diminishing negative affects and depressive symptoms during the course of hospitalisation improved significantly on three cognitive tests, and half of the group members were no longer impaired according to their performance on a mental status examination. Correlations between cognition and mood-scale change scores were significant on tests emphasising spatial processing and learning. Although the effects were modest in this heterogeneous sample, the data demonstrate a significant influence of changing mood state on neuropsychological test performance. (RH)
ISSN: 10795014

Prevalence and correlates of depression among Saudi elderly; by Sulaiman A Al-Shammari, Abdullah Al-Subaie.
A cross-sectional national survey of 7970 older people in Saudi Arabia was conducted during 1994 and 1995, of whom 3110 (39%) reported depressive symptoms (8.4% with severe depressive symptoms). Personal characteristics strongly correlating with depression were: poor education; unemployment; divorced or widowed status; and old age and being a female. Living in a remote rural area and poor housing conditions were also significantly associated with high depressive symptoms. Limited privacy, such as having a particular room specified for older people, was also associated with more depressive symptoms than sharing a room with another person. Lower incomes, the number of medical diagnoses and medications received, loss of a close relative, living alone, limited participation in recreational activities, perception of poor health, and dependence on others for activities of daily living (ADLs). Depressive symptoms are common among Saudi older people, and detection and management rates were low. Primary care teams could help these patients if properly trained. A simple instrument such as the Geriatric Depression Scale (GDS) is useful and easily administered. (RH)
ISSN: 08856230

Prevalence of antidepressant use among older people: population-based observations; by Muhammad Mamdani, Nathan Herrmann, Peter Austin.
Depression is common among older people, yet it is frequently unrecognised and untreated by family physicians. This Canadian study assessed the prevalence of antidepressant use with respect to age, gender, and time during a 5-year period from 1993 to 1997 among all residents of Ontario aged 65 years or older. Findings showed that a general, positive, linear trend in the prevalence of antidepressant users with increasing age group was consistently detected regardless of gender and year assessed. The age-adjusted relative risk of women being dispensed an antidepressant relative to men was significantly higher each year but seemed to decrease slightly over time. The study concluded that the prevalence of antidepressant use was dynamic and was significantly and independently associated with age, gender, and time of assessment. (AKM)
ISSN: 00028614

Prevalence, incidence and correlates of depression in the oldest old: the OCTO study; by S H Zarit, E E Femia, M Gatz (et al).
While there has been extensive research on depression in later life, few studies have focused on the prevalence of symptoms and patterns of change over time among the oldest-old. OCTO is a longitudinal study of a population-based sample of older people, initially aged 84 to 90, in Jönköping, Sweden. Participants were interviewed at 2-year intervals over six years. From an initial population base of 400, 324 people participated in the initial survey, 254 of whom provided information on depressive symptoms. Using a short form of the CES-D (Center for Epidemiological Studies Depression Scale), the authors found prevalence of significant depressive
symptoms to range between 43% and 50% for the four times of measurement. Incidence of clinically significant symptoms ranged between 9% and 16% between measurements, while some people who were previously depressed showed improvement. A multivariate model indicated that depressive symptoms were related to functional impairments and disabilities, but these effects were mediated by mastery beliefs. These findings indicate that depressive symptoms affect a somewhat higher proportion in later life than among the young old. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Generally, preventive strategies aim to reduce the impairments which tend to accompany ageing, and involve primarily health, socio-economic and environmental interventions as opposed to social care activities. The overall aim of the project was to carry out a systematic review of the research literature and identify the impact and effectiveness of preventive services in promoting successful ageing. The review centred on services or interventions within three broad areas. First, low intensity services whose goal was to decrease dependency and maintain autonomy in the context of managing limitations and compensating for losses. Second, social networks designed to increase social support, and to counter loneliness. Third, those aimed at preventing symptoms of depression consequent upon loss (psychological, interpersonal, social and functional). Evidence was analysed from five databases: Medline, Cinhil, Sociofile, Helmis and Caredata. While there is ample evidence base on preventive strategies in health and disability, the research had conceptual and methodological difficulties concerning social care. More interdisciplinary research is required to develop understanding of the processes involved in "successful ageing". (RH)
ISBN: 090617855X
Price: £15.00
From: Anchor Trust, Fountains Court, Oxford Spires Business Park, Kidlington, Oxon OX5 1NZ.

Primitive reflexes in cerebrovascular disease: a community study of older people with stroke and carotid stenosis; by Rahul Rao, Stephen Jackson, Robert Howard.
There is some awareness that cerebrovascular disease may become manifest in a neurologically "silent" manner, with resulting changes in cognitive function. The main aim of this study was to compare the prevalence of primitive reflexes (frontal release signs) in older people with cerebrovascular disease, and to examine their relationship with neuropsychological and mood-related variables. Three groups of 25 people over 65 with anterior circulation stroke, treatment ischaemic attack (TIA), and a control group were assessed using measures of generalised cognitive impairment, frontal lobe dysfunction, frontal release signs and mood-related variables. Predictors of cerebrovascular disease were examined further in stroke and TIA groups. Both stroke and TIA groups showed a higher mean score on the Frontal Release Signs Scale and a higher prevalence of most reflexes than the control group. Verbal fluency and DSM-IV depressive disorder were the only independent predictors of frontal release signs. (RH)
ISSN: 08856230

Prospective validity study of a triaging method for mental health problems: the MacNeill-Lichtenberg decision tree (MLDT); by Peter A Lichtenberg, Susan E MacNeill.
The MacNeill-Lichtenberg Decision Tree (MLDT) is a method for triaging older patients in health care settings with regards to their need for cognitive and affective assessment. Originally validated with 173 individuals in a retrospective study, this investigation focused on using the MLDT prospectively with 39 consecutively referred older medical rehabilitation patients. Overall, using the MLDT provided effective and efficient screening; accurately identifying cases in need of assessment while also reducing unnecessary assessments. (AKM)
ISSN: 07317115
From: http://www.tandfonline.com

Public knowledge of late-life depression and aging; by Robert G Zylstra, Jean A Steitz.
Depression among older people is a common, treatable condition, yet few individuals in the US aged over 65 are treated for this disorder. This study used a sample of 235 adults to assess the general public's knowledge of late-life depression and ageing. The data indicated that the sample had little knowledge of ageing in general, and even less about late-life depression. Racial differences were more prominent than were gender differences.
Whites and African Americans did not differ in terms of their knowledge of ageing. However, whites were more knowledgeable of depression than were African Americans. This suggests differences in the social construct of depression in the African American community in comparison to whites. The relationship between knowledge of ageing and knowledge of depression is also discussed. (RH)

ISSN: 07334648


People with Parkinson's disease (PD) have progressive loss of function, eventually leading to severe disability. This study examines the relationship between physical disability, depression and control beliefs and quality of life of people with PD; and it characterises how these psychosocial variables differ by stage of disease. 86 people aged 61-87, from five stages based on clinical disability, were interviewed. Established instruments were used to measure physical disability, depression, and control beliefs. Quality of life (QOL) was rated on a 5-point Likert scale. A multivariate regression model including physical disability, stage of disease, depression, mastery, and health locus of control predicted QOL, with mastery as the only significant predictor. There were significant differences by PD stage for all variables. Mastery predicted QOL in people with PD, even when depression and physical disability were included in the model. Differences in psychosocial variables by stage of PD suggest that the psychosocial profile of PD patients may change as the disease progresses. (RH)

ISSN: 10795006


The relationship between multiple role participation and depressive symptoms experienced by African American and white women aged 55-61 was explored in this study. Data from 547 African American women and 2,152 white women were obtained from the Health and Retirement Study (HRS). Racial differences in the social role of marriage, employment, grandmother, care provider, and volunteer and their influence on level of depressive symptoms were examined. African American women reported higher levels of depressive symptoms than did white women. Marriage, employment, and total number of social roles were the most powerful predictors of depressive symptoms for all women. However, employment was more important in diminishing depressive symptoms among African American women than white women occupying multiple social roles. (AKM)

ISSN: 00169013


Despite considerable interest, there is no consensus regarding the prevalence of depression in later life (at age 55 and over). A systematic review of community-based studies, in which literature was analysed by level of caseness at which depression was defined and measured, found 34 studies eligible for inclusion. Reported prevalence rates vary enormously (0.4%-35%). Arranged according to level of caseness, major depression is relatively rare among older people (weighted average prevalence 1.8%), minor depression is more common (weighted average prevalence 9.8%), while all depressive syndromes deemed clinically relevant yield an average prevalence of 13.5%. There is consistent evidence for higher prevalence rates for women and among older people living under adverse socio-economic circumstances. Methodological differences between studies preclude firm conclusions about cross-cultural and geographical variation. Improving the comparability of epidemiological research constitutes an important step forward. (RH)

ISSN: 00071250


This study examines the psychometric properties of two new abbreviated versions of standard measures of depression: a revised 8-item Center for Epidemiological Studies-Depression Scale (CES-D); and a short-form Composite International Diagnostic Interview (short-form CIDI). A sample of 6,133 older Americans, aged 70 and over, completed both measures as part of the Asset and Health Dynamics Study of the Oldest Old. The revised CES-D had an internal consistency and factor structure comparable to that of previous versions of the CES-D. The sources of discordance between the two measures were examined, and the two measures were compared on self-report of four clinical variables: medical illness; physician diagnosis; psychiatric treatment; and antidepressant or tranquillizer use. Both measures were associated with self-report of physical diagnosis and
psychiatric treatment. Respondents positive for depression on the CES-D reported higher rates of antidepressant use. Respondents positive on the short-form CIDI only did not report more antidepressant use than non-depressant respondents. (RH)
ISSN: 10416102

The role of client choice and target selection in self-management therapy for depression in older adults; by Paul D Rolke, Judith A Tomhave, Zeljko Jocic.
In a study designed to maximise the effectiveness of treatment by allowing participants to select the target of treatment, 40 depressed older people were randomly assigned to a waiting list control condition or to conditions in which the target of treatment was either chosen or assigned. All participants received self-management therapy and the choice was between changing behaviour or changing cognition. It was found that individually administered self-management therapy was effective in treating depression for older people. There were no differences in outcome between versions of self-management therapy that targeted behavioural or cognitive change. Among those who completed treatment, there were no differences in outcome between those who received a choice and those who did not. Individuals who were given a choice of treatment options, however, were less likely to drop out of treatment prematurely. (RH)
ISSN: 08827974

The role of depression in the association between self-rated physical health and clinically defined illness; by Cynthia L Leibon, Judith Garrard, Nicole Nitz (et al).
This cross-sectional study of 543 older participants of a managed care organisation examined whether the association between self-rated physical health and clinically defined illness differed for persons who were not depressed compared with persons with minor or serious depression. Depression was measured with the Diagnostic Interview Schedule (DIS). Clinically defined illness was measured with the Chronic Disease Score (CDS), a pharmacy-based measure. Additional variables included age, sex, and self-reported pain and physical function. Results revealed that self-rated physical health was associated with both minor and serious depression, independent of clinically defined illness; minor depression was no longer significant when self-reported pain and physical function were added to the model. A significant negative correlation between self-rated physical health and clinically defined illness was observed for minor and no depression, but no correlation was seen for serious depression. (AKM)
ISSN: 00169013

Sex differences in elderly suicide rates: some predictive factors; by S Coren, P L Hewitt.
In the US, the rate of suicide among those aged 65 and over is higher than for any other age group. There is a marked sex difference, with men accounting for 86% of suicides in older people. Using a sample consisting of every reported suicide death of older people between 1986 and 1990 (n=31,541), it was found that a different pattern of variables was predictive of suicide rates for men and women. For older men, factors associated with financial and social status were the best predictors of suicide. For women, the predictors were indices of social and environmental stability and stress. These findings may be explained by psychological theories which speak of sex differences in the personality domains known as agency and communion. Similar considerations may help to explain why the suicide rate for men tends to increase in old age, while that for women remains relatively constant. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Short Anxiety Screening Test - a brief instrument for detecting anxiety in the elderly; by Gary Sinoff, Liora Ore, David Zlotogorsky (et al).
The Short Anxiety Screening Test (SAST), an easily administered rating scale, was developed to standardise the detection of anxiety disorder in older people, even, and especially, in the presence of depression. The instrument also included somatic complaints, often the manifestation of anxiety in older people. In this Israeli study, the SAST was validated against a psychiatric evaluation of 150 medical inpatients and outpatients (90 females) aged 70 and over, attending a geriatric service. The initial validity of the SAST was tested in all the sample and subsequently in the sub-groups of depressed and non-depressed. By the psychiatrist's evaluation, 40.7% suffered from anxiety. Mean SAST scores in the presence and absence of anxiety were significantly different (25.3 and 20.1). The overall validity of the SAST was high (sensitivity 75.4%; specificity 78.7%). In the presence of depression, sensitivity was 83.3% and specificity 70.5%. The SAST was valid in detecting anxiety in older
people, as well as in depressed patients. The study proved the usefulness of the SAST in a geriatric assessment programme. (RH)

ISSN: 08856230

Short versions of the geriatric depression scale: a study of their validity for the diagnosis of a major depressive episode according to ICD-10 and DSM-IV; by Osvaldo P Almeida, Shirley A Almeida.


The sensitivity, specificity, positive and negative predictive values for the short version of the Geriatric Depression Scale (GDS-15) were assessed in 64 outpatients aged 60 and over meeting criteria for depressive disorder at a mental health unit of "Santa Casa" Medical School in Sao Paolo, Brazil. Those with severe sensory impairment, aphasia or Mini-Mental State Examination (MMSE) score lower than 10 were excluded from the study. GDS-15, GDS-10 and GDS-4 are found to be good screening instruments for major depression as defined by both the ICD-10 Checklist of Symptoms and DSM-IV diagnostic criteria. The shorter four- and and one-item versions are of limited clinical value due to low reliability and failure to monitor the severity of the depressive episode. General practitioners (GPs) may benefit from the systematic use of short GDS versions to increase detection rates of depression among older people. (RH)

ISSN: 08856230

Social support and depression among low income elderly; by Joel Fischer, Cullen Hayashida.


Demographic, functional and social characteristics of residents living in a low-income housing complex for older people in Honolulu, Hawaii are explored. These variables and perceptions of social support were analysed for their effects on depression. The strongest predictor of depression was perceptions of social support. Findings are consistent with previous research which shows that support through family and friends is important to consider when older people experience health problems that lead to functional disability. (RH)

ISSN: 02763893

From: http://www.tandfonline.com

Socio-economic deprivation and the prevalence and prediction of depression in older community residents. The MRC-ALPHA study; by K C M Wilson, R Chen, S Taylor, C F M McCracken (et al).


The Townsend index (TI) is a measure of social deprivation. It can be applied to postal districts and has been used in studies examining the ecological associations of mental illness. This study examined the utility of the TI in identifying older populations with a high prevalence and risk of developing depression. The study was carried out in the context of a cohort study of an age- and gender-stratified sample of 5222 community residents aged 65 years and over. Subjects were interviewed at intervals of 2 years. The relationships between Townsend score and psychiatric diagnoses (in particular, depression) were examined. Results revealed that high Townsend scores were associated with increased prevalence and incidence of depression and prevalence of organic psychiatric illness. The authors concluded that the TI can be used to prioritise psychiatric and primary care resources so as to cater for older populations likely to suffer from depression and organic psychiatric conditions. (AKM)

ISSN: 00071250

Somatization in the elderly: review; by Bart Sheehan, Sube Banerjee.


Somatisation is a common medical problem encountered at all levels of medical care. It is strongly associated with use of services and may be difficult to treat. Somatisation in older people has been traditionally seen as a masked presentation of depression. Population studies have shown no consistent increase in somatisation among older people, who may also downplay physical symptoms. Among older depressed people, somatisation is common and may be more common if physical illness is also present. Psychological distress is usually acknowledged, not masked, in older depressed people. Neuroticism, as well as psychiatric illness, may be an important aetiological factor for somatisation in older people. Treatment strategies must attend to underlying psychiatric disorders, but there is a need for studies of treatment of the phenomenon in older people. The results of a literature search are presented and discussed. (RH)

ISSN: 08856230
Subjective health and mortality in French elderly women and men; by Catherine Helmer, Pascale Barberger-Gateau, Luc Letenneur (et al).
Subjective health can be defined as the individual's perception and evaluation of his or her overall health. It is a particularly useful indicator when considering older people, given the relevance of quality of life. The present study's objective is to examine the effects of subjective health on mortality according to sex in a French, community-based, elderly sample, and to explain the differences between men and women by way of depression, cognition, and disability. The PAQUID (Personnes Agées QUID) cohort is a representative sample of 3,660 non-demented older community residents aged 65 and over living in Gironde and Dordogne départements. The relationship between subjective health and 5-year mortality was studied using the Cox model with delayed entry. In men, subjective health was a predictor of mortality, independent of sociodemographic characteristics, physical health status, depression, cognitive function, and disability, particularly in the middle range of subjective health. In women, the relationship between subjective health and mortality was explained by physical health status and disability. To understand these sex differences, the pathways from healthy life to dependency and death should be explored further. (RH)
ISSN: 10795014

Suicidal feelings in the last year of life in elderly people who commit suicide; by Margda Waern, Jan Beskow, Bo Runeson (et al).
Letter in The Lancet detailing a Swedish study undertaken by research staff based at Göteborg University and the Karolinska Institute, Stockholm. The study examined suicidal feelings noted by doctors and by relatives of 85 older people (over 65 years) who died by suicide. It concludes that most elderly people who commit suicide suffer from depression. Their findings highlight the need for repeated evaluations of suicidal feelings in depressed older patients by clinicians, even during follow-up treatment. (KJ)
ISSN: 01406736

Therapeutic recreation treats depression in the elderly; by Cynthia Dustin Johnson.
The co-occurrence of physical limiting conditions and depression in older people is well documented; and untreated depression carries an enormous risk and cost. Therapeutic recreation is an ideal psychosocial treatment for use in home care settings, because of its effectiveness and versatility. Certified therapeutic recreation specialists use various interventions such as music and exercise as part of a treatment team. This article includes a case study in which poetry is used. (RH)
ISSN: 01621424
From: http://www.tandfonline.com

The case of a 78 year old women is presented, who, together with a counsellor using the framework of Brief Dynamic Psychotherapy, explored her grief and depression over the sudden death of her husband. By focusing on the limited time available, the client had started to deal with her feelings of anger and abandonment by her family, and consequently was able to regain interests. (RH)
ISSN: 13603671

Data is presented from the Department of Health (DoH) funded Measurement and Valuation of Health survey, a nationally representative interview survey of some 4,000 men and women, conducted by the Centre for Health Economics (CHE) in 1993. Among other things, the survey collected information on health status using the EuroQoL (EQ-5D) descriptive system. EQ-5D defines health in terms of five dimensions: mobility, self-care, usual activities, pain or discomfort, and anxiety or depression. Each dimension is subdivided into three levels corresponding to whether a respondent has no problems, moderate problems, or extreme problems. Data is presented as a series of tables of age/sex population norms for the EQ-5D, for both self-rated health care and weighted health state index. (RH)
Under-prescribing: are we failing our older patients with depression?, by Tim Stevens. Geriatric Medicine, vol 29, no 1, January 1999, pp 25-26, 29.

Depression in older patients often goes unrecognised. Most older people with depression respond well to pharmacological therapy; yet research shows that they frequently receive inadequate doses of antidepressants or inappropriate drugs. SSRIs (specific serotonin re-uptake inhibitors) are effective and well tolerated, and should be used as first-line treatment. Antidepressant medication should be given sufficient time to work, and while often effective in itself, may be augmented by psychosocial treatments ranging from cognitive-behavioural therapy to practical interventions such as the provision of home help. (RH)

ISSN: 0268201X


The GDS-15 Geriatric Depression Scale was used to measure self-rated depressive symptoms in a group of 132 subjects in North Wales with clinically probable Parkinson’s disease (PD) randomly selected from a community-based disease register. Disease severity was assessed by the Webster scale, and cognitive function by the CAMCOG test. Carers of patients, who in this study were all spouses, were also asked to complete the GDS-15. 64% of our group of patients and 34% of carers scored within the “depressed” range on the GDS-15. Patients with high levels of depressive symptoms tended to have more severe disease, disease of longer duration, and more impaired cognitive function. The GDS score of the carer was best predicted by the GDS score of the patient being cared for. Less than 10% of patients and carers were being treated with antidepressant medication. This study confirms the high level of depressive symptoms in PD suggested by hospital- and clinic-based studies. The patient’s level of depression appears to be an important determinant of carer distress and mood disorder, as reflected in GDS score. Despite high levels of depressive symptoms, very few subjects were receiving antidepressant drug therapy. (RH)

ISSN: 00020729


In this Australian study, nursing staff administered three instruments to screen for depression among residents in three nursing homes: the 30-item Geriatric Depression Scale (GDS), Gilleard scale and a visual analogue scale. A clinical psychologist then used the same questionnaires when assessing 50 residents in one of the nursing homes. Residents in the nursing homes were interviewed by the psychologist, using various instruments including the Brief Assessment Schedule (BAS) and the Mini-Mental State Examination (MMSE). Of the 208 residents, 129 were interviewed by the psychologist and assessed by the nurses. The mean GDS score was 11.1, with 32% scoring 14 or more. Some 27% scored in the depressed range on the BAS. Correlations between scores on the screening instruments and on the depression rating scales were high, except among those with severe dementia. The study concluded that use of the GDS in nursing homes is recommended in order to be able to alert doctors about patients with depression. (AKM)

ISSN: 13607863

From : http://www.tandfonline.com


In this two-stage study based on a large general practice in Melton Mowbray, the first stage comprised a health check at home of over 75s by a practice nurse, and included the short Geriatric Depression Scale (GDS15). A random sample (stratified according to first stage GDS-15 score) of 257 over 75s without significant cognitive impairment, were selected for the second-stage diagnostic interview. The GDS-15 score was compared with diagnostic status for depression and anxiety disorders and presence of depressive symptoms at the second-stage clinical interview. 93% of those eligible for the study were successfully screened with the GDS-15. A cutpoint of <3/3+ had a sensitivity of 100% and specificity or 72% in detecting cases of depression but fewer than one in five of those testing positive reached a diagnostic threshold. Only 25% of those with a diagnosis of depression had any mention of mental health problems in their medical notes in the year before the clinical interview. For detecting depressive symptoms, the same cutpoint was 79% sensitive and 78% specific with a positive value of

Price: £12.50
From : Publications Centre, Centre for Health Economics, University of York YO1 5DD.
46%. Use of GDS-15 would go some way towards serving the original purpose of annual health checks, in detecting problems such as depression. (RH)

ISSN: 08856230

Validity of nutritional status as a marker for future disability and depressive symptoms among high-risk older adults; by Chad Boult, U Beate Krinke, Cristina Flood Urdangarin (et al).
The DETERMINE Checklist is a 10-item, weighted questionnaire designed to identify older persons whose nutritional status should be evaluated more completely. This study measured the validity of the DETERMINE Checklist as a marker for future functional disability, depressive symptoms, and mortality among high risk older adults. Participants were 251 community-dwelling older people at high risk for hospital admission who received geriatric evaluation and management (GEM). Participants with baseline Checklist scores of four or higher were found to be significantly more likely than those with lower scores to have functional disability or high levels of depressive symptoms a year later. Checklist scores did not predict mortality. The study concluded that the Checklist could be used as a secondary screen to identify older people who, without treatment, are at especially high-risk to have disability or depression a year later. (AKM)

ISSN: 00028614

1998

Association between depression and cognitive impairment in aged male war veterans; by O F Dent, A F Jorm, C Tennant (et al).
The association between both depressive symptoms and depressive disorder and subsequent cognitive performance and incident dementia was examined in this study. Participants were randomly selected male veterans of World War II living in Sydney, Australia in 1982, and those surviving were interviewed again in 1991. Depressive disorder and dementia were diagnosed clinically. Depressive symptoms were assessed by a standard self-completed scale. Cognitive performance was assessed by 18 standard neuropsychological tests representing a range of mental functions. There was essentially no predictive and no concurrent association between depressive disorder and cognitive performance. There was a marginal correlation between depressive disorder in 1982 and dementia in 1991 but no concurrent association in 1991. Initially, depressive symptoms appeared to be associated with cognitive impairment, both predictively and concurrently. However, when verbal intelligence was controlled, the predictive association disappeared for all but two cognitive performance tests and the concurrent association weakened distinctly across all tests. (AKM)

ISSN: 13607863

From: http://www.tandfonline.com

Attitudes to depression in hospital inpatients: a comparison between older and younger subjects; by R L Allen, Z Walker, S S Shergill (et al).
High rates of depression in medically ill inpatients have been reported, much of which goes unrecognised. Patient’s own attitudes about seeking help and their beliefs about treatments may contribute to this. This study examined the relationships between age, the presence of depressive symptoms and attitudes to depression in physically ill inpatients. One hundred and sixty patients in a district general hospital in the United Kingdom (UK) were recruited to the study and completed an Attitudes to Depression Questionnaire and a depression screening scale. Both older and younger patients showed attitudinal barriers to treatment. In addition to that, the older subjects were less willing to seek help and less likely to acknowledge depressive symptoms than the younger group. Educational interventions would seem warranted in increasing the self-awareness of depression in older people and encouraging patients to seek help more readily.

ISSN: 13607863

From: http://www.tandfonline.com

Beyond the mirror: a group analytic exploration of late life and depression; by S Evans.
The mirror is used as a metaphor for the image of ourselves that we obtain from others, both in personal relationships and in society. This paper examines the role of reflections in the development of personality, and how maladjustments can influence the course of late life depression. The therapeutic mirror in group psychotherapy may be beneficial in the treatment of resistant depression. (AKM)
Can depression and depressive symptoms predict mortality at 18-month follow-up in acutely medically ill inpatients over the age of 80 years?; by Ajit Shah.  
The prevalence of depression in acutely medically ill older inpatients is high, and is also associated with increased mortality. The association between mortality at 18 month follow-up and depression, depressive symptoms and demographic variables at the outset in a group of such inpatients at West Middlesex University Hospital was examined. Mortality at 18-month follow-up was 47%, suggesting no particular association with depression. An explanation of this absence of association between mortality and depression may be because the findings relate to only one geriatric medical unit, and based on comparatively small numbers. (RH)  

ISSN: 08856230

Can money buy happiness?: depressive symptoms in an affluent older population; by Catherine G West, Dwayne M Reed, Ginny L Gildengorin.  
Research shows that lower income is associated significantly with depressive symptoms in older people, however, the nature of the relationship between depressive symptoms and higher income has been inferred rather than examined directly. This US study investigated this inverse relationship, and examined whether this pattern was independent of other known correlates of depressive symptoms, such as medical problems, physical disability, and social support. A total of 1948 non-institutionalised persons aged 55 years and over participated in the study. Findings indicated that poor health, physical disability, and social isolation are the major factors responsible for the inverse relationship between income and symptoms of depression in affluent, as well as economically disadvantaged older populations. (AKM)  

ISSN: 00028614

Care of the elderly : depression in physical illness; by Patrick Mbaya, Graham Jackson, Philip Cowan.  
Three articles deal with depression in hospital, at home, and its treatment. The special problems involved in the diagnosis and treatment of depression in older people in hospital are discussed. The general practitioner (GP) has an essential role in managing depression in older people living at home or in nursing homes, and is the theme of the second article. The final article, on antidepressants, outlines some of the considerations influencing choice of medication when managing depression in physically ill older people. (RH)  

ISSN: 0268201X

Causes of dysphoric experiences among elderly Korean immigrants; by Keum Y Pang.  
Causes of depression among older Korean immigrants in the United States (US) were examined in relation to their meaning to the individuals and their sociocultural traditions. A total of 674 older Koreans were interviewed. The most common causes of depression mentioned were death of family members, past marital problems, concerns about their children, financial problems, and health problems. Depression was seen as causing health problems or making them worse. Self-care appeared to be the main coping mechanism. Some informants gave Korean folk illnesses as causes of depression. The multidimensional dynamics of depression are discussed in light of cultural factors. (AKM)  

ISSN: 07317115

The Center for Epidemiological Studies Depression Scale In older community samples in Indonesia, North Korea, Myanmar, Sri Lanka, and Thailand; by Andrew Mackinnon, John McCallum, Gary Andrews (et al).  
Cultural differences in the reporting of depressive symptoms among older people were examined using the Center for Epidemiological Studies Depression Scale (CES-D) in five south-east Asian countries: Indonesia, Korea, Myanmar, Sri Lanka, and Thailand. Previous work in Asian samples - principally North American immigrants - suggested differential functioning of the CES-D. The four-factor solution established in the original studies of the CES-D was replicated for all countries using a confirmatory factor analytic approach. It was, however, demonstrated that little information was lost in considering full-scale scores rather than the four subscales separately. The behaviour of the CES-D in older Asian populations was found to be comparable to results obtained in North American and European cultures. Significant somatisation of depression in these Asian
samples was not found. There appears to be a general factor measuring depressed mood across older populations. The results support the validity of comparing responses on the CES-D across cultures. (RH)
ISSN: 10795014

Changes in self-rated health, disability and contact with services in a very elderly cohort: a 6-year follow-up study; by Tom R Dening, Lin-Yang Chi, Carol Brayne (et al).
This paper reports data from a community study in Cambridge of people aged 75 and over, followed up over a period of 6 years, and in particular examining self-rated health, reported physical and depressive symptoms, and the receipt of community services. Initially 2609 people were recruited, 1173 were re-examined at 2.4 years and 628 after 6 years, allowing analysis of both ageing and cohort effects. Although reported physical symptoms increased with increasing age, global self-reported health improved with age. Poor self-rated health and increased physical symptoms were associated with increased receipt of community services, but there was a time lag between higher depression scores and increased services. Cohort effects were observed with service receipt, which may reflect changes in public service policy. (RH)
ISSN: 00020729

The classification and measurement of disablement, with emphasis on depression, and its applications for clinical gerontology; by M Prince.
The concept of disablement is described, with particular reference to the World Health Organization (WHO) International Classification of Impairments, Disabilities and Handicaps (ICIDH) and its forthcoming revision. Applications for a disablement classification and the approaches applied to its measurement are reviewed. The relevance of disablement to psychiatric research and clinical practice is also considered. Data are presented from the last two phases of the Gospel Oak Survey, illustrating the value of simple measures of disablement in a community epidemiological study of the aetiology of late-life depression. (RH)
ISSN: 09592598

Clinical detection of depression among community-based elderly people with self-reported symptoms of depression; by Judith Garrard, Sharon Judith Rolnick, Nicole M Nitz (et al).
Depression is under-diagnosed and under-treated in the primary care sector. This study determines the association between self-reported indications of depression by American community-dwelling older enrollees in a managed care organisation and clinical detection of depression by primary care clinicians. This was a 2-year cohort study of 3,410 older people who responded to the Geriatric Depression Scale (GDS) at the mid-point of the study period. A broad measure of clinical detection was used consisting of one or more of three indicators: diagnosis of depression, visit to a mental health specialist, or antidepressant medical treatment. About half of the group with self-reported indications of clinical depression did not have documentation of clinical detection of depression by health care providers. Recognition of depression by GPs tends to increase with the severity of enrollees' self-reported feelings of depression. Men aged 65 to 74 and those aged 85 and over were at highest risk for under-detection of depression by primary care providers. Clinical detection of depression in older people continues to be a problem, particularly in older white men. (RH)
ISSN: 10795006

A comparison of mental health among minority ethnic elders and whites in East and North London; by E R T Silveira, S Ebrahim.
Minority ethnic groups, particularly older people, reported substantially more limiting long-term illness than the white population in the 1991 UK census. This study aimed to compare the levels of and examine associations between disability, chronic medical diagnoses, mood and life satisfaction among Bengali, Somali, Gujarati and white older people living in North and East London. The Symptoms of Anxiety and Depression Scale (SAD) and the Life Satisfaction Index (LSI) were used. The highest SAD scores were found among Banglais; lowest LSI scores were found among Bengalis and Somalis. The prevalences of depression were very variable. Chronic health problems and SAD scores were associated among Somali, Banglais and East London whites. Chronic health problems also related to lower LSI scores among Somalis and East London whites. The study concluded that the marked variation in mental health between different ethnic groups may be a reflection of differences in perception of symptoms, expectations and motivations for taking part in surveys. Cross-cultural application of standardised assessment scales is not straightforward and further work is needed to examine such methods. (AKM)
A qualitative investigation of the conceptualisation of anxiety and depression among Japanese American older adults is described in this article. Twenty-nine older adults were interviewed as a senior centre where they were members. Results of the interviews suggest that their conceptualisation of these disorders was similar to the conceptualisation used by most mental health practitioners. However, several participants conceptualised anxiety and depression differently, and at times defined each disorder using symptoms of the other disorder. Most participants believed that both anxiety and depression were preventable, situational, and treatable, and were able to identify possible risk and protective factors. There was some evidence that some of the participants believed that sex, age, and ethnic group differences existed in the severity of anxiety and depression. Implications of the results and methodological considerations of the study are discussed and directions for future research are suggested. (AKM)

Coping with the stress of immigration among new immigrants to Israel from Commonwealth of Independent States (CIS) who were exposed to Chernobyl: the effect of age; by J Cwikel, U Rozovski.
Immigrants arriving in a new country are exposed to many types of stressors related to adjustment and assimilation. This study investigated the differential effect of age in coping and psychological measures among immigrants from Commonwealth of Independent States (CIS), the former Soviet Union, to Israel. Some of these immigrants originated from the republics adjacent to the Chernobyl power plant, site of the 1986 nuclear accident. The sample consisted of 708 immigrants who were interviewed between the years 1993-1995 with an average age of 47.5. The sample was re-interviewed approximately one year and three months later. The sample included two exposure groups - high exposed and low exposed to contamination, and a comparison group matched by age, gender and year of immigration. Those over the age of 65 were disadvantaged, compared to those aged 50 to 64, and younger, when it came to the tasks of immigrant absorption; learning the language, working and acquiring an income, and establishing alternative social networks. The psychological variables showed that over time, somatisation, depression, and post-traumatic stress disorder (PTSD) related to Chernobyl improved, but at a slower pace for older immigrants. (AKM)

Correlates of depressive symptomatology among older community-dwelling Mexican Americans: the Hispanic EPESE; by Sandra A Black, Kyriakos S Markides, Todd Q Miller.
Multivariate logistic regression was used to examine the association between depressive symptoms and sociodemographics, chronic health conditions, disability, and cultural factors using data from the Hispanic EPESE (Established Populations for Epidemiologic Studies of the Elderly) a sample of older Mexican Americans. Using the US Center for Epidemiologic Studies Depression Scale (CES-D), 25.6% of the 2,823 subjects reported high symptom levels. Rates among women (31.9%) and men (17.3%) were higher than typically reported for older Mexican Americans and older adults generally. Consistent with previous studies of older adults, gender, lack of insurance, financial strain, chronic health conditions, and disability are associated with depressive symptoms. Several cultural factors were also associated with increased risk: immigrant status, levels of acculturation and assimilation, health locus of control, and recency of immigration. Female immigrants were at significantly higher risk for depressive symptoms, whereas males were at lower risk. Findings suggest
that increased prevalence can be attributed to higher rates of sociodemographic risk factors, functional disability, cultural factors and chronic medical conditions. (RH)

ISSN: 10795014

Decreasing hospitalization rates for older home care patients with symptoms of depression; by Joseph H Flaherty, Mary McBride, Shaden Marzouk (et al).
Home care studies that have targeted older patients at risk for hospital admission due to various medical conditions have been successful in preventing hospital admission. The aim of this study was to target medically ill older patients with symptoms of depression in order to reduce their rate of hospitalisation. Using the principles of Total Quality Management (TQM), an intervention was developed which involved education of and information to staff, use of the Geriatric Depression Scale for screening, and medication. Overall, the TQM intervention patients had a hospitalisation rate of 23.5% compared with a rate of 40.6% for the control group. No single type of intervention seemed to lower hospitalisation rates more than others. (AKM)
ISSN: 00028614

Demented and chronic depressed patients attending a day hospital: stress experienced by carers.
The aim of this study was to compare stress and attitudes to care in caregivers of patients with dementia and depression attending Harefield Day Hospital (UK). Results showed that the dementia carers were significantly more stressed than the depression carers but these carers also exceeded the threshold for psychiatric ‘caseness’. Important negative views about life upset and carer burden were expressed by both groups. The study concluded that further study of the burden of caring for chronic depressive illness is required. (AKM)
ISSN: 08856230

A pooled sample of 53 female caregivers meeting Research Diagnostic Criteria (RDC) for Major Depressive Disorder was used to compare response to brief individual versus group interventions for depression. Caregivers participating in individual psychotherapy and caregivers participating in cognitive-behavioural groups were compared on changes in Beck Depression Inventory (BDI) scores and RDC diagnosis, 10 weeks into each intervention. While there were no differences between the interventions in BDI scores at 10 weeks, there was greater improvement in RDC diagnosis among the caregivers participating in the cognitive-behavioural groups. The authors suggest that the field is now ready for randomised clinical trials to address this question. (AKM)
ISSN: 07317115
From: http://www.tandfonline.com

Depression: management in residential care; by Anthony Mann.
The visiting general practitioner (GP) plays a key role in co-ordinating treatment of depression in older people in long-term care. Older people with depression should respond to treatment with antidepressant medication, ideally combined with attention to current physical health status. Psychological and social factors should also be assessed and addressed in their role as causes or maintaining factors for depression. For those meeting criteria for major depression, the drug of choice is now a selective serotonin re-uptake inhibitor (SSRI): there is no evidence that benzodiazepines or neuroleptic compounds are useful in treating a depressive illness. (RH)
ISSN: 0268201X

Depression in elderly outpatients with disabling chronic obstructive pulmonary disease; by Abebw M Yohannes, Jamal Roomi, Robert C Baldwin (et al).
Depression is common in both young adults and older people with chronic obstructive pulmonary disease (COPD). The authors compared the prevalence of depressive symptomatology in older outpatients with stable
disabling COPD with that in healthy controls and age-matched patients with other disabilities, and also assessed the relation between degree of disability, quality of life and depressive symptoms. Subjects were 96 older people with COPD, 55 normal controls, and 53 disabled controls, 44 subjects with COPD (46%), 6 normal controls (11%) and 14 disabled controls (26%) scored in the “caseness” range for depressive ideation on the Brief Assessment Schedule Depression Cards (BASDEC) screening questionnaire. A multiple regression analysis was performed for the COPD group to identify factors predictive of BASDEC score. Predictive variables were total quality of life score, Chronic Respiratory Questionnaire, and level of activities of daily living (Nottingham ADL scale). Spirometry results and exercise tolerance (6 min walk distance) did not help predict BASDEC score. Depressive symptoms are common in older patients with COPD, but prevalence and/or severity of depressive symptoms may be greater in those who are most disabled. (RH)
ISSN: 00020729


This Finnish study investigated the prevalence of depression in 176 older spouse pairs and the associations between the occurrence of depression in one spouse (respondent) and the variables representing the respondent and his or her partner. Findings showed that both husband and wife were depressed in 5.7% of the married couples. The husband was depressed and the wife was non-depressed in 10.2% of the couples; and the wife was depressed and the husband was non-depressed in 10.8% of the couples. Among male respondents, poor physical health of the respondent, poor marital or family relations felt by the respondent, poor family relations felt by the marital partner, and a loss of the father by the marital partner while the partner was under 20 years of age were independently related to depression. Lowered functional abilities of the respondent was the only factor independently associated with the occurrence of depression in female respondents. The study concluded that the coexistence of depression in both older spouses is not uncommon. The results also give some evidence to suggest that the vulnerability for the development of depression in wives may have some effects in the development of depression in husbands. (AKM)
ISSN: 10416102


The Psychogeriatric Assessment Scales (PAS) were developed in Australia to provide an assessment alternative to categorical diagnoses of dementia and depression among older people. The aim of this study was to contribute to the appraisal of PAS-D, the Depression Scale of the PAS, and its application in community research with older people. Data obtained from a study of 1,000 community-dwelling older people (65-94 years) in Melbourne were examined to obtain information about the value of PAS-D in assessing depression. Findings provide support for the uses and properties of PAS-D as advanced by its originators. It provides a brief measure of depression that has been specifically developed for use with older people, and is available to professionals in care and service situations who need such a measure. (AKM)
ISSN: 07264240


Depending on diagnostic criteria, at least 15-20% of residents in long-term care are depressed: many are depressed at admission, and up to one in three are depressed after one year. In the first of a two-part article, the author advises on diagnosis - risk factors and detection - of depression. Once identified, depression is reversible if correctly treated. (RH)
ISSN: 0268201X


A cross-sectional study was conducted in an Alzheimer's unit in Brescia Province, Italy of 103 primary caregivers who were sons/daughters or husbands/wives, mean age 54.6. Alzheimer's disease (AD) patients were equally distributed among disease severity levels. Variables were collected on: background and context (age, and social, economic and education factors); caregiver's personal resources (health, support networks); objective burden indicators (number of daily hours of assistance/vigilance); and primary stressors (patient's age, gender, cognitive and functional status, and frequency of behavioural disturbances). Caregiver's depressive symptoms represented the main outcomes measure. Being husband or wife, low self-rated health and caregiving competence, high number of hours of assistance and patient's behavioural disturbances, and younger age were associated with caregiver's depressive symptoms. With multivariate analysis, relationship to the patient,
caregiver's health and competence were independent predictors of caregiver's depressive symptoms. Thus it is factors relating to the caregiver, rather than the patient, which constitute the main risk factors for caregivers' depressive symptoms. (RH)

ISSN: 08856230

Depressive symptoms of Whites and African Americans aged 60 years and older; by Joseph J Gallo, Lisa Cooper-Patrick, Sandra Lesikar.
Consistent with previous work, the authors' hypothesis was that older African Americans are less likely to report dysphoria than are older whites. Study subjects were 968 over 60s in Baltimore, Maryland (MD), and 1468 over 60s in the Durham-Piedmont region of North Carolina (NC) who identified themselves as African Americans or White and who had complete data on symptoms of depression active in the one month prior to interview, as well as several covariates thought to be related to depression. The effect of self-reported race on the endorsement of symptoms from the section on Major Depression in the Diagnostic Interview Schedule (DIS) was estimated using structural equations with a measurement model. Older African Americans were less likely to report dysphoria than older Whites, although this only achieved statistical significance by conventional standards at the Durham-Piedmont site. Older African Americans at both sites were significantly more likely to report thoughts of death. (RH)
ISSN: 10795014

Determinants of carer stress in Alzheimer's disease; by C Donaldson, N Tarrier, A Burns.
A cross-sectional study of 100 patients with Alzheimer's disease (AD) living at home and their carers known to psychiatric outreach services was carried out in South and Central Manchester. Depression and behavioural disturbances in patients were identified as significant predictors of subjective burden in carers. Carer distress was predicted by depression, psychosis and cognitive impairments in patients and carer gender. For individual symptoms of non-cognitive disturbance, three features of depression in patients (mood-related signs, physical signs, and behaviour changes), walking disruptions and the patient-carer relationship were predictive of subjective burden in carers. Variance in the level of carer distress was accounted for by sleep disruptions, hallucinations and mood-related depressive features in patients and carer gender. Findings confirm the stressful nature of the non-cognitive features of AD for carers. Interventions need to be symptoms-related rather than services-led, if patients are to change their behaviours or alter the way carers respond to them, and are likely to require multi-disciplinary and multi-agency approaches. (RH)
ISSN: 08856230

Diagnostic performance of the Geriatric Depression Scale and the Beck Depression Inventory with nursing home residents; by Réjeanne Laprise, Jean Vézina.
The purpose of this study was to compare the diagnostic performance of the Beck Depression Inventory (BDI) and the Geriatric Depression Scale (GDS) in correctly identifying depressed and non-depressed nursing home residents without cognitive disorders. At the usual cut-off scores of 10 and 11, sensitivity was 96.3% for the BDI and 88.89% for the GDS, while their specificity rates were 46.15% and 56.41% respectively. Using Receiver Operating Characteristics (ROC) curves, the results obtained using these scales were compared with the diagnosis of psychiatric disorder according to the DSM-III-R. Contrary to the hypothesis, no difference was found between the area under the ROC for the BDI and for the GDS. The exclusion of the somatic items, or the somatic factor, did not change the diagnostic performance of the BDI. Indices of temporal stability, concurrent validity and agreement with clinical diagnoses also confirmed the reliability and validity of these two scales for older people living in nursing homes. (RH)
ISSN: 07149808

Differentiating somatic symptoms in the elderly: depression, aging, or illness?; by Margaret P Norris, Michelle D Woehr.
This study investigated whether the exclusion of all somatic symptoms in the assessment of depression may cause depression to be overlooked in older people. It was predicted that a subset of somatic items from three depression inventories would be: reliable symptoms of depression; more severe in depressed than non-depressed individuals; and accurate indices for classifying the presence and absence of clinically significant depression. A total of 69 older medical patients aged between 56 to 88 years old, were administered the Beck Depression Inventory (BDI), Center for Epidemiological Studies - Depression Scale, and the Geriatric Depression Scale.
Numerous somatic items assessing diminished energy, sleep disturbance, and health worries were consistent and valid indices of depression. In contrast, poor indices of depression included somatic items that assess work inhibition, weight loss, and loss of sexual drive. The results refute the assumption that all somatic symptoms of depression are poor indices of depression in older people. (AKM)

ISSN: 10784470

Documented evidence of depression in medical and nursing case-notes and its implications in acutely ill geriatric inpatients; by Ajit Shah, Tamal De.

Depression is common among acutely ill older medical in-patients, and its early identification by geriatric medicine staff would allow early treatment. The impact of a depression screening procedure on documentation of depressive signs and symptoms in the medical and nursing case notes was examined in this UK study. Thirty-five sets of such case notes of medically ill in-patients, for whom data from the Brief Assessment Schedule and the short Geriatric Depression Scale (GDS) were also available, were examined for documentation of signs and symptoms of depression, prescription of antidepressants, and referral to the psychogeriatric service. Depressive signs and symptoms were documented in only a few medical (29%) and nursing (11%) case notes. Only a small number of depressed patients were prescribed antidepressants (20%) or were referred to the psychogeriatric service (13%). The frequency of documentation of depressive signs and symptoms after the screening procedure with the short GDS was associated with subsequent prescription of antidepressants and referral to the psychogeriatric service. The screening procedure itself may increase the general awareness of depressive signs and symptoms and affect its management. (AKM)

ISSN: 10416102

Early loss of father predicts depression in old age; by Sirkka-Liisa Kivelä, Heikki Luukinen, Keijko Koski (et al).

The independent predictive roles of early losses, personality traits, acute losses and long-term stress situations for the occurrence of depression in older Finnish people were examined in this longitudinal study. 679 non-depressed persons in an epidemiological study in 1984-85 were interviewed in 1989-90 and the occurrence of depression was determined according to DSM-III criteria. Logistic regression models were used to assess the independent roles of the hypothesised factors as predictors. An early loss of the mother among men and an early loss of the father among women independently predicted the occurrence of depression in logistic regression models. Older age in men, and a higher number of symptoms, the occurrence of previous depression and not living alone in women were also independent predictors. In men, impaired functional abilities and poor self-perceived health tended to predict depression. (AKM)

ISSN: 08856230

The effect of anxiety on a Clock Completion Test (CCT) in elderly patients in a geriatric rehabilitative unit preliminary study; by A Yaretzky, O Lif-Kimchi, T Turani-Feldman (et al).

The possible correlation between reactive anxiety and cognitive ability, as expressed in a Clock Completion Test (CCT) in patients in a geriatric rehabilitative unit was examined in this study. The research tools included demographic and medical questionnaires, State Trait Anxiety Inventory (STAI), Depression Adjective Check List (DACL), CCT, and the Self-Anchoring Striving Well-Being Scale, which were performed at four points in time on 21 subjects aged 66-95 years. Findings indicated a significant and positive correlation between depressive symptoms and reactive anxiety at the time of admission and discharge. A significant negative correlation between the STAI and the CCT was indicated at the time of discharge in those cases in which the CCT was well performed. The correlation was significant only when the level of depressive symptoms and anxiety decreased at discharge and in comparison with those seen at time of admission. Therefore, the study could not determine a preferable time for performing the CCT. (AKM)

ISSN: 07317115

From: http://www.tandfonline.com

Effects of positive and negative social exchanges with various sources on depressive symptoms in younger and older adults; by Morris A Okun, Verna M Keith.

This study examined the effects of both positive and negative social exchanges within key relationships (spouse, children, and other relatives and friends) on the depressive symptoms of younger (28 to 59 years old) and older (60 to 92 years old) men and women. Separate analyses were carried out on younger and older adults who were
respondents in the Americans' Changing Lives study. In both age groups, positive and negative social exchanges with the same source were significantly inversely related, and positive social exchanges exerted stronger net effects on depressive symptoms than negative social exchanges. For older adults, some buffering effects were found when negative and positive social exchanges were associated with different sources; for younger adults, buffering effect were found when negative and positive social exchanges were associated with the same source. These buffering effects were not conditioned by gender. The findings highlight the importance of considering the age of the recipient and the provider-recipient relationship when studying the joint influence of negative and positive social exchanges on adults' depressive symptoms.

ISSN: 10795014

The aim of this study was to examine the influence of caregiver burden and depressive symptomatology on elder-proxy response concordance regarding the older person's functional status and medical history. A total of 340 matched pairs of frail older persons and their respective caregivers participated in the study. Results showed that older person-carer concordance was highest among activities of daily living (ADL) items, followed by medical history items and instrumental activities of daily living (IADL) items. Caregiver depression had no significant impact on response concordance on any of the three outcomes of interest: IADL, medical history bias and ADL disagreement. However, caregiver burden was marginally predictive of bias on the total ADL and IADL scales. In addition, increased burden was significantly predictive of bias on five of the seven individual items of the IADL scale, suggesting that the more burden a caregiver feels, the greater likelihood that he or she will overstate the older person's disability compared with self-report. (AKM)

ISSN: 00028614

This United States (US) study used a psychodynamic perspective on psychological functioning, object relations, for understanding coping and emotional distress in sons and daughters providing assistance to an older mother hospitalised for major depression. Hypotheses that better maternal object relations would be related to more adaptive coping and less emotional distress received partial support. The hypothesis that an elderly mother's history of depression when a son or daughter was a child would be associated with adult children's poorer object relations received support. Results indicate that object relations may be a useful framework for studying family issues in late life depression. (AKM)

ISSN: 00914150

Enhancing the health of older people in long-term care; by Research Unit, Royal College of Physicians; British Geriatrics Society - BGS; Royal Surgical Aid Society - AgeCare. London: Royal College of Physicians, 1998, 70 pp.
This report contains clinical guidelines for improving the quality of health care of older people in long-term care. It updates two previous publications by the Royal College of Physicians: 'High quality long-term care for elderly people' (1992) and 'Standardised assessment scales for elderly people' (1992). Guidelines are presented for the following areas: positive care for people with dementia; detecting and managing depression; overcoming disability; preserving autonomy; promoting urinary and faecal incontinence; optimising medication; preventing and managing falls; and preventing and managing pressure sores. Advice for providers and commissioners/purchasers are included. (AKM)
ISBN: 186016076X
Price: £17.00 (£20.00 overseas)
From: Publications Department, Royal College of Physicians of London, 11 St Andrews Place, Regent's Park, London NW1 4LE.

This study used data from a prospective investigation of full-time workers aged 58 to 64 years and residing in a North Carolina metropolitan area, United States (US), at baseline to examine a causal model for depressive symptomatology among white and African American men and women. Findings revealed significant group differences. White men were more vulnerable to social network losses than white women; work stressors had long-term effects on African American men whose levels of depressive symptoms were also elevated by poor
health and retirement; and the influence of income was more dominant among African Americans and its effect was greater for African American women.

ISSN: 00169013

Evaluating an intervention for the elderly at increased risk of suicide; by Nancy Morrow-Howell, Susan Becker-Kemppainen, Lee Judy.
In the US, older people have a higher suicide rate than any other group. This article presents an evaluation of Link-Plus, a social work service provided over the telephone under the auspices of a suicide prevention hot line agency. The programme targets older people at risk of suicide by virtue of depression, social isolation, and unmet needs. A two-group pre-test-post-test design with randomisation was used to test its effectiveness. After receiving standard crisis intervention, 31 participants provided a waiting list control group, whereas 30 participants received immediate treatment. At 4 months, the amount of social contact was improved, and there was a trend toward the reduction of depressive symptomatology. At an 8-month observation, the difference between the clients' pre-test scores and post-test scores on unmet needs was marginally significant, with clients having fewer unmet needs after receiving services. This outreach strategy and telephone intervention is moderately effective in treating older adults with depressive symptomatology, social isolation, and unmet needs. (RH)
ISSN: 10497315

Extent and appropriateness of benzodiazepine use: results from an elderly urban community; by S Taylor, C F M McCracken, K C M Wilson, J R M Copeland.
Contrary to official guidelines with regard to their mental health, many older people still use benzodiazepines. The authors measured prevalence and incidence of benzodiazepines and examined mental health status as a predictor of benzodiazepine use from two longitudinal studies of people from the same community in Liverpool, sampled in 1982-83 and 1989-91. Benzodiazepine prevalence did not decrease during the period under study, but there was a significant reduction in anxiolytic use. Prevalence of benzodiazepines in women is twice that in men, and incidence of hypnotics is slightly higher in women. Prevalence and incidence of hypnotics are strongly associated with increasing age. There were higher proportions of long-term users (61% and 70%) and continued use was high (32%) among new users. A large proportion of benzodiazepine use was by those who were concurrently depressed. Similarly, anxiety predicted both current and subsequent use of hypnotics. The authors' findings add to the weight of opinion that persistent and long-term use of benzodiazepines should be discouraged. (RH)
ISSN: 00071250

Factors associated with symptoms of depression among informal caregivers of demented elders in the community; by Garbis Meshefedjian, Jane McCusker, François Bellavance (et al).
Research has demonstrated that depression is a common problem among caregivers of persons with dementia. This study examined variables associated with increased severity of depressive symptoms among 321 informal caregivers of persons with dementia living in the community identified by a Canadian national population-based survey. Measures included patient and caregiver demographic variables; patient behavioural disturbance, activities of daily living (ADLs), and cognitive impairment; living arrangement, and duration of disease. Depressive symptoms were measured with the Center for Epidemiologic Studies Depression Scale (CES-D). Multiple regression analyses suggested that a higher CES-D score was significantly associated with three caregiver characteristics (being a spouse or child of the patient, self-identified ethnicity other than English and French Canadian, and lower education), and two patient characteristics (greater behavioural disturbance and moderate to severe functional impairment). (AKM)
ISSN: 00169013

The feasibility of conducting a group-based progressive strength training program in residents of a multi-level care facility; by Patricia A Brill, Randall L Jensen, Kelli F Kolyn (et al).
A progressive functional fitness strength training programme using dumb-bells and ankle weights was developed to improve upper and lower body strength as well as functional performance of older residents living in a multi-level care facility. Five upper and five lower body strength exercises were performed in a group setting three times per week for 30 minutes. Resistance of the dumb-bells and ankle weights were progressed over the eight week training period. At the end of the training period, improvement occurred in muscular
strength, functional performance and depression symptoms. The study concluded that this functional fitness strength training programme was feasible and cost-effective. (AKM)

ISSN: 01924788
From: http://www.tandfonline.com

Feelings of anxiety and associated variables in a very elderly population; by Yvonne Forsell, Bengt Winblad. International Journal of Geriatric Psychiatry, vol 13, no 7, July 1998, pp 454-458. Anxiety disorders have been reported to decrease with age, while anxiety feelings have been reported to be as common as in younger age groups. In order to further explore this relationship and the variables associated with anxiety, 966 people from Kungsholmen, Stockholm, Sweden aged 78 and over underwent examination by physician, including a structured interview. Results found that anxiety feelings are strongly associated with psychiatric disturbances (anxiety disorders and depressive disorders). Moreover, the feelings were associated with dementia, a history of psychiatric disorders (most often depression), being female, and being dissatisfied with one's social network. Few of those with a psychiatric disorder were adequately treated, in spite of the fact that most of them had seen a physician during the previous month. After excluding an anxiety disorder, one of the most important things to consider in a very old person with anxiety is whether or not depression is present. Generally, there is a need for more education of physicians concerning the common mental disorders in older people, in order to improve their management. (RH)

ISSN: 08856230

Financial strain, received support, anticipated support, and depressive symptoms in the People's Republic of China; by Neal Krause, Jersey Liang, Shengzu Gu. Psychology and Aging, vol 13, no 1, March 1998, pp 58-68. Gerontological research on informal social support has mainly focused on received support. The aim of this study was to investigate the interface between financial strain, informal received economic support, informal anticipated financial support, and psychological distress in older people. Data provided by a large probability sample of older adults in the People's Republic of China revealed that the relationship between financial difficulty and psychological distress is stronger for older adults who receive more economic assistance. However, the relationship between financial problems and psychological distress was lower for older adults who believed that others would be ready to help in the future should the need arise. A detailed theoretical rationale is developed to explain these results. (AKM)

ISSN: 08827974

Frequent attendance in primary care amongst older patients; by C J Gilleard, V Francis, M Brown. Aging & Mental Health, vol 2, no 3, August 1998, pp 194-198. Frequent visits to primary care have been associated with psychiatric and psychosocial morbidity in the general adult population. This study examined the relationship between frequency of attendance and various indicators of psychological and psychiatric morbidity in an older population, excluding indicators of cognitive impairment. Detailed information was obtained about 1,014 patients aged 65 years and over in a large south London group practice, including frequency of surgery visits, use of psychotropic drugs, mental health problems, and self-reported depression using the SELF CARE D instrument. The results failed to show evidence of any association, suggesting that psychiatric/psychological morbidity is not a major factor determining the frequency with which older people consult their local primary care service. (AKM)

ISSN: 13607863
From: http://www.tandfonline.com

Functioning, well-being, and health perception in late middle-age and older people: comparing the effects of depressive symptoms and chronic medical conditions; by Johan Ormel, Gertrudis I J M Kempen, Dorly J H Deeg (et al). Journal of the American Geriatrics Society, vol 46, no 1, January 1998, pp 39-48. The aim of this study was to expand the Medical Outcomes Study (MOS) and World Health Organization (WHO) findings on the unique association of symptoms of depression with multiple domains of functioning, health perception and well-being to the late middle-aged and older populations, and to contrast this unique association to that of specific chronic medical conditions and sensory and cognitive impairment (collectively denoted as medical conditions. A total of 5,279 late middle-aged and older persons living independently or in residential homes in the Netherlands participated in the study. Results revealed that among both individuals with MCs and those without, persons with symptoms of depression did worse on all outcomes than those without. This unique contribution of depressive symptoms in dysfunction, poor health perception, and well-being exceeded that of MCs because depressive symptoms combine a moderately large unique risk with a rather high
prevalence. Results highlight the importance of detection and management of co-morbid symptoms of depression in older people. (AKM)
ISSN: 00028614

Gender differences in coping and control with memory aging; by Graham J McDougall.
Gender differences in control, coping, health and metamemory, and the influence of these factors on depression and anxiety and depression, were examined through analysis of data from a large study of memory perceptions among older people. Men and women aged 55 years and over were recruited from continuing education programmes in two southern states in the United States (US). Results showed that women reported that their memories were better overall than males. There were no differences between the groups in depression, health or memory control variables. Women had significantly greater state anxiety than men, but no differences were seen in domain-specific memory anxiety or other metamemory domains. Women scored higher than men on help-seeking, existential growth, religiosity, and total coping strategies. In the two regression models the set of study variables predicted 79% of the variance in depression and 15% of the variance in memory anxiety. The addition of perceived health status to each model substantially changed each of their predictive values.
ISSN: 08952841

From : http://www.tandfonline.com

Gender differences in depressive symptoms among older people living in the community; by Yvonne Wells, Barrie Stacey.
The view that depressive symptoms are more common among older women than men were explored in this study. Data obtained from a study of 533 women and 467 men aged 65 years and over and living independently in Melbourne, Australia, were analysed to explore gender differences in depression. Results showed a low prevalence of depressive symptoms among both older men and women living in the community, with a slightly higher prevalence among women. However, women were twice as likely as men to report sufficient symptoms to be classified as depressed. This gender difference was not explained by age, but was fully accounted for by either Instrumental Activities of Daily Living (IADL) dependency or marital status. In turn, widows were more likely to be classified as depressed because they were more often lonely. (AKM)
ISSN: 07264240

Geriatric Depression Scale - Short Form: validity and reliability of the Hebrew version; by G Zalsman, DAizenberg, M Sigler (et al).
This study evaluated the validity and reliability of the Hebrew version of the Geriatric Depression Scale - Short Form (GDS-SF) in an Israeli geriatric population. Twenty-seven inpatients with a diagnosis of major depression and 21 healthy volunteers were assessed with the GDS-SF, Hamilton Depression Rating Scale (HAM-D), and Mini-Mental State Examination (MMSE). The GDS-SF Hebrew version scores showed a substantial correlation with the HAM-D scores for both groups. Categorical analysis of diagnosed versus non-diagnosed depression yielded a higher sensitivity to depression, detecting cases that the HAM-D identified as subclinical. Inter-rater reliability and test-retest reliability were high and results were not affected by mother tongue or MMSE scores. The study concluded that the GDS-SF Hebrew version is a valid and reliable rating instrument in the Israeli geriatric population and may be used in clinical and epidemiological studies.
ISSN: 07317115

From : http://www.tandfonline.com

The Geriatric Depression Scale and Japanese American older adults; by Gayle Y Iwamasa, Kristen M Hilliard, Cecily R Kost.
A summary of preliminary analyses on the utility of the Geriatric Depression Scale (GDS) is presented, which uses a non-clinical sample of 86 Japanese American older people. Psychometric analyses indicated that the GDS had fairly high internal consistency and reliability with this sample, comparable to that found by the developers of the GDS with their original sample. Additionally, GDS scores were low and did not differ for men and women, indicating that the current sample was relatively healthy and non-depressed. Although the results are promising, further research on the GDS must be conducted with a larger sample of Japanese American older people before any conclusive results can be stated. Additional recommendations are made for future research examining Japanese American older people's mental health. (RH)

Chapters on neurochemistry in ageing, pharmacokinetics, and drug interactions provide a foundation for subsequent chapters which focus on specific disorders. A section on depression - including a research review of maintenance therapies - deals with the treatment of major depression, psychotic depression, and major depressions during bereavement. Part 3 concerns the treatment of depression with associated conditions: cardiac disease, post-stroke psychiatric disorders, cancer, Parkinson's disease, dementia, and medical illness. Little has been written previously regarding treatment of geriatric patients with manic syndromes or bipolar disorders: the use of lithium, its toxicity, and the use of anti-convulsants are discussed. Sections 5 and 6 deal with late-life psychosis, and anxiety disorders (use of sedative hypnotics), including the treatment of generalised anxiety disorder, panic disorder, and obsessive-compulsive disorder. The final section, on dementia, discusses use of cognitive enhancers, neuroleptics for behavioural complications, and non-neuroleptic treatment of complications of dementia. (RH)

ISBN: 0824798511
Price: $175.00

Heart rate reactivity and depression in African-American and white dementia caregivers: reporting bias or positive coping?; by B G Knight, T J McCallum. Aging & Mental Health, vol 2, no 3, August 1998, pp 212-221.

Caring for an older relative with dementia is a chronic stressor with mental health implications, but with unclear physical health implications. Two potential explanations of positive responses to stress are compared: the faking good hypothesis and the coping style of positive reappraisal of the stressor. In this US study, 110 white caregivers and 44 African-American caregivers were compared on cardiovascular reactivity to induced stress, self-reported depression and anxiety, and on two measures of positive appraisal of stress: the motivational distortion scale and a measure of positive reappraisal. Findings showed that African American caregivers used positive reappraisal more than white carers. Both groups showed significant heart rate reactivity in response to mental arithmetic and to relating a caregiver story. No evidence was found for influence of motivational distortion on heart rate reactivity. Positive reappraisal and self-reported depression were positively related to heart rate reactivity for white carers in both stress conditions. The study concluded that cultural differences appear to affect both emotional and physical reactions to caregiving stress. (AKM)


The aim of this study was to determine whether a high level of hopelessness after treatment of a depressive episode is an indicator of a history of lifetime suicide attempts in older people. Groups of suicide attempters, suicidal ideators, and non-suicidal patients were compared via analysis of variance with respect to levels of hopelessness, depression, anxiety, and global functioning before and after treatment of depression. After remission there were no differences between the three groups in depression severity, anxiety, and global functioning. Hopelessness remained significantly higher in the attempter group than among ideators or non-suicidal patients. The findings suggest that treatments designed specifically to lower hopelessness (such as cognitive, behavioural or interpersonal therapy) may be effective in reducing suicide risk. (AKM)


This study examined the role that hopelessness plays in geriatric suicidal ideation. Sixty institutionalised older men were recruited. Multiple regression analyses revealed that while hopelessness was strongly related to suicidal ideation, the relationship between hopelessness and suicidal ideation was dependent on level of depression. Participants, who reported moderate or higher levels of depressive symptoms were more likely to have suicidal ideation with increasing hopelessness, whereas hopelessness had little effect on level of ideation at mild or lower depressive symptom levels. Unlike previous studies in younger adults, hopelessness did not predict suicidal ideation better than depressive symptoms, although the relationship between depression and
suicidal ideation was stronger within higher levels of hopelessness. These findings highlight the importance of considering depression and hopelessness simultaneously when assessing and treating geriatric suicidal ideation.

ISSN: 00169013

Impact of chronic systemic and neurological disorders on disability, depression and life satisfaction; by G Anthony Broe, A F Jorm, Helen Creasey (et al).
The effects of a range of chronic systemic and neurological disorders on three quality of life indicators (disability, depressive symptoms and life satisfaction) were assessed in this study. As part of the Sydney Older Persons Study, a community survey was carried out with 434 non-demented people aged 75 years and over in Sydney, Australia. Findings showed that gait slowing affected all three indicators of life quality. Heart disease and chronic lung disease affected disability and depressive symptoms, but not life satisfaction. These associations were present when the effects of age, sex, education and all other disorders were controlled in multiple regression analyses. However, when disability was also controlled, none of the physical disorders predicted life satisfaction and only heart disease continued to predict depressive symptoms. (AKM)
ISSN: 08856230

The authors tested the hypothesis that the co-occurrence of common impairments (motor and cognitive impairments, vision and hearing loss, depressive symptoms) of later life have exacerbating effects on disability (activities and instrumental activities of daily living: ADLs and IADLs, social and role function, (in)activity). Data were from a community-based sample of 624 people aged 57 and over of the Groningen Longitudinal Ageing Study (GLAS). Motor impairments and depressive symptoms were associated with all disability measures, even when the effects of other impairments, age and gender were controlled. This indicates independent, predominant effects of motor impairments and depressive symptoms. Although several significant first-order interaction effects (indicating exacerbation) of impairments of disability were found, they were not very strong, but vision and hearing losses exacerbate the impact of other impairments on disability. The authors conclude that impairments, particularly motor impairments and depressive symptoms largely act ‘solo’, by main effects on disability. Only a few combinations including vision or hearing loss further exacerbate the effects of other impairments on disability. (RH)
ISSN: 00020729

Informal caregiving to older adults hospitalized for depression; by N L Morrow-Howell, E K Proctor.
There is a paucity of information about informal care to older people with depression. This study examined the following: the caregiving needs arising from functional dependency of older adults hospitalised for depression and discharged home; characteristics of their informal caregivers and type of assistance provided; and the adequacy of the care provided. On a sample of 45 older adults suffering from depression, in-hospital information was collected from medical records and discharge planners; and one month post-discharge a telephone interview was completed. Findings indicated that older adults hospitalised for depression are discharged home with high levels of functional dependency. Eighty-nine percent of patients had the assistance of an informal caregiver. Despite high levels of involvement, concerns remain about the adequacy of the care informal caregivers are able to provide in the face of such need. Yet, mental health research, policy and practice have largely ignored the role of the family with depressed older people. The authors call for increased attention to be paid to this subject. (AKM)
ISSN: 13607863
From: http://www.tandfonline.com

An informant interview for the diagnosis of dementia and depression in older adults (IDD-GMS); by Simon Lewis, Katy Hinchcliffe, Cornelius Katona (et al).
There has been no instrument developed for the differential diagnosis of psychiatric conditions using an informant. This study describes the development and validation of an informant interview for the diagnosis of dementia and depression in older adults (IDD-GMS). The IDD-GMS, as its name indicates, is based on the well-established Geriatric Mental State Schedule (GMS). 30 older adults with psychiatric illnesses were identified. An informant/carer was interviewed using the IDD-GMS, with questions altered to reflect the informant nature of the interview. Validity was compared to ICD-10 diagnosis, and interrater reliability determined. Using a hierarchical diagnostic system, receiver operating characteristics demonstrated one optimal cutpoint for
Late-life depression and functional disability: the role of goal-focused group psychotherapy; by Ellen J Klausner, John F Clarkin, Lisa Spielman (et al).

The efficacy of two time-limited group psychotherapies for depression and functional disability in later life was compared in this study. Goal-focused group psychotherapy (GFGP) utilised focused psycho-education and skills training to assist each patient in the achievement of individualised goals. Reminiscence therapy (RT) emphasised individual life review to facilitate discussion. Thirteen subjects aged 55 years and over were randomly assigned to one of the two groups. Most were receiving antidepressant treatment, and all had failed to achieve full remission. Whereas both treatment groups improved in depressed mood and disability, GFGP subjects had a far greater change in depressive symptomatology and also improved in the areas of hope, hopelessness, anxiety, and social functioning. (AKM)

ISSN: 08856230

Life review: preventing despair in newly relocated nursing home residents: short- and long-term effects; by Barbara K Haight, Yvonne Michel, Shirley Hendrix.

Relocation to a nursing home places frail older people at risk for developing depression and suicide ideation. This US study followed 256 newly relocated nursing home residents for 5 years. Using a Solomon Four research design, participants were divided into four groups, two control and two experimental, one each with pre-testing and all with post-testing. Participants in the control groups received a friendly visit and those in the experimental groups received the intervention of life review. Immediate short-term results showed the life review to be an effective preventive intervention for clinical depression. Additionally, when looking at long-term effects at one year, there were significant increases in depression, hopelessness, and psychological well-being with measurable increases in life satisfaction. These findings support the hypothesis that life review prevents despair in frail older people recently admitted to a nursing home. (AKM)

ISSN: 00914150

Living alone and depression among older Chinese immigrants; by Ada C Mui.


The profiles of a sample of 147 Chinese immigrant older people in the US were examined according to their living arrangements and the roles played by stress and coping resources in explaining their depressive symptoms. Older Chinese Americans who lived alone, had higher levels of education, reported poorer health, experienced more stressful life events, and were dissatisfied with help received from family members were more likely to be depressed. The impact of these factors on the quality of life of older Chinese immigrants can be understood within the Chinese cultural context. Consideration of these various factors is essential to the design of culturally appropriate mental health interventions with this population group. (RH)

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From: http://www.tandfonline.com

Loneliness and depression in middle and old age: are the childless more vulnerable?; by Tanya Koropcekyj-Cox.


This study tests whether childlessness is significantly related to greater loneliness or depression among older adults, both alone and in conjunction with marital status. Using data from the 1988 US National Survey of Families and Households, the relative circumstances of community-dwelling, permanently childless adults and biological parents (with at least one surviving child), aged 50 to 84, are compared. Multivariate models are used to test the effects of parental status and combined marital-parental statuses on loneliness and depression, controlling for sociodemographic characteristics. Results of multivariate analyses show no significant, direct effect of childlessness, though a marginally significant effect appears for women. However, small but significant differences are observed within a typology combining marital and parental statuses. Widowed men and women report higher levels of loneliness and depression than married parents regardless of parental status. Divorced parents are also significantly more vulnerable. The subjective well-being of never-married, childless men and women is indistinguishable from that of their married peers. These results confirm earlier studies. (RH)
Loss in late life; by Brice Pitt.
This is the ninth in a series of ten articles - adapted from 'Coping with loss', edited by Colin Murray Parkes and Andrew Markus (1998) - dealing with the different types of loss that doctors will meet in their practice. Old age can be seen as a succession of losses: retirement, reduction in income, and loss of status. Preparation for retirement, health checks for older people, continued access to education, and the use of 'at risk' registers can mitigate some of these problems. Health related losses touched on in this article include sensory loss, loss of sexual enjoyment, the risk of serious problems such as stroke and of being widowed. Depression in older people often goes unrecognised; it is often caused by loss, and in turn, causes further losses. Dementia is regarded as the greatest cause for distress, occurring in 20% of those over 80. Bearing in mind the consequences of loss, the move toward rationing and limiting social support for older people is not justified. (RH)

Major depression in a population of demented and nondemented older people: prevalence and correlates; by Yvonne Forsell, Bengt Winblad.
Dementia and depression are prevalent in older people, and both disorders have a complex interrelationship. The aim of this Swedish study was to analyse the differences between variables associated with depression and symptoms of depression in demented and non-demented older people. A total of 1101 older persons were given physical and psychiatric examinations by physicians, and informants interviews and medical records were assessed. Results showed that 27.8% of the participants were demented according to DSM-III-R. Major depression was diagnosed in 3.9% of the non-demented and 11.8% of the demented subjects. Some depressive symptoms, such as lack of energy, thinking/concentration difficulties, loss of interest, and psychomotor disturbance, were found more commonly in demented than in non-demented persons. Increased disability was associated with major depression in both groups. (AKM)

Management of late-life depression; by John Snowdon.
This paper considers various aspects of the management of late-life depression. Somatic treatments are more likely than psychological approaches to be effective in relieving melancholia, psychotic depression and bipolar depressive swings. A complex interplay of psychological and organic factors may account for depressions associated with medical conditions. Physical disability has a strong association with depression. Psychological and psychosocial interventions may be appropriate in managing non-melancholic, loss-related or situational depressions, although antidepressants are also effective in many cases. The paper concludes that research is needed to compare the effectiveness of antidepressants and non-pharmacological treatments in non-melancholic and "understandable" depressions. An optimistic and persistent approach will lead to a good and maintained outcome in most cases of depression, in spite of the losses of older age. (AKM)

Managing physical illness and depression; by Mavis Evans.
Geriatric Medicine, vol 28, no 4, April 1998, pp 49-50, 52.
Depression in older people is strongly correlated with physical illness. Treatment with antidepressants is well tolerated and effective, but may take eight to twelve weeks to become noticeable. Social support is important, both to treat mild depression and to prevent further relapse. The author discusses the special problems and rewards involved in managing depression in physically ill older patients. (RH)

Meaninglessness in the second half of life: the development of a construct; by Martine van Selm, Freya Dittmann-Kohli.
A new construct of meaninglessness in the second half of life was developed in this study. Four theoretically based components of the construct of meaninglessness were expressed in the self- and life-descriptions of 95% of 153 Dutch independently living adults aged between 58 and 90 years. The descriptions were assessed by a content analysis of participants' answers on a sentence completion questionnaire for personal meaning (SELE). With respect to the content of the components of meaninglessness, a lack of goals and an impoverishment of meaning were responsible for most motivational meaninglessness. On the affective level, meaninglessness was far more characterised by dejection-related emotions than by agitation-related emotions. Alienation from one's
self, others, or society appeared to be characteristic for most of the cognitive component of meaninglessness. The self-evaluative component was mainly characterised by low self-esteem. A tentative explanation was presented for the differences in proportion of each of the components, pointing to the cumulative character of the construct itself. Meaninglessness correlated positively with the Geriatric Depression Scale (GDS) and the Sense of Coherence Questionnaire (SOCQ). (AKM)


The aim of this study is to establish the psychometric properties of the state form of the Depression Adjective Check List (DACL) with hospitalised geriatric patients. A Hebrew version of the DACL, along with the Geriatric Depression Scale (S-GDS), the CanterI's Self-Anchorong Striving Scale and Happiness Scale, were administered to 111 subjects (43 men and 68 women) aged 66 to 95 in three sub-groups: hospitalised patients in the acute geriatric ward, hospitalised patients in the rehabilitation department, and older people living in the community. Results reveal reliability (alphas and test-retest), and validity (concurrent) estimates indicate that the psychometric characteristics of the DACL are adequate for use with hospitalized geriatric patients. (RH)

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The study's aim was to compare cognition, depression, health, and metamemory (capacity, change, locus, and strategy) in 106 residents (aged 79-87) of 6 nursing homes. They included 31 with cognitive impairment, 19 depressed, 34 mixed with both cognitive impairment and depression, and 22 controls. Cognitive function was measured with the Mini Mental State (MMSE); depression with the Geriatric Depression, and metamemory with the Metamemory in Adulthood scales. Anyone scoring <15 on the MMSE was excluded. In this sample, 61% were cognitively impaired; however, only 12 had a diagnosis in their records indicating cognitive disturbance. 43 were depressed. The correlations between depression and capacity, change and locus were significant. The controls were significantly younger than the cognitively impaired group, and also had higher perceived health status than the cognitively impaired or depressed groups. However, the mixed group's perceived health status scores were significantly higher than the depressed group's scores. Although information on the aetiology of cognitive impairment was not available, the author believes that quantitative methods for examining memory awareness is important in making informed treatment decisions. (RH)

From: http://www.tandfonline.com


Many older people are concerned about memory decline, however, empirical studies have demonstrated that memory complaints are not directly related to memory performance. This US study addressed the influence of depression, physical health complaints, educational level, and premorbid levels of ability on subjective memory complaints among 130 community-dwelling older people. The impact of certain types of memory complaints and mood and memory training was also investigated. A number of memory assessment tools were used, including the Geriatric Depression Scale (GDS) and the Rivermead Behavioral Memory Test. Results revealed that depression and physical health complaints accounted for significant proportions of the variance in memory complaints. Contrary to expectations, level of education did not relate to memory complaints. When pre-morbid ability was taken into account a relationship between memory complaints and objective memory performance was demonstrated; difference scores accounted for more than 5% of the variance in Rivermead scores. Finally, treatment significantly reduced memory complaints. (AKM)

From: http://www.tandfonline.com


This book brings together brings together scientists from the field of neuropsychopharmacology, psychiatry, neurology, and general medicine to discuss recent progress in the treatment of mental disorders in older patients. Emphasis is placed on the problem of the psychopharmacological treatment of older adults since several factors can complicate the management of older patient, including increased medical comorbidity and polypharmacy, well-established pharmacokinetic differences and poorly characterised pharmacodynamic changes. Topics covered include: bipolar and unipolar depressive disorders; treatment of psychiatric symptoms associated with
neurological disorders in older people; old and new antidepressants; cardiovascular aspects in the treatment of older depressed patients; anxiety disorders in later life; cognitive impairment; management of non-cognitive symptoms in dementia with Lewy bodies; Alzheimer's disease; antipsychotics in older people; late-onset schizophrenia; behaviourally disturbed older people; and care costs of mental disorders in older people. (AKM)

ISBN: 3805565364
Price: US$189.75
From: S Karger AG, Allschwilerstrasse 10, PO Box Postfach, Case postale, CH-4009 Basel, Switzerland.

The two main mental health problems of later life, depression and dementia, are both common and can inflict much suffering on their victims and those around them. General practitioners (GPs) appear to be in a strategic position to carry out the assessment and management of these mental health problems, and may have a role in the prevention of some psychological disorders. The author indicates the scope of general practice to improve the diagnosis and treatment of depression, and to minimise the concomitants of dementia. (RH)

From: Pavilion Publishing (Brighton) Ltd, 8 St George's Place, Brighton, East Sussex BN1 4GB.

Mental status of the elderly receiving home health services and the associated stress of home helpers; by Itsugi Nagatomo, Morikuni Takigawa.
In this Japanese study, 190 older people receiving home health services were investigated. Cognitive levels, depressive state, abnormal behaviours and activities of daily living (ADLs) were assessed by skilled home help staff who also assessed the severity of their own levels of stress using the Burnout scale. Findings showed that the cognitive level and mood-related signs of older people living with families or with a spouse were diminished significantly as compared to older people living alone. Older people living with their families also performed worse on all ADL categories except for visual acuity. There was no significant correlation between the Burnout scale score and age or frequency of working as a home helper. The results suggest that older people living with families as compared to living with a spouse or alone, have greater mental health needs as well as more profound physical limitations. (AKM)

ISSN: 08856230

Moderating the effects of stress on depressive symptoms; by Maria E Fernandez, Elizabeth J Mutran, Donald C Reitzes.
This study examined whether social support (measured as having a partner or spouse, satisfaction with partner or spouse relationships, and frequency of visits with close friends and relatives) and self-esteem buffered the impact of two types of stressful events on depressive symptomatology in 728 full-time working men and women 58 to 64 years of age at recruitment in a metropolitan North Carolina area, United States (US). Hierarchical regression analyses revealed that the impact of stressful events involving social networks was buffered by satisfying relationships and self-esteem. Satisfying relations also lessened the impact of work stressors on depressive symptoms.

ISSN: 01640275

Mood induction with older adults: a tool for investigating effects of depressed mood; by Lauren S Fox, Bob G Knight, Elizabeth M Zelinsky.
To validate the use of mood induction with older people, 22 older participants receiving a depressed mood induction were compared with 20 controls and 17 older persons with high Center for Epidemiologic Studies Depression Scale (CES-D) scores. The mood induction procedure, using self-referent statements and music, changed Depressive Adjective Checklist and CES-D scores in each of two sessions one week apart. Findings indicated that the use of mood induction procedures with older adults can provide experimental control of mood.

(AKM)

ISSN: 08827974
The natural history of mental disorder in old age: Alzheimer's disease and depressive illness compared; by John R Robinson.
Depressive illness (DI) and Alzheimer's disease (AD) are important causes of morbidity in old age and the relationships between these two disorders are uncertain. The aims of this study were to determine if the prognosis of DI differed from that of the general population and to assess if DI could predispose to AD and compare causes of death. A total of 218 patients with AD and 280 patients with DI were followed up for 15 years. Results showed that the prognosis of DI uncomplicated by physical illness at referral was reasonably good and 5-year survival was double that of AD. The rate of occurrence of AD in DI was no greater than in the general population. The higher mortality from cancer in DI than in AD is unexplained but may relate to differences in aetiology of these two disorders. (AKM)
ISSN: 08856230

Nursing staff and screening for depression among acutely ill geriatric inpatients: a pilot study; by A Shah, M Karasu.
Depression is common among acutely ill geriatric inpatients. In this study the performance of the Depressive Signs Scale (DSS), completed by the nursing staff in the course of normal nursing duties, in screening for depression among acutely ill geriatric inpatients in a district general hospital in London was examined. A cut-off of 2/3 gave the best sensitivity (63%) and specificity (58%). The DSS could be utilised to screen for depression among acutely ill geriatric inpatients, particularly as the screening could be incorporated into nursing care plans and only required 3-4 minutes.
ISSN: 13607863
From: http://www.tandfonline.com

The outcome of depression and dysthymia in a very elderly population: results from a three-year follow-up study; by Y Forsell, A F Jorm, B Winblad.
Aging & Mental Health, vol 2, no 2, May 1998, pp 100-104.
Depression is a common disorder in older people. In population-based studies the rate of treatment is low. In spite of this most of the studies on the outcome of depression in older people are based on treated series. This Swedish study used data from a population of 1,101 very elderly persons. Of these, 7.2% were diagnosed as having a major depression and 3.5% as having a dysthymia at an initial examination. Both syndromes were over-represented in persons affected by dementia. Seventy-seven percent of the depressed persons had consulted a physician recently, and 17% were treated for depression. Three years later those who were depressed and had survived were re-examined. At the follow-up examination 48.6% of the non-demented persons and 14.3% of those with dementia were depressed. The study concluded that the rate of treatment of depression in very elderly people was low and the course was chronic or relapsing in almost half of the cases. (AKM)
ISSN: 13607863
From: http://www.tandfonline.com

Outcomes following acute hospital care for stroke or hip fracture: how useful is an assessment of anxiety or depression for older people?; by John Bond, Barbara Gregson, Monica Smith (et al).
The association between severe life events and mental health outcomes following acute hospital care for older patients with acute stroke or fractured neck of femur was examined in this UK study. A total of 642 patients admitted to hospital with an acute stroke (268) or hip fracture (374) participated in the study. Results showed that 47% of 6-month survivors of stroke or hip fracture living at home had a possible psychiatric illness: dementia (13%), anxiety or depression (41%). Fifty-seven percent had severe or very severe disability and 48% experienced additional life events after hospital admission. Severe disability was strongly associated with a higher prevalence of anxiety or depression. Social contact was associated with a lower prevalence of anxiety or depression and social support network type was strongly associated with depression but not anxiety. Number of severe life events was associated with anxiety but not depression. The study concluded that disability is probably a more robust outcome measure than assessments of mental health for older people in uncontrolled studies. (AKM)
ISSN: 08856230
Personality disorders and depression in community-dwelling older adults; by Daniel L Segal, Michel Hersen, Robert I Kabacoff (et al).
The prevalence and nature of 13 personality disorders and the relationship between personality disorder and depression among older people living at home without a history of psychiatric hospitalisation were examined. The 57 men and 132 women (age range 55 to 96) recruited completed the Personality Diagnostic Questionnaire Revised (PDQ-R) and the Geriatric Depression Scale (GDS). 37% did not meet full criteria for any personality disorder; 63% had at least one personality disorder diagnosis; and 42% fulfilled criteria for two or more diagnoses. Most frequent were paranoid (40%), histrionic (32%), narcissistic (22%), borderline (22%), and avoidant (16%) disorders. There was a strong positive relationship between self-reported levels of depression and summed positive personality disorder criteria. (RH) ISSN: 10784470

A preliminary report: a new scale to identify the pseudodementia syndrome; by George Yousef, William J Ryan, Tim Lambert (et al).
128 patients referred to Worthing Priority Care (NHS) with a differential diagnosis of pseudodementia were screened using a checklist of 44 characteristic features (in the form of questions with Yes or No answers) which the literature claimed to differentiate between organic dementia and depressive pseudodementia. This checklist covers the areas of history, clinical data, insight and performance. Forty points (questions) out of 44 in the checklist showed significant discriminating power to differentiate dementia from depressive pseudodementia. A principal component and factor analysis was performed from which 18 questions were extracted. The shortened questionnaire was able to classify (43/44 cases) 98% of dementia cases and (60/63) 95% of depression correctly. A new definition has been introduced for pseudodementia as a syndrome of reversible subjective or objective cognitive problems caused by non-organic disorder. Depressive pseudodementia may be classified into two subtypes: Type I - has depressive symptoms with subject complaint of dysmnesia with measurable intellectual deficits; and Type II - has depressive symptoms and shows poor cognitive performance based on poor concentration not due to organic disorder. (RH) ISSN: 08856230

Prevalence and prediction of depression in American Indian elderly; by Kim J Curyto, Elizabeth E Chapleski, Peter A Lichtenberg (et al).
Depression research is sparse with older American Indians, and almost non-existent with Great Lakes American Indians. In this study, 309 Great Lakes American Indian older people from urban, rural, and reservation settings were interviewed. Two-thirds of the sample were over age 65. Fifty-four percent of the sample completed less than a high school education, and 23 percent completed only a high school education. Depression prevalence and its correlates were examined. The CES-D (Center for Epidemiological Studies Depression Scale) was used to measure depressive symptomatology, and was found to have good internal consistency in the sample. Overall, 18.3% of the sample scored above the traditional cutoff for depression. Both having completed fewer years of formal education and living in an urban area were significant predictors of depression. ISSN: 07317115
From: http://www.tandfonline.com

Prevalence of depression in older Mexicans: a nursing home and community based study in Mexico City; by Rodolfo E Albrecht Junghans, David V Espino.
The purpose of this study was to determine the prevalence rates of major and minor depression, and to examine the association between depression, the number of medications and number of comorbid illnesses in a sample of 193 older community-dwelling and institutionalised Mexicans living in the Mexico City area. Twenty-four percent of subjects aged 60 to 74 and 49 percent aged 75 and older were depressed using DSM-IIIR criteria. As in the United States (US), increased medication usage and comorbid conditions were associated with depression, with depressed subjects showing increased use of medications and increased number of comorbid conditions. The results suggest that the prevalence of depression may be similar to that in the United States (US). However, Mexicans over the age of 75 may be more at risk for depression than those of the same age in the US. ISSN: 07317115
From: http://www.tandfonline.com

The evolution of disabilities was measured in 397 older people with sub-clinical cognitive deficit, recruited from a general practitioner (GP) research network in the south of France as part of the Eugeria longitudinal study of cognitive ageing. Over the three years of the study, 11% of the cohort developed dementia without depression, and 5% dementia with depression. Progressive disablement was found to be greater in those with senile dementia as compared to normal subjects. Depression alone had no significant effect over the time period. Those with both senile dementia and depression had significantly higher rates of disability at 3 years than those with senile dementia alone. In the senile depression/dementia group only, significant decrements were observed in dressing, washing, use of telephone and continence. Depression does not in itself engender significant disability, but interacts with senile dementia to accelerate loss of functioning. Effective treatments of depressive illness in senile dementia may have significant impact on the prevalence and severity of disability. (RH)

ISSN: 08856230

Psychiatric home care of elderly persons with depression: unmet caregiver needs; by C J Farran, S L Horton-Deutsch, D Loukissa (et al).


Informal caregiving of older people with dementia, and medical illnesses, has been well researched. However, there is a paucity of information on the impact of an older person with depression upon family caregivers. The aim of this study was to explore what nursing interventions are currently provided to family caregivers of older persons with depression as part of standard home health care, and to identify unmet needs of these family caregivers. Unmet caregiver needs were examined from both the family caregiver and the staff nurse perspective, using caregiver structured interviews and staff focus groups. Caregivers reported unmet need concerning support and respite, dealing with their own feelings, learning more about care-related tasks and role changes, and stress management. Similarly, nurses speculated that nursing interventions should focus on increased counselling, family and community support, assisting caregivers with their learning needs and care-related responsibilities. (AKM)

ISSN: 01621424

From: http://www.tandfonline.com

Psychiatric morbidity in cohabitants of community-dwelling elderly depressives; by Aisling Denihan, Irene Bruce, Davis Coakley (et al).


The aim of this study was to determine the effect of living with a depressed older individual on the mental health of the cohabitant carer. Forty-four couples, one partner with AGECAT depression, and 44 couples, one partner diagnosed well by AGECAT. The findings revealed high levels of psychiatric morbidity, primarily depression and anxiety symptoms, in the cohabitants of depressed community-dwelling older persons. This suggests that living with a depressed older person may have an adverse effect on the mental health of the cohabitant. Increased recognition of the potential psychiatric morbidity in this group is needed. (AKM)

ISSN: 08856230

A psychogeriatric outreach service to nursing homes in Sydney; by Brian Draper, Susanne Meares, Helen McIntosh.


The behavioural and psychiatric problems found in nursing home referrals to a multidisciplinary psychogeriatric outreach team in Sydney, Australia was examined in this study. Findings revealed that of 106 referrals from 22 nursing homes, 95% were assessed in the home. Behavioural problems were identified in 82%, usually being associated with chronic organic brain syndromes including dementia. Aggressive behaviours, agitation, uncooperativeness and vocally disruptive behaviour were the most frequently identified problems. Depression was diagnosed in 31%, often comorbid with dementia. Multiple diagnoses were present in 55% of referrals. The most frequent treatment recommendations related to the use of nursing interventions, psychotropic medications, behavioural programmes and family involvement. Admission to the acute psychogeriatric ward occurred in 17% of the cases. The study concluded that psychogeriatric services should provide adequately staffed outreach teams to nursing homes. (AKM)

ISSN: 07264240
Psychological adjustment variables as predictors of mortality among nursing home residents; by Brian P O'Connor, Robert J Vallerand.
Mortality over a 4-year period was examined in relation to self-esteem, depression, life satisfaction, and meaning in life in a non-clinical sample of 128 intermediate-care nursing home residents in the US. Survival was associated with the psychological adjustment variables, and the effect persisted after statistically controlling for age, sex, and physical health. Self-evaluations (self-esteem and depression) were stronger predictors of mortality than were general life evaluations (life satisfaction and meaning in life). Comparisons with previous studies suggest conditions under which psychological variables are likely to be associated with mortality.
(AKM)
ISSN: 08827974

Psychological outreach programmes for the depressed elderly: a meta-analysis of effects and dropout; by Pim Cuijpers.
Utilisation of psychiatric services by older people with depression is low compared to younger adults. Outreach programmes in which treatment is actively offered to depressed older people in the community can be used to improve their access to mental health care. In this study a meta-analysis was carried out to study the effectiveness of these outreach programmes. Fourteen studies were found in which psychological treatment was offered to depressed older people in the community. The mean dropout rate was 23%. It was also found that dropout was larger in group interventions, in cognitive behavioural therapies, in interventions with more female participants, and in interventions offering more sessions. The study suggested that future research is needed to examine the differences between depressed persons who volunteer for a research programme and persons participating in an outreach programme, and to examine if outreach programmes reach depressed persons who would otherwise not have sought help.
(AKM)
ISSN: 08856230

Psychometric properties of a modified version of the Treatment Evaluation Inventory for assessing the acceptability of treatments for geriatric depression; by Philippe Landreville, Anne Guérette.
The more a given treatment is judged as being effective, appropriate, ethical and comfortable, the more acceptable it is. This is very important from a clinical perspective, because it is likely to influence adherence to the treatment. 144 postgraduate students used a modified version of the Treatment Evaluation Inventory (TEI, Kazdin, 1980) to rate the acceptability of one of three treatments for depression (cognitive therapy, cognitive bibliotherapy, and antidepressant medication) for one of three cases of a depressed older person (mild, moderate or severe symptoms). Factorial analysis of the modified version of the TEI revealed two factors (treatment acceptability and negative aspects) which accounted for 72.8% of the total variance. The modified TEI was shown to possess good concurrent validity as well as good internal consistency and test-retest reliability. Subjects rated all treatments as equally acceptable, and treatments were judged more acceptable for mild to moderate symptoms.
(RH)
ISSN: 07149808

International Psychogeriatrics, vol 10, no 1, March 1998, pp 71-83.
This study examined the functional implications and the possible rehabilitation potentials of dementia, delirium, and psychosis in older inpatients, compared with that in depression. Over a 1-year period, all patients in a psychogeriatric university clinic in Denmark were assessed on admission and at discharge with a selection of rating scales and diagnosed according to ICD-10 by consultants with no knowledge of the results of the ratings. All patients who had a principal diagnosis of major depression, dementia, delirium, or a psychosis are discussed in this article. Ratings were made for psychopathology, behavioural disorders, depressive statements, intellectual functioning, activities of daily living (ADLs), and gait. Depressive and delirious patients improved their psychopathology status, but the other assessments were unchanged. Results from the small sample of psychotic patients were mainly inconclusive, but there was a tendency for improvement with respect to psychopathology and gait.
(AKM)
ISSN: 10416102
Quality of the caregiver-care recipient relationship: does it offset negative consequences of caregiving for family caregivers?; by Renée H Lawrence, Sharon L Tennstedt, Susan F Assmann.
Psychology and Aging, vol 13, no 1, March 1998, pp 150-158.

Caregiver stress has been well documented in research, yet few studies have addressed the way a factor may operate in terms of affecting the linkages between stressors and caregiver well-being. This study examined whether caregiver-care-recipient relationship quality mediates, moderates, or both mediates and moderates the association between caregiver stressors (i.e., disability and behavioural problems) and negative consequences associated with caregiving (i.e., overload, role captivity, and depression). Data from adult child and spouse caregivers were drawn from the Massachusetts Elder Health project, a longitudinal study. Results showed that relationship quality mediated the linkages between the presence of problem behaviours and the outcomes of role captivity and depression. That is, when problem behaviours were present, they related to higher levels of captivity and depression because quality of the relationship suffered. Relationship quality moderated the linkage between disability and overload. In particular, for those with a higher quality of relationship, increased disability was related to higher levels of perceived overload. (AKM)

ISSN: 08827974

Quantification of factors contributing to length of stay in an acute psychogeriatric ward; by Brian Draper, Georgina Luscombe.

This paper describes a prospective audit of admissions to an acute psychogeriatric ward at a hospital in Sydney, Australia. The aims were to identify variables that predict length of stay; to quantify psychiatric, medical and social factors that contribute to length of stay; and to identify factors that prolong length of stay. Findings showed that presence of depressive symptoms was the most common psychiatric reason for admission and carer stress the main social reason for admission. Principal diagnosis of major depression and carer stress were significant predictors of length of stay, whereas physical health and psychiatric comorbidity were not able to predict length of stay. The proportion of psychiatric, medical and social reasons involved in length of stay varied significantly by principal diagnosis. Almost 42% of bed days were attributable to delays, for medical, social, treatment or hospital system reasons. (AKM)

ISSN: 08856230

Rating depression severity in the elderly physically ill patient: reliability and factor structure of the Hamilton and Montgomery-Asberg Depression Rating Scale; by Margaret F Hammond.

The author assessed the appropriateness of the Hamilton Depression Rating Scale (HDS) and the Montgomery-Asberg Depression Rating scale (MADRS) in depressed, physically ill older patients. Depression scale scores were assessed for internal consistency using Crohnbach’s _ and subjected to exploratory principle components factor analysis. The coefficient _ for both scales is well below the minimum necessary for the total score to be used to represent a single construct. The HDS appears to be an unreliable measure of depression severity in older people with physical illness, as the major variance in the score is due to anxiety and insomnia. The MADRS performs better, and with modification may provide a useful measure of depression severity in this population. The conclusion requires replication and validation in further studies of physically ill and depressed older people. (RH)

ISSN: 08856230

The recognition and treatment of depression in older people in primary care; by M J Crawford, M Prince, P Menezes (et al).

This cross-sectional study of elderly residents in the Gospel Oak area of Camden, north London compared the GP’s clinical opinion with assessment of mental state using a validated interview schedule (the Short Comprehensive Assessment and Referral Evaluation, or Short-CARE). The study found that GPs were aware of depression in 36 (51%) of 70 depressed patients. Those least likely to be recognised were men, the married, those with high levels of physical handicap, those suffering from visual impairment, and the least well educated. Of the 32 believed to be depressed, 12 (38%) were prescribed antidepressant medications and/or referred to mental health of social services. Levels of recognition of depression were lower that other recent reports. These findings may reflect the continued debate about the most suitable management of older depressed people in primary care, and stress the need for further evaluation of appropriate treatment strategies for this group.

ISSN: 08856230
The relationship between anxiety disorders and age; by Christopher Krasucki, Robert Howard, Anthony Mann. 
The authors review community-based epidemiological studies which have reported data on anxiety disorders in 
those aged 65 and over, to examine age-related changes in their prevalence and incidence. Sources were selected 
from citations in the BIDS, EMBASE, Medline and PsychLit databases. The article examines prevalence and 
age and gender trends of phobic disorders, agoraphobia, social phobia, specific phobia, obsessive-compulsive 
disorder, panic disorder, and generalised anxiety disorder. Anxiety disorders are more prevalent in women than 
men; but this difference diminishes with increasing age, with the exception of generalised anxiety which appears 
to be maintained or to increase. Explanations for this reduction are discussed, the most important being cohort 
effects, anxiety-related mortality, and comorbidity between anxiety and cognitive impairment. Combining use of 
psychic, somatic and behavioural approaches is advocated in future studies of age-related changes, which may 
lead to a reappraisal of the status of generalised anxiety as a ‘residual category’.
ISSN: 08856230

The relationship between depressed affect, pain and cognitive function: a cross-sectional analysis of two elderly 
populations; by J Cohen-Mansfield, L Taylor.
The relationship of cognitive function and pain to depression was studied among 195 participants in day care 
centres and 408 residents of a nursing home in the United States (US). The residents' cognitive capacity was 
segregated into three levels (intact, moderate impairment and severe impairment) as determined by the Brief 
Cognitive Rating Scale (BCRS). Ratings of both the residents' levels of depressed affect, as well as whether they 
experienced any pain were obtained from the staff at each institution. In both populations, individuals in pain 
with moderate cognitive impairment had the highest levels of depressed affect. The findings indicate that 
moderate cognitive impairment might exacerbate the impact of pain on depressed affect. (AKM)
ISSN: 13607863
From: http://www.tandfonline.com

Religiosity and remission of depression in medically ill older patients; by Harold G Koenig, Linda K George, 
Bercedis L Peterson.
The effects of religious belief and activity on remission of depression were examined in medically ill 
hospitalised older patients. Of 111 patients scoring 16 or higher in the Center for Epidemiologic Studies 
Depression Scale (CES-D), 94 were diagnosed with depressive disorder by a psychiatrist using a structured 
psychiatric interview. After hospital discharge, depressed patients were followed up by telephone at 12-week 
intervals four times. At each follow-up contact, criterion symptoms were reassessed, and changes in each 
symptom over the interval since last contact were determined. The median follow-up time for 87 depressed 
patients was 47 weeks. Religious variables were examined as predictors of time to remission by means of 
multivariate Cox model, with controls for demographic, physical health, psychosocial, and treatment factors. 
Results showed that during the follow-up period 47 patients had remissions; the median time to remission was 30 
weeks. Intrinsic religiosity was significantly and independently related to time to remission, but church 
attendance and private religious activities were not. Depressed patients with higher intrinsic religiosity scores 
had more rapid remissions than patients with lower scores. (AKM)

Religiosity buffers effects of some stressors on depression but exacerbates others; by William J Strawbridge, 
S118-S126.
Although religiosity is protective for mortality and morbidity, its relationship with depression is unclear. This 
US Study used the 1994 Alameda County Study survey of 2,537 subjects aged 50-102 to analyse associations 
between two forms of religiosity and depression as well as the extent to which religiosity buffers relationships 
between stressors and depression. Non-organisational religiosity included prayer and importance of religious 
and spiritual beliefs; organisational religiosity included attendance at services and other activities. Findings 
showed that non-organisational religiosity had no association with depression; organisational religiosity had a 
negative relationship that weakened slightly with the addition of health controls. Both forms of religiosity 
buffered associations with depression for non-family stressors, such as financial and health problems. However, 
non-organisational religiosity exacerbated associations with depression for marital problems, abuse, and 
caregiving. The authors concluded that religiosity may help those experiencing non-family stressors, but may 
worsen matters for those facing family crises. (AKM)
ISSN: 10795014

This article aims to further our knowledge of the links between religion and mental health by examining the effect of religious activity on depressive symptomatology among community-dwelling older people with cancer. Also tested is whether these effects differ between blacks and whites. Two waves of data collected from a community-dwelling sample of older people living in North Carolina (NC) are used. Depressive symptomatology is measured using four sub-scales from the CES-D (Center for Epidemiologic Studies Depression) 20 scale: somatic-retarded activity, depressed affect, positive affect, and interpersonal relations. Measures of religious activity include service attendance, religious devotion, and watching or listening to religious programmes. Findings indicate that among blacks with cancer, religious activity is related to lower levels of depressive symptomatology; no such relationship is found for respondents with other illnesses or no illness. Further, the effects of religious activity are stronger among blacks than whites. The analyses lend support - though not as strong as anticipated - to the hypothesis that religious activity is a strong predictor of depression in older people with cancer. (RH)

ISSN: 10795014


The distribution of depression across religious denominations was examined in this community-based study among 3,020 older people in the Netherlands. Reformed Calvinists had the lowest depressive scores; Protestants from liberal denominations had the highest; Roman Catholics, Dutch Reformed, and non-church members were in between. Two types of explanatory mechanisms were examined: social integration, and positive self-perceptions, which both help to prevent depression. Alternatively, strict Calvinist doctrines were hypothesised to enforce negative self-perceptions, facilitating depression. For 2,509 respondents, complete data were available on social integration and self-perceptions, as well as the parental religious denomination. Explanatory effects were tested using hierarchic regression models. The negative association between Calvinist background and depressive symptoms was partly explained by size of social network, and between Roman Catholic background and depressive symptoms by self-esteem. Leaving church had a positive association with depressive symptoms. This depressogenic effect remained after controlling for explanatory variables. (AKM)

ISSN: 08982643


Research Matters: a digest of research in social services, issue 5, April-October 1998, pp 70-72.

Many factors influence the quality of life of older people in residential care. This article reviews research on assessing the quality of care. The study ‘Quality of care: testing some measures in homes for the elderly’, carried out at the Personal Social Services Research Institute, University of Kent, considers depression as a possible indicator. This was confirmed by the presence of dementia in some form in a high proportion of residents in all homes in the study. This article also considers other aspects of the research: the relationship between health care and depression; medication; care planning; staffing issues; and the link between cost and quality. The research continues to reveal the multi-dimensional nature of quality in residential care and the complexity of assessment, and to confirm past findings.

ISSN: 13630105

From: Research Matters Subscriptions, FREEPOST CN2908, Reed Business Information, Quadrant House, Sutton, Surrey, SM2 5BR.


Research has demonstrated that women have more depressive symptoms than men, however, few studies have examined the rural-urban contrast in the experience of depressive symptoms in older women. The aim of this US study was to investigate the differences in the reports of depressive symptoms of women who live in rural and urban areas, and to examine the fit of patterns of depressive symptoms with explanations based on increased perception of economic stress for the individual and the family and available social support. Cross-sectional data were used from 623 women aged 55 years and over who were part of a randomly selected community-based sample. Theoretical perspectives included individual stress and community context as explanatory factors contributing to differences in the proportion of women who identify having had the experience of symptoms of
depression. Results of the analysis using correlation and multiple regression supported the importance of perceptions of financial status. Community type and age were not related to the level of depressive symptoms reported by the women who were interviewed. (AKM)

ISSN: 08952841
From: http://www.tandfonline.com

The safety and efficacy of electroconvulsive therapy in patients over age 75; by Niall Gormley, Con Cullen, Liam Walters (et al).
Electroconvulsive therapy (ECT) is well established as an effective treatment of severe depression in older people. Of major concern in clinical practice is the relative safety of ECT, particularly for patients aged over 75, where reported complications have included confusion, falls and cardio-respiratory problems. This study examined case notes of patients receiving ECT between 1995 and 1997 at three psychiatric hospitals: St Patrick's and St James's Hospitals, Dublin; and the Maudsley Hospital, London. 93 ECT courses were administered during the study period. Ten patients (10.8%) suffered complications following ECT. The most common adverse effects were prolonged confusion and hypomania, all of which resolved within 2 weeks of the cessation of the treatment. 85% of patients made a marked or moderate response to treatment. Careful assessment of a patient's physical health prior to ECT and the monitoring of cognitive functioning and physical state during the course of treatment should enable identification of those prone to complications. Otherwise, the results of the study support the continued use of ECT treatment of severe depressive illnesses in "older-old" patients. (RH) 
ISSN: 08856230

Screening for depression and cognitive impairment in older people from ethnic minorities; by G Rait, A Burns.
The screening and management of dementia and depression in minority ethnic older people has received little attention in the psychiatric literature. This brief paper looks at cross-cultural issues in the screening for mental disorders and cognitive impairment. It considers the advantages and disadvantages of new screening instruments specifically developed for a particular community, and existing instruments. Since there are so many minority ethnic groups in the UK, it may be sufficient to modify existing instruments. (AKM) 
ISSN: 00020729

Screening for depression by the nursing staff in an acute psychogeriatric unit; by Shiraz Akoo, Ajit Shah.
The aim of this study was to develop a depression screening instrument which could be completed by nurses as part of their normal observations as opposed to conducting formal interviews. The Depressive Signs Scale (DSS) was completed by nursing staff on 59 older patients in a psychogeriatric unit in the United Kingdom (UK). Results showed that a cut-off score of 4/5 gave the best sensitivity and specificity in detecting depression. The study concluded that the performance of the DSS should be evaluated in other settings, such as geriatric wards and nursing homes. (AKM) 
ISSN: 07264240

Social correlates of the dimensions of depression in the elderly; by Judith C Hays, Lawrence R Landerman, Linda K George (et al).
Few investigations of the social correlates of depressive symptomatology have addressed variation in the correlates across multiple dimensions of depression scales. This study examined the relationships of selected social, clinical and demographic correlates with four dimensions of the Center for Epidemiologic Studies - Depression (CES-D) scale in 3,401 community-dwelling older people in North Carolina, United States (US). These correlates explained significant variation in somatic complaints and depressed affect; effects of chronic disability and recent negative events were particularly robust. Having a confidant reduced symptomatology for all four dimensions, but particularly for low positive affects and interpersonal problems. Positive affect was also buttressed by helping others. These patterns have particular relevance where treatment for depression is divorced from considerations of the social environment of the older patient. 
ISSN: 10795014
Social determinants of psychiatric morbidity and well-being in immigrant elders and whites in East London; by Ellen R Silveira, Shah Ebrahim.
The social conditions under which migrants to the United Kingdom (UK) live may be more significant than the experience of migration itself in leading to increased risk of mental illness. This study aimed to compare the prevalence of mental, physical and social health problems in older Somali, Bengali and white persons living in Tower Hamlets, London, and to examine associations between environmental circumstances, social support, physical health status, mood and life satisfaction in the groups. In addition, the study aimed to test the hypothesis that differences in mental health between immigrants and whites are explained by social disadvantages rather than ethnicity. The outcome measures used were the Symptoms of Anxiety and Depression Scale (SAD) and the Life Satisfaction Index (LSI). Results showed that the highest SAD scores were found among Bengalis; lowest LSI scores were found among Bengalis and Somalis. The prevalences of depression were 25% in Somalis, 77% in Bengalis, and 25% in whites. The marked variations in mental health between the groups may be a reflection of socioeconomic and health differentials acting concomitantly and adversely.

ISSN: 08856230

Social roles and gender difference in the prevalence of common mental disorders; by Scott Weich, Andrew Sloggett, Glyn Lewis.
It is not known why the most common mental disorders, anxiety and depression, are more prevalent among women than men. The aim of this cross-sectional survey was to test the hypothesis that this gender difference could be explained by differences between men and women in social role occupancy, after adjusting for age and socio-economic status. 8979 adults aged 16-74 from the British Household Panel Survey (BHPS) in 1991, were assessed for common mental disorders using the General Health Questionnaire (GHQ). The gender difference in the prevalence of common mental disorders (unlike social role) did not vary with age to a statistically significant degree. Although those of either gender occupying the fewest, and women occupying the most social roles (after adjusting for age) had the highest prevalence of common mental disorders, neither number of social roles, occupancy of traditional ‘female’ caring and domestic roles, nor socio-economic status explained the gender difference in these conditions.

ISSN: 00071250

The stigma and enigma of ECT; by David Wilkinson, Janet Daoud.
The Royal College of Psychiatrists in the United Kingdom has adopted the stigma of mental illness as its new campaign. As an integral part of this, the Royal College will have to consider the public perception that ECT (electroconvulsive therapy) is an archaic and barbaric treatment - a view being promulgated on numerous Internet Websites. This editorial reaffirms the profession’s confidence in ECT as a treatment. The enigma refers to ECT as being one of the few treatments that are demonstrably so effective that have been so consistently vilified. ECT must be seen as part of a pragmatic approach to the treatment of severe depressive illness: further research is needed not into its efficacy, but into its acceptability.

ISSN: 08856230

The stress process among dementia spouse caregivers: are caregivers at risk for negative behavior change?: by Mary P Gallant, Cathleen M Connell.
This US study examined the relationship between the demands of providing care to a spouse with dementia and caregiver health behaviours, specifically exercise, sleep patterns, weight maintenance, smoking, and alcohol consumption. Structural equation modelling was used to test a model predicting health behaviour change from personal and environmental characteristics, perceived stress, social support, and depressive symptoms in a sample of 233 spouse caregivers of dementia patients and to examine gender differences in these relationships. Results support the hypothesis that caregiving negatively influences health behaviours. Among both women and men, health behaviour change is directly influenced by depressive symptoms and objective burden. In addition, depressive symptoms mediate the effects of self-efficacy and objective burden on health behaviour change. These results support the notion that health behaviour change may represent one mechanism by which caregiving stress leads to adverse health outcomes.

ISSN: 01640275
Suicidal behaviors in depressed men with a family history of suicide: effects of psychosocial factors and age; by E P Flint, J C Hays, K R R Krishnan (et al).


Effects of impaired social support and stressful life events on non-lethal suicidal behaviours were examined in a clinical sample of 79 high-risk patients: depressed adult men with a family history of suicide or attempted suicide. All subjects were participants in the Mental Health Clinical Research Center (MHCRC) for the Study of Depression in Later Life (US). Outcome measures were self-reported one-year histories of three suicide-related ideation symptoms and attempted suicide. One-year prevalences for these outcomes were: death ideation (58%); death wish (48%); suicidal ideation (57%); and attempted suicide (11%). In adjusted models, none of the four measures of social support (network size, frequency of social interaction, receipt of instrumental support, and subjective social support) increased the odds of any outcome. The number of negative life events experienced during the year before the study interview was not associated with increased odds of any ideation symptom, but was marginally higher in men who had attempted suicide during that year. Older age was significantly protective against explicit suicidal ideation in the sample but did not affect the odds of attempted suicide. (AKM)

ISSN: 13607863
From: http://www.tandfonline.com

Suicidal ideation amongst acutely medically ill and continuing care geriatric inpatients; by A Shah, D Dighe-Deo, C Chapman (et al).

Aging & Mental Health, vol 2, no 4, November 1998, pp 300-305.

Data from two pooled depression prevalence studies on acute geriatric wards and one such study on continuing care geriatric wards were re-examined in this study to investigate suicide ideation in the two patient groups. The Brief Assessment Schedule (BAS) measured depression, feelings of life not worth living, suicidal ideation, and pessimism. The prevalence of feelings of life not worth living, suicidal ideation and pessimism were 29%, 13% and 50%, respectively, in the acute sample, 33%, 26% and 52%, respectively, in the continuing care sample, and 38%, 29% and 55%, respectively, in the continuing care dementia sub-sample. These three variables were significantly inter-correlated, and they were associated with BAS depression scores and caseness in both the acute and continuing care sample. (AKM)

ISSN: 13607863
From: http://www.tandfonline.com

Suicidal ideation and the "wish to die" in dementia patients: the role of depression; by Brian Draper, Cressida MacCuspie-Moore, Henry Brodaty.


A sample of 221 Australian patients with dementia, comprising referrals from 1985 to 1995 were included in this study. Cognitive impairment was measured by the Mini Mental State Examination (MMSE) and the Blessed orientation - information - memory - concentration test and dementia scales, depression by the 21 Hamilton Rating Scale of Depression (HRSD), suicidal ideation and the 'wish to die' as defined by the suicide item on the HRSD, functional capacity by the activities of daily living (ADLs) scale, and the instrumental ADLs scale. Caregiver psychological morbidity was assessed with the General Health Questionnaire. 12 patients (5.4%) felt life was not worth living, 7 (3.2%) 'wished to die' or had thoughts of death, 2 (0.9%) had suicidal ideation or gestures, and none had made any suicide attempts. The 9 who ‘wished to die’ or had suicidal ideation scored 12 or more on the HRSD. Of these, 6 were clinically depressed. Suicidal ideation and the ‘wish to die’ were significantly correlated with the presence of depressive symptoms as measured by the HRSD (suicide item excluded), but only in those with Alzheimer’s disease (AD). There were no significant differences in HRSD scores between the dementia groups. (RH)

ISSN: 00020729

The treatment of psychotic depression in later life: a comparison of pharmacotherapy and ECT; by Alastair Flint, Sandra L Rifat.


This Canadian study evaluated the response to pharmacotherapy and to electroconvulsive therapy (ECT) in older patients with psychotic depression. Twenty-five patients aged 60 years and older with major depression were treated with either 6 weeks of pharmacotherapy or ECT. The study found that older patients with psychotic depression had a significantly lower frequency of response to pharmacotherapy than to ECT. However, patients responded more slowly to pharmacotherapy than to ECT and longer duration of treatment may have improved the outcome of the medication group. The findings suggest the need for a randomised controlled trial comparing the efficacies of drug treatment and ECT in late life psychotic depression. (AKM)

The Beck Depression Inventory (BDI) is a standard assessment tool for measuring depression in both clinical and research settings. This study investigated the use of BDI for geriatric populations by focusing exclusively on a community resident sample of 107 persons aged 65 years and over. For this sample, the BDI demonstrated sufficient validity and reliability to warrant its use as a research measure. Further, there appeared to be no relationship between age and depression scores although there was a relationship between reported health conditions and depression. (AKM)

The use of the SelfCARE(D) as a screening tool for depression in the clients of local authority home care services - a preliminary study; by Sube Banerjee, Kim Shamash, Alistair J D MacDonald (et al).

The home care population has high levels of depressive disorder which is unrecognised and untreated. In the United Kingdom (UK), social services are charged with a full assessment of need but there appears to be little systematic assessment of depressed mood in their assessment and review procedures. The performance of the SelfCARE(D), a 12-item self-administered depression rating scale, was tested in home care recipients in Lewisham East, London. Findings suggest that the SelfCARE(D) may be an acceptable and effective tool for the screening of depression in the home care population, and support an evaluation of its incorporation into social service assessment and review packages for their older home care clients. (AKM)

Using humour to promote psychological wellbeing in residential homes for older people; by D M Houston, K J McKee, L Carroll (et al).

The impact of a structured humorous activity on the psychological well-being of older people in residential care was assessed in this study. Sixty-one residents (of which thirty were controls) of six residential care homes participated in the study. The intervention involved a humorous sing-a-long session. Residents who participated in the intervention were found to have significantly reduced levels of anxiety, as measured by the General Health Questionnaire, and significantly reduced levels of anxiety and depression, as measured by the Hospital Anxiety and Depression Scale, when compared to residents who received no intervention. (AKM)

Very late life: the final frontier; by S H Zarit.

The growth of the oldest old population (aged 80 years and over) has outpaced the development of research and clinical practice with this age group. In this editorial, the author looks at some studies on depression in very elderly people, and suggests that more research is needed in this age group. (AKM)

Widowhood and depression: gender differences; by Gary R Lee, Marion C Willetts, Karen Seccombe.

Hypotheses predicting why widowhood should be more difficult psychologically for men than women were tested on a sample of 746 older persons in this US study. Results indicate that widowhood is a more depressing experience for men than for women, partly because of the intervening effects of health and time since widowhood. However, much of the gender difference remained unexplained. Possible causes, including the fact that widowhood is a more usual component of the life cycle for women, are discussed. (AKM)

Women, marital status, and symptoms of depression in a midlife national sample; by John R Earle, Mark H Smith, Catherine T Harris (et al).

Previous studies of the correlates of depression among women have not generally been based on adequate midlife samples or precision in the specification of marital status categories. This study, based on data from the
first wave of the Health and Retirement Survey (HRS) 1991, with respondents aged between 45 and 65 years, aimed to address these deficiencies. Findings indicate that married women were less likely to report symptoms of depression than their unmarried counterparts. The mental health benefits of marriage were greater for men than for women. Other variables, such as marital satisfaction, self-rated health, and employment status were found to be more powerful predictors of emotional well-being in midlife than marital status as such. The quality of marriage appeared to affect depressive symptoms more strongly for women than men.

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From: http://www.tandfonline.com

1997

ABC of mental health: mental health in old age; by A J D Macdonald.
Successful treatment of older patients with mental health problems requires a mix of psychological, medical, social, political and managerial skills. This article outlines the prevalence and management of depression, anxiety, psychotic disorders, dementia, delirium ('acute confusional state'), and elder abuse. It also summarises what to do about older people refusing treatment.
ISSN: 09598138

ABC of palliative care: depression, anxiety, and confusion; by Jennifer Barraclough.
Emotional disorders in patients with incurable disease should never be dismissed as inevitable or untreatable. This article outlines the causes, symptoms, prevention and management of depression, anxiety and delirium. For more severe cases, drug treatment is indicated in addition to, but not instead of, the general measures described.
(RH)
ISSN: 09598138

Activities of daily living, cognitive impairment and other psychological symptoms among elderly recipients of home help; by Annette Hylen Ranhoff.
Health & Social Care in the Community, vol 5, no 3, May 1997, pp 147-152.
Previous studies have shown a relationship between physical functioning and having a home help. This Norwegian study of over 75s hypothesised that having home help is associated with cognitive impairment and psychological symptoms. Bivariate analysis shows cognitive impairment to be significantly more frequent among home help clients, whereas indicators of anxiety and depression are not. Living alone, poor perceived health, problems of performing primary activities of daily living (ADL), instrumental ADL and, in particular, experiencing difficulties in cleaning the house remained the only variables independently related to having home help. Of these, difficulties with cleaning the house was the most powerful predictor. The home help seems to be used mainly to compensate for impaired mobility. An association between cognitive functioning and the provision of home help is related to a limitation in the ability to perform ADL associated with cognitive impairment.
ISSN: 09660410

Advances in old age psychiatry: chromosomes to community care; by Clive Holmes, Robert Howard (eds).
This book focuses on current clinical issues relating to the aetiology and management of the dementias and functional disorders of old age. The book is divided into five sections, the first three of which deal with the dementias - including Alzheimer's disease - their risk factors, and clinical and pathological features. The section on treatment and prognosis of affective disorders includes chapters on depression, antidepressants, electroconvulsive therapy (ECT), and behavioural therapy. The final section looks at cross-cultural issues and functional disorders, such as phobic and anxiety disorders, paranoid states and senile squalor.
ISBN: 1871816343
Price: £45.00
From: Wrightson Biomedical Publishing Ltd., Ash Barn House, Winchester Road, Stroud, Petersfield, Hampshire. GU32 3PN.

Adverse social circumstances and depression in people of Pakistani origin in the UK; by Nusrat Husain, Francis Creed, Barbara Tomenson.
The social origins of depression in people of Pakistani origin in the UK are not fully understood, and may not be the same as for the indigenous white population. Patients attending a GP's surgery in North Manchester were
Age and depression in the post-communist Czech Republic; by Joseph Hraba, Frederick O Lorenz, Zdenka Pechacova.
In the United States (US) and western Europe, research has demonstrated that depression increases with older age. Three sources of stress are thought to account for this relationship: economic stress, poor health, and social isolation. The relationship between these sources of stress and depression may be direct or mediated by mastery. This study tested this pattern on a sample of 647 older women and 554 older men in the Czech Republic in 1994. Findings revealed that age was related to the three sources of stress and they were associated with depression. After controls for mastery, the effect of poor health on stress and depression remained strong for both women and men. The relationship between economic stress and depression also remained strong for men. However, it is older men's sense of deprivation relative to the communist past, rather than absolute economic hardship, that causes their depression. For women, the effect of economic hardship was mediated by mastery. Mastery also mediated the effect of social isolation on women's depression, but not for men. The authors conclude that the relation between age, economic stress, and depression in the Czech Republic may change in the future. (AKM)
ISSN: 01640275

Alcohol abuse: a source of reversible functional disability among residents of a VA nursing home; by David W Oslin, Joel E Streim, Patricia Parmelee (et al).
The prevalence of psychiatric disorders was determined in a sample of 196 Virginia (VA), US nursing home residents who were interviewed using the modified Schedule for Affective Disorders and Schizophrenia (mSADS). Of the 160 subjects for whom data was available, 86% had a diagnosis of at least one psychiatric disorder. The prevalence of clinically significant cognitive impairment was 60.6% and of major depression 13.8%. Of 100 residents for whom alcohol histories were obtained, 32 (29%) had a lifetime diagnosis of alcohol abuse. The degree of impairment in activities of daily living (ADLs) improved significantly from the time of admission to the time evaluation (average 1.4 years) among those who were recently abusing alcohol, compared to those who formerly abused alcohol and those who never abused alcohol. The effect is clinically as well as statistically significant, and has the potential benefit of reducing caregiver burden and health care costs for older people. (RH)
ISSN: 08856230

Anticipated support, received support, and economic stress among older adults; by Neal Krause.
This study examined the interface between anticipated support, received support, recent economic stressors, and depressive symptoms in later life. A theoretical perspective was developed suggesting that received support exacerbates the effects of financial stress on depressive symptoms. However, this conceptual framework further specified that the noxious effects of economic stress are buffered or offset by anticipated support. Data from a US nationwide survey of older people provided empirical support for both hypotheses. (RH)
ISSN: 10795014

Antidepressant use over time in a rural older adult population: the MoVIES project; by Mary Ganguli, Benoit Mulsant, Stephanie Richards (et al).
The use of antidepressants over time among 1681 community-dwelling older people in a rural area was examined in this longitudinal study. Data were collected four times between 1987 and 1996. Antidepressant use was reported by less than 5% of the population during all four data collection waves. It was associated with
female gender, use of mental health services, presence of five or more depressive symptoms, and use of five or more prescription drugs, but not with age. (AKM)

ISSN: 00028614

In the next decade, there will be an increase in the number of older people in the UK from a South Asian background: from India, Pakistan, and Bangladesh. All too often, minority ethnic groups are treated as homogenous, leading to inappropriate generalisations, unmet need, and unsuitable treatment and management. In order to understand and manage a person’s illness, it is necessary to appreciate the effects of their culture, experiences and environment. The South Asian community is well established in the UK, and the attitudes of the growing older population towards mental illness, their expressions of distress, and views on management and treatment are only now being canvassed. Awareness of these issues is essential before epidemiological studies of depression and dementia, and use of health services by this group will provide beneficial results. (RH)

ISSN: 08856230

This paper reviews methods of health care quality assessment relevant to the care of older people in the United Kingdom (UK), with particular reference to nursing. It notes a shift in evaluation from ex post to ex ante forms, reflecting the increasing involvement of managers in setting objectives and requiring services to be evaluated through outcome measures that relate to pre-set objectives. Ex post methods of quality assessment discussed are peer review and case presentation. Ex ante forms include: outcome measures of disease, pain, depression and anxiety; generic and domain specific outcome measures; patient complaints; audits; clinical indicators and tracers; criteria maps and critical paths; and measures of nurse performance.

ISSN: 13587390

Several cross-sectional studies show that the greatest risk of psychiatric morbidity during the menopause years is linked to greater exposure of stressful life experiences, women’s dissatisfaction with their role in society and to an absence of social support. This study involving population-based cohorts was carried out on a sample of 120 women who had been previously identified as being pre-menopausal or menopausal during a cross-sectional examination conducted between 1987 and 1988 in Valencia, Spain. The study aimed to analyse the movements of specific psychosocial factors (role satisfaction, level of social support), making a comparison between the pre-menopausal and post-menopausal phases. Findings showed that an increase in the frequency of psychiatric episodes was detected in the later stages of the menopause. The absence of support, being a possible psychiatric case and experiencing severe life events during the initial phases of the menopause emerged as being the most reliable factors for predicting psychiatric morbidity during the postmenopausal phase. The results lend weight to the hypothesis of psychiatric morbidity being linked to social changes.

ISSN: 03785122

The current study is a controlled clinical investigation of two non-pharmacological treatments of depression in patients with Alzheimer’s disease (AD). Two active behavioural treatments, one emphasising patient pleasant events and one emphasising caregiver problem solving, were compared to an equal-duration typical care condition and a wait list control. 72 patient-caregiver dyads were randomly assigned to one of four conditions, and assessed pre-, post- and at 6-months follow-up. Patients in both behavioural treatment conditions showed significant improvement in depression symptoms and diagnosis, as compared with the two other conditions. These gains were maintained at 6-month follow-up. Caregivers in each behavioural condition also showed significant improvement in their own depressive symptoms, while caregivers in the two other conditions did not. Results indicate that behavioural interventions for depression are important and effective strategies for treating dementia patients and their caregivers. (RH)

ISSN: 10795014
Bitter harvest: the implications of continuing war-related stress on reminiscence theory and practice; by M P Bender.
This paper looks at how a traumatic event - such as the Second World War - and its long-term effects should be understood in terms of the theoretical framework supporting the use of reminiscence work, particularly Erikson's life stages. Traumatic memories of the war are rarely reported in published accounts of reminiscence work. This paper looks at the interpersonal difficulties of servicemen and civilians in communicating about the war, and why they may find it easier to use emotionally simpler and less unpleasant accounts offered by the media, especially film. Leaders of reminiscence groups often have had little training, and reminiscence as stimulation is trivialised into reminiscence as fun. It is suggested that mental health workers should offer regular supervision and training. The need for clinical awareness of the importance of war in shaping people's lives both before and after the war is highlighted, as is the need for readily available and sympathetic psychotherapeutic services.
ISSN: 0144686x

Brief measures of depression and cognitive function; by Steven H Zarit.: American Society on Aging, Spring 1997, pp 41-44.
Generations, vol XXI, no 1, Spring 1997, pp 41-44.
The importance of examining the strengths and limitations of available standardised instruments, before considering developing one's own questions or measures, is stressed. The author outlines assessments for depression; the Center for Epidemiological Studies Depression Scale (CES-D) and 10- and 11-item shorter versions; the Geriatric Depression Scale (GDS); and the Beck Depression Scale (BDS). Brief screening instruments for cognitive functioning which include questions that assess orientation, memory and other cognitive abilities are useful for identifying individuals with dementia. The advantages and limitations of the most widely used one, the Mini Mental State Examination (MMSE), are discussed. (RH)
ISSN: 07387806

Caregiver expressed emotion and depression in Alzheimer's disease; by A W Wagner, R G Logsdon, J L Pearson (et al).
This study investigated the rate of expressed emotion (EE) in caregivers of patients with Alzheimer's disease (AD) and depression. It also investigated the relationship of caregiver EE to patient status and caregiver burden and depression. 57 AD patient-caregiver pairings were studied in a cross-sectional design, using various caregiver and patient measures. 23 (40%) caregivers were high in EE; this percentage is higher than reported in normal older adults, but is consistent with other psychiatric populations. High EE caregivers were more likely to be clinically depressed and have higher levels of burden. They also endorsed fewer positive aspects of caregiving. No relationship was found between caregiver EE status and patient variables. Caregiver EE offers a novel approach to understanding important aspects of caregiver-patient interactions which may impact long term patient functioning and caregivers' ability to provide effective care.
ISSN: 13607863
From : http://www.tandfonline.com

Caring for an older spouse with a psychiatric illness; by J M Murray, M V Manela, A Shuttleworth.
This is a descriptive study of the second stage of a community survey of older people in Islington, London, in which the prevalence of psychiatric illness among married individuals was significantly lower than among the currently unmarried (13.7% versus 25.6%). Couples in which one or both partners had dementia or depression were interviewed to determine psychiatric status, social difficulties and support. Caregiving spouses of those with either dementia or depression were both at high risk of mental illness. The most frequently reported social difficulties concerned loneliness, social life, housing and finance. Both practical and psychosocial difficulties should be taken into account in planning intervention for this group. (AKM)
ISSN: 13607863
From : http://www.tandfonline.com

Center for Epidemiologic Studies Depression Scale (CES-D) as a screening instrument for depression among community-residing older adults; by Peter M Lewinsohn, John R Seeley, Robert E Roberts (et al).
The efficacy of the Center for Epidemiologic Studies Depression Scale (CES-D) as a screener for clinical depression was examined in a sample of 1,005 United States community-living adults aged 50 to 96. Presence of a depressive disorder was determined by diagnostic interview. Analyses revealed that neither age, gender,
cognitive impairment, functional impairment, physical disease, nor social desirability had a significant effect on the psychometric properties or screening efficacy of the CES-D. These results indicate that there was no significant degradation in the ability of the CES-D to screen for depression for older people living in the community. This conclusion should be treated with caution, as the sample did not include participants with more disabling forms of cognitive or functional impairment and physical illness.

ISSN: 08827974

The Center for Epidemiological Studies Depression (CES-D) scale: assessment of depression in the medically ill elderly; by Rebecca L. Schein, Harold G. Koenig.


In this study, 76 individuals completed the Center for Epidemiological Studies - Depression scale (CES-D) and a psychiatric interview, from which DSM-III-R diagnoses were obtained. Analyses of sensitivity and specificity indicated that use of an alternative scoring method which more closely approximates current diagnostic criteria for depression may improve the test's predictive power. Use of stringent cut-scores was not supported, as sensitivity was compromised. Item analyses demonstrated that seven of the CES-D items failed to discriminate major, minor and non-depressed patients, and that several of these items tapped somatic symptoms. These findings suggest that validity of the CES-D may be compromised when used with older medical patients, and modifications for its use are recommended.

ISSN: 08856230

Characteristics of depressive symptoms in elderly urban and rural African Americans; by Jebose O Okwumabua, F M Baker, S P Wong (et al).


Despite considerable progress in the epidemiology of late life depression, little data have been documented in the scientific literature on older African Americans' depressive symptoms. A sample of 96 African American men and women aged 60+ with equal representation from urban and rural west Tennessee were divided into three age categories. Data from the Centre for Epidemiological Studies Depression scale (CES-D) were compared with the association of medical illness, medication use, social network, level of physical function in activities of daily living (ADLs), and demographic characteristics. Those screening positive for the presence of depressive symptoms showed an increased report of hypertension, arterioscholoris, and circulatory problems. There was an increased report of symptoms of depression in those with six or more different chronic illnesses. Regression analyses of data indicated that medical illness and social network were the most important predictors of depressive symptoms in this sample. Bearing in mind the projected increase in African Americans reaching age 60, early identification of salient risk factors for depression is critical to early intervention programmes for minority ethnic populations. (RH)

ISSN: 10795006

Comorbidity with depression in older people: the Islington study; by C L E Katona, M V Manela, G A Livingston.


This study focuses on comorbidity and other associations of depression in a community sample of older adults in the London Borough of Islington. Older people who were depressed were likely to have other comorbid physical and psychiatric pathology: anxiety, phobic anxiety, physical disability, somatic symptoms, sleep disturbance, and subjective memory impairment. The majority of older people with depression were not receiving pharmacological treatment, perhaps because their presenting symptoms obscured diagnosis of depression. Health workers treating older people with depression should look for other physical and psychiatric conditions routinely. Comorbid depression should be considered in older people with subjective memory loss, sleep disturbance, somatic complaints, anxiety disorders or other activities of daily living (ADL) limitation.

ISSN: 13607863

From: http://www.tandfonline.com

A comparative study of factors related to carrying out physical activities of daily living (PADL) among 75 year-old men and women in two Nordic localities; by P Laukkane, E Heikkinen, M Schroll (et al).


This cross-sectional and cross-national study describes and compares physical activities of daily living (PADL) and factors explaining variation in PADL in two Nordic populations. Some 70 men and women aged 75 and over from Glostrup, Denmark, and Jyväskylä, Finland were interviewed and given a laboratory examination in 1989-90. Tests were given to determine depressive symptoms, cognitive capacity, and selected physical and sensory performance domains. Variables describing physical and psychological health and performance relating

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to PADL were analysed using four different regression models (by sex and place). Knee extension strength and stair mounting height in three models and walking speed in one model emerged as explanatory factors on the basis of physical performance tests done. In three instances each, sight, hearing, balance and symptoms of illness also explained PADL functioning. Symptoms of depression and cognitive capacity were explanatory factors in one instance each. There were no major differences in the determinants of PADL functioning in the two populations. Physical, psychological and sensory tests provide useful information, complementary to self-reports regarding declining PADL functional capacity. (RH)

ISSN: 03949532


This guide provides concise practical information of interest to those working in clinical practice of geriatric psychiatry. Apart from describing the diagnosis and treatment of psychiatric disorders found in older age, the book also discusses the social context of ageing, contemporary ageing and health care, the barriers to geriatric mental health care, and ways of working more effectively with older patients. The disorders covered are: mood disorders, including depression; dementia and Alzheimer's disease; vascular dementia and delirium; anxiety disorders; late onset psychosis; sleep disorders; substance abuse; and sexual dysfunction. Some clinical assessment instruments are also included.

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Price: £18.95
From: The Eurospan Group, 3 Henrietta Street, London WC2E 8LU.

Concurrent validity of a telephone-administered version of the Gospel Oak instrument (including the SHORT-CARE); by Nigel Tunstall, Martin Prince, Anthony Mann.


The aim of the study was to establish the concurrent validity of a telephone-administered version of the survey measures utilised in the Gospel Oak studies, the core of which was the SHORT-CARE. The survey measures examined were: the Diagnostic Depression Scale, Dementia Diagnostic Scale and Organic Brain Syndrome Scale (all taken from the SHORT-CARE), and the London Handicap Scale. Comparisons were made between data obtained by administering the interview in its conventional, face-to-face form with those generated by conducting it by telephone. For depressive symptomatology, cognitive impairment, subjective memory impairment and handicap, intra-class correlations were 0.86, 0.89, 0.83 and 0.70 respectively. The kappa coefficient for agreement on case-level diagnosis of pervasive depression was 0.79. These results indicate that the instrument is broadly reliable when administered by telephone. (RH)

ISSN: 08856230

Conjugal support, coping behaviours and mental health of elderly couples: a three-wave longitudinal panel study; by Francine Ducharme.


The purpose of this three-wave longitudinal panel study was to examine the relationship between conjugal support, coping behaviours and the mental health of community-dwelling older couples. A multistage sample of 135 couples, aged 65 years and older, was drawn from a large Canadian metropolitan area. Standardised interviews were conducted by two trained nurses randomly assigned to each spouse. This original sample was followed for a four-year period; 90 couples were re-interviewed two years later, and 49 couples four years later. Correlational and hierarchical multiple regression analyses revealed consistent results for both marital partners at each time point. Only one coping behaviour - reframing - was found over time, to have a significant effect on a mental health outcome, namely life satisfaction. The availability and reciprocity of conjugal support were also significant predictors of this outcome. The findings of this study suggest interventions to improve cognitive coping strategies and the exchange of instrumental and emotional support between older marital partners, with the ultimate aim of enhancing the quality of life of this growing population.

ISSN: 13587390

Control and the elderly: "goodness-of-fit"; by K A Wallace, C S Bergeman.


This study investigated the effects of person-environment fit on control in an older population in a Midwestern city in the United States (US). Person-environment fit theory predicts that a fit or a match between the characteristics of the person and the characteristics of the environment is important in determining positive outcomes. In this study, a measure of the misfit (mismatch) between an individual's perceptions of control and that individual's desire for control was used to predict life satisfaction, depression, and self-reported health. The misfit between these constructs was found to be a significant predictor of depression, suggesting that a person-
environment fit model may be important in explaining this outcome variable. In contrast to the hypothesis, misfit did not significantly predict life satisfaction, and only approached significance in the physical health model. The article concludes with a discussion of the possible interpretations and implications of the findings, and suggestions for future research.

ISSN: 00914150

Cost of community care for older people; by Gill Livingston, Monica Manela, Cornelius Katona.
There has been no published study that considers actual costs of community care for people aged 65 years and over. This study describes the financial cost of formal community services for older people with dementia, depression, anxiety disorders or physical disability. Psychiatric morbidity, physical disability and services received were assessed by standardised questionnaire to 700 people interviewed at home in randomly selected enumeration districts in the London Borough of Islington. Dementia was the most expensive disorder per sufferer in terms of formal services. Those with depression were also high users of health services, 90% of whom were not treated with appropriate drugs. In contrast, social services were received by people who were activity-limited or with dementia. The highest service cost for the population as a whole was for the physically disabled. In multivariate analysis, significant predictors of high service costs were living alone, being physically ill, depression, dementia and increasing age. Failure to detect and treat depression and anxiety disorders in older people may have major economic consequences as well as contributing to individual suffering. (RH)

ISSN: 00071250

A cross-cultural validation of coping strategies and their associations with caregiving distress; by William S Shaw, Thomas L Patterson, Shirley J Semple (et al).
In this study, coping strategies were compared among family caregivers of Alzheimer's disease patients in Shanghai, China and San Diego, California. Four coping factors were reliably consistent in both samples, supporting their widespread relevance to life adversity: behavioural confronting, behavioural distancing/social support, cognitive confronting, and cognitive distancing. Chinese and American caregivers endorsed similar rates of coping, but Chinese caregivers reported fewer symptoms of depression and anxiety. Although coping strategies were similar, cultural ideals promoting family interdependence, veneration of older family members, and acceptance of traditional family roles may have reduced the psychological impacts of caregiving in the Shanghai sample. (AKM)

ISSN: 00169013

Depression: management in primary care; by Fintan Coyle.
This article presents the results of a survey of general practitioners' diagnosis of depression and its treatment by prescribing antidepressants.
ISSN: 0268201X

Depression: the midlife crisis; by Brice Pitt.
Geriatric Medicine, vol 27, no 4, April 1997, pp 49-50.
The author discusses reasons for the onset of depression during midlife, and suggests ways of managing this difficult time to avoid recurrence of illness in later life.
ISSN: 0268201X

Depression and health in family caregivers: adaptation over time; by Carol J Whitlatch, Lynn Friss Feinberg, Douglas S Sebesta.
This study examined the predictors of caregiver depression and "adaptation" over time in a sample of 202 family caregivers of cognitively impaired adults in California. By examining caregiver adaptation, the study was able to account for initial levels of depression, regression to the mean, and floor and ceiling effects. Results indicated that the strongest predictor of caregiver depression one year after baseline were initial levels of depression, worsening of caregiver subjective physical health status and burden, and short-term use of in-home respite assistance. These findings suggest that caregivers who experience deterioration in levels of physical health and burden and who use in-home respite care on a short-term or sporadic basis may be especially vulnerable to the chronic stress of providing long-term in-home care. (AKM)
ISSN: 08982643
Several studies indicate that depression is associated with an increased risk of death not attributable to suicide in some older and middle-aged medically ill persons. This study compared the 30-month survival of 50 depressed and 50 non-depressed medically ill hospitalised older people interviewed in 1990-1991, who at that time were not terminally ill or cognitively impaired. It also aimed to determine retrospectively if refusal of life-sustaining medical treatments contributed to different rates of survival. The main finding of the study was that after taking severity of illness into account, depression was associated independently with an increased risk of mortality over 30 months in the study group. Depression was more important than several other factors found in other studies, including age, social support and functional status. No significant differences were found between depressed and non-depressed patients with regard to refusal or acceptance of life-sustaining treatments.
ISSN: 00286614

The association between degree of cognitive impairment and severity of depressive symptoms was examined in a randomly selected community-based sample of older people in a sample of patients referred to the South Manchester Old Age Psychiatry Service. Findings contradict previous reports of less cognitive impairment in demented patients with depressive symptoms. The authors suggest that sample selection bias has contributed to the earlier reports.
ISSN: 08856230

The author argues that the observational skills of nurses are an important tool in helping to identify when a patient admitted with the clinical symptoms of depression is, in fact, suffering from a medical condition.
ISSN: 09568115

This pamphlet outlines the psychological and physical symptoms which might indicate depression, the differences between depression and dementia, and the possible causes of depression. It is also published as part of the open learning package, 'Mental health in old age - an open learning resource for carers', aimed at the 'grass roots' level of service provision. (RH)
ISBN: 1901319113
From: Insight Research and Training Consultants, Fingal House, 14a St John's Avenue, Kidderminster, Worcs. DY11 6AT.

The author explains how an appreciation of the patient's cultural background and attitudes will aid GPs in the management of depression in older Asians.
ISSN: 0268201X

This sourcebook contains annotated references to materials on depression in older people, covering the time period 1970-1996. The references refer mainly to materials published in the United States (US). The information is in various forms, including journal articles, monographs, conference papers, theses, dissertations, audiocassettes, videocassettes, and television programmes. A list of acronyms, and a separate author and subject index, are included. Topics covered include: aetiology, epidemiology and diagnosis; memory, cognition and dementia; physical illness, disability and sensory impairment; institutional and home environments; nationality, race and ethnicity; bereavement, anxiety, religiosity; suicide; social aspects; caregivers; pharmacological and non-pharmacological treatments; and treatment comparisons.
ISBN: 0313301131
Price: £55.50
From: The Eurospan Group, 3 Henrietta Street, London WC2E 8LU.
Depression measured by the Zung Depression Status Inventory is very rare in a Finnish population aged 85 years and over; by Minna Kiljunen, Raimo Sulkava, Leena Niinistö (et al).
The Zung Depression Status Inventory (DSI) was used to evaluate the prevalence of various depressive symptoms in a representative sample of 467 people aged 85 and over in the city of Vantaa, Finland. The DSI scores ranged from 20 to 80: the higher the score, the more severe the disturbance. In the subjects interviewed (362 women and 195 men), the prevalence estimates of depression with cutoff scores used in earlier studies (40 and 48) were very low: 5.2% and 1.1%. Also, the mean DSI score (and standard deviation, SD) was very low, 27.9 (6.4). Scores tended to decrease with age, although differences were not statistically significant. The DSI means were 28.0 (6.1) for women and 27.3 (7.2) for men (p=0.0349). Women had greater risk of being classified as depressed on the DSI (odds ratio: 1.60, 95% confidence interval: 1.00-2.57, p=.049). Feelings of emptiness, personal devaluation, and depressive mood were the most common depressive symptoms. This particular population-based study shows that subjective experience of depression is very rare in Finnish people aged 85 and over. These results suggest that optimistic mood might give some protection against death. (RH)

ISSN: 10416102

Depression without sadness: functional outcomes of nondysphoric depression in later life; by Joseph J Gallo, Peter V Rabins, Constantine G Lyketsos (et al).
Earlier studies have called attention to a syndrome with anxiety, cognitive disturbance or somatic complaints but without sadness or dysphoria in older patients thought to be depressed, usually in the context of physical illness. This study investigated whether depressive symptoms not meeting the full standard criteria for major depression would be associated with significant functional impairment in a sample of community-dwelling older people in Baltimore during a 13-year follow-up interval. Compared with a group of persons not meeting any criteria for depression, participants who reported depressive symptoms without sadness or dysphoria were at an increased risk for death, impairment in activities of daily living, psychological distress, and cognitive impairment after the 13 year period. The study concluded that nondysphoric depression in older people may be as important as major depression in relation to the development of functional disabilities and other long-term outcomes.

ISSN: 00028614

Two self-rated questionnaires - SELFCARE (D) and Hospital Anxiety Depression (HAD) Scale - were compared in relation to their efficacy in detecting depression in 72 older patients attending general practitioners at a health centre in Liverpool. The sensitivity, specificity and overall misclassification rates of both the scales were assessed against a diagnosis arrived at by using a standardised interview schedule, Geriatric Mental State (community version), and a computerised diagnostic scheme, AGECAT. In this preliminary study, SELFCARE (D) was found to be superior to HAD as a screening instrument for depression in an older population in primary care.

ISSN: 08856230

Diagnosing Alzheimer's disease in the presence of mixed cognitive and affective symptoms; by Burton V Reifler.
International Psychogeriatrics, vol 9, supplement 1, 1997, pp 59-64.
Dementia and depression are the two most common mental illnesses in later life, and it is probable that they will co-exist in many patients. This co-existence is complicated by the fact that both illnesses can be mistaken for each other, so that many patients with Alzheimer's disease (AD) may initially be diagnosed as depressed, whereas depression is a recognised cause of cognitive impairment. It is important to correctly differentiate between these two diagnoses: if depression is the cause of cognitive impairment, full recovery is possible. It is also important to recognise depression in patients with AD, because depression represents a treatable source of additional disability. For patients with AD living in the community, functional limitations can determine whether the patient remains at home or is institutionalised, so treatment that can improve functional ability should be strongly considered. This article focuses on techniques for establishing a differential diagnosis, with particular emphasis on patients in primary care settings, and briefly considers the value and impact of treatment.

(AKM)

ISSN: 10416102
Differences in geriatric psychiatry outpatients with early- vs late-onset depression; by Suzanne Holroyd, John J Durkee.
This US study assessed clinical and demographic differences between 74 geriatric psychiatry outpatients with early- vs late-onset depression. 15 patients had an early onset of depression (before age 60) and 59, late onset. Early-onset patients had significantly more episodes of depression, a higher mean number of prescribed medications (5.3 vs 3.5) and active medical disorders (4.6 vs 3.1) than late-onset patients. Specifically, early onset of depression was associated with an elevated presence of cardiac disease (53.3% vs 23.7%), diabetes (46.7% vs 16.9%), gastro-intestinal disorder (40% vs 12%), and arthritis (26.7% vs 6.8%). These findings support previous reports that people with a history of depression experience greater medical morbidity that those who do not. The study groups did not differ with respect to Mini Mental State Examination (MMSE) score or presence of a concurrent dementia disorder. These results were unexpected, given previous studies that indicate greater cognitive impairment in late- vs early-onset depression. The potential contribution of increased vascular risk factors among the early onset group may have partly contributed to the finding of no difference in cognition between the two groups. (RH)
ISSN: 08856230

Differences in psychosocial and health correlates of major and minor depression in medically ill older adults; by Harold G Koenig.
Little is known about the characteristics of medically ill hospitalised older adults with different types of preventive disorders. This study compared the differences in correlates of different levels of depression in 542 medically ill hospitalised older people. A wide range of demographic, social, psychiatric, and physical health data were collected, and associations with major and minor depression were assessed. Compared with patients without depression, those with major depression were more likely to have a history of prior episodes of depression, higher dysfunctional attitude scores, greater overall severity of medical illness, cognitive impairment, and somatic complaints. Specific medical diagnosis was less important than overall severity of medical illness. When major and minor depression were compared directly, on the other hand, no significant differences were observed except for history of depression. (AKM)
ISSN: 00028614

Differential diagnosis: discussion; by Alistair Burns (discussion chairman).
International Psychogeriatrics, vol 9, supplement 1, 1997, pp 77-84.
This paper reports on a discussion on differential diagnosis of Alzheimer's disease, held at the special meeting on the diagnosis of Alzheimer's disease of the International Psychogeriatric Association in Geneva, Switzerland, 10-12 November 1996. Specific topics discussed include: the Hachinski score; stroke and dementia; depression and memory loss; age-associated cognitive decline; and the role of general practitioners (GPs) in the diagnosis and treatment of AD. (AKM)
ISSN: 10416102

Does age predict the long-term outcome of depression treated with ECT?: (a prospective study of the long-term outcome of ECT-treated depression with respect to old age); by Michael L Wesson, Andrew M Wilkinson, David N Anderson, (et al).
63 subjects with DSM-III-R major depression with melancholia or psychosis were followed up 2-4 years after index treatment with electroconvulsive therapy (ECT). There was a twofold increase in likelihood of improved outcome with an additional 20 years of age.
ISSN: 08856230

Does geriatric evaluation and management improve the health behavior of older veterans in psychological distress?: by John C O'Donnell, Ronald W Toseland.
A randomised, controlled trial compared prospective 16-month health service use among 160 frail, older veterans receiving outpatient geriatric evaluation and management (GEM) or usual primary care. In this secondary analysis, multivariable regression was used to determine if the psychosocial assessment and support provided by the GEM team moderated the use of medical services by patients in psychological distress. The results indicate that GEM reduced outpatient use among patients who scored higher on a measure of somatization, but GEM increased outpatient use among patients with higher manifest anxiety. Psychological distress was not a factor in the use of inpatient services. GEM had a modest beneficial effect on the health behaviour of frail older persons manifesting some symptoms of psychological distress. (AKM)
Driving cessation and increased depressive symptoms: prospective evidence from the New Haven EPESE; by Richard A Marottoli, Carlos F Mendes de Leon, Thomas A Glass (et al).
A driving survey was administered in 1989 to survey non-institutionalised members of the New Haven Established Populations for Epidemiologic Studies of the Elderly (EPESE) cohort. Of 1316 respondents, 502 were active drivers as of 1988, 92 had stopped driving between 1982 and 1987, and the remainder had neither driven or had stopped before 1982. Information about independent and dependent variables other than driving status came from in-person EPESE interviews in 1982, 1985 and 1988, except for medical conditions, which were updated yearly. Depressive symptoms were assessed by the Center for Epidemiological Studies - Depression (CES-D) scale. Analyses focused on the changes in depressive symptoms before and after driving cessation. Those who stopped driving exhibited substantial increases in depressive symptoms during the 6-year interval. Driving cessation was among the strongest predictors of increased depressive symptoms, even when adjusting for socio-demographic and health-related factors. These consequences need to be taken into account when advising older drivers, and in developing alternative transport strategies to meet older people’s mobility needs. (RH)
ISSN: 00028614

Dual diagnosis in elders discharged from a psychiatric hospital; by Carol E Blixen, Graham J McDougall, Lee-Jen Suen.
Recent evidence indicates those aged 60 and over experience significant alcohol and substance abuse problems. A combination of alcoholism and depression is likely to increase the relative risk of suicide. The prevalence and correlates of dual diagnosis (a psychiatric disorder together with alcohol and/or drug addiction) in older psychiatric in-patients are examined, using variables on 101 older people discharged from three psychiatric hospitals: length of hospital stay, psychiatric and medical diagnoses, medications, and history of suicidal ideation or intent. The main psychiatric disorder diagnosis was depression. Over one third had a substance abuse disorder; almost three-quarters of this 'dual diagnosis' group abused alcohol; 29% abused both alcohol and other substances. Significantly more in the dual diagnosis group made a suicide attempt prior to hospital admission. These findings suggest the need for routine use of diagnostic assessment and screening for substance abuse and mental disorders.
ISSN: 08856230

The effect of depression on functional abilities among Great Lakes American Indians; by Peter A Lichtenberg, Elizabeth E Chapleski, Lise M Youngblade.
Depression is becoming recognised as a prime factor affecting older adults’ functional abilities and disabilities. However, there is a scarcity of data on depression in older adult American Indians and none of the impact of depression on functional skills in this group. Using a sample of 314 American Indians from rural and urban areas, depression was found to be a significant predictor of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) abilities, even after demographic variables and co-morbid medical illness were accounted for. Because American Indians have higher co-morbid medical illnesses (CMI) than do members of the dominant culture, the results of the study highlights the need for assessment and treatment of depression in older American Indians. (AKM)
ISSN: 07334648

The effect of geriatric day treatment on a measure of depression; by David P Boyle.
A pre-test, treatment, post-test design was used to study the effect of day treatment on a measure of depression and a measure of global functioning in a group of clients aged 60+ at a community mental health centre in a rural area of Georgia, US. Results were analysed using a t-test, showing statistically significant differences for before and after treatment groups, and were compared with the results of similar studies in the literature. (RH)
ISSN: 07317115
From: http://www.tandfonline.com
Elderly people from ethnic minorities in Liverpool: mental illness, unmet need and barriers to service use; by M A Boneham, K E Williams, J R M Copeland, P McKibbin (et al).


This article presents findings of Phase II of the Health and Ethnicity Project, in which 71 ethnic minority people aged 65 and over and diagnosed as suffering from dementia or depression were interviewed. They include Black British, Afro Caribbean and Chinese. Findings show a low level of service use, in spite of considerable unmet need. Only 8% lived in institutions; 46% lived alone. For the 17% living alone in sheltered housing, there was evidence of violence towards wardens, wandering, neglect of rooms and occasional fires. Of the 27% living with a family, nearly half the cases also experienced physical disability. Those living in institutions had language difficulties, or problems in obtaining a suitable diet. This article points to working in partnership with ethnic minority groups to overcome barriers of mistrust, and to ensure cultural sensitivity in the services offered.

ISSN: 09660410

Elderly people: [depression and dementia]; by Gillian Crosby, Centre for Policy on Ageing - CPA. Sutton: Community Care, April-October 1997, pp 28-30.


Depression in elderly people, particularly those who use home care services, is disturbingly common and, even more disturbingly, often goes unnoticed. Practitioners need to learn how to identify those at risk and distinguish between depression and the effects of physical illness or dementia. This article summarises some recent publications and research on the treatment, therapy or social support of older people with depression, dementia and other mental health problems.

ISSN: 13630105

From: Community Care/Research Matters, Subscriptions, Freepost CN2908, Reed Business Information, 9th Floor, Quadrant House, Sutton, Surrey. SM2 5BR.

Experience with a Swedish version of the Geriatric Depression Scale in primary care centres; by G G Gottfries, Sven Noltorp, Niels N_rgaard.


The purpose of this study was to use a Swedish version of the Geriatric Depression Scale (GDS-20) for diagnosis of depression in older people in primary care. 1002 older patients aged 65 and over attending two primary care centres in southern Sweden were rated by educated nurses using the GDS-20. 26 were also assessed using the Geriatric Mental State Schedule - Depression Scale (GMSS-DS). Of the rated patients, 93 had scores of 5 or above on the GDS-20. Further analysis showed that 158 (13.3%) suffered from affective disorders. Depression in older people is underdiagnosed in primary care centres. A screening instrument such as the GDS-20 is of value in identifying the patients. (RH)

ISSN: 08856230

The factor structure of the CES-D in two surveys of elderly Mexican Americans; by Todd Q Miller, Kyriakos S Markides, Sandra A Black.


The Center for Epidemiological Studies Depression Scale (CES-D) has been widely used as an indicator of depressive affect, and factor analyses of the instrument have usually found four dimensions of somatic symptoms, depressive affect, positive affect, and interpersonal behaviour. However, some research suggests that the factor structure may vary with culture. In addition, research of other depression inventories suggest only two factors: a general depression factor and a psychological well-being factor. This study examined the number of factors for the CES-D in two groups of older Mexican Americans. Results revealed that only the two-factor model yielded results across subgroups (such as male versus female, and Spanish versus English language of interview).

ISSN: 10795014

Factor structure of the Dementia Mood Assessment Scale in a cohort of community-dwelling elderly; by Lisa L Onega, Ivo L Abraham.


This US study examined the factor structure of the 28-item Dementia Mood Assessment Scale (DMAS), an instrument to assess depressive symptoms in older adults with cognitive impairment, in a cohort of 165 community-dwelling older people with varying degrees of cognitive impairment. Factor analysis using principal components analysis and varimax rotation was performed to explore the presence of subscales and examine construct validity. A five-factor structure involving all 28 items accounting for 63.2% of the variance in the DMAS scores was derived. Factors were named: depressed affect, environmental interaction, diurnal patterns,
agitation/suspicion, and somatic indicators. This factor structure reflects the often differing presentations of depressive symptoms in older adults with varying degrees of cognitive function and establishes the construct validity of the DMAS in this population. The study concluded that the DMAS may be used for differentiated clinical assessment of depressive symptoms along major dimensions of depressive illness in this cohort of older people. (AKM)

ISSN: 10416102

Factor structure of the Hamilton Rating Scale for Depression in a cohort of community-dwelling elderly; by Lisa L Onega, Ivo L Abraham.
The authors examined the factor structure of the 17-item Hamilton Rating Scale for Depression (HRS-D) in 206 older patients living in the community in Virginia, United States. Using principal components analysis and quartimax rotation, a four-factor structure involving all 17 items and accounting for 57.7% of the variance was derived. The four factors represented the following dimensions: depressed affect, vegetative symptoms, anxiety, and agitation/insight. The factor structure reflects the presentation of depressive symptomatology and depressive illness in the population. Findings suggest that the HRS-D can be used for clinical assessment of depressive symptomatology along major dimensions of depressive illness in community-dwelling older people.

ISSN: 08856230

Factors related to depressive symptoms in an elderly Chinese American sample; by Robert E Lam, James T Pacala, Stanley L Smith.
The authors assessed depressive symptomatology and its correlates in a sample of 45 Chinese American older people (aged 59-89) living in the community in a mid-west city. A structured questionnaire was developed for the project and administered by trained bilingual interviewers. 20% of the sample had clinically significant depressive symptoms. Life satisfaction, social support, health status, functional status, number of years present in America, level of acculturation, and command of English language were found to be inversely related to depressive symptoms. (RH)

ISSN: 07317115
From: http://www.tandfonline.com

Geriatric Depression Scale vs. Hamilton Rating Scale for Depression in a sample of anxiety patients; by Anita H Clayton, Suzanne Holroyd, Adrienne Sheldon-Keller.
The authors administered the Hamilton Rating Scale for Depression (HAM-D) and the Geriatric Depression Scale (GDS) to 22 older, cognitively-intact subjects (14 males and 8 females; mean age 66.05 years) who met DSM-III-R criteria for Generalized Anxiety Disorder. The two scales had a low intercorrelation (Pearson’s r = .33) The GDS in the sample appeared much more sensitive in eliciting depressive symptoms than the HAM-D. Frequently reported symptoms of depression in this sample were well-represented on the GDS. For example, most of the patients reported diminished social activities with accompanying malaise and boredom. Cognitive and affective symptoms were also widely reported. In contrast, these symptoms are not assessed as thoroughly on the HAM-D, with few items appropriate to these symptoms. (RH)

ISSN: 07317115
From: http://www.tandfonline.com

The Herrhagen social network intervention programme: impact on depression, anxiety and life satisfaction; by Birgitta Hedelin, Karin Fröjdh, Gunnar Lindberg.
An intervention programme was implemented in Karlstad, Sweden, to prevent, detect, and alleviate depression in older people by developing a model that included social networks, social support and visiting activities. The target group comprised about 1200 people aged 65 years or older, who were living in a specific urban area. The aim of this study was to investigate the influence of the programme regarding depression, anxiety and life satisfaction. A total of 532 people responded to the completion of both the pre- and post- questionnaires. Symptoms of depression were measured by means of the Hopkins’ Symptom Checklist (HSCL-25). No significant changes could be demonstrated with respect to depressive symptoms, life satisfaction or anxiety in the persons who had taken part in the activities included in the intervention programme when compared with those who had not taken part. This intervention programme raised many questions for further research concerning the prevention of mental ill health in older people.

ISSN: 13587390

An association between disablement and late-life depression is often reported in cross-sectional studies. However, results of such studies must be interpreted cautiously because of likely bias and non-causal explanations for observed associations. This article reports on the longitudinal association between disablement and the onset and maintenance of depression in a survey of 654 out of 889 over 65s in Gospel Oak, London Borough of Camden. Depression was measured using SHORT-CARE, and the consequences of disease classified according to the WHO International Classification of Impairments, Disabilities and Handicaps. The prevalence of SHORT-CARE pervasive depression was 17%. Impairment, disability and particularly handicap were strongly associated with depression. Handicap explained most of the depression associated with individual impairments and disabilities. Adjusting for handicap abolished or weakened associations between depression and social support, income, older age, female gender and living alone. It seems likely that handicap is of central significance to late-life depression. Handicap may be more amenable to intervention than either impairment or disability. (RH)
ISSN: 00332917


Previous research has documented that in a sample of older married couples, cognitive impairment in a wife was associated with depressive symptoms in her husband. This study examined the extent to which marital closeness moderates the impact of a spouse's cognitive impairment, the stability of influences over a period of 3 years, and gender differences in the associations. It found that the men in the study were affected by cognitive impairment in their wives by showing higher levels of depressive symptoms, and that this effect was strongest in those husbands who were in mutually close marriages, and it persisted over a 3 year period. Further, if a wife had been severely impaired and died within the 3 years, the husband became less depressed.
ISSN: 10795014


Current concepts of dementia often act to exclude the internal world of the dementia sufferer from consideration as a valid object of study. This paper presents a three stage model of the subjective world of dementia sufferers, drawing on ideas from both clinical and social psychology. The first stage involves feelings engendered by the process of dementia, and includes at least four discrete states: anxiety; depression; grief; and despair or terror. The second stage of the model concerns behaviour provoked in response to the process of decline. The social nature of emotional behaviour is considered, with emotional actions falling along a continuum. The ability of individuals with dementia to engage in emotional behaviour depends on the context of their cognitive impairment, and their social context. This model has implications for the delivery of services, including psychotherapy, to people with dementia.
ISSN: 0144686x


Research has demonstrated that employed caregivers often experience less strain and better mental health than those who are not employed, however, little is knows about how experiences in the two roles combine to affect caregivers' well-being. This study examined the effects of role satisfaction and role involvement on the well-being of women who occupy the roles of employee and caregiver to an impaired parent or parent in-law. It found that the effects of caregiver stress on well-being were buffered by satisfaction experienced at work, and vice versa. However, women who experienced high levels of caregiving stress and who were highly satisfied at work were especially vulnerable to depression.
ISSN: 10795014


This multivariate study examined the relationship between meaning in caregiving - positive beliefs about the caregiving situation and the self as caregiver - and the psychological well-being of 131 informal caregivers to
community-residing frail older people in the United States (US). Measures of well-being included depression, self-esteem, mastery, role captivity, and loss of self. Meaning in caregiving explained a significant portion of the differences in depression and self-esteem scores even after demographic and stressor variables had been controlled. Meaning was not related to mastery, role captivity, or loss of self. The article concludes with a discussion of the conceptual parameters of meaning in caregiving, and suggestions for future research.

ISSN: 00169013

Media triggers of post-traumatic stress disorder 50 years after the second world war; by Claire Hilton. International Journal of Geriatric Psychiatry, vol 12, no 8, August 1997, pp 862-867. Post-traumatic stress disorder (PTSD) may present many years after the original trauma. Case studies of two older patients are described. Both had experienced life-threatening combat situations and witnessed intense suffering during the Second World War. Marked distress was triggered by media commemorations of the fiftieth anniversary of the end of the war. PTSD patients often avoid talking of their traumatic experiences, because of associated distress. Without taking a military and trauma history, the diagnosis is likely to be missed. (RH)

ISSN: 08856230

Mental health practice in geriatric health care settings; by Peter A Lichtenberg. New York: Haworth Press, 1997, 212 pp. This book is based on research on mental health issues, and incorporates three themes: geriatric patients' needs are best served through multidisciplinary practice; the use of empirical and statistical data to support new mental health practices; and a focus on urban older people in Detroit. The author examines the relationship of neuropsychological variables to ADL (activities of daily living), the prevalence of depression in geriatric health outcomes, and perspectives on cognition in normal older people and those with Alzheimer's disease (AD). The Normative Studies Research Project (NSRP) test battery, which investigates the usefulness of particular neuropsychological tests, is discussed. Other chapters cover behavioural treatment of geriatric depression, the detection and treatment of alcohol abuse, and newer areas of geriatric health care practice: determining patient competence and decision making capacity; and treatment of pain and anxiety. (RH)

Price: US$24.95
From: The Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, USA.

A neglected issue?: an examination of older women's experiences of depression and the local authority social work response; by Joy Thompson, Social Care Association (Education); Department of Applied Social Studies, University of Warwick. Coventry: University of Warwick, 1997, 49 pp (Social care: papers for practice). This dissertation provides a review of current research and literature concerning older women's experiences of depression. The main theme is that older women occupy a marginalised position in society; and that the impact of ageism and the creation of stereotypes serve to perpetuate a negative socio-economic identity within society. It is suggested that older women have largely been excluded from identifying commonalities with other women; this is highlighted by their marginalisation within the feminist movement. The medical definition of 'depression' has tended to widen, to include many more women. The impact of social inequality on women's emotional well-being is considered. The debate on depression has increased scope for the social work role to develop. Although social work may be constrained by assessment and care management, it is argued that there are ways of developing positive practice with older women experiencing depression; suggestions for developing good practice are made.

ISBN: 0901244627
Price: £4.50
From: SCA (Education), 23A Victoria Road, Surbiton, Surrey KT6 4JZ.

Older adults' bodily changes and physician contact; by Marie R Haug, Diana Morris, Carol Musil (et al). Health, vol 1, part 1, July 1997, pp 81-105. The question of what motivates older people to seek medical advice was explored among a random sample of 467 persons aged 65 and over living in Ohio, United States (US). The effect of physical and physiological variables on an initial physician visit was analysed for particular bodily changes the subjects had experienced. Unlike the situation in many other utilisation studies, these specific complaints could be identified as leading to physician contact in a causal sequence. Multiple regression revealed limited effects of self-assessed health, body awareness, depression and anxiety on the decision to consult a physician, but significant effect of the perceived seriousness of the complaint. The findings cast doubt on the utility of self-assessed health and psychological distress as predictors of physician use in major archival studies.

ISSN: 13634593
Personal meaning, optimism, and choice:: existential predictors of depression in community and institutional elderly; by Gary T Reker.
The psychosocial model of mental health posits that late-life depression arises from the loss of self-esteem, loss of meaningful roles, loss of significant others, and diminished social contacts. This study examined the unique, combined, and interactive contribution of existential variables (personal meaning, choice/responsibleness, optimism) and traditional measures (social resources, physical health) as predictors of depression in institutionalised and community-dwelling older people. Using multiple hierarchical regression, the results showed that choice/responsibleness, social resources and physical health predicted depression in older people living in the community; personal meaning, optimism, social resources, and physical health predicted depression in institutionalised older individuals. In both samples, the existential variables accounted for unique variance in depression over and above that accounted for by traditional measures. The important role of existential constructs in transcending personal and social losses and feelings of depression are discussed.
ISSN: 00169013

Placebo-controlled treatment trial of depression in elderly physically ill patients; by M Evans, M Hammond, K Wilson (et al).
Acute geriatric medical inpatients with depression at the Royal Liverpool University Hospital were randomly assigned to an 8-week double-blind placebo-controlled trial of fluoxetine, and their response to the treatment was measured by the 17-item Hamilton Depression Rating Scale (HAMD). 82 patients entered the trial; 62 patients (all those who had completed at least 3 weeks of treatments) were included in the efficacy analysis. 42 completed the full 8 weeks (21 in each group) with response rates of 67% in the fluoxetine group and 38% in the placebo group. There was no significant difference in the responses of the two groups. There was a trend for results in the fluoxetine group to continue to improve with time. On secondary analysis, the 37 patients with serious physical illness who completed 5 or more weeks showed a significant improvement in mood if treated with fluoxetine. The main benefit of antidepressants is to approximately double the chances of recovery. The presence of physical illness, often severe and/or multiple did not reduce the effectiveness of the medication. The trial demonstrated that those with serious physical disease responded significantly better to drug treatment, though this requires more research. (RH)
The Pleasant Events Schedule (PES-AD) has been described as a useful tool for identifying pleasant activities for Alzheimer's disease patients. This investigation provides psychometric data on the PES-AD, introduces a shortened, 20-item version, and examines the relationship between pleasant events, cognitive functioning, and depression. Both versions of the PES-AD had good reliability and were significantly correlated with each other and with other relevant measures. As hypothesized, both depression and decreased cognitive functioning were associated with reduced frequency of enjoyable activity, and the reduction was significantly greater in AD patients who were depressed than in those who were not, regardless of cognitive level.

Poverty, chronic stress, ethnicity and psychological distress among elderly Hispanics; by Thanh V Tran, Surjit S Dhooper.

This study examined the relationship between chronic stress and psychological distress among a US national sample of poor and non-poor older Hispanics, aged 65 and over, belonging to three major ethnic groups: Cubans, Mexicans, and Puerto Ricans. Results show that poverty status and ethnicity influence the relationships between chronic stress and psychological distress. For example, financial stress had a significant relationship with psychological distress for non-poor Cubans, but not for the other two ethnic groups. Social stress was associated with psychological distress in all three ethnic groups, but the association was strongest among poor Puerto Ricans. Family/personal stress was associated with more psychological distress among poor and non-poor Cubans, poor Mexicans, and non-poor Puerto Ricans. Poverty and ethnicity also influenced the relationship between gender, marital status and health status and psychological distress. Implications of the study findings for future research and social work practice are discussed.

Predicting episodic memory performance of very old men and women: contributions from age, depression, activity, cognitive ability, and speed; by Mary A Luszcz, Janet Bryan, Patricia Kent.

This Australian study examines the extent to which age-related variance in episodic memory can be explained by taking into account individual differences in cognitive and non-cognitive variables, and their contribution to remembering. Episodic memory was assessed for 3 tasks in a sample of 951 older people aged 70 to 96. Correlations between age and memory accounted for 6-9% of variance. Hierarchical multiple regressions showed a reduction in this age-related variance by up to 94%, after entering gender, depression, health, cognitive status, activities, and speed. General processing speed was the major mediator of age-related variance in memory. Although both the age-related variance and the speed-related variance in memory were significantly reduced by prior entry of other individual differences variables for all 3 tasks, speed remained a significant mediator of remembering, and negligible differences in the residual age-related variance were observed by inclusion of other background variables.

Predictors of decreased self-care among spouse caregivers of older adults with dementing illnesses; by Mary P Gallant, Cathleen M Connell.

This study examined the health behaviours (alcohol consumption, exercise, sleep patterns, smoking, and weight maintenance) of a sample of older adult spouse caregivers in Michigan, United States (US), and investigated the predictors of decreased self-care since caregiving began. Multiple regression results indicate that caregivers who experience greater developmental burden, report a greater number of depressive symptoms, perform a greater number of activities of daily living (ADL) tasks in caregiving and spend more hours in a day providing care, and who have lower self-efficacy for both self-care and spouse care are at greater risk for negative health behaviour change. Results have implications for the identification of caregivers who may be particularly vulnerable to the negative health impact of caregiving. (AKM)
Preferences for voluntary euthanasia during major depression and following improvement in an elderly population; by S C Hooper, K J Vaughan, C C Tennant (et al).
In this study, 25 patients diagnosed with major depression (DSM-IV) were examined for their preferences regarding voluntary euthanasia (VE) in their present state, as well as in two hypothetical scenarios. They were then treated for depression, and their preferences re-examined. 22 subjects completed both stages of this study. Of these, 18 improved in levels of depression. Before treatment, 8 (44%) indicated a desire for VE, but after treatment, only two desired VE. A similar trend in preference was found for the good prognosis scenario; but for the uncertain prognosis illness, preferences for VE remained high. Major depression in older patients may be associated with very high preferences for VE which is reversible with treatment in most cases. However, there was a suggestion that high levels of acceptance of VE occurring in situations involving serious medical conditions may not reverse following treatment for depression.
ISSN: 07264240

Depression is a common mental health problem among older people, however, it is not clear whether or not increasing age constitutes a risk factor for depression. In this study, the symptom prevalence of major depression, and risk factors for depression, were examined in a sample of people aged 50 years and over, drawn from the Alameda County Study, a longitudinal study of physical and mental health and mortality in a cohort of persons in Alameda County, California. Risk factors examined were age, gender, marital status, education, financial problems, chronic conditions, activities of daily living (ADL); perceived physical health, recent life events, neighbourhood problems, social isolation and social support. Results showed that no significant age effects after the other risk factors had been controlled, and the study concluded that apparent age-related effects on depression are due to physical health problems and related disability.
ISSN: 10795014

Primary stressors and depressive symptoms in caregivers of dementia patients; by D Gallagher-Thompson, D V Powers.
Pearlin et al (1990) propose a model for examining the wellbeing of caregivers of dementia patients. This paper focuses on one part of this model, examining the relationship between primary stressors and mental health, particularly depression, in a cross-sectional sample of 91 caregivers of dementia patients in California, United States (US). The primary stressors examined were: patient cognitive status, objective burden, subjective burden, and generalised perceived stress. Linear and non-linear relationships between patient cognitive status and caregiver depression were considered. Some evidence was found for a non-linear relationship between patient cognitive status and caregiver depression, but only the interaction between subjective caregiver burden and generalised perceived stress was found to significantly predict caregiver depression, when all variables were considered. Implications for including global as well as caregiver-specific measures of subjective burden in models of caregiver well-being are discussed. (AKM)
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Primary stressors and depressive symptoms in caregivers of dementia patients; by D Gallagher-Thompson, D V Powers.
Pearlin et al (1990) propose a model for examining the wellbeing of caregivers of dementia patients. This paper focuses on one part of this model, examining the relationship between primary stressors and mental health, particularly depression, in a cross-sectional sample of 91 caregivers of dementia patients in California, United States (US). The primary stressors examined were: patient cognitive status, objective burden, subjective burden, and generalised perceived stress. Linear and non-linear relationships between patient cognitive status and caregiver depression were considered. Some evidence was found for a non-linear relationship between patient cognitive status and caregiver depression, but only the interaction between subjective caregiver burden and generalised perceived stress was found to significantly predict caregiver depression, when all variables were considered. Implications for including global as well as caregiver-specific measures of subjective burden in models of caregiver well-being are discussed. (AKM)
Prospective longitudinal study of depression and anosognosia in Alzheimer's disease; by Sergio E Starkstein, Erán Chemerinski, Liliana Sabe (et al).
Anosognosia is a prevalent disorder among Alzheimer’s disease (AD) patients, and increases with the progression of the illness. In this Argentinian study, 62 of a consecutive series of 116 AD patients were examined with a structured psychiatric interview, with one- and two-year follow-up evaluations. At the initial evaluation, 19% of the 62 patients had major depression, 34% had dysthymia, and 47% were not depressed. After a mean follow-up of 16 months, 58% of patients with major depression at initial evaluation were still depressed, whereas only 28% of patients with initial dysthymia and 21% of the non-depressed were depressed at follow-up. All three groups showed similar declines in cognitive status and activities of daily living in the follow-up period. At the initial evaluation, 39% of the patients had anosognosia, and there was a significant increment of anosognosia during the follow-up. (RH)

Psychiatric disorders in Nigerian nursing home residents; by Olusegun Baiyewu, Joseph D Adeyemi, Adesola Ogunniyi.
Several studies have reported high prevalence rates of psychiatric disorders, especially dementia and depression, in residents in nursing homes and similar institutions in developed nations. The aim of this study was to assess the prevalence of such disorders in two nursing homes in Lagos, Nigeria, in the hope that the information obtained would help policy-makers in preparing for the needs of such homes in the future in other African nations as well. Diagnoses were based on DSM-III-R criteria and AGECAT (computer-generated diagnosis). Results revealed a prevalence rate of psychiatric disorders in 74% of the total study population of 23 residents. The commonest diagnoses were dementia (in eleven of the residents) and depression (in four residents). The study concluded that the prevalence rate was similar to those found in similar institutions in developed nations.

Psychiatric home care for the elderly; by C J Farran, S L Horton-Deutsch, R Fiedler (et al).
There is a paucity of research on home care for older people with depression and their caregivers. This study summarised descriptive information concerning an existing psychiatric home care service in order to lay the foundations for more sophisticated studies of older depressed persons who receive this type of long-term care. Using existing medical record data, the demographic and clinical characteristics of older patients using a multi-site home health care service are summarised, including functional and psychiatric status, length of stay, caregiver availability, scope of multidisciplinary interventions provided, and reasons for discharge. The authors conclude that prospective research on older people receiving psychiatric home care is needed in the future.

Psychiatric morbidity among the elderly in a primary care setting: report from a survey in Sao Paulo; by Oswaldo P Almeida, Orestes V Forlenza, Nerieda K Costa Lima (et al).
In this study on prevalence of mental health problems in older people in Brazil, 351 patients aged over 60 were assessed over a 6 month period with the SQR-20 (a scale for detection of minor psychiatric problems), 4 questions on psychotic symptoms, AMTS (assessing cognitive functioning) and CAGE (assessing alcoholism); demographic variables were also recorded. 32% of subjects were considered 'cases', scoring more than 7 on SQR-20, or more than 1 on CAGE, or at least 1 on assessment of psychotic symptoms. There was a significant excess of women found to suffer from psychiatric problems. Cases were also more likely to illiterate, and to have a lower income. Depressive symptoms and tension were highly prevalent; somatic complaints and signs of inefficient functioning were also common. Cognitive deficit was associated with ageing, being illiterate, and having higher SQR-20 scores. Professional training for correct assessment and treatment of such mental health problems is suggested.
Psychiatric symptoms in a total population of very elderly: data from physician examinations and informant reports; by Y Forsell, B Winblad.
Knowledge about the epidemiology of psychiatric symptoms and associated variables in very old people is sparse. The aim of this study was to further explore this issue in a very elderly population using data from physician examinations and informant interviews. Three-hundred-and-thirty persons aged 90 years and over in Stockholm, Sweden, were extensively examined by physicians, including the administration of a psychiatric interview. Informants were also interviewed. Of the 330 participants, 253 persons had complete data. Of the 253, 114 were suffering from dementia and 139 were not. Generally, the informants reported more psychiatric symptoms than what were recorded at the physicians’ examinations. Symptoms reported included sleep disturbances, anxiety and suicidal thoughts. If dementia was present, informants generally reported more psychiatric symptoms than the persons themselves. However, both suicidal and depressive thoughts were more often registered at the physicians’ examinations. No correlations were found between somatic disorders, social support, demographic variables or disabilities in daily living and number of psychiatric symptoms according to informant or physician data. (AKM)
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Psychiatric symptoms of dementia among elderly people with learning disabilities; by Sally-Ann Cooper.
134 people aged 65 and over with learning disabilities - including 29 with dementia - in Leicestershire participated in this study, which used a semi-structured rating scale. Psychotic symptoms occurred in 27.6%, with the most common being delusions of thefts, other persecutory delusions and visual hallucinations of strangers in the house. The onset of other psychiatric symptoms as part of dementia was also common, in particular changed sleep pattern, loss of concentration, worry, reduced quantity of speech, change in appetite, and onset of or increase in aggression. People with learning difficulties are living longer, and so the number with dementia is rising. Psychiatric symptoms occur commonly in dementia, can cause significant distress, and require recognition, understanding and the development of effective managements.
ISSN: 08856230

The Psychogeriatric Assessment Scales (PAS): further data on psychometric properties and validity from a longitudinal study of the elderly; by A F Jorm, A J MacKinnon, H Christensen (et al).
Reported here are further data on the Psychogeriatric Assessment Scales (PAS), from a community survey of 709 older people, mean age 80 years (641 participating) in Canberra, Australia. Participants were also administered the Mini-Mental State Examination (MMSE), the Informant Questionnaire on Cognitive Decline in the Elderly, the National Adults Reading Test, and the Goldberg anxiety and depression scales. Diagnoses of depression and dementia were made in the Canberra Interview for the Elderly, from which the PAS is derived. Confirmatory factor analysis replicated the five-factor model which underpins the PAS. The PAS correlated with the other scales, having similar content, and showed correspondence with diagnosis of dementia and depression derived from the Canberra Interview. Longitudinal data supported the validity of the cognitive decline scale as a measure of change. These results support the original validity research on the PAS.
ISSN: 08856230

Psychogeriatric inpatient suicides in Australia; by Ajit Shah, T Ganesvaran.
Psychiatric inpatients have a higher suicide rate than the general population. Psychogeriatric inpatient suicides in a large psychiatric hospital in Melbourne were examined over a 21 year period. Only 8% of all inpatient suicides were by those aged over 60 years. Psychogeriatric inpatient suicides, when compared to younger inpatient suicides were more likely to have depression, less likely to have schizophrenia, have more children and have a longer interval between the age of onset of the illness and the index admission. These associations were probably a function of age. Psychogeriatric inpatient suicides, when compared with psychogeriatric ‘alive’ patients, were associated with depression, alcohol misuse and pre-admission and intra-admission suicidal ideation. A high index of suspicion and vigilance among staff for elderly patients with these features is suggested.
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This article aims to provide a broad review of psychological approaches to the management of depression in older adults and considers treatment efficacy. It also highlights issues in the application and practice of therapy with older people, and draws together tentative recommendations from a number of sources. (RH)

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In this study of recently widowed older men in suburban Brisbane, Australia, it was hypothesised that conjugal bereavement would be characterised by a mixture of depression, anxiety and loneliness. Widowers aged 65 and over, were interviewed at 6 weeks, 6 months and 13 months after bereavement. A similarly aged group of married men were interviewed at similar intervals. Widowers reported more state anxiety and general psychological distress, but not more depression or loneliness, than matched married men over the first 13 months, post-bereavement. Widowers also reported more sleep disturbance and thoughts of death than married men. Level of state anxiety was strongly correlated with intensity of grief, but not with age, income, education, occupational prestige, cognitive function, duration of wife's final illness or expectedness of wife's death. The main hypothesis was not supported, as anxiety features were the predominant feature of recent conjugal bereavement among older men.

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Depression is a frequent concomitant of disability in later life. This paper reviews the theoretical and empirical literature on the psychotherapeutic treatment of depression in older adults with a disability. Different models of psychotherapy, including cognitive and behavioural approaches, appear relevant for treating this population. Empirical evidence suggests that psychotherapy is useful for reducing depressive symptoms in older people with disabilities, but its effectiveness in treating depression is unclear. Methodological and conceptual explanations of this situation are provided. More well-designed outcome studies are needed to determine the efficacy and long-term benefits of psychotherapy for depressed older persons with a disability. Evidence also suggests that treated patients demonstrate improved functioning in their activities as a consequence of a reduction in excess disability.

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A sample from the New Haven EPESE survey (Established Populations for Epidemiologic Studies in the Elderly) was assessed for cognitive functioning and decline (defined as an increase of more than 2 errors) in 1988 relative to 1982. Four patterns of intake for benzodiazepines and non-benzodiazepines were considered: no reported use; continuous use; temporary use in 1982; and new use at 1988. Cognitive decline was shown to be associated with gender, level of education and new medical condition. It was also related to depressive symptomatology and psychotropic drug use. These two factors were most strongly associated with decrease in performance. Cognitive decline differed according to class of drugs and pattern of use: benzodiazepine temporary users exhibited a lower risk compared with never users, non-benzodiazepine new users at higher risk. The importance of considering psychotropic drugs in studies of cognitive decline in older people is emphasised.

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This study investigated the relationship between race, finding meaning (as a positive psychological resource variable), and the outcomes of caregiver depression and global role strain among 77 African American and 138 white spouse caregivers of persons with dementia. Finding provisional meaning had a direct negative relationship with depression and global role strain, there was no interaction by race in the process influencing caregiver distress. (AKM)
A randomized controlled trial of progressive resistance training in depressed elders; by Nalin A Singh, Karen M Clements, Maria A Fiatarone.
Depression in older people may be contributed to the multiple losses of ageing, such as losses of health, function, earning capacity and social worth. Research has demonstrated the beneficial effects of physical exercise in people with depression. This study tested the hypothesis that progressive resistance training would reduce depression while improving physiologic capacity, quality of life, morale, function and self-efficacy without adverse events in a group of older people suffering from depression. Results revealed that progressive resistance training significantly reduced depression, and also improved strength, quality of life, and morale.

The relationship between self-rated health and depressive symptoms in an epidemiological sample of community-dwelling older adults; by Benoit H Mulsant, Mary Ganguli, Eric C Seaberg.
This study of a random sample of 880 people aged 65 and over is part of the Monongahela Valley Independent Elders Survey (MoVIES project), and concerns the association between depression and self-rated general health, independent of demographics, functional disability, physical illness burden, and health service use. Univariate analyses indicated that poorer self-rated health was associated with less education, higher numbers of depressive symptoms, impaired instrumental activities of daily living (IADLs), prescription medications, physician visits, hospitalisations, and affected organ systems, and with the presence of several specific conditions. However, multiple logistic regression analyses revealed that only the following variables were associated independently with poorer self-rated health: age less than 75 years, education less than completing high school, greater numbers of depressive symptoms, impaired IADLs, prescription medications, and physician visits. Even when controlling for physical illness and functional disability, subjective rating of overall health remains strongly and independently associated with depressive symptoms. (RH)

The relative efficacy of psychotherapy in the treatment of geriatric depression; by N O’Rourke, T Hadjistavropoulos.
In contrast to younger adults, a paucity of research examines the relative efficacy of treatments for depression among older people. Limited research demonstrates the utility of various psychosocial interventions in comparison and relative to control conditions. This brief, but coherent body of research attests to the efficacy of psychotherapy. The question remains, however, why somatic interventions (such as medicines, electroconvulsive therapy (ECT)) remain the treatment choice among health care professionals. This article examines various explanations for the limited use of psychotherapy for geriatric depression, from a Canadian perspective.

Risk factors for post-stroke depression; by Peter Burvill, Gloria Johnson, Konrad Jamrozik (et al).
In this survey of 191 first-ever stroke patients in Perth, Western Australia, 28% had post-stroke depression (PSD), 17% major, and 11% minor depression. Significant associations with PSD after four months were major functional impairment, living in a nursing home, being divorced, and, among men, having a high pre-stroke alcohol intake. There was no significant association with age, sex, social class, cognitive impairment or pre-stroke physical illness. Results favoured the hypothesis that depression in an unselected group of stroke patients is no more common, and of no more specific aetiology, than it is among elderly patients with other physical illness.

Risks of care at home for the frail aged; by Sireen Gopal.
Frailty is a state of reduced physiological reserve associated with increased susceptibility to disability. Care of frail older people at home by health care providers should be aimed toward maintaining health, by screening for and assessing factors for risk of illness. The following high-risk problems are discussed: falls, injuries and...
environmental causes; malnutrition; alcohol, drug dependency and polypharmacy; depression and isolation; and sleep disorders. (RH)

ISSN: 10724281

The role of cognition and depression in predicting functional outcome in geriatric medical rehabilitation patients; by Michael J Nanna, Peter A Lichtenberg, Michelle Buda-Abela (et al).
The roles depression and cognition play in activities of daily living (ADL) and ambulation recovery in geriatric patients were investigated. Subjects consisted of 423 medical rehabilitation in-patients aged between 60 and 99. Depression and cognition as measured by standard tests at admission were found to be significantly related to performance on ADLs and ambulation at admission and discharge. Furthermore, measures of depression and cognition accounted for 7% of unique discharge ADL variance above and beyond that accounted for by admission level of ADL functioning, demographic variables, and number of existing medical conditions. Level of depression and quality of cognitive abilities did not, however, predict ambulation recovery in a regression model. Overall, depression and cognition appear to play a significant role in functional recovery. Treatment strategies for multidisciplinary team members are provided. (AKM)

ISSN: 07334648

Screening for depression among acutely ill geriatric inpatients with a short Geriatric Depression Scale; by Ajit Shah, Rosemary Herbert, Samara Lewis (et al).
Depression is not uncommon among acutely ill geriatric in-patients. The performances of shorter versions of the Geriatric Depression Scale (GDS) in screening for depression among acutely ill geriatric inpatients were examined. Both versions could be used, and are tolerated by patients.
ISSN: 00020729

Screening for depression in low-vision elderly; by Barry W Rovner, Yochi Shmuely-Dulitzki.
To assess the utility of one widely used scale for depression, the authors examined the sensitivity and specificity of the Geriatric Depression Scale (GDS) in older visually impaired patients attending a US low-vision clinic. GDS scores were compared with the diagnosis of major depression in statistical models examining interrelationships of vision, depression and disability. The sensitivity and specificity of the GDS were 63% and 77% respectively. A receiver operating characteristic curve showed that the GDS's ability to discriminate patients with and without major depression was no better than chance. Although the GDS was limited as a screen for major depression, it was useful in statistical models examining the interrelationships of vision, depression and disability. Although the GDS is unable to discriminate patients with and without major depression in this population, it is valuable as a continuous measure of depressive symptomatology to examine the interrelationships of vision, depression and disability. (RH)
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Screening for depression on continuing care psychogeriatric wards; by Ajit Shah, Timothy Gray.
The performance of the Depressive Signs Scale (DSS), completed by nursing staff, in detecting significant clinical depression among continuing care psychogeriatric inpatients was examined at a large psychiatric hospital in Melbourne, Australia. A cutoff score of 5/6 gave satisfactory sensitivity and specificity for detecting depression in the whole sample and a dementia subsample.
ISSN: 08856230

Seasonal changes in psychological well-being in an elderly population; by John M Eagles, Isabella Mcleod, A Stuart Douglas.
Little is known about seasonal fluctuations in psychological well-being among older people. Over a 21-month period, 1466 older people completed the General Health Questionnaire (GHQ) and the Leeds Scales for Depression and Anxiety (LGDS and LGAS). Scores during the winter months (December to February) were compared with those during other months of the year. Scores on all scales were significantly higher during the winter months. Unlike younger populations, older women did not exhibit greater seasonality in well-being than did older men. Older people exhibit a small seasonal fluctuation in psychological well-being, which is probably of little clinical importance, and there is no gender difference. The findings support the contention that seasonal mood changes are most pronounced among females of reproductive age. (RH)
A senior peer counseling program: evaluation of training and benefits to counselors; by Yolanda E Garcia, Arlene Metha, Maureen C Perfect (et al).
This study focuses on older people experiencing depression, suicidal feelings, and other emotional crises who had been selected for a senior peer counselling programme. External evaluators used quantitative and qualitative methods to assess the programme. Counsellors assessed with mild levels of depression at pre-test scored in the normal range at post-test, and reported a lower number of depressive symptoms. The ratings ascribed to the training components were consistently positive. The qualitative component included individual interviews to assess counsellors' perceptions of the training programme, the groups, their clients, and their roles as counsellors. A content analysis revealed personal experience as the dominant theme, the components of which were categorised as the training experience, the group experience, experiencing the first client, and experiencing the 'self as counsellor'. Self-confidence and self-efficacy were the main benefits of the training and counselling experience.

Six-year survival of depressed elderly Finns: a community study; by Tuula Pulska, Kimmo Pahkala, Pekka Laippala (et al).
The 6-year survival of 290 depressed Finnish older people was assessed and compared with that of 982 non-depressed older people, and the factors related to high mortality were analysed. Depression was determined according to the DSM-III criteria, and a majority of the depressed population suffered from dysthymic disorder. Survival distributions were represented as Kaplan-Meier survival curves. The Cox proportional hazards model was used to analyse the simultaneous relationships between mortality and certain variables. The survival curves showed an increased mortality of the depressed in both older men and women. However, when the simultaneous relationships of age, marital status, education, smoking, functional abilities, somatic illnesses and depression were taken into account, depression did not predict mortality. The predictors of mortality were high age, a high number of medicines, smoking, disability, male sex, and occurrence of somatic illnesses. Evidence of once measured depression is not predictive of increased mortality in an unselected older population (aged 60+) when the other factors known to influence survival probability are taken into account. (RH)

Social relations and depressive symptomatology in a sample of community-dwelling French older adults; by Toni C Antonucci, Rebecca Fuhrer, Jean-Francois Dartigues.
This study examined the association between social relations and mental health, specifically the relative contribution of social networks and support to depressive symptomatology, in a sample of 5,555 people aged 65 and over, from the PAQUID (Personnes Agées Quid) Research Programme in Aquitaine, France. Findings indicate that French older people generally had more than 8 people in their networks - mainly family members - and they felt understood by most of the network members. They reported being satisfied with their social relations. Sociodemographic variables contribute to depressive symptomatology, as did social network and social support variables. Sociodemographic, social network, and social support variables together increased the variance explained still further. Results were consistent with similar analyses in the United States, and indicated that the social support variables account for more variance in depressive symptomatology than social network variables.

Social support and depression as risk factors for loss of physical function in late life; by J C Hays, W B Saunders, E P Flint (et al).
Poor physical function status in older people is a robust predictor of not only medical service use and institutionalisation but also mortality. This study assessed whether depressive symptoms and low social support would predict deficits in three domains of physical function among 3,240 community-dwelling older adults in the Piedmont of North Carolina, United States (US) over one year. Between 7-23% of the sample declined in functional ability, depending on the domain tested. Depressive symptoms and receipt of instrumental support predicted declines in all domains of physical function. Giving instrumental support and subjective social support protected older people against declines, and subjective social support buffered the detrimental effect of depression on risk of physical decline. Findings suggest that significant risk of functional impairment could be
reduced among older people if coincidental depressive symptoms could be alleviated and/or deficits in their social environment remedied.

Social support and depressive symptoms: differential patterns in wife and daughter caregivers; by Lydia Wailing Li, Marsha Mailick Seltzer, Jan S Greenberg.

This cross-sectional study examined how three types of social support - social participation, emotional support, and caregiving support - were related to depressive symptoms in wives caring for their ageing husband and daughters caring for their ageing parent. The authors investigated whether different dimensions of social support affect mental health via different mechanisms, and whether the context in which the support is needed and received will temper its effects. They found that social participation had a main effect on depressive symptoms for daughters but not for wives. Emotional support buffered the stress emanating from the husband's behaviour problems for wives. For daughters, emotional support buffered the stress emanating from both the behaviour problems and the activity of daily living (ADL) or instrumental ADL (IADL) limitations of the parent care recipient. Using caregiving as an example, data suggests that social support does not have uniform effects, rather, the type of stressor, the type of social support, and the individual context interact to result in the specific effect of support. (RH)

Social support deficits, loneliness and life events as risk factors for depression in old age: the Gospel Oak Project VI; by M J Prince, R H Harwood, R A Blizard (et al).

A companion paper from this project reported a very strong cross-sectional association between handicap and late-life depression. This paper focuses on the cross-sectional relationship between depression and demographic variables, social support, and life events in a survey of over 65s in Gospel Oak, London Borough of Camden. There was moderate association between SHORT-CARE pervasive depression and the number of life events experienced over the previous year. Personal illness, bereavement and theft were the most salient events. There was a stronger, graded relationship between the number of the social support deficits and depression. Number of social support deficits also related to age, handicap, loneliness and use of homecare services. Loneliness was itself strongly associated with depression. The cross-sectional design of the study limited interpretation of the exact nature of the relationship between social support, loneliness, handicap and depression. However, the clustering of these four factors can be used to define a large part of the older population with a poor quality of life, for which future research needs to develop strategies to deal with some or all of these problems among older people in general. (RH)

Social support, depression, and activities of daily living in older heart surgery patients; by Thomas E Oxman, Jay G Hull.

A theoretical model specifying relationships between depression, ADL (activities of daily living) impairment and social support components was tested using 147 patients aged 55 and over undergoing open heart surgery for angina pectoris or aortic stenosis. Patients completed interviews and self-reports before surgery, and one month and 6 months after surgery. The longitudinal data were analysed using covariance structural modelling techniques. Consistent with an initially theorised structural model, the number of close network members seen regularly before surgery was associated with perceived adequacy of support one month after surgery. In turn, perceived activity of support one month after surgery predicted less depression and less ADL impairment at 6 months. The number of close network members seen regularly was also directly associated with less ADL impairment at one month and less depression at 6 months after surgery.

Somatotropic-pituitary function in Alzheimer's disease and depression in old age; by A Nusair, M T Abou-Saleh.
Aging & Mental Health, vol 1, no 1, February 1997, pp 63-70.

Growth hormone (GH) response to growth hormone releasing hormone (GHRH) was investigated to test the somatostatin deficiency hypothesis in Alzheimer's disease (AD) in 20 patients with AD, 20 elderly patients with depressive illness, and 20 elderly healthy control subjects. All the patients with AD showed significantly lower GH response than the depressive patients and normal controls. The findings do not support the somatostatin
deficiency hypothesis, but do support some of the results of earlier studies concerning the performance of GHRH tests in depressive illness and AD. 
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A Spanish version of the Geriatric Depression Scale in Mexican-AAmerican elders; by F M Baker, David V Espino. 
This study aimed to establish the sensitivity of a Spanish translation of the 15-item Geriatric Depression Scale (GDS-S) in a sample of 41 elderly Mexican-American psychiatric patients with a diagnosis of depressive disorders. The reverse translation technique was used, and bilingual Mexican-American psychiatrists carried out the evaluation. The GDS-S was administered by trained interviewers within 2-4 weeks of admission to 28 patients with major depressive disorder (MDD) and 13 patients with other depressive disorders (ODD). No other screening instruments for depressive symptoms were used. Results obtained indicate that the GDS-S may have limited value in screening community-resident Mexican-American elders for depressive symptoms unless they have significant medical problems which limit their functions and are associated with the dysthymic disorder. Screening instruments for depression which include neurovegetative or somatic items may be a better choice for this population. 
ISSN: 08856230

Stressful life events and depressive symptoms among the elderly: evidence from a prospective community study; by Thomas A Glass, Stanislav V Kasl, Lisa F Berkman. 
This study examined the effect of a series of common stressful life events on change in depressive symptoms among older people. The subjects were 1,962 non-institutionalised people aged 65 years or older from the New Haven Established Populations for the Epidemiologic Study of the Elderly (EPESE) project. Multivariate regression models revealed that 8 of 11 stressful life events examined predicted change in depressive symptoms at follow-up after controlling for baseline depressive symptoms, age, socioeconomic factors, functional status, and chronic conditions. In addition, the total number of stressful life events was significantly associated with higher CES-D depression scores. A dose-response relationship between cumulative life event stress and change in depressive symptoms was also shown. These results suggest that certain common life event stressors may have an impact on mental health, both singly and in combination. (AKM) 
ISSN: 08982643

Structure of a depression measure among American Indian elders: confirmatory factor analysis of the CES-D scale; by Elizabeth E Chapleski, James K Lamphere, Richard Kaczynski (et al). 
This study examined differences in depressive symptomatology among urban, rural off-reservation, and reservation-residing American Indians, aged 55 years or older, of the eastern Great Lakes region. It analysed the measurement structure of one commonly used depression scale, the Center for Epidemiological Studies Depression Scale (CES-D), and tested alternative models for the full sample as well as the three residential strata. Results showed that a 12-item version developed for use with Mexican Americans provided a superior fit over the original 20-item version. The shortened scale included items more conceptually valid for this American Indian population. In addition, tests of invariance revealed that only the 12-item version had similar factor structures and factor loadings across the three residential strata. (AKM) 
ISSN: 01640275

The structure of health status among Hispanic, African American, and White older adults; by Timothy E Stump, Daniel O Clark, Robert J Johnson. 
Activities of daily living (ADLs), instrumental ADLs (IADLs), and disability markers have traditionally been the most common indicators of functional status. The study on Asset and Health Dynamics Among the Oldest Old (AHEAD) is used to replicate a five-dimensional measurement model composed of these observable indicators among the older-adult self-respondents. The items available to measure upper body disability were found wanting, but lower body disability, and the basic, household and advanced ADL constructs were confirmed. Analyses of the measurement model separately among sub-groups of women, men, Hispanics, Mexican Americans, African Americans, and whites found no meaningful differences. Two structural models linking the lower body disability, and the basic, household and advanced ADL constructs to perceived health and depression were also replicated among the older adults self-respondents, as well as separately among
African Americans and among whites. These models reaffirmed the dominant role of lower body disability on the everyday activities of older adults, and on their perceived health and depression. (RH)
ISSN: 10795014

A study of aggression among referrals to a community-based psychiatry of old age service; by Pat Gibbons, Miriam Gannon, Margo Wrigley.
In this Irish study on aggression in referrals to a community-based psychiatry service, out of 42 subjects, 25 patients had a diagnosis of dementia. Aggressive behaviour was reported in 18 patients, this being verbal only in 9 cases, and both verbal and physical in nine cases. Sexual aggression and self-injurious behaviour were each reported in one case only. Aggression was found to be positively associated with diagnosis of dementia and high physical dependency, but was not associated with age, sex, physical illness or the use of psychotropic medication. At 2-year follow-up, aggressive patients were found to have a higher rate of admission to psychiatric in-patient or residential care, and tended to have a higher use of neuroleptic drugs. Aggression is a significant problem for community-based older people and their carers, which may increase the likelihood of admission into long-term care. A reliable instrument to measure aggression would be useful in clinical assessment.
ISSN: 08856230

Subjective ratings of emotional health as a risk factor for major depression in a community sample; by Rani A Hoff, Martha Livingston Bruce, Stanislav V Kasl, Selby C Jacobs.
This paper utilises data from the Epidemiologic Catchment Area study to explore the relationship between baseline subjective emotional health (SEH) and the risk for major depression in the next year. Results show the age- and gender-adjusted relationship between SEH and depression is quite significant, and remains so after adjusting for other factors associated with major depression. The more positive the SEH rating, the lower the risk of an episode of depression in the next year.
ISSN: 00071250

Suicidal thinking in community residents over eighty; by Rahul Rao, Tom Dening, Carol Brayne (et al).
Participants aged 81 and over in Cambridge had been examined for incidence of dementia and cognitive decline in the previous 7 years. CAMDEX (the Cambridge Examination for Mental Disorders of the Elderly), the 15-item General Depression Scale (GDS), and Scale for Suicidal Ideation (SSI) found 9 people showing suicidal thinking, all women; 6 had evidence of cardiovascular/cerebrovascular disease. Those with suicidal thinking showed higher CAMDEX depression scores, weaker strength of the wish to go on living, higher rates of expressing wish to die and depressive illness and mixed DAT/multi-infarct dementia as primary psychiatric diagnoses. Results did not support associations between suicidal thinking and GDS scores, Alzheimer-type dementia alone, awareness of memory difficulties or severity of dementia. Results should be treated with caution, given the methodological limitations. Further exploration of the role of cerebrovascular disease in depressive disorder is suggested.
ISSN: 08856230

Suicide in later life: how to spot the risks; by David Duffy.
A quarter of all suicides in the UK are committed by people over 65. Health care staff often fail to recognise depression and other suicide risk factors in older people. Ageism may play a part in this oversight. By listening to older people and learning to recognise the warning signs, nurses can identify and treat the underlying problem, perhaps preventing the often fatal consequences.
ISSN: 09547762

Testing a relational model for health communication competence among caregivers for individuals with Alzheimer's disease; by Jim L Query, Gary L Kreps.
The Relational Model of Health Communication Competence suggests that health-care participants' level of communication competence is positively related to their achieving desired physiological and psychological health outcomes. This article provides a partial test of the model by examining the relationship between communication competence, social support, and cognitive depression among lay care givers of patients with Alzheimer's disease (AD). The study provides validation for the model by demonstrating that caregivers' communication competence is positively related to important psychological health outcomes, such as high levels
of social support, and decreases in cognitive depression. Implications of these findings and directions for future inquiry are examined. (RH)
ISSN: 13591053

Time course of response to electroconvulsive therapy in elderly depressed subjects; by Justin H G Williams, John T O'Brien, Sarah Cullum. International Journal of Geriatric Psychiatry, vol 12, no 5, May 1997, pp 563-566. This study aimed to determine whether significant antidepressant response occurs during the first few ECT (electroconvulsive therapy) treatments, in a group of psychiatric inpatients aged over 65. Severity of depression was assessed by the Montgomery and Asberg Depression Rating Scale (MADRS), psychomotor speed as assessed by Gibson's spiral maze test (GSM) and the Kendrick digit copying test (KDCT). The authors conclude that ECT is a highly effective treatment for depression in older people, and significant antidepressant response can be demonstrated after only one treatment, arguing for careful mental state monitoring during treatment. However, considerable variability is seen in individual cases, implying that ECT should not be abandoned just because rapid response is not seen.
ISSN: 08856230

To treat or not to treat: issues in decisions not to treat older persons with cognitive impairment, depression, and incontinence; by Myrna Silverman, B Joan McDowell, Donald Musa (et al). Journal of the American Geriatrics Society, vol 45, no 9, September 1997, pp 1094-1101. Although treatment was recommended for most problems relating to cognitive impairment, depression and/or incontinence experienced by the 128 older adults in this US study, more than a third of cognitive impairment and depression problems and nearly a half of incontinence did not receive treatment recommendations. Treatment rates varied considerably by condition and combination of comorbidity. Decisions not to treat are classified as follows: patient or family refused treatment; the assessment was not completed; an intervention was already in place; concurrent problems or comorbidities might have interfered with treatment; there was no documented diagnosis or there was a documented consideration and rule out of the problem; or no documented reason. Outpatient geriatric assessment units are designed to deal with the multiple problems experienced by their geriatric patients, with most problems presented identified successfully. However, the assessment process is complicated by multiple social, cultural, environmental, and medical factors. Clinicians must weigh up all medical and non-medical factors, including a patient's receptivity to treatment, when prioritising problems deemed treatable and in recommending treatment. (RH)
ISSN: 00028614

Treatment of depression in the elderly: effect of physical illness on response; by Mavis Evans, Margaret Hammond, Ken Wilson (et al). International Journal of Geriatric Psychiatry, vol 12, no 12, December 1997, pp 1189-1194. Previous research has found that medically ill depressed patients respond poorly to antidepressant treatment. Explanations for this have been suggested to include age as a confounding factor; inadequate doses of antidepressants due to problems with side-effects or overcautious physicians; and different subtypes of depression, some of which are not responsive to medication. This study aimed to determine whether the response to treatment of physically ill depressed older inpatients was related to their physical pathology and/or treatment, using data from a double-blind placebo-controlled trial. The study found a positive response to treatment of depression by medication in the presence of serious physical illness, however, it stressed that physicians must not be led to believe that the sole answer to depressive illness lies in pharmacological interventions, and must be discouraged to believe that the risk-benefit ratio of such treatment where indicated is too high.
ISSN: 08856230

The treatment of stupor associated with MRI evidence of cerebrovascular disease; by Jon Spear, Maya Ranger, Joe Herzberg. International Journal of Geriatric Psychiatry, vol 12, no 8, August 1997, pp 791-794. The treatment and outcome of organic stupor associated with MRI (magnetic resonance imaging) evidence of cerebrovascular disease is described with reference to a case series of three patients at a mental health service for older people in south-east London. The patients were aged 69, 72 and 78; two had organic catatonic disorder, and the third, organic depressive disorder. Treatments used were diazepam, carbamazepine, antidepressants or electroconvulsive therapy (ECT). Symptoms resolved between 1 and 10 days. All patients were able to return home, but relapsed over the following 12 months. One relapse occurred when a patient stopped diazepam and moclobemide. It is proposed that the initial treatment of organic stupor associated with cerebrovascular disease should include a benzodiazepine or carbamazepine. If patients fail to respond, then ECT should be considered.
The safety of ECT is not known, when treating patients with depressive disorder associated with cerebrovascular disease. (RH)

ISSN: 08856230

The utility of the Center for Epidemiological Studies Depression Scale in older primary care patients; by P A Areán, J Miranda.

Screening instruments such as the Center for Epidemiological Studies Depression Scale (CES-D) have been suggested to increase general practitioners' recognition of geriatric depression. While the CES-D has been found to be a reliable instrument in medical settings and in older adults, the utility of CES-D and similar instruments has not been tested on older medical patients from different ethnic groups. The authors analysed the reliability and item functions of CES-D in a low-income, ethnically diverse population. The results indicate that the CES-D has good internal consistency as a scale, but at the item level the scale does not function similarly across age and ethnic groups.

ISSN: 13607863

From : http://www.tandfonline.com

What can be done about depression in old age?: [suggestions by members of a cross-disciplinary working party]. Health Business Summary, January 1997, pp 9-10.

Depression is the greatest public health problem in older people, and those living in residential homes are at particular risk. This article outlines recommended steps for implementing a programme to improve the detection and management of depression in residential homes. This is an edited version of report by a cross-disciplinary working party funded by Lundbeck Ltd. (RH)

What depressive symptoms are reported in Alzheimer's patients?: by Myron F Weiner, Doris Svetlik, Richard C Risser.


The Hamilton Rating Scale for Depression (HAM-D) was administered - with a caregiver as the informant - as a semi-structured interview to 30 Alzheimer's disease (AD) patients who also underwent independent psychiatric evaluation. There was no relationship between number of symptoms reported by patients or caregivers and patients' levels of cognitive impairment. Symptom reports by caregivers living in the same household did not differ significantly from symptom reports by caregivers living elsewhere. Caregivers rated AD patients as having significantly more depressive symptoms than did patients themselves. Most frequently endorsed by caregivers were psychic anxiety (77%), suspiciousness (50%), low energy (50%), and depression (43%). Most frequently endorsed by AD patients were weight loss (36%), psychic anxiety (33%), and somatic anxiety (33%). Depression was endorsed by 20% of patients.

ISSN: 08856230

Where two roles intersect: spillover between parent care and employment; by Mary Ann Parris Stephens, Melissa M Franks, Audie A Atienza.


This research examined how the roles of parent care and employment in a sample of 105 employed adult daughter caregivers affect one another, both positively and negatively, and how such spillover is related to psychological well-being. Path analyses indicated that a negative spillover was an important mediating mechanism in the relationship between role stress and depression. In contrast, no evidence was found to suggest that positive spillover mediated the relationship between role satisfaction and positive affect. Findings extend previous research which has documented that caregiving and employment can interfere with one another, by demonstrating that such spillover has implications for caregivers' emotional health.

ISSN: 08827974

1996

Affective disturbances in Alzheimer's disease; by Catherine Bungener, Roland Jouvent, Christian Derouesné (et al).


The objective of this French study was to assess depressive and anxious symptomatology in Alzheimer's disease (AD) patients, using both a categorical and a dimensional approach, and to describe specific emotional disturbances more precisely. The study used the Hamilton Depression Rating Scale (HDRS), the Retardation Rating Scale (RRS) for depression, Tyer and Covi scales for anxiety, and the Depressive Mood Scale (DMS) for emotional disturbances. The Mini-Mental State Examination (MMSE) and the Mattis Dementia Rating Scale
assessed cognitive status. 118 consecutive AD outpatients with probable or possible AD were compared with 34 community dwelling healthy older controls and 20 inpatients meeting diagnostic criteria for depression. No AD patient met criteria for major depressive episode or generalised anxiety disorder. AD patients scored significantly higher than the control group but lower than the depressed group for depressive and anxious symptomatology. Affective changes were found frequently in AD patients, but no major affective disorder was found. The dimensional approach seems to be more appropriate than the categorical approach to describe the emotional disturbances in these patients. (RH)

ISSN: 00028614

Affective states in normal and depressed older people; by M Powell Lawton, Patricia A Parmelee, Ira R Katz (et al).
Ratings on a 10-item affect checklist yielding composite positive affect and negative affect scores were made daily for 30 days for older people in residential care. 19 were diagnosed as having major depression, 21 had minor depression, and 37 were 'normal'. Mean levels of positive affect were highest in normal people, and least in those with major depression. Negative affect was lowest in the normal, and highest in those with major depression. Variability was least among those with major depression in positive affect, and among normal people in negative affect, while residents with minor depression showed some tendency, although inconsistent, toward greater day-to-day variability in positive affect. In this study, clinical major depression is characterised less by 'pervasive' depressive affect than by anhedonia (unresponsiveness to pleasurable stimuli).
ISSN: 10795014

Anti-depressant medication and depressive thought processes among older adults; by Norm O'Rourke, B Lynn Beattie, Sherri Hayden.
A consistent body of research suggests that depressive symptoms recur rapidly following termination of pharmacotherapy. The present study hypothesised that this phenomenon is a function of the continued operation of depressive attributional processes. Compared to interventions which directly target depressive cognitions, those treated solely with medication may relapse sooner as these thought processes remain unaltered. Three groupings of older adults were recruited for the present study. Support was obtained for the initial hypothesis as specific negative attributional constructs are elevated among antidepressant users as compared to control subjects (globality and stability). These results are discussed relative to the hopelessness theory of depression.
ISSN: 07317115
From: http://www.tandfonline.com

Anxiety disorders in dementia sufferers; by Clive Ballard, Ann Boyle, Claire Bowler, James Lindesay.
In this study of 158 patients attending a memory clinic, 109 had DSM-III-R dementia, of whom 22% had subjective anxiety, 11% experienced autonomic anxiety, 38% experienced tension, 13% experienced situational anxiety, and 1.8% had panic attacks. Thirty-two (29.4%) had one or more anxiety symptoms. None of the cognitive or demographic variables were significantly associated with the presence of anxiety symptoms. Three main categories of anxiety symptoms were evident - anxiety related to depression, to psychosis, and to interpersonal situations.
ISSN: 08856230

Assessment of depression in patients with dementia; by Ira R Katz, Patricia Parmelee.
Depressive disorders are common comorbidities, components, or complications of dementia. Recent research has shown that both the diagnosis of major depression and ratings of typical depressive symptoms can be conducted reliably, even in patients with dementia. For those with mild to moderate cognitive impairment, self-ratings of depression with the Geriatric Depression Scale (GDS) appear to remain valid. Among interviewer-administered instruments, the Hamilton Rating Scale for Depression and the Cornell Scale are the best established. Potential difficulties with assessment include problems with ascertainment (with families generally reporting greater depression than clinicians), and the ambiguity of symptoms. Although diagnostic methods and rating scales developed with cognitively intact patients remain useful, there is need for further research to characterise the pathology of mood and affect that occurs in patients with dementia. Approaches that show promise include multiple repeated self-reports of affect and direct observations of behaviour. (RH)
ISSN: 10784470

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Behavioral and psychological signs and symptoms of dementia: implications for research and treatment: etiology; by George S Zubenko, Carl-Gerhard Gottfries, William Bondareff (et al).
An international conference was convened by the International Psychogeriatric Association (IPA) in April 1996, Lansdowne, Virginia, to review the current knowledge of behavioural disturbances of dementia and to reach consensus in five areas: nosology, pathophysiology, diagnosis, treatment, and research directions. This special issue contains the papers in summary format, as well as the ensuing discussions, presented at the conference. This first section focuses on aetiology, covering the following topics: clinico-pathological and neurochemical correlates of major depression and psychosis in primary dementia; neurochemistry and neurotransmitters; neuropathology of psychotic symptoms in Alzheimer's disease (AD); neuroimaging and the origin of psychiatric symptoms in dementia; circadian rhythm-related behavioural disturbances and structural hypothalamic changes in AD; the application of self-psychology to understanding patients with AD; environmental and social aspects of behavioural disturbances in dementia; and caregiver issues. (AKM)
ISSN: 10416102

Behavioral and psychological signs and symptoms of dementia: implications for research and treatment: clinical perspectives: what should we be studying?; by Marco Trabucchi, Angelo Bianchetti, Peter J Whitehouse (et al).
An international conference was convened by the International Psychogeriatric Association (IPA) in 1996, Lansdowne, Virginia, to review the current knowledge of behavioural disturbances of dementia and to reach consensus in five areas: nosology, pathophysiology, diagnosis, treatment, and research directions. This special issue contains the papers in summary format, as well as the ensuing discussions, presented at the conference. This fifth section looks at clinical perspectives of behavioural and psychological disturbances in dementia, and covers the following: delusions; misidentifications; agitation, wandering, restlessness, and repetitive mannerisms; disinhibition, apathy, indifference, fatigability, complaining and negativism; emotional ability, intrusiveness, and catastrophic reactions; depression, anxiety and sleep disturbances; falling, hoarding, hiding, eating disturbances and sexual disinhibition; differentiating behavioural disturbances from symptoms of delirium and from drug side effects; behavioural disturbances of dementia in the nursing home and in ambulatory care settings; and vascular dementia and Alzheimer's disease. (AKM)
ISSN: 10416102

The efficacy of behavioural treatment for depression in older adult medical rehabilitation inpatients was tested by comparing two groups that received behavioural treatment with a no treatment control group. In one treatment group, an experienced geropsychologist provided behavioural treatment, whilst in the other, trained occupational therapists provided behavioural treatment (n=13 in each group). Compared to the no treatment group (n=11) depression was significantly reduced in both treatment groups. In addition, functional recovery of ADL (activities of daily living) skills was significantly better in the occupational therapy led group than in the no treatment group. The behavioural treatment protocol, method of training occupational therapists and significance of the results are discussed.
ISSN: 07317115
From : http://www.tandfonline.com

Behavioral treatment of sleep disturbance in elderly dementia caregivers; by Susan M McCurry, Rebecca G Logsdon, Linda Teri.
Disturbed sleep is a common complaint of family caregivers of dementia patients, and may affect their ability to care effectively for their patient at home. A behaviour treatment for caregiver insomnia (consisting of education about Alzheimer's disease and instruction in sleep hygiene, stimulus control, sleep compression and relaxation techniques) is described. Four elderly caregivers who completed treatment showed improvements in sleep onset latency, wake time after sleep onset, hours of nightly sleep, and sleep efficiency that were generally maintained at 3-month follow-up. One caregiver also showed significant reduction in depression. The potential for this approach in improving caregiver functioning is discussed.
ISSN: 07317115
From : http://www.tandfonline.com
Behavioural problems and distress among caregivers of people with dementia; by Neena L Chappell, Margaret Penning.
Reports on a study which examined the relationship of a number of specific behavioural problems to the distress, in terms of burden and depression, experienced by informal dementia caregivers. The findings show that aimlessness, aggressive behaviours, forgetfulness and restlessness are correlated with increased feelings of burden, and that apathy is strongly correlated with both feelings of burden and depression.
ISSN: 0144686X

The biological origin of depression in later life; by Barbara Beats.
Reviews research into the role of brain changes in depression.
ISSN: 08856230

Caregivers and depression: are some caregivers of people with Alzheimer's disease more at risk?; by Melissa Oxlad.
Service provision in the 1990s is often based on cost-effective interventions and the encouragement of community care. However, this emphasis on providing intervention within the community requires an added emphasis on resources for caregivers who facilitate community care. During the mid-late 1980s, a substantial amount of research was conducted into the psychological impact of providing care for a friend or relative with dementia. Despite this research, the factors associated with depression are still not well understood. A review of the literature is presented and it is recommended that further research should be conducted to determine clearly the factors associated with depression amongst caregivers of people with dementia. This may enable health care staff to develop methods to reduce the prevalence of depression in this group.
ISSN: 13587390

Characteristics of language performance in four groups of patients attending a memory clinic; by Susan J Stevens, Richard J Harvey, Cornelius A Kelly, Claire G Nicholl (et al).
This article compares the performance on language assessment of four matched groups of patients attending a memory clinic. Patients with a clinical diagnosis of Alzheimer's disease and vascular dementia showed deficits on all assessments, but there were differences between the groups relating to reading comprehension, writing to dictation and word fluency. Although the worried well and depressed groups did not present with obvious language deficits, there was wide variation of performance within each group, highlighting the heterogeneity of the groups. Group scores of the worried well and depressed groups compare favourably to available published figures for normal performance. The implications of these findings and the potential role of language assessment in the differential diagnosis of the cause of memory problems are discussed.
ISSN: 08856230

Clinical predictors of somatic and psychological symptoms of depression in Alzheimer's disease; by A Troisi, A Pasini, G Sori, T Sorbi (et al).
This study analysed the clinical significance of symptoms of depression in dementia patients, and evaluated the usefulness of the Hamilton scale in detecting depression in Alzheimer's disease.
ISSN: 08856230

Clinical validation of the Geriatric Depression Scale (GDS): Chinese version; by Alfred Cheung-Ming Chan.
Reports on a study which aimed to validate the use of the GDS as a screening instrument for clinical depression in Hong Kong with people aged 60 years and over.
ISSN: 08982643

A co-twin control study of response to widowhood; by Paul Lichtenstein, Margaret Gatz, Nancy L Pedersen (et al).
The effects of long-term and recent spouse bereavement were investigated in a sample of 2,104 Swedish twins followed between 1984 and 1993. In co-twin control analyses, the bereaved twin experienced significantly more depressive symptoms, more loneliness, and less life satisfaction than the married co-twin. This association
existed for recently widowed (less than three years) of both sexes. Long-term widowed (for more than 5 years) reported more loneliness than married individuals, and for women there was also a difference in life satisfaction. There were no effects of bereavement on perceived physical health. Evidence was found for an anticipation effect of widowhood indicated by elevated depressive symptoms prior to the spouse's death. Longitudinal analysis showed that it is more stressful to be bereaved when young-old than old-old, but no age differences were revealed in adaptation.

ISSN: 10795014


Reviews the applicability of cognitive and cognitive-behavioural therapies for older people suffering from depression, and suggests that cognitive therapy, with some adaptations, is an effective intervention for depression in older people.

ISSN: 08856230


This study examined comorbidity of depression in a random sample of elderly Chinese in Singapore, using the Geriatric Mental State (GMS) schedule; the data was analysed by the computerised diagnostic program AGECAT. A past history of depression and lower level of education were risk factors for comorbid depression.

ISSN: 08856230


Summarises the key points of a consensus statement on depression in old age in primary care published by the Royal Colleges of Psychiatrists and General Practitioners.

ISSN: 0268201X


This US study examines the types of coping strategies used by 51 middle-aged and 49 older women who had a mastectomy, and the relationships between the types of coping strategies used, and the levels of depression they experienced. Although both age groups of women used active-cognitive and active-behavioural coping strategies, more of the older women used avoidance strategies than their middle-aged counterparts. Type of coping strategy used was not associated with depression levels for middle-aged women. For older women, using avoidance strategies and not using cognitive strategies were associated with higher depression scores. (RH)

ISSN: 07334648


Previous research has shown that fear of crime among older people is very common, and being a victim is not uncommon. There have been no descriptions of the impact of crimes on victims' mental health. In this study, 350 psychiatric patients were screened for post-traumatic stress disorder (PTSD). 100 of the patients had been victims, and five of the victims (5%) had PTSD. Their clinical characteristics are described. In this series, most crimes were not complicated by PTSD.

ISSN: 08856230


Depression has been shown to have a particular impact on the well-being of older people. This article is the first of a series examining issues around depression in the older person, and looks at some of its debilitating effects.

ISSN: 09547762
Reports on a study which investigated concordance rates between dementia patients' self-report of mood, including depression, and staff ratings of dementia patients' mood.
ISSN: 07317115
From: http://www.tandfonline.com

Explores the relationship between depression and cognitive impairment, and outlines some treatment options.
ISSN: 0268201X

Explores the relationship between depression and dementia, focusing on pseudodementia and depression in people with an established diagnosis of dementia.
From: Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA.

Explores the prevalence and incidence of depression in older people with visual impairment.
ISSN: 00028614

Considers conceptual and methodological issues critical to the study of the relationship between depression and medical illness in older people.
ISSN: 00028614

Reports on a study which examined the relationship between depression and somatic symptoms in a group of community-dwelling older people aged 75 years and over.
ISSN: 08856230

Presents a review of research into depression in people with dementia.
ISSN: 08856230

Although there is much data to support the stereotype of the lonely, depressed older woman, depression is also common in older men and presents particular problems. The author discusses implications for primary care.
ISSN: 0268201X

Demographic, economic and social changes over the next few decades are likely to have a significant effect on the care of the elderly. This personal view, from a United Kingdom perspective, examines some of these changes and assesses the impact they may have on the prevalence and treatment of depression in older people.
ISSN: 08856230
The prevalence of depression in persons of dementia is controversial. In this Australian study, among 288 out-patients with dementia, a prevalence of 7.4% was found according to the Hamilton Rating Scale for Depression (HRSD), 8% using the Geriatric Depression Scale (GDS), and 6.3% according to DSM-IV criteria. Rates and levels of depression tended to be higher in vascular than in Alzheimer's dementia, according to the rating scales, but not according to the DSM-IV criteria. Greater cognitive impairment was associated with higher HRSD (but not GDS) scores. The results suggest that cases of clinical depression in dementia are less common than previously reported and tends to remit. (AKM)
ISSN: 10416102

Reports on an investigation into age differences in depressive symptoms in women.
ISSN: 08827974

Cross-sectional findings that depressive symptoms in one older spouse influence those of the other, and that marital closeness increases the influences were tested longitudinally. Independent interviews in 1982, 1985, and 1988 with spouse-pairs who participated in the Established Populations for the Epidemiologic Study of the Elderly showed that changes in depressive symptoms in one older spouse contributed to changes in depressive symptoms in the other. For wives in 1985 and for husbands in 1988, a spouse's baseline depressive symptoms also contributed independent variance to an increase in respondent's score on the Center for Epidemiologic Studies Depression Scale. These findings were stronger when a couple was close. These results held when known intrapersonal risk factors and the health status of the spouse were controlled.
ISSN: 08827974

The Royal College of General Practitioners and the Royal College of Psychiatrists have run a Defeat Depression Campaign since 1992. This editorial highlights some of the key messages in their "Consensus statement of recognition and management of depression in later life in general practice". In particular, screening for depression should be carried out as part of health checks for over 75s. (RH)
ISSN: 09601643

In this second article in a series on depression in the older person, the authors look at factors which should be considered when diagnosing the condition.
ISSN: 09547762

In this study, the authors investigate the social psychological consequences of retirement, by examining changes in self-esteem and depression over a two-year period in older workers who either had retired, or had continued to work. Self-esteem scores did not change for either group, but depression scores decreased for those who had retired. Looking at differences between those who had retired and those who continued to work, regression analyses revealed that retirement had a positive influence on self-esteem and a negative influence on depression.
ISSN: 00169013

Investigates whether drugs classified as depressogenic contribute to the occurrence of major depression in older people.
ISSN: 08856230
Effect of age on the outcome of hospital treated depression; by T A Tuma.
Presents results from a study which compared the prognosis for depression in older and younger patients.
ISSN: 00071250

Effects of hardiness and appraisal on the psychological distress and physical health of caregivers to elderly relatives; by Laura M Clark, Marilyn Hartman.
The aim of this study was to identify characteristics of caregivers that contribute to differences in psychological distress and physical health. It was hypothesised that hardiness would predict caregivers' distress and physical health beyond what could be accounted for by the demands of caregiving; that hardiness would decrease distress and increase physical health; and that the effects of hardiness would be mediated by appraisals of caregiving. In a sample of 53 caregivers of older relatives, findings indicated that both hardiness and appraisals predicted psychological distress (depression and decrease in life satisfaction), but neither predicted physical health.
ISSN: 01640275

Encouraging social interaction among depressed nursing home residents; by Carol H John.
This paper examines different strategies for developing social interaction among depressed nursing home residents. Examples of various activities - dog therapy, reminiscing, and sensory activities - are briefly discussed.
ISSN: 01924788
From : http://www.tandfonline.com

Episodic remembering in a population-based sample of nonagenarians: does major depression exacerbate the memory deficits seen in Alzheimer's disease?; by Lars Bäckman, Linda Hassing, Yvonne Forsell.
Population-based samples of normal old adults and people with major depression (MD), Alzheimer's disease (AD), and coexisting MD and AD between 90 and 100 years of age were assessed in face recognition, word recall, and object recall. There was a consistent pattern across tasks: no differences between the normal old and the MD participants, or between AD, and MD + AD participants in all task variables reflecting long-term episodic memory, and no group differences in variables reflecting short-term memory. These data suggest that depression in very old age may not exacerbate the episodic memory deficit accompanying AD. Further, differences between normal old and MD participants in episodic memory tasks appear to be negligible among the oldest old. The general effects of MD may be due to the fact that those symptoms of this disease that are most likely to affect memory functioning (e.g. loss of energy, concentration, difficulties) are common in AD as well as in non-depressed over 90s.
ISSN: 08827974

A follow up study of depression in the carers of dementia sufferers; by C G Ballard, C Eastwood, M Gahir, G Wilcock.
Presents findings from a study which assessed the length and determinants of depression in carers of older people with dementia.
ISSN: 09598138

Fundamental analysis in research on well-being: distress and the sense of control; by John Mirowsky, Catherine E Ross.
This article results from a keynote session on the measurement of health status at the 1995 annual meeting of the American Sociological Association, sponsored by its Medical Sociology Section. Fundamental analysis defines the basic terms of social and behavioural research. This article discusses examples of how standard methods applied in fundamental analysis break down in the presence of 'cross-cutting factors': we cannot assume that feeling one particular emotion necessarily implies that other seemingly conflicting emotions cannot be experienced at the same time.
ISSN: 00169013
Gender, marital closeness, and depressive symptoms in elderly couples; by Roni Beth Tower, Stanislav V Kasl. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 51B, no 3, May 1996, pp P115-P129. Drawing on data from the Established Populations for the Epidemiologic Study of the Elderly (EPESE) in the United States, this article describes the prevalence of three aspects of marital closeness in older couples living in the community, and looks at the relationship between marital closeness and depressive symptoms. ISSN: 10795014

The geriatric depression scale: a review of its development and utility; by Ignacio Montorio, Maria Izal. International Psychogeriatrics, vol 8, no 1, Spring 1996, pp 103-112. This article reviews the significance of the Geriatric Depression Scale (GDS) to practitioners and researchers in clinical gerontology, more than 10 years since it was introduced to the scientific community. The GDS is a relevant self-report for the assessment of depression in older people, given its ease of administration, its utility in detecting depression, and its adequate psychometric properties. However, GDS does not maintain its validity in demented populations, as it fails to identify depressive in persons with mild to moderate dementia. ISSN: 10416102

Geriatric depression scale as a community screening instrument for elderly Chinese immigrants; by Ada C Mui. International Psychogeriatrics, vol 8, no 3, Fall 1996, pp 445-457. Depression is the most prevalent mental health problem among older people, including the Chinese-American population. A Chinese language version of the popular Geriatric Depression Scale Long Form (GDS-LF) and Short Form (GDS-SF) was developed. Based on responses of 50 older Chinese immigrants to the US (25 women and 25 men), the GDS-LF evidenced high internal consistency, but the GDS-SF did not. Factor analysis was then used to develop a new version of the GDS-SF, which was internally consistent. The revised GDS-SF is an important and easy to administer tool for community screening of depression among older Chinese immigrants. (RH) ISSN: 10416102

The Geriatric Depression Scale: a content analysis of respondent comments; by Lucy Rose Fischer, Sharon J Rolnick, Jody Jackson (et al). Journal of Mental Health and Aging, vol 2, no 2, Summer/Fall 1996, pp 125-135. The Geriatric Depression Scale (GDS) was administered as a screening instrument to older members of a large health maintenance organisation (HMO) in the United States (US), as the first part of a 5-year study. More than 20% of the GDS forms that were returned included marginal comments and notations. A content analysis of respondent comments was conducted to examine how older people interpret the GDS and which items seemed to be the most problematic. About 40% of the total comments indicated that the yes-no format is too restrictive for some or many of the questions. Many respondents changed emotion-laden words and intensity modifiers, and also made a distinction between personal style and depressive mood. In addition, many of the comments were attempts to fill in the context, i.e., how their mood is affected by age, health, and personal relationships. The authors conclude that it is possible that certain personality profiles or social conditions influence the likelihood of detecting, overdetecting or missing symptoms of depression. (AKM) ISSN: 10784470

Health, health behaviour and functional ability predicting depression in old age: a longitudinal study; by Sirkka-Liisa Kivelä, Piävi Kongäs-Saviaro, Pahkala Kimmo, Erkki Kesti (et al). International Journal of Geriatric Psychiatry, vol 11, no 10, October 1996, pp 871-877. The predictive value of health, health behaviour and functional ability for the occurrence of depression in older Finns is described using a longitudinal design. Those examined as not being depressed (DSM-III criteria) in an epidemiological study in 1984-85 were interviewed and examined in a follow-up study in 1989-90. Risk factors were analysed by contrasting those depressed in 1989-90 with those not depressed. Of the symptoms, recurrent falling and loss of appetite in men; and palpitation, dyspnoea at rest, tremor in the hands, nausea, dizziness, recurrent falling, apathy and feebleness, fatigue and weakness, restlessness and sight disturbances in women, predicted depression. Certain depressive symptoms, such as crying spells, psychomotor agitation, irritability, self-deprecation and suicidal thoughts in men; and sadness, tachycardia, and loss of concentration, psychomotor retardation and indecisiveness in women, also predicted depression. ISSN: 08856230


item culture-specific screen containing items which both overlap and differ from those found in, for example, the Geriatric Depression Scale. Further research is in progress to test the validity of this screen in a large community sample.

ISSN: 08856230

Is depression in elderly people followed by dementia?: a retrospective cohort study based in general practice; by F Buntinx, A Kester, J Bergers, J A Knottnerus.
Reports on a study which investigated the relationship between old age depression and subsequent dementia, using a retrospective cohort study. Concludes that there is a significant relationship between old age depression and dementia in people aged 50 years and over and born after 1910.
ISSN: 00020729

Long-term agreement; by Pat Mottram, Claire Hamer, Joanna Williams (et al).
The authors continue their series examining issues around depression in the older person. They discuss factors that disrupt compliance with treatment and suggest how these may be overcome.
ISSN: 09547762

A longitudinal study of the effects of pessimism, trait anxiety, and life stress on depressive symptoms in middle-aged women; by Joyce T Bromberger.
Reports on a study which investigated the relative contribution of life stress, menopausal status, and pessimism and trait anxiety on depressive symptoms in a sample of women aged between 42 and 50.
ISSN: 08827974

Major depression in the elderly: a population study in Helsinki; by Jaakko Valvanne, Kati Juva, Timo Erkinjuntti (et al).
The aim of this Finnish study was to estimate the prevalence of major depression and to evaluate associated features in random age cohorts of 75, 80, and 85 years (n=651). A clinical examination was made by experienced health centre physicians, and major depression was diagnosed according to DSM-III criteria. Prevalence increased with age and was 1% to 4% in the 75 and 80 years age groups, but 13% at the age of 85. No sex difference was found. The frequency of major depression was fourfold among institutionalised patients (16%) as compared to those living at home. Major depression was strongly associated with objective health, intellectual functioning, and functional capacity. Depression was most common in subjects suffering from poor vision, urinary incontinence, or Parkinson's disease (odds ratios 4.2 to 4.9). Depression was also correlated with musculoskeletal disorders, coronary heart disease, and cerebrovascular diseases (odds ratios 2.5 to 3.4). The survey suggests that major depression is quite rare in healthy older people but common in institutionalised patients. (RH)
ISSN: 10416102

Reports on a study which examined the relationship among medical illness, health control beliefs and depression in a group of medically ill older veterans in long-term care, and discusses the role of religion in coping with health problems.
ISSN: 08856230

This report brings together the available data on the prevalence, incidence and treatment of mental disorders in older people in Ireland, and compares it with international data. Depression and dementia are examined in detail. Other disorders described include mania; schizophrenia and other psychoses; neuroses and personality disorders; alcohol and drug abuse and dependence; learning disabilities and suicide. Diagnosis and misdiagnosis and the resulting treatments are explored, as are current treatment settings, the use of acute services, and mental disorders in long-stay care settings. The report highlights the need to strengthen the community care services and to develop specialist old age psychiatry services. Recommendations include the development of a national
strategy for the future of mental health services for older people and the need for a public education programme on mental disorders in older people.

ISBN: 1900378035
Price: £7.50
From: National Council for the Elderly, Corrigan House, Fenian Street, Dublin 2, Republic of Ireland.

Mental health factors in late-life insomnia; by Kevin Morgan.
Reviews in Clinical Gerontology, vol 6, no 1, 1996, pp 75-83.
Considers the extent to which the prevalence of late-life insomnia is caused by mental health problems, such as depression.
ISSN: 09592598

A one-year follow-up study of depression in dementia sufferers; by C G Ballard, A Patel, M Solis, K Lowe, G Wilcock.
Reports on a study which examined the course or incidence of depression in older people with dementia.
Concludes that people with vascular dementia are more likely to experience a longer period of depression than people with other dementias.
ISSN: 00071250

Outcome of anxiety and depression at two and a half years after baseline interview: associations with changes in psychiatric morbidity among three samples of elderly people living at home; by Ann Bowling, Morag Farquhar, Emily Grundy.
Presents findings from an analysis of longitudinal changes in psychiatric morbidity in three samples of older people, including people aged 85 years and over. Concludes that the most significant predictor of changes at follow-up was baseline psychiatric status followed by health status.
ISSN: 08856230

Outcome research in cognitive therapy for late-life depression; by Damian Gardener.
Examines outcome studies of cognitive therapy for depression in older age, looking at group therapy, individual therapy, and therapy for special populations, and considers areas for future research.
ISSN: 13603671

Pain not seen; by Frances Rickford.
Community Care, no 1128, 11-17 July 1996, pp 16-17.
The author investigates depression - the invisible killer - which often goes unnoticed and untreated among elderly people receiving a home care service, and which can lead to suicide.
ISSN: 03075508

Pathway to psychiatric care of the elderly with depression; by Martin G Cole, Mark J Yaffe.
This study describes a pathway to psychiatric care for older people with depression: psychiatric morbidity in the community; detection of depression in primary care; referral to psychiatric services; and admission to psychiatric units. It concludes that only a small percentage of older people with moderate to severe depression are assessed or treated by a psychiatrist.
ISSN: 08856230

A pilot study comparing psychological and physical morbidity in carers of elderly people with dementia and those with depression; by Chanaka Wijeratne, Simon Lovestone.
Compares the difficulties faced by relatives living with and caring for elderly patients with dementia and those with depression, referred to a psychogeriatric service in London. Findings suggest that dementia carers seem to experience significantly more psychological distress than carers of depressed patients.
ISSN: 08856230
Post-traumatic stress disorder in elderly war veterans; by Richard J Bonwick, Philip L P Morris. International Journal of Geriatric Psychiatry, vol 11, no 12, December 1996, pp 1071-1076. A significant number of Second World War (WW2) veterans suffer post-traumatic stress disorder (PTSD) and its associated comorbidities. The prevalence, presentation, course and treatment of this disorder is examined. This examination reveals that PTSD is underdiagnosed in WW2 veterans. Although limited information is available concerning treatment, a broad biopsychosocial approach may be beneficial. The stressors of late life, leading to exacerbation of PTSD, are of particular relevance in this group. ISSN: 08856230

Prevalence and predictors of depressive symptoms in a nursing home; by Renzo Rozzini, Stefano Boffelli, Simone Franzoni, Giovanni B Frisoni (et al). International Journal of Geriatric Psychiatry, vol 11, no 7, July 1996, pp 629-634. Reports on a study which identified the prevalence of depressive symptoms and predictors of mood changes over a one-year period in a sample of nursing home patients. ISSN: 08856230

The prevalence of anxiety disorders in nursing homes; by Andy Cheok, John Snowdon, Robert Miller, Rosemary Vaughan. International Journal of Geriatric Psychiatry, vol 11, no 5, May 1996, pp 405-410. Presents findings from a study which investigated the prevalence of anxiety disorders and depression in nursing home residents in Sydney. ISSN: 08856230

Proceedings of conference. Mental disorders in older Irish people: incidence, prevalence and treatment: Royal Marine Hotel, Dun Laoghaire, Co. Dublin, 11th October 1996; by National Council for the Elderly (Ireland). Dublin: National Council for the Elderly, 1996, 77 pp (Publication no. 46). The National Council for the Elderly (NCE) is an advisory body to the Minister for Health (Ireland) on all aspects of ageing and the welfare of older people. This book contains the papers given at a conference held to discuss the findings of a report published by the NCE entitled 'Mental disorders in older Irish people: incidence prevalence and treatment'. Specific topics covered include detection of mental disorders in older Irish people; residential care for older people with mental disorders; old age psychiatry in Ireland; and extending and improving services for people with dementia and their carers. ISBN: 1900378043
Price: £4.00
From: National Council for the Elderly, Corrigan House, Fenian Street, Dublin 2, Republic of Ireland.

Psychological and social factors in the pathogenesis of weight loss; by John E Morley, Patricia M K Morley. New York, NY: Springer Publishing Co., 1996, pp 83-109. In: Annual review of gerontology and geriatrics, vol 15, 1995, 1996, pp 83-109. In this chapter, the authors review the human and animal evidence for the existence of a physiological anorexia of ageing that places older people at increased risk for developing severe weight loss. The role of social and cultural factors in precipitating hunger insecurity in older people is explored. Finally, the increasing evidence that psychological factors - especially depression - may be the most important treatable causes of malnutrition in older people is examined. (RH) ISSN: 01998794
Price: US$54.00
From: Springer Publishing Company, Inc., 536 Broadway, New York, NY 10012-3955, USA.

A psychometric analysis of a short device for assessing depression in elderly people; by Carolyn A Richardson, Sean M Hammond. British Journal of Clinical Psychology, vol 35, part 4., 1996, pp 543-551. The Schwab-Gilleard Depression scale (SGDS) is a short self-report index for assessing depression in older people. The aim of this study was to examine the psychometric properties of this device with particular reference to its reliability, criterion validity, and ability to discriminate depression from dementia. The total sample comprised 166 older people living in Part III residential homes in south-west London. For 111 of these, the SGDS, the Geriatric Depression Scale (GDS), the Short-Comprehensive Assessment and Referral Evaluation (CARE), and the Clifton Assessment Procedures for the Elderly (CAPE) were completed. The GDS and CAPE only were completed with the remaining 55 participants. Psychiatric diagnoses were available from the medical notes on each resident. In addition, a subsample of 49 had been assessed using the SGDS and CARE 14 months earlier. These data were available for test-retest analyses. The self-rating SGDS was found to be a
reliable and valid measure of depression and is recommended for use as a screening tool for depression in older people in residential homes. (AKM)

ISSN: 01446657


Major depressive illness, generalised anxiety disorders and adjustment disorders develop in more than 25% of cancer patients within the first two or three years of diagnosis. Key research questions are identified and discussed, which should lead to more effective ways of recognising, treating and preventing these disorders. (RH)

ISSN: 10579249

Psychothérapie cognitive et dépression dans l'âge: un modèle d'intervention en psychiatrie gériatrique; by Lucio Bizzini, Lusmila Myers-Arrazola.


Psychological treatment of depression in older people has recently benefited from the development of the cognitive approach. In this article (in French), the authors demonstrate this type of psychotherapy in the case of a 79 year old depressive woman at their Cognitive Therapy Unit for Elderly in Geneva, Switzerland. The therapeutic setting, content of sessions, techniques used, and the changes that occurred are described - which proved beneficial to the patient and rewarding for the therapist.

ISSN: 07149808

Randomised controlled trial of effect of intervention by psychogeriatric team on depression in frail elderly people at home; by Sube Banerjee, Kim Shamesh, Alastair J D Macdonald, Anthony H Mann.


The trial investigated the efficacy of intervention by a psychogeriatric team in the treatment of depression in elderly disabled people receiving home care from their local authority in Lewisham. Members of the intervention group received an individual package of care formulated by the community psychogeriatric team in their catchment area and implemented by a researcher working as a member of the team. A control group received normal general practitioner care. Depression is treatable in elderly people receiving home care. Therapeutic nihilism based on an assumed poor response to treatment in these socially isolated, disabled people in the community is not supported.

ISSN: 09598138

Raymond Levy: a retirement gift; by Robert Howard (ed).


This special issue celebrates the contribution of Professor Raymond Levy to academic old age psychiatry by a series of papers whose authors were influenced or supervised by Professor Levy. Topics covered include treatments for dementia; the Maudsley Hospital Memory Clinic; the biological origin of depression in older age; paranoid states in older age; and cross-cultural research into dementia.

ISSN: 09856230

Raymond Levy the trout angler: his contribution to imaging in depression in later life; by Robin Jacoby.


Reviews the work of Professor Raymond Levy in the area of neuroimaging in late life depression.

ISSN: 09856230

The relation of religious preference and practice to depressive symptoms among 1,855 older adults: by Gary J Kennedy, Howard R Kelman, Cynthia Thomas (et al).


This article considers attendance at religious services and religious affiliation as factors in the epidemiology of late life mental illness. The authors examined differences in the prevalence and course of depressive symptoms and associated characteristics among community residents expressing a Jewish, Catholic, or other religious preference. At baseline, Jewish religious preference was associated with a twofold elevation in the prevalence of depressive symptoms, compared to Catholics. Lack of attendance at religious services was associated with greater prevalence of depression among all groups, particularly Catholics. For Jews, the relationship between non-attendance and depression could not be accounted for by measures of age, gender, health, disability, or social support. In general, not attending services was associated with both the emergence and persistence of depression, but did not remain significant, once the effects of other characteristics were controlled.
Relationship of physical disease and functional impairment to depression in older people; by Antonette M Zeiss, Peter M Lewinsohn, Paul Rohde (et al).


Physical disease is commonly considered a risk factor for depression among older adults. However, this pattern is not consistently supported, and a theoretical framework for such a relationship has not been articulated. Lewinsohn, Hoberman, Teri and Hautzinger's 1985 integrative model of depression predicts that disease will be a risk factor for depression, only when disease results in functional impairment, and that impairment in the absence of disease is also a risk factor for depression. The authors tested these predictions in a community-based sample of older adults followed longitudinally, and found that functional impairment was a significant risk factor for depression, regardless of disease status. Disease was not a significant predictor of major depression, nor did it interact with impairment to predict depression.

Sad screening; by Pat Mottram, Claire Hamer, Joanna Williams (et al).


Depression in older people is both common and serious. The authors continue their series examining issues around depression in the older person, by explaining the general practice nurse's role in recognising the condition and referring for treatment.

Screening for depression among geriatric inpatients with short versions of the Geriatric Depression Scale; by Ajit Shah, Virach Phongsathorn, Celia Bielawska, Cornelius Katona.


The performances of shorter versions of the Geriatric Depression Scale (GDS) are examined. The GDS4 (4 item version) has poor sensitivity and specificity in a dementia subsample. The GDS-15 (15 item version) and GDS-10 (10 item version) may be utilised in screening for depression among continuing care geriatric inpatients, but would require prospective evaluation among acutely ill geriatric inpatients.

Self-care strategy of elderly Korean immigrants in the Washington DC metropolitan area; by K Y C Pang.


This study explored the mental health care strategies and self-care patterns of coping among older Korean immigrants in Washington, DC. Findings showed that they use emotional self-care practices to counteract sad and depressive experiences. They tend not to use professional medical help and/or prescription medicine. Their choice of a self-care mental health strategy is a function of several sociocultural and historical factors: the Korean concept of self, life-long caring role, concepts of a morally exemplary emotional life, religious and cosmological beliefs, beliefs about depression and mental illness, systematic and holistic medical principles, and political and social upheavals in Korea. Additional factors include the challenge of transition and immigration to a new culture and country. Specific self-prescribed self-care strategies for depression include cognitive, religious, physical, social and artistic strategies. (AKM)

Self-mutilation in an elderly patient with personality disorder; by Chanaka Wijeratne, Julian Stern, Robert Howard.


Presents a case study of an older woman with depression and a history of self-mutilation and substance abuse, and discusses the management and treatment issues.

Self-reported sleep disturbance among African-American elderly: the effects of depression, health status, exercise and social support; by Mohsen Bazargan.


Self-reported difficulties in initiating and maintaining sleep were investigated in a sample of black older people, of which only 68.3% had no trouble falling asleep. More than 14.5% of men and 23.6% of women participants in this study reported sleep latencies exceeding 30 minutes. 13% reported getting less than 4 hours sleep at night. 14.5% of participants wake up at least three times during a typical night's sleep other than to use the bathroom. 45.3% said when they wake up in the night, it is at least 30 minutes before they fall back to sleep. Compared to men, women reported longer sleep latency, waking up more frequently at night, and were more
likely to visit a health practitioner for sleeping problems. Self-reported sleep problems were significantly greater among older black women, with a higher level of depression/anxiety, those with a higher number of chronic illnesses, those who did not exercise, and those who reported lower levels of emotional social support.

ISSN: 00914150


Reports on a study which investigated the reliability of the Short Geriatric Depression Scale (GDS-SF) and the Geriatric Depression Scale (GDS).

ISSN: 07317115
From : http://www.tandfonline.com


The authors studied differences in outcome and characteristics among 29 clinical sites of a multisite, double-blind antidepressant (fluoxetine) trial for geriatric depression. Results obtained suggest that individual practitioners may have vastly different clinical experiences on large, multisite trials for geriatric depression. Interrater reliability, subject selection, recruitment, inadequate or fixed dosing, few patients per site, brief study duration, heterogeneity of geriatric depression, financial incentive and characteristics of individual sites may contribute to response variability.

ISSN: 08856230


The aim of this study was to explore the social and psychosocial factors predicting depression in a population of older people in Finland, who were determined as not being depressed in a study in 1984-85 and were clinically interviewed and examined in a follow-up study in 1989-90. Findings showed that in men, depression was predicted by a poor marital relationship, feelings about low appreciation of older people or of the participant himself, and the loss of a mother while under 20 years of age. Certain changes and life events during the follow-up were related to the occurrence of depression in men, such as deterioration in marital relationships, a decrease in the number of hobbies, getting married, a grandchild's divorce. In women, a deterioration in relationships with neighbours, an increase in the amount of time spent alone, reduced social activity were included in the changes and life events during the follow-up which were associated with a high risk of depression in women. The findings support the hypothesis about psychosocial factors playing a role in the aetiology of depression in older age. (AKM)

ISSN: 10416102


Based on the integrative concept of social support, this study investigated the effects of quantitative, structural and functional aspects of social relationships on the level of depressive symptoms among older Korean immigrants in the United States, taking into account their level of acculturation and life stress. Korean older people with more close personal contacts and more frequent contacts with other people exhibited fewer depressive symptoms. Networks providing instrumental support consisted mainly of family ties. Networks for emotional support included diverse relationships as well as family members. Emotional support was found to moderate the harmful effect of life stress, and thus to be more relevant than instrumental support to the mental health of Korean older people.

ISSN: 00914150


Given the lack of research in clinically depressed older people, and drawing on an integrative perspective, this study examined predictions of three prominent psychological models of depression (cognitive, learned helplessness, and psychodynamic theory) in a sample of older depressed patients.

ISSN: 07149808
Spousal similarity in subjective well-being: the cardiovascular health study; by Jamila Bookwala, Richard Schulz.
This study examines the extent to which one spouse's subjective well-being predicts that of the partner, in 1,040 spousal pairs aged 65 years and older. The similarity of affective domains (depressive symptoms, feelings about life as a whole, and satisfaction with the meaning and purpose of life) and non-affective domains (perceived health) are examined. Known predictors of well-being in older adults (sociodemographic variables, self and spouse health status, and exposure to common environmental events) are statistically controlled. Results indicate that one spouse's assessments of well-being and depression predict the other's well-being, even after controlling for known predictors of these outcomes. Given the similarity of findings for affective and non-affective domains, multiple mechanisms, including contagion, mate selection, and common environmental influences, are speculated as likely to contribute to this phenomenon.
ISSN: 08827974

Stress in the life course: a life history approach; by Walter M Ensel, M Kristen Peek, Nan Lin (et al).
The study of the relationship between stress and distress has grown significantly in the last three decades, and more recently, attention has focused on measurement issues in life event research. This study examined the effects of stressors, occurring over a 15-year period, on psychological distress in three age groups, using a life course perspective. Stressors were conceptualised as either distal or proximal based on how recently they occurred. Results showed that life events, such as divorce, occurring as long as 15 years earlier can still have a significant and independent impact on current states of well-being. Other events, such as health events, were found to have short incubation periods with regard to their impact on psychological distress. The study concluded that reactions to life events vary across the life course, and that the significance of stressors in explaining depression increases with ageing.
ISSN: 08982643

Subjective memory complaints and depression in the able elderly; by Michael W Collins, Norman Abeles.
Presents findings from a study which investigated the relationship between subjective memory complaint and depression in older people.
ISSN: 07317115
From: http://www.tandfonline.com

The authors - who are mainly from the US - explore the biology, psychology, epidemiology and sociology of depression and suicidal behaviour in late life, as well as the ethical principles that underlie clinical research and therapeutic intervention. The range of treatment - including environmental manipulation, psychotherapy, family counselling, medications and electroconvulsive therapy - is reviewed, and guidelines for effective interventions are provided.
ISBN: 0471129135
Price: £29.95
From: John Wiley & Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD.

Utilization of the draw a person test in the elderly; by Jean-Pierre Clément, Francis Marchan, Dominique Boyon (et al).
The purpose of this study was to assess quantitative and qualitative changes that occurred in the drawing of a human figure during depression and dementia in the older people. A modified scale version of the Draw a Person Test (DAP) is presented. The first study (80 subjects) enabled the reduction of the number of items from 73 to 20 according to interrater reliability and diagnostic sensitivity to differentiate patients with dementia from control subjects. Study 2 (160 subjects: 51 with dementia, 70 with major depression, 39 older controls) used this 20-item DAP for cognitive assessment. Study 2 also featured an additional qualitative assessment (DAP 50) considering five components based on a projective examination of the drawings. Combination of the 20-item DAP and DAP 50 provides a complete approach to patients in accordance with the affective dimension. Results showed the ability of the 20-item DAP to discriminate dementia from depression with a better cutoff score of 7 and the usefulness of the the DAP 50 in the investigation of impaired components during depression and dementia in older people, with the goal of specifying key aspects of psychopathology in dementia. (RH)
Validation of the Geriatric Depression Scale in an elder Mexican American ambulatory population: a pilot study; by David V Espino, Miguel A Bedolla, Martha Perez, F M Baker.
Reports on an evaluation of the usefulness of the Geriatric Depression Scale in a population of older Mexican-Americans.
ISSN: 07317115
From: http://www.tandfonline.com

Validations of the Hospital Anxiety and Depression Scale as a measure of severity of geriatric depression; by Alastair J Flint, Sandra L Rifat.
This evaluation of the depression subscale of the Hospital Anxiety and Depression Scale (HAD-D) suggests that although it is sensitive to change in the severity of depression, it may not necessarily be used as an alternative to the Hamilton Rating Scale for Depression (HRDS) or the Montgomery-Asberg Depression Rating Scale (MADRS). However, in certain circumstances, the HAD-D may be a useful adjunct to these observer-rated scales.
ISSN: 08856230

What an old age psychiatrist does; by J Wattis.
First in a series of 14 articles on the theme, Caring for older people. Old age psychiatrists aim to provide services that are sensitive to the needs of caregivers and patients; and also support general practitioners, social services and hospital departments. Their work - this article is concerned with depression, delirium and dementia - includes the direct assessment and management of disease and the provision of education and information to others working with older adults.
ISSN: 09598138

Why feeling bad is good: how women can use depression to make positive changes in their lives; by Lindsay Knight. London: Hodder and Stoughton, 1996, 196 pp.
Explores some of the causes of depression in women, and explains how women can become more mentally positive through facing up to their depression and making positive changes in their lives. Topics covered include body image, relationships, the menopause, and ageing.
ISBN: 0340625945
Price: £7.99
From: Hodder & Stoughton Publishers, 338 Euston Road, London NW1 3BH.

1995

Another tip of the iceberg?; by Jenny Curran.
Geriatric Medicine, vol 25, no 10, October 1995, pp 51-54.
Discusses management of depression in older people with learning disabilities.
ISSN: 0268201X

Examines whether some brands of antidepressants are particularly effective in the treatment of depression in older people.
ISSN: 08856230

Anxiety and depression; by Robert Howard.
Geriatric Medicine, vol 25, no 6, June 1995, pp 41-42.
Discusses the effects of anxiety and depression on the quality of life of older people, and suggests practical treatment strategies.
ISSN: 0268201X
Approaches to depression in old age; by Cornelius L E Katona, Philippa M Katona. 
Tripod: journal of the West Midlands Institute of Geriatric Medicine, no 21, 1995, pp 14-17.
Depression in old age remains both common and disabling, with a high recurrence rate and considerable risk of suicide. There is scant evidence for any recent improvement in clinical management. Most cases identified in community surveys remain undetected (Illife et al, 1991) and untreated (Copeland et al, 1992). Managing depressed older patients well requires fundamental changes in attitudes as well as specific strategies for improving its detection, rationalising its treatment and preventing its recurrence. (KJ/RH) 
ISSN: 09619194

Are minor illnesses disguising depression?; by Frank Smith.
Geriatric Medicine, vol 25, no 9, September 1995, pp 41-43.
Gives advice on how GPs can improve the detection of depression in older patients. 
ISSN: 0268201X

Augmentation strategies in geriatric depression; by A Flint.
Reviews the literature on pharmacological augmentation regimens in treatment-resistant depression in older people. 
ISSN: 08856230

The Botany survey: a longitudinal study of depression and cognitive impairment in an elderly population; by John Snowdon, Fred Lane.
Presents findings from an Australian study on the prevalence, incidence and outcome of cognitive impairment and depression among older people.
ISSN: 08856230

Breaking up is hard to do; by Brice Pitt.
Geriatric Medicine, vol 25, no 11, November 1995, pp 55-56.
Explores the role of depression in marital breakdown in later life, and suggests how GPs can help.
ISSN: 0268201X

Careful questioning of elderly depressed may help avert suicide; by Adam Legge.
Reports on a study which examined suicide among older people, and suggests that GPs should be encouraged to ask questions if suicide is suspected.
ISSN: 09554262

Clinical characteristics of resistant depression in the elderly; by D Bonner, R Howard.
Identifies the factors associated with treatment resistant depression, including cognitive impairment.
ISSN: 08856230

Cognition and depression in a cohort of aging men: results from the Western collaborative group study; by Asenath La Rue, Gary E Swan, Dorit Carmelli.
Examines the relationship between depressive symptoms and cognitive performance in older men.
ISSN: 08827974

A comprehensive support program: effect on depression in spouse-caregivers of AD patients; by Mary S Mittelman, Steven H Ferris, Emma Shulman, Gertrude Steinberg (et al).
Reports on a study which examined the effects of a comprehensive support programme on depression in spouse caregivers of individuals with Alzheimer's disease.
ISSN: 00169013

A cross-cultural understanding of depression among elderly Korean immigrants: prevalence, symptoms and diagnosis; by Keum Young Pang.
Examines the differences in two screening instruments used to assess depression in older Koreans.
Danger: depression at work; by David Baldwin. Geriatric Medicine, vol 25, no 4, April 1995, pp 53-56. Outlines the risk factors for depression in older workers, and gives guidelines for management of depressive illness. ISSN: 0268201X

Delusional depression in elderly patients: characteristics and relationship to age at onset; by Robert C Baldwin. International Journal of Geriatric Psychiatry, vol 10, no 11, November 1995, pp 981-985. Examines the frequency and characteristics of delusional depression in older patients, and explores whether it is associated with a later age depression onset. ISSN: 08856230

Depression: the family factor; by Rasiah Yuvarajan, Greg Spencer. Geriatric Medicine, vol 25, no 3, March 1995, pp 57-58. Highlights the problems faced by carers of older people suffering from depression. ISSN: 0268201X


Depression and dementia; by Alan Powell. Journal of Dementia Care, vol 3, no 4, July - August 1995, p 28. Reviews research on the incidence of depression in people with dementia and responses to different types of treatment. ISSN: 13518372

Depression and dementia in geriatric inpatients: diagnostic comparisons between psychiatrists, geriatricians and test scores; by D H Ryan, P Blackburn, D Lawley, A Ellis (et al). International Journal of Geriatric Psychiatry, vol 10, no 6, June 1995, pp 447-456. Examines levels of agreement between geriatricians, psychiatrists and psychometric instruments in the recognition of depression and dementia in older patients. ISSN: 08856230

Depression and driving in the elderly; by Judy Rubinsztein, Claire Alison Lawton. International Journal of Geriatric Psychiatry, vol 10, no 1, January 1995, pp 15-17. Discusses the particular problems experienced by older depressed patients which may affect their ability to drive a car. ISSN: 08856230

Depression at Christmas; by Richard Harrison. Geriatric Medicine, vol 25, no 12, December 1995, pp 41-42. Reviews the problems associated with the management of depression in older people at Christmas time. ISSN: 0268201X

Depression combined with insomnia; by Ann Roberts, R G Priest. Geriatric Medicine, vol 25, no 1, January 1995, pp 31-33. Presents guidelines on the management of depression combined with insomnia. ISSN: 0268201X

Depression in Alzheimer's disease: phenomenological features and association with severity and progression of cognitive and functional impairment; by Martin Haupt, Alexander Kurz, Annette Greifenhagen.  
Explains the relationship between depressive symptoms in older people with Alzheimer's disease and severity of cognitive and functional decline.  
ISSN: 08856230

Depression in Alzheimer's disease patients: caregivers as surrogate reporters; by R G Logsdon, L Teri.  
Evaluates the accuracy and validity of caregivers' reports of depression in patients with Alzheimer's disease.  
ISSN: 00028614

Depression in carers; by J Butler, P Madeley.  
Discusses the prevalence and causes of depression in informal carers and suggests how GP's can manage depression induced by the caregiving role.  
ISSN: 0268201X

Depression in later life: a comparison of symptoms and risk factors in early and late onset cases; by R C Baldwin, Barbara Tomenson.  
Examines the differences in symptoms of and risk factors for depression with a late onset as opposed to an early onset.  
ISSN: 00071250

Depression in life-threatening illness and its treatment; by Pete Saunders.  
Examines how nursing interventions may help to improve the quality of life of terminally ill patients suffering from depression.  
ISSN: 09547762

Depression in old age; by Cornelius L E Katona, Vivienne Watkin.  
Examines recent advances in the knowledge of the clinical presentation, epidemiology, management and prognosis of depression in older people, and discusses the relationship of depression in old age to dementia.  
ISSN: 09592598

A depression screening day for the elderly in a general practice setting; by Walter Forbes, Diana E Tracy, Ross J Hamilton, John M Eagles.  
Describes an attempt to offer screening for depression to older people. The arrangement of the screening and inadequate publicity are cited as reasons for the low attendance.  
ISSN: 09556036

Depressive symptoms across older spouses and the moderating effect of marital closeness; by Roni Beth Tower, Stanislav V Kasl.  
Reports on a study which examined spousal and marital influences on depression in older people. Findings show that depressive symptoms in one spouse had a significant effect on depressive symptoms in the other spouse, and that marital closeness had a positive effect on depression.  
ISSN: 08827974

Depressive symptoms in African American medical patients; by F Baker, D Parker, C Wiley (et al).  
Presents findings from a study of the prevalence of depression among older black Americans and concludes that this group displays higher levels of depressive symptoms than their white counterpart.  
ISSN: 08856230
Depressive symptoms in late life: results from a study in three Nordic urban localities; by Riitta-Liisa Heikkinen, Stig Berg, Kirsten Avlund.
Reports on a cross-cultural comparison of depressive symptoms among 75-year olds in three urban localities in Denmark, Finland and Sweden.
ISSN: 01693816

Depressive symptoms in the very elderly - their prevalence and significance; by Deborah M Girling, Felicia A Huppert, Carol Brayne, Eugene S Paykel (et al).
Examines the prevalence of depression in people aged 77 and over, and the relationship between depressive symptoms and physical health and social and demographic factors.
ISSN: 08856230

Developments in dementia and functional disorders in the elderly; by Raymond Levy, Robert Howard (eds).
Presents the advances and current controversies in the study and treatment of dementia, memory impairment, depression, and other functional disorders in older people.
ISBN: 1871816270
Price: £35.00
From: Wrightson Biomedical Publishing Ltd, Ash Barn House, Winchester Road, Stroud, Petersfield, Hampshire GU32 3PN.

Does the ECA underestimate the prevalence of late-life depression?; by K Heithoff.
Examines the ability of the Diagnostic Interview Schedule (DIS) to distinguish between somatic symptoms of depression that result from physical causes and those that result from psychiatric causes.
ISSN: 00028614

Does the use of the geriatric depression scale make redundant the need for separate measures of well-being on geriatric wards?; by Peter G Coleman, Ian Philp, Mark A Mullee.
Examines the reliability of the geriatric depression scale as a sole measure of well-being in older patients.
ISSN: 00020729

The effect of primary care nurse intervention upon older people screened as depressed; by M R Blanchard, A Waterreus, A H Mann.
This community-based intervention study indicates that depression in older people can be helped by active interventions coordinated and implemented at the level of primary care.
ISSN: 08856230

Effects of late-onset depression and recovery on autobiographical memory; by Pia Fromholt, Per Larsen, Steen F Larsen.
Investigates the effects of depression on autobiographical memory in older people suffering from a major depression for the first time in their lives.
ISSN: 10795014

Geriatric psychiatry: key research topics for clinicians; by Elaine Murphy, George Alexopoulos (eds).
Contains a selection of papers from the first eight years of the International Journal of Geriatric Psychiatry, covering a range of topics, including behavioural problems in dementia, depression, mania and psychosis, long-term care, and coping and vulnerability in older age.
ISBN: 0471951684
From: John Wiley & Sons Ltd., Baffins Lane, Chichester, West Sussex PO19 1UD.
Iatrogenic origins of depression in the elderly: is medication a significant aetiologic factor in geriatric depression? considerations and a preliminary approach: editorial comment; by A D F Dhondt, C Hooijer.
Considers the significance of drug associated depression in older people, where depression occurs as a side-effect of medication prescribed for other purposes.
ISSN: 08856230

Influence of age on psychological adjustment to cancer; by Judy Harrison, Peter Maguire.
(OFFPRINT.)
ISSN: 10579249

Inside out: a guide to self-management of manic depression; by David Guinness, Manic Depression Fellowship.
Outlines self-management techniques and strategies, including recognition and control of mood swings, and medication.
Price: £2.50
From: Manic Depression Fellowship, 8-10 High Street, Kingston-upon-Thames, Surrey KT1 1EY.

An interdisciplinary behavioral treatment program for depressed geriatric rehabilitation inpatients; by Peter A Lichtenberg, Michael L Kimbarow, Donna MacKinnon, Patricia A Morris (et al).
Describes how treatment for depression can be delivered in an occupational therapy context.
ISSN: 00169013

The Johns Hopkins medical handbook: the 100 major medical disorders of people over the age of 50: plus a directory to the leading teaching hospitals, research organizations, treatment centers, and support groups; by Simeon Margolis (ed), Johns Hopkins Medical Letter Health After 50. New York: Rebus, 1995, 651 pp.
This handbook aims to provide a compendium of the 100 major medical disorders of people over the age of 50, together with a directory to the American health care system. Includes chapters on cancer, the blood, the brain and nervous system (including Alzheimer's and Parkinson's disease), dental and oral disorders, the digestive system, the ears, nose and throat, the endocrine system, the eyes, the heart and blood vessels, the kidneys and urinary tract, the lungs and respiratory system, the muscles and bones, the skin, specific health problems of men and women, and mental health (including depression and anxiety disorders). (AKM)
ISBN: 092966132X
Price: US$ 39.95
From: Hi Marketing, Publishers' Sales and Marketing Agency, 38 Carver Road, London SE24 9LT.

Late-life depressive disorder in the community I: the relationship between MMSE score and depression in subjects with and without psychiatric history; by R van Ojen, C Hooijer, D Bezemer, C Jonker (et al).
Tests the hypothesis that cognitive impairment is associated with depression only in older people with no history of psychiatric illness. Concludes that the combination of the two may indicate brain deterioration.
ISSN: 00071250

Late-life depressive disorder in the community II: the relationship between psychiatric history, MMSE and family history; by R van Ojen, C Hooijer, D Bezemer, C Jonker (et al).
Reports the results of an examination of the relationship between family histories of mental disorder and depression in older people. Concludes that there is a dementia-related subtype of late-life depression.
ISSN: 00071250

Life events and senile dementia: affective symptoms; by Martin Orrell, Paul Bebbington.
Investigates whether threatening life events are associated with depressive symptoms in older people with dementia.
ISSN: 00071250
The lifesaving function of humor with the depressed and suicidal elderly; by Joseph Richman.
Describes techniques for producing and reinforcing therapeutic humour and laughter during therapy with depressed and suicidal older people.
ISSN: 00169013

Examines the current knowledge of and research into mood and cognitive disorders. Includes chapters on depression and Alzheimer's disease, memory clinics, procedural memory, face processing in Alzheimer's disease, depression screening, antidepressant therapy and suicide.
ISBN: 0826181767
Price: US$ 44.95 (+p&p)
From: Springer Publisher, 536 Broadway, New York, NY 10012-395, USA.

The neurobehavioral cognitive status exam (NCSE) with geriatric inpatients; by Michael W Wiederman, C Don Morgan.
Evaluates the use of the NCSE screening instrument in the differentiation of depression versus dementia in older patients.
ISSN: 07317115
From: http://www.tandfonline.com

Older age and the underreporting of depressive symptoms; by Jeffrey M Lyness, Christopher Cox, Jennifer Curry, Yeates Conwell (et al).
Examines whether old age is associated with a decrease in self-reported depression.
ISSN: 00028614

Older people's sadness: a study of older people with depression; by Rosie Chester, Jef Smith, Counsel and Care. London: Counsel and Care, 1995, 57 pp.
Explores the needs, experiences and views of older people with depression.
ISBN: 1898092133
Price: £6.00
From: Counsel and Care, 16 Bonny Street, London NW1 9PG.

Questions the use of ECT (electroconvulsive therapy) as a psychiatric treatment for middle-aged and older women suffering from depression. Considers issues such as adverse effects, psychological distress, informed consent and variations in practice. (KJ)
Price: £2.50
From: MIND, Policy Unit, 15-19 Broadway, London E15 4BQ.

One hundred cases of suicide in elderly people; by Howard Cattell, David J Jolley.
Examines the social, physical and psychological antecedents associated with suicide among older people, and looks at issues related to primary care services and the impact of secondary old age psychiatry services in an urban population.
ISSN: 00071250

Personal history of depression and its appearance in Alzheimer's disease; by Brian D Carpenter, Milton E Strauss.
Reports the results of a study which compared the lifetime history of depression in a group of patients with depression and Alzheimer's disease and a group of patients with depression and no dementia.
ISSN: 08856230
Prevalence and correlates of depression in a population of nonagenarians; by Y Forsell, A F Jorm, E Von Strauss, B Winblad.
Examines the prevalence of depressive symptoms and syndromes in people aged 90 and over.
ISSN: 00071250

The prevalence of depression in the carers of dementia sufferers; by Bernie Coope, Clive Ballard, Karim Saad, Abdul Patel (et al).
Examines the prevalence of depression and anxiety in informal carers of people with dementia.
ISSN: 08856230

Examines the prevalence and causes of anxiety and depression among adults in the community, including older people, and considers the possibilities for prevention in primary care.
ISBN: 0902241877
Price: £7.50
From: Gaskell, Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

Psychiatric morbidity in elderly attenders at an accident and emergency department; by Zuzana Walker, Catherine A Leek, Penny J D’Ath, Cornelius L E Katona.
Presents findings from a study of the point prevalence of depression and dementia, their effect on length of admission and outcome, and the extent to which they were diagnosed.
ISSN: 08856230

Psychiatric symptoms associated with dementia in older people with learning disability; by Steve Moss, Pradip Patel.
Explores psychiatric symptoms occurring in people with learning disabilities with and without dementia.
ISSN: 00071250

The Psychogeriatric Assessment Scales (PAS) is a method of assessing dementia and depression in older people, on scales rather than categories, and is designed to be used by people without extensive specialist training in geriatrics or psychiatry. Contains assessment materials and a user guide.
ISBN: 0646250922
From: PAS Project, NH&MRC Social Psychiatry Research Unit, The Australian National University, Canberra ACT 0200, Australia.

Recognition and management of depression in late life in general practice: consensus statement; by C Katona, P Freeing, K Hinchcliffe (et al).
Depression is common in later life, particularly among those attending their GPs. Predisposing factors include past and family history, physical dysfunction, and experience of loss. Combining regular follow-up and social support with drug and non-drug treatment produces good results with a range of drug and psychological therapies being efficacious. In particular, those presenting with anxiety are likely to respond to treatments for depression. Continuing drug prescription for prophylaxis is important, but can pose difficulties in frail patients. Physical ill-health and early dementia may make diagnosis difficult. Social stigma may make co-operation of patients and carers difficult to obtain. Primary care workers other than GPs will also need to be involved in managing and monitoring the large number of depressed older people. The Defeat Depression Programme is producing educational programmes to improve diagnosis in primary care and acceptance of treatment and diagnosis by the public, as well as to improve the quality of life of those with depressive illness in later life. (RH)
ISSN: 13552570
Recurrent syndromal depression in caregivers; by Ellen M Redinbaugh, Robert C MacCallum, Janice K Kiecolt-Glaser.
Examines the relationship between depression, social support, caregiver reaction to problem behaviour and negative life events.
ISSN: 08827974

The relationship between chronic illness and depression in a community of urban black elderly persons; by Mohsen Bazargan, Verneda P Hamm-Baugh.
This study investigated the impact of selected chronic illnesses and psychosocial variables on depression in black older people.
ISSN: 10795014

The relationship between depression and cognition in older adults: a cross-validation study; by P Lichtenberg, T Ross, S Millis (et al).
Examines the relationship between depression and cognition in geriatric patients. Findings suggests that increased depression is associated with decreased cognition.
ISSN: 10795014

The relationship of family proximity and social support to the mental health of older rural adults: the Appalachian context; by B Jan McCulloch.
Examines the effect of family proximity and support on depression and anxiety in older people.
ISSN: 08904065

The reliability and validity of the geriatric depression rating scale administered by telephone; by William J Burke, William H Roccaforte, Steven P Wengel, Deborah M Conley (et al).
Evaluates the reliability and validity of a depression screening instrument administered by telephone to older patients.
ISSN: 00028614

Reliability of screening for sensory impairment in depressed versus nondepressed older adults; by Lisa C Andelin, Cathy A Alessi, Harriet U Aronow.
Examines the validity and reliability of hearing and near vision screening methods in older people suffering from depression.
ISSN: 00028614

Social support, depression, and recovery of walking ability following hip fracture surgery; by Elizabeth J Mutran, Donald C Reitzes, Jana Mossey, Maria Erlinda Fernandez.
Examines the relationships between various indicators of social support, depression and physical recovery from hip fracture surgery in older women.
ISSN: 10795014

A therapeutic group in the community for the elderly with functional psychiatric illnesses; by E Procter, L Alwar.
Describes a therapeutic group in a community setting for older people with disorders such as depression, anxiety and schizophrenia.
ISSN: 08856230

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Time for change - psychiatric morbidity in residential homes for the elderly; by Peter G Neville, Ann Boyle, Sara Brooke, Sarah Baillon (et al).
Examines the incidence and levels of depression and dementia in older people in residential homes.
ISSN: 08856230

Towards a clear picture; by Alan Powell.
Looks at the difficulties of diagnosing dementia and depression.
ISSN: 13518372

Transient global amnesia: memory and metamemory; by M Neri, E Andermarcher, L P De Vreese, S Rubichi (et al).
Patients with a previous episode of transient global amnesia (TGA) were examined to assess the functioning of objective memory, metamemory capacities, residual level of retrograde amnesia, and levels of depression. Patients with residual retrograde amnesia scored significantly lower than non-amnesiac ones on indices of short-term and long-term memory, and for self-rating of memory functioning through comparison with memory functioning of peers. Age, time interval from TGA attack and TGA duration did not prove to influence memory and metamemory scores. Retrograde amnesia and depression were rather substantially associated. Depression level showed a positive correlation with short-term memory functioning in non-amnesics. The different pattern and strength of the relationships between metamemory components and objective memory dimensions observed in amnesics and non-amnesics indicate that metamemory evaluations are more closely related to memory functions in amnesics than in non-amnesics.
ISSN: 03949532

A UK national survey of the management of depression by geriatricians and old age psychiatrists; by Martin W Orrell, Bob Baldwin, Elizabeth Collins, Cornelius Katona.
Examines attitudes towards and knowledge of depression which might affect geriatricians' and psychiatrists' decisions about treatment and management.
ISSN: 08856230

Unique and interactive effects of depression, age, socioeconomic advantage, and gender on cognitive performance of normal healthy older people; by Patrick Rabbitt, Christopher Donlan, Peter Watson, Lynn McInnes (et al).
Presents findings from a study which examined the effects of depression on cognitive performance in older people.
ISSN: 08827974

1994

Affective disorders among elderly general practice patients: a two-phase survey in Brescia, Italy; by C Turrina, R Caruso, R Este, F Lucchi (et al).
Examines the prevalence of depression among older patients and the general practitioners' performance in identifying depression.
ISSN: 00071250

Age differences in the symptoms of depression: a latent trait analysis; by J Gallo, J Anthony, B Muthen.
Tests the hypothesis that older adults are less likely than younger adults to acknowledge mental discomfort or anxiety.
ISSN: 00221422

Age-dependent epidemiology of depression; by S Kanowski.
A study of the prevalence of severe and mild depression amongst older and younger age groups.
Approaches to the management of depression in old age; by C L E Katona.
Asserts that the improved detection, prevention and treatment of depression in the older population could improve the prognosis of the sufferer.

Provides guidance on choosing assessment instruments for assessment of activities of daily living, cognition, mood, well-being, behaviour, depression, social support, and carer burden.

ISBN: 1850830347
Price: £14.95
From: Portland Press Ltd, Commerce Way, Colchester, CO2 8HP.

Assessment of depression in dementia patients: association of caregiver mood with depression ratings; by L Teri, P Traux.
Examines whether or not carers' own moods may influence their assessment of depression in the person they care for.

ISSN: 00169013

Assessment of older women with chronic pain; by D Turk, A Okifuji, L Scharff.
Examines physical, psychosocial, functional and behavioural assessments, and looks at the association between pain and depression.

ISSN: 08952841
From: http://www.tandfonline.com

Being cared for: a discussion document about older people with depression living at home; by Counsel and Care. London: Counsel and Care, 1994, 40 pp.
Defines depression, indicates elements necessary for good quality of life and for the rights of elderly depressed people to be fulfilled. Discusses available services, issues for carers, and aspects of community care including needs assessment.

ISBN: 1898092087
Price: £6.00
From: Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG

A brief sensitive screening instrument for depression in late life; by N Allen, D Ames, D Ashby, K Bennetts, V Tuckwell, C West.
Experiment to determine the validity of a depression assessment scale, concluding that it could be useful in situations where a full assessment of mood for every patient is impractical.

ISSN: 00020729

Clinical presentation of depression in the elderly; by F Muller-Spahn, C Hock.
Depression can occur in conjunction with morbidity, loneliness, isolation, retirement, interpersonal conflicts or bereavement, can be accompanied by somatic complaints, restlessness and agitation and caused by somatic illness, certain drugs. Positive family history and certain personality traits can also play a part.

ISSN: 0304324X

Clinical research; by Alistair Burns.
Describes how academic old age psychiatry research can lead the way in developing better care for elderly patients, in particular in relation to dementia and depressions.

ISSN: 09554262

This study examined the effects of age and depression on cognitive performance. ISSN: 00221422


Concludes that measures of functional status, (activities of daily living (ADL) and mobility) do not show clinically significant relationships with levels of cognition, depression and overall physical health status, and cannot be used as substitutes for measures in these domains. ISSN: 03949532


Examines the correspondence of several measures of depression and anxiety in older male patients with dementia. ISSN: 07317115

From: http://www.tandfonline.com

Confusional states in older people; by Eleanor Jane Byrne. London: Edward Arnold, 1994, 104 pp. Provides an overview of the most common confusional states in older people, including delirium, dementia and depression, and discusses their epidemiology, diagnosis and treatment. ISBN: 0340562986

Price: £14.99

From: Edward Arnold, 338 Euston Road, London NW1 3BH.


Argues that effective treatment of depression in older people requires a therapy that aids compliance with maximum safety, and cannot be determined by prescription cost only. ISSN: 0268201X

Defeating depression in nursing homes; by Rob Jones. Geriatric Medicine, vol 24, no 9, September 1994, pp 53-57.

Discusses the role of the primary care team in managing depression in nursing home residents. ISSN: 0268201X


Reports the results of a survey of GPs opinions on the management of depression in older people. Topics covered include suicide prevention and choice of drugs regarding treatment. ISSN: 0268201X

Depression in hospital; by Wendy Burn. Geriatric Medicine, vol 24, no 11, November 1994, pp 45-47.

Discusses the prevalence of depression among hospitalised patients and the ways it can be treated or managed. ISSN: 0268201X


Price: £24.95

From: John Wiley & Sons Ltd, Baffins Lane, Chichester, West Sussex PO19 1UD.
Depression in older medical inpatients; by F R Fenton, M G Cole, F Engelsmann, I Mansouri.
This study looked at the prevalence of major depressive disorders among older medical in-patients.
ISSN: 08856230

Depression in older women; by Mavis Evans, Helen Burgess.
Examines the special consideration needed when diagnosing depression in older women, and outlines treatment, including social and psychological support as well as medication.
ISSN: 0268201X

Depression in stroke patients with left and right hemisphere lesions: a study in geriatric rehabilitation in-patients; by B Agrell, O Dehlin.
Looks at the rate of depression in older stroke patients.
ISSN: 03949532

Depression in the elderly; by M P Nowers.
Discusses risk factors, prognosis and treatment of depression in older people. Also looks at suicide and deliberate self-harm.
ISSN: 0268201X

Depression, cognition, and functional ability in patients with Alzheimer's disease; by A Fitz, L Teri.
Finds that the presence and severity of depression in Alzheimer’s patients predicted functional status, and that the degree of association varied by levels of cognitive severity.

Determinants of self-reported depressive symptoms by frail elderly persons living alone; by D Burnette, A Mui.
Examines the effects of stress and psychosocial factors on depression among older people who live alone. Significant predictors of depressive symptoms include the degree of education, physical disability and dependency, race and bereavement.
ISSN: 01634372
From: http://www.tandfonline.com

The development of a dysfunctional attitude scale for medically ill elders (DASMIE); by Harold G Koenig, Linda K George, Clive J Robins, Dalene Stangl (et al).
Evaluates the assessment scale and examines the relationship between dysfunctional attitudes and depressive symptoms, and functional and cognitive status in older patients.
ISSN: 07317115
From: http://www.tandfonline.com

Does the road get lonelier?; aging in a coloured community in South Africa; by B du Toit.
Examines whether older black people living in residentially segregated towns in South Africa experience loneliness and depression.
ISSN: 08904065

The effect of recovery from depression on preferences for life-sustaining therapy in older patients; by Melinda Lee, Linda Ganzini.
This study compared older patients’ preferences about life-sustaining therapy before and after treatment for depression in order to determine whether recovery from depression is associated with an increase in the desire for those interventions.
ISSN: 00221422
Effects of a music therapy strategy on depressed older adults; by Suzanne Hanser, Larry Thompson.
Examines the effect of a music listening, stress reduction strategy, offered through home visits with a therapist as opposed to self-administered techniques.
ISSN: 00221422

The effects of depression, health status, and stressful life-events on self-reported memory problems among aged blacks; by M Bazargan, A Barbre.
There was seen to be a correlation between incidences of ill health, stress or depression, and self-reported memory loss.
ISSN: 00914150

Factor structure of the Geriatric Depression Scale in a cohort of depressed nursing home residents; by Ivo Abraham, Amy Wofford, Peter Lichtenberg, Suzanne Holroyd.
Describes the structure of a depression screening instrument and its use on patients in a nursing home.
ISSN: 08856230

Factors associated with recovery and recurrence of depression in older people: a prospective study; by B Green, J Copeland, M Dewey, V Sharma, I Davidson.
Examines the risk factors linked to the recurrence of depression, such as ill health, lack of social contact, and the factors associated with recovery.
ISSN: 08856230

Falls among community-dwelling psychogeriatric patients; by Takashi Asada, Tetsuhiko Kariya, Eiji Kitajima, Tatsuyuki Kakuma, Mitsuru Yoshioka.
This study investigated incidences of falling among psychogeriatric out-patients and found depression to be a contributory factor.
ISSN: 08856230

Financial strain and symptoms of depression in a community sample of elderly men and women: a longitudinal study; by C Mendes de Leon, S Rapp, S Kasl.
Examines the extent to which financial strain contributes to impaired well-being in older people, in particular to the prevalence of depressive symptoms.
ISSN: 08982643

Improving treatment of late life depression in primary care: a randomized clinical trial; by C Callahan, H Hendrie, R Dittus, D Craig Brater.
Concludes that intensive screening and feedback of patient-specific treatment recommendations increased the recognition and treatment of depression.
ISSN: 00028614

Influence of social support and control on depression in the elderly; by MaryBeth Tank Buschmann, Linda M Hollinger.
The findings support the view that affective social support may be used by caregivers in the nursing home setting as a substitute for residents' inability to control their environment. Includes a literature review.
ISSN: 07317115
From: http://www.tandfonline.com

Block 3 of K256, An Ageing Society, comprises: Unit 7, Our bodies in later life; Unit 8, Psychological changes and challenges in later life; and Unit 9, Responding to change in later life. (RH)
Life events and depression; by J E Olive.  
Discusses the impact of stressful life events such as bereavement on depressive illness in older people, and advises general practitioners about the management and understanding of depression in their older patients.  
ISSN: 0268201X

The Lockerbie disaster: a 3-year follow-up of elderly victims; by H Livingston, M Livingston, S Fell.  
Examines the long-term outcome of a civilian disaster in an older population originally assessed for medical and legal purposes. Examines responses to treatment for depression, anxiety and post-traumatic stress disorder (PTSD).  
ISSN: 08856230

Longitudinal study of depression and health services use among elderly primary care patients; by C Callahan, S Hui, N Nienaber, B Musick (et al).  
Assesses the prevalence and incidence of whether different patterns of depression are associated with different patterns of health services use.  
ISSN: 00028614

Low blood pressure and depression in older men: a population based study; by Elizabeth Barrett-Connor, Lawrence A Palinkas.  
Examines whether an association exists between low blood pressure and depressive symptoms in older men living in the community. Concludes that any association of low blood pressure with fatigue could reflect depressive disorders.  
ISSN: 09598138

Measuring depressive symptoms in the frail elderly; by H Davidson, P Feldman, S Crawford.  
Assesses the Center for Epidemiological Studies Depression Scale (CES-D) and its suitability for measuring depressive symptoms in frail older people.  
ISSN: 00221422

Menopausal transition and psychological distress in a nationally representative sample: is menopause associated with psychological distress?; by Catherine M Busch, Alan B Zonderman, Paul T Costa.  
This study examined whether menopause is associated with depression, well-being and sleep disturbance. Results suggests that psychological distress of menopausal women is unlikely to be related to menopause.  
ISSN: 08982643

The mental health of older people in Rio de Janeiro; by R P Veras, E Murphy.  
Presents findings from a survey of mental health problems in the elderly population, focusing on dementia and depression.  
ISSN: 08856230

The nature of depression among older people in inner London, and the contact with primary care; by M R Blanchard, A Waterreus, A H Mann.  
Presents findings from a survey of older people suffering from depression and their contact with General practitioners (GPs).  
ISSN: 00071250

The nosological status of bereavement-related depression; by E Karam.  
The validity of excluding bereavement-related depressive episodes which satisfy all the criteria of major depression is examined in this community study.
Outcome of admission to an acute psychiatric facility for older people: a pluralistic evaluation; by J Wattis, A Butler, C Martin, T Sumner.
Aims to find valid measures of outcome from a variety of viewpoints for older adults admitted to hospital with depression or dementia.
ISSN: 08856230

Outcome of depression in demented and non-demented elderly: observations from a three-year follow-up in a community-based study; by Y Forsell, A F Jorm, B Winblad.
This longitudinal study examined the levels of recovery from depression in older people with, and without, dementia.
ISSN: 08856230

Performance of case-finding tools for depression in the nursing home: influence of clinical and functional characteristics and selection of optimal threshold scores; by M Gerety, J Williams, C Mulrow, J Cornell (et al).
Compares case-finding tools for depression in the nursing home setting and evaluates effects of subject function, cognition and disease number on test performance.
ISSN: 00028614

Predicators of increased mortality in elder depressed patients; by P W Burvill, W D Hall.
Presents the results of two studies of mortality rates for older people with depression, which found that sex and physical mobility were indicators of subsequent mortality.
ISSN: 08856230

Pretherapy training for group cognitive therapy with depressed older adults; by David Latour, Philippe Cappeliez.
This study was devised to determine the effectiveness of a pre-therapy training procedure in enhancing group cognitive therapy for depressed older people. 29 subjects were randomly assigned to a pre-therapy training condition or an attention-placebo condition. Subjects were aged 65 and over, had a score of 14 or higher on the Beck Depression Inventory (BDI) or on the Geriatric Depression Scale (GDS), and had no previous experience in psychotherapy. The pre-therapy training procedure was based on Bandura's social cognitive theory and included verbal persuasion, vicarious experience, and performance accomplishment. The pre-therapy training improved knowledge about psychotherapy and promoted the development of a problem-oriented focus in therapy. However, it was unsuccessful in significantly reducing drop-outs, increasing attendance, modifying role expectancies in the expected direction, and differentially affecting the outcome of cognitive therapy. For the experimental and control conditions taken together, 53.7% of the subjects demonstrated clinically significant improvement at the end of therapy. (RH)
ISSN: 07149808

The prevalence of depression in geriatric medical outpatients; by D McCrea, E Arnold, D Marchevsky, B M Kaufman.
Study to examine the use of screening methods to ascertain the prevalence of unsuspected depression in patients attending an outpatient clinic.
ISSN: 00020729

Psychiatric symptoms as predictors of mortality in continuing care geriatric inpatients; by A Shah, V Phongsathorn, C George, C Bielawska, C Katona.
Examines the relationship between mortality and depression.
ISSN: 08856230
Quality of life; by Ian McKeith.
Care of the Elderly, vol 6, no 11, Oct/Nov 1994, pp 400-406.
Discusses the importance of asking depressed patients whether their medication is improving their quality of life.
ISSN: 09554262

Rehospitalization rates in older depressed adults after antidepressant and electroconvulsive therapy treatment; by A Stroudemire, C Hill, S Dalton, M Marquardt.
Examines whether there is a high risk period for rehospitalisation of older people with depression.
ISSN: 00028614

Screening for anxiety and depression in elderly medical outpatients; by R M Neal, R C Baldwin.
Discusses the adequacy of various screening instruments and scales.
ISSN: 00020729

Screening for depression: single question versus GDS; by J Mahoney, T Drinka, R Abler, G Gunter-Hunt (et al).
Compares the effectiveness of two screening methods used to identify depression in older people.
ISSN: 00028614

Semi-structured depression scale sensitive to change with treatment for use in the elderly; by A V Ravindran, K Welburn, J R M Copeland.
Describes the construction of a semi-structured interview depression scale that is sensitive to change.
ISSN: 00071250

Should general practitioners refer more of their elderly depressed patients to psychiatric services?; by D Jenkins, A Macdonald.
This study examined whether a specialist psychiatric team's intervention could reduce morbidity due to depression in a group of older patients identified in general practice, but not referred by their GP's.
ISSN: 08856230

Sick, sad or both?; by Mavis Evans.
Care of the Elderly, vol 6, no 8, August 1994, pp 297-299.
Discusses how physical illness in older people can cause depression, and vice versa.
ISSN: 09554262

Suicidal behaviour in the elderly; by Brian Draper.
This study examined suicide risk factors in a sample of older people, of which depression was found to be the main factor.
ISSN: 08856230

Suicide: the impact on carers; by Ursula Skerritt.
Geriatric Medicine, vol 24, no 6, June 1994, pp 51-55.
Outlines the special problems faced by survivors of older suicide victims and discusses the role of general practitioners in prevention and care.
ISSN: 0268201X

Suicide and older adults: the strengths perspective in practice; by K Perkins, C Tice.
Presents an overview of suicide among older people, discusses the impact of ageism on suicide rates and evaluates an intervention technique which help potential suicide victims to cope.
ISSN: 07334648
Suicide over 60: the San Diego study; by S Carney, C Rich, P Burke, R Fowler.
Looks at the risk factors associated with suicide amongst older people, and assesses whether these vary according to age and gender.
ISSN: 00028614

Targeting depression and dementia; by Steve Iliffe.
Geriatric Medicine, vol 24, no 5, May 1994, pp 55-57.
Looks at how GPs can target depression and dementia to improve the quality of life of many elderly people and their carers.
ISSN: 0268201X

This study examined suicide trends for older men, involving the use of guns.
ISSN: 00169013

Validity and reliability of the Winchester Disability Rating Scale (2): a comprehensive screening instrument for the elderly in the community; by S Oliveri, I Carpenter, G Demopoulos.
Identifying physical dependency and depression of older people in the community
ISSN: 0304324X

Why do the depressed elderly die?; by J T O'Brien, D Ames.
Examines the high mortality rate among older depressed patients.
ISSN: 08856230

1993

Studies the relationships between age and the responsiveness of depressed patients to electroconvulsive therapy (ECT).
ISSN: 08856230

"All is sorrow": depression in older people; by Barbara Steward.
Looks at the prevalence, identification and treatment of depression amongst older people.
ISSN: 09646914

Assessing depressive symptoms in African American and Mexican American elders; by F Baker, D Espino, B Robinson, B Stewart.
Clinical Gerontologist, vol 14, no 1, 1993, pp 15-32.
Evaluates an instrument developed to screen older people from ethnic minorities for depression.
ISSN: 07317115
From : http://www.tandfonline.com

Assessment of elderly people in general practice: 4: Depression, functional ability and contact with services; by Steve Iliffe, Sharon See Tai, Andrew Haines, Angela Booroff (et al).
This study of a random sample of 239 people aged 75 and over from general practices in Brent and Islington examines the interrelationship between depression, physical disability and contact with services. Depression was found to be significantly associated with being a women, and inability to perform a number of activities of daily living. Consumption of three or more prescribed medicines, a home visit by the GP in the previous three months, and contact with health visitors and home helps were all significantly more likely among depressed patients. Contact with services was mainly associated with loss of mobility, although contact with home helps was independently associated with depression, when adjustment was made for functional impairment.
ISSN: 09601643
A study to ascertain whether or not depressive symptoms are more likely to occur in demented patients who have some degree of awareness of their deficits than in those who lack insight.  
ISSN: 08856230

Depression and smoking cessation in older adults: a longitudinal study; by M Salive, D Blazer.  
*Journal of the American Geriatrics Society*, vol 41, no 12, December 1993, pp 1313-1316.  
Finds that depression and gender are both important and interrelated in the prediction of smoking cessation, and that older women with depressive symptoms are more likely to give up smoking.  
ISSN: 00028614

Depression in elderly physically ill in-patients, a 12 month prospective study; by M E Evans.  
A study of a group of acute geriatric inpatients being treated for depression. Demonstrates the effect of intervention on recovery rates.  
ISSN: 08856230

The *Gerontologist*, vol 33, no 2, April 1993, pp 249-257.  
Studies depression amongst caregivers whose relatives are in acute wards awaiting placement to a long-term care facility. Considers various factors associated with depressive symptoms and concludes that it is the characteristics of the caregiver situation, rather than the condition of the patient, that are important.  
ISSN: 00169013

Detecting depression in elderly medically ill patients: the use of the geriatric depression scale compared with medical and nursing observations; by Rupert Jackson, Bob Baldwin.  
*Age and Ageing*, vol 22, no 5, September 1993, pp 349-353.  
This study evaluates three different scales used for assessment of depression in older patients.  
ISSN: 00020729

The differentiation between depression and dementia in the very old; by Hanfried Helmchen, Michael Linden.  
*Ageing and Society*, vol 13, part 4, December 1993, pp 589-617.  
Findings from the Berlin Aging Study (BASE). Focuses on the relationship between depression and dementia using the theoretical perspective of differential ageing.  
ISSN: 0144686X

Efficacy of a group approach to reducing depression in nursing home elderly residents; by S Dhooper, S Green, M Huff, J Austin-Murphy.  
Showed the significant positive effects of group therapy for the depressed elderly.  
ISSN: 01634372  
From: http://www.tandfonline.com

Epidemiology of Alzheimer's disease: research trends in the United States; by J M De Figueiredo.  
Representative epidemiological studies on diagnosis, prevalence, incidence, lifetime cumulative risk, mortality, risk factors, prognosis and the overlap of dementia and depression are reviewed and discussed.  
ISSN: 08856230

Study concerned with the connection of functional ability with mood and cognitive capacity. These were found to significantly affect ADL, along with the existence of chronic illness.  
ISSN: 08856230
Gender, financial strain, and psychological distress among older adults; by Verna M Keith. Research on Aging, vol 15, no 2, June 1993, pp 123-147. Looks at gender differences in exposure and vulnerability to financial strain, and assesses the degree to which these cause psychological distress.

ISSN: 01640275


ISBN: 090057481X From: Nuffield Provincial Hospital Trust. 3 Prince Albert Road, London NW1 7SP

How long should elderly patients take antidepressants?; by Raymond Tallis. The Lancet, vol 341, no 8858, 5 June 1993, pp 1444-1445. Discusses depression in older people, and the role of antidepressant drugs in preventing relapse, with reference to the Old Age Depression Interest Group (OADIG), whose recommendations are queried by the author. (RH) ISSN: 01406736

Identification of alcoholism and depression in a geriatric medicine outpatient clinic; by G Fulop, J Reinhardt, J Strain, B Paris (et al). Journal of the American Geriatrics Society, vol 41, no 7, July 1993, pp 737-741. Assesses the utility of screening devices which aim to recognise patients at risk from alcoholism or depression in the geriatric medicine outpatient setting.

ISSN: 00028614

Intrapersonal resources and the effectiveness of self-help groups for bereaved older adults; by Michael S Caserta, Dale A Lund. The Gerontologist, vol 33, no 5, October 1993, pp 619-629. The effect of intra-personal resources, (self-esteem, competences and life-satisfaction), and the effect of self-help groups on the levels of depression and grief of the bereaved person.

ISSN: 00169013

Is caring for elderly relatives with depression as stressful as caring for those with dementia?: a pilot study in Melbourne; by R Yeatman, K Bennetts, N Allen, D Ames, L Flicker, W Wallyrowicz. International Journal of Geriatric Psychiatry, vol 8, no 4, April 1993, pp 339-342. Concludes that caregivers to dementia sufferers showed higher levels of stress than caregivers to elderly depressed persons, but that this is almost entirely accounted for by the fact that most dementia carers live with their ill relatives.

ISSN: 08856230

Managing depression with anxiety; by Shauna Rudge, David Baldwin. Geriatric Medicine, vol 23, no 11, November 1993, pp 60, 63. Discusses the need for accurate diagnosis of depression with anxiety, and suggests how treatment can be appropriately tailored.

ISSN: 0268201X

Memory complaints of elderly people in a population survey: variation according to dementia stage and depression; by M Grut, A Jorm, L Fratiglioni, Y Forsell (et al). Journal of the American Geriatrics Society, vol 41, no 12, December 1993, pp 1295-1300. Findings support the ability of the carer and the patient to identify memory loss, but show that depressed individuals may underestimate their memory, whilst dementia sufferers may overestimate theirs.

ISSN: 00028614

A multidimensional examination of depression among the elderly; by Jim Mitchell, Holly F Mathews, Jerome A Yesavage. Research on Aging, vol 15, no 2, June 1993, pp 198-219. Depression is categorised into the sub-dimensions of life satisfaction, withdrawal and general depressive affect. The study then assesses the impact of independent variables such as socio-demographic characteristics, religious beliefs and activities of daily living (ADLs) on these.
Predictors of depressive symptoms and low self-esteem in a follow-up study of elderly people over 10 years; by P Coleman, A Aubin, M Robinson, C Ivani-Chalian, R Briggs.
International Journal of Geriatric Psychiatry, vol 8, no 4, April 1993, pp 343-349.
This longitudinal study assessed levels of depression and self-esteem; their relationship to each other and to a range of social, psychological and medical variables.
ISSN: 08856230

Prevalence and recognition rates of a psychiatric disorder in the elderly clients of a community care service; by S Banerjee.
Following the discovery that proportions of referrals of patients with mental disorders by community care services were relatively low, this study aimed to discover if this was due to less prevalence amongst community care patients or that psychiatric disorders such as depression were not being recognised.
ISSN: 08856230

The prevalence of psychotic depressive and anxiety syndromes in demented and non-demented 85 year olds; by Ingmar Skoog.
A study to compare demented and non-demented subjects with regard to the prevalence of other mental syndromes.
ISSN: 08856230

Profile of depressive symptoms in younger and older medical inpatients with major depression; by H Koenig, H Cohen, D Blazer, K Ranga Rama Krishnan.
Journal of the American Geriatrics Society, vol 41, no 11, November 1993, pp 1169-1770.
Assesses the cognitive and somatic symptoms of patients and their importance when evaluating for depression.
ISSN: 00028614

The relationship between depression functional status and cognitive status among institutionalized women; by Lucy C Yu, Karen L Johnson, D Lynne Kaltreider, (et al).
Data fits with other depression models which posit that depression results from an interaction of biological, social and psychological variables.
ISSN: 1049085X

Self-reported depressive symptoms among black and Hispanic frail elders: a sociocultural perspective; by Ada C Mui.
An examination of the sources of depression experienced by black and Hispanic older people. Results indicated that women in both groups expressed more symptoms than did men, and that physical illness, perceived poor health and less sense of control were common predictors.
ISSN: 07334648

Standardized functional assessment scales for elderly patients; by H Rodgers, R Curless, O F W James.
Discusses the need for functional assessment of elderly people using standardised assessment scales for activities of daily living (ADL), communication, cognitive function and memory, depression and quality of life.
ISSN: 00020729

A study of autobiographical memories in depressed and nondepressed elderly individuals; by Janet Anderson Yang, Lynn P Rehm.
Presents findings from a study of memory processes and depression in older people which concludes that recall of happy events is associated with less depression, and vice versa.
ISSN: 00914150
Testing a symmetrical model of caregiving outcomes during recovery from heart attacks; by Eve Kahana, Rosalie F Young, Kyle Kercher, Richard Kaczynski. Research on Aging, vol 15, no 4, December 1993, pp 371-398. Assesses the psychological distress of caregivers to heart attack patients one year after the heart attack. The impact of caregiver burden and caregiving hours, the psychological distress of the patient, the physical health and prior psychological distress of the caregiver are discussed. ISSN: 01640275

1992

Alzheimer’s disease, other dementias, depression and pseudo-dementia: prevalence, incidence and three-year outcome in Liverpool; by J R M Copeland, I A Davidson, M E Dewey (et al). The British Journal of Psychiatry, vol 161, August 1992, pp 230-239. Presents findings from a study which examines the prevalence, incidence and outcome of dementia and depression among older people in Liverpool. ISSN: 00071250

Cognitive slowing in Alzheimer’s disease and geriatric depression; by Robert D Nebes, Christopher D Brady, Charles F Reynolds. The Journals of Gerontology, vol 47, no 5, September 1992, pp P331-336. Response slowing on psychological tasks is found both in Alzheimer’s disease (AD) and depression. However, the underlying cause for this slowing may be different in the two disorders. ISSN: 00221422


Depression in the elderly: effect on patient attitudes toward life-sustaining therapy; by M Lee, L Ganzini. Journal of the American Geriatrics Society, vol 40, no 10, October 1992, pp 983-987. Examines the effect of depression on preferences for life-sustaining treatment in older people. Results suggest that depression is associated with treatment refusal in situations with good medical prognosis. ISSN: 00028614

Depressive symptoms and mortality in elderly persons; by Cynthia Thomas, Howard R Kelman, Gary J Kennedy, (et al). The Journals of Gerontology, vol 47, no 2, March 1992, pp S80-87. The conclusions as to the relationship between depression and mortality have been contradictory, and this study aims to clarify the relationship. ISSN: 00221422


Describes group therapy sessions with older depressed people, which aimed to develop their ability to cope with and manage depression. ISSN: 09547762

This study examined the prevalence of antidepressant drug treatment among nursing home patients with major depression, and concludes that most patients remained untreated or incorrectly or inadequately treated. ISSN: 00028144

Research into factors that place older institution residents at risk of depression, and factors which predict improvements in depressed residents. ISSN: 00221422

Compares the two types of measurement and concludes that the reliance on self-ratings may underestimate the presence and the degree of depression among patients with dementia. ISSN: 08856230

Findings indicate that physical illness, functional disability and pain were correlated with depressive symptoms, and that maximum effects in the treatment of depression would be achieved if all were targeted simultaneously. ISSN: 00221422

Demonstrates high levels of physical illness in elderly depressive patients, and concludes that old age psychiatric courses should include some geriatric medical teaching. ISSN: 01400789

Discusses therapies and interventions to deal with depression in the elderly. ISSN: 09568115

This study investigated the prevalence of depression and dementia in residential homes for older people with disabilities. ISSN: 07264240

Evaluates the depression screening test in cognitively impaired and intact patients. ISSN: 00028614
Findings from a longitudinal survey of very elderly people living at home in London. Aims to identify social, psychological and physical characteristics associated with positive and negative ageing and the associated policy implications
Price: £3.50
From: ACIOG, King's College London, Cornwall House Annexe, Waterloo Road, London SE1 8TX

Screening for depression in hospitalized elderly medical patients: taking a closer look; by H Koenig, K Meador, H Cohen, D Blazer.
Re-examines the test characteristics of the Geriatric Depression Scale and the Brief Carroll Depression Rating Scale in older patients.
ISSN: 00028614

Suicide attempts in elderly psychiatric inpatients; by Jeffrey Lyness, Yeates Conwell, J Craig Nelson.
Describes the characteristics of older people who attempted suicide, and concludes that depression is the major association with suicide attempts.
ISSN: 00028614

Investigates the association between gender and depressive symptoms among older African-Americans.
ISSN: 00169013

1991

The association of age and depression among the elderly: an epidemiologic exploration; by Dan Blazer, Bruce Burchett, Connie Service, Linda K George.
Examines advanced age as a risk factor for depression in older people.
ISSN: 00221422

Caring for older people workshop series: 5. Understanding mental infirmity; by Jackie Langley, Geri Murphy.
This workshop focuses on the four major mental disorders affecting older people: delirium, paraphrenia, depression and dementia.
ISBN: 1871080215
Price: £15.95
From: Pavilion Publishing (Brighton) Ltd, 42 Lansdowne Road, Hove, East Sussex BN3 1HH.

Depression in old age; by C L E Katona.
Covers the clinical features of depression, aetiology, epidemiology, associations with dementia and physical illness, suicide, management and prognosis.
ISSN: 09592598

Does early intervention reduce the number of elderly people with dementia admitted to institutions for long term care?; by D W O'Connor (et al).
Assesses whether early diagnosis and practical help reduce the number of older people admitted to institutions.
ISSN: 09598138
Group psychotherapy with the depressed elderly; by Kenneth Soloman, Myra R Zinke.
Reviews the issues and dynamics of coping and stress in the elderly, describes the group therapy approach and discusses the major themes which emerged during therapy - specifically loss, loneliness and isolation, uncertainty and loss of control.
ISSN: 01634372
From: http://www.tandfonline.com

Group work as interventive modality with the older depressed client: a meta-analytic review; by Kevin M Gorey, Arthur G Cryns.
Analyses the effectiveness of group work intervention with depressed older clients.
ISSN: 01634372
From: http://www.tandfonline.com

Reducing excess disability in dementia patients: training caregivers to manage patient depression; by Linda Teri, Jay M Uomoto.
This study investigated the relationship between depressed mood and pleasant activities in patients with dementia and major depressive disorder. By training carers to increase the frequency and duration of pleasant events, patients' depression decreased.
ISSN: 07317115
From: http://www.tandfonline.com

Social density stressors and depression: gender differences among the black elderly; by Baqar A Husaini, Stephen T Moore, Robert S Castor, (et al).
This study examined gender differences with regard to the effects of social support networks and stressors on depression among older black people.
ISSN: 00221422

Social support in a general practice elderly sample; by Dominic H Lam, M J Power.
The pattern and importance of various aspects of social support for a population of depressed elderly people.
ISSN: 08856230

1990

Describes the causes, symptoms and treatment of depression, including self-help.
Price: FOC
From: Royal College of Psychiatrists

George: an elderly depressed patient; by Lynne Phair.
Nursing Times, vol 86, no 6, 7 February 1990, pp 64-66.
Describes how intensive nursing care, with virtually no drug treatment, helped an elderly depressed man to full recovery, stressing the holistic nature of the care.
ISSN: 09547762

The Gospel Oak Study: prevalence rates of dementia, depression and activity limitation among elderly residents in Inner London; by Gill Livingston, Angela Hawkins, Nori Graham (et al).
Psychological Medicine, vol 20, 1990, pp 137-146.
(OFFPRINT.)
ISSN: 00332917

A music therapy strategy for depressed older adults in the community; by Suzanne B Hasner.
Describes four cases where music therapy has been used to induce relaxation and positive thinking.
ISSN: 07334648
Old age and unemployment: predictors of perceived control, depression and loneliness; by Robert O Hansson, Stephen R Briggs, Bonnie L Rule.
A US survey of chronically unemployed adults aged 50 and over revealed that cognitive and emotional states of depression and loneliness were significantly related to the situational aspects of unemployment (e.g. length, remaining benefits). However, they were also consistently related to such personality characteristics as assertiveness and lack of shyness, and the ability to take another’s perspective. This article discusses implications for unemployment counselling for older adults. (RH)
ISSN: 07334648

Sharing memories; by Lynne Phair, Ivy Elsey.
Describes a reminiscence session between elderly depressed women and school children.
ISSN: 09547762

Social and environmental factors and depression in old age; by K Pahkala.
Depression in a Finnish population aged 60 years and over
ISSN: 08856230

1989

Guidance on the drug therapy of depression for clinicians involved in health care of elderly people.
Price: £35.00

Anxiety and depression scores in elderly fallers; by Norman Vetter, Diane Ford.
In the present study 674 over-70s, living at home, were interviewed in order to ascertain their annual prevalence of falls, their general physical state, their use of medications and their degree of neuroticism, based on standard scores. Frequent falls were related to physical state and medicine usage and anxiety and depression scores. The article shows that falls per se have a relationship with the mental state of elderly people but that the major part of that relationship is mediated through other variables. (KJ)
ISSN: 08856230

Anxiety as an outcome symptom of depression in elderly and middle-aged adults; by Dan Blazer, Dana C Hughes, Nancy Fowler.
Early morning anxiety was reported as a symptom in 32.1% of 131 elderly and middle-aged patients hospitalised for depression one to two years following hospitalisation. Two-thirds of those patients complaining of early morning anxiety also complained of anxiety at other times during the day. The demographic and system profile of subjects complaining of early morning anxiety did not differ on a variety of indices from subjects complaining of anxiety throughout the day at follow-up, except that early morning anxiety was associated with a less severe symptom profile at follow-up. These results suggest that early morning anxiety is a less severe presentation of mixed depression/anxiety in patients who do not recover completely from an episode of major depression, regardless of age.
ISSN: 08856230

Behavioural habits and affective disorders in old people; by Cristobal Jimenez Jimenez, Trinidad Alcala Perez, Francisca Serrano Prieto, Pilar Martinez Navia-Osorio.
Explores the factors associated with the appearance and maintenance of disorders such as anxiety and depression. Concludes that there is a correlation between depression and certain behavioural habits such as appetite, taking walks and sleeping.
ISSN: 03092402

Depression in the elderly; by Cornelius L E Katona.
Describes the symptoms of depression and its management and discusses the risk of suicide.
A high frequency of depressive symptoms were found among the self-harming subjects, and the effectiveness of treatment for depression, treatment of physical conditions and reduction of social isolation were tested. 
ISSN: 01921193

1988

Affective disorders in the elderly; by E Murphy, S W Parker (eds). Southampton: Duphar Laboratories Ltd, 1988, 53 pp (Current approaches series). 
Depression is one of the commonest psychiatric conditions encountered in older people. This publication forms the proceedings of a symposium held at the Royal College of Physicians, London on Friday 22nd January 1988. The central concern was to consider ways in which depression presents itself in general practice, residential care, and hospital settings. (RH)

Depression, life events and somatic symptoms; by Renzo Rozzini (et al). 
A study of the ‘quality of life’ of a population of elderly people in Italy. 
ISSN: 00169013

Two studies were carried out to validate the St Thomas' Questionnaire (SQSD) for use by health professionals to distinguish between cases of depression in the elderly without underlying organic involvement, and thus potentially reversible, from those of a progressive and irreversible senile dementing state. In the first study 50 patients with a diagnosis of senile dementia, 50 with functional disorders known to include an affective component and a control group of 50 coping elderly people within the district were psychologically tested. Independent assessments by a psychiatrist were also provided for the two experimental groups. After taking age and IQ differences into account using multiple regression, performance scores on the SQSD were compared between groups. Significant differences were found (p<0.01) between controls and dementing patients and between depressed patients and dementing patients, but not between depressed patients and controls. When individual sub-tests of the SQSD were examined, certain items were found to be of greater discriminatory value than others, and in the second study the less discriminatory items were eliminated and a shorter version of the test was administered to a further sample of 50 patients diagnosed as depressed and / or dementing. Again significant differences were found (p<0.01) between the groups, demonstrating the SQSD to be of diagnostic value in discriminating a primarily depressed state from a dementing process. (KJ)

ISSN: 08856230


Discusses assessment and diagnosis, describes common symptoms, and looks at management by the use of antidepressant drugs and psychological treatment in general practice.


Informed by a labelling theory perspective, the authors examine the difficulties in diagnosing depression in elderly persons. Two popular diagnostic tools, the DSM-III and depression scales, are used to illustrate the value judgements, theoretical biases, and insensitivity to geriatric norms that underlie the diagnostic decisions. The implications of these problems are discussed. (KJ)

ISSN: 08856230

1987


The pharmacological therapies for the management of depression are discussed for the purpose of educating gerontology professionals on the properties of the use of these therapies in the elderly population. It is asserted that the information provided can be of assistance in the recognition of potentially dangerous situations which may result from antidepressant use. The antidepressant therapies discussed are tricyclic antidepressants, monoamine oxidase inhibitors, lithium, second generation antidepressants, and psychostimulants. The explanations are supported and exemplified by clinical trials. (KJ)

ISSN: 07317115

From: http://www.tandfonline.com


Therapeutic intervention in community and institutional settings for the depressed older person.


One hundred and sixty-three patients treated with electroconvulsive therapy (ECT) in a district psychogeriatric unit during 1981 were followed up after 3 years. After the original course (mean 11.2 treatments) 51% were rated as fully recovered and 23% as much improved. Two-thirds experienced one or more relapse within 3 years but half of these regained full remission. Of the 113 patients alive at 3 years 59% were free of depression and 29% showed mild symptoms only. Those making full initial recoveries had fared best subsequently. It is suggested that ECT has an important and generally underestimated place in the management of depression in the elderly patient.

ISSN: 08856230
A structured sample of patients in a rural community practice were assessed on a validity rating scales for depression, dementia and disability.
ISSN: 00071250

A new self-rating depression scale for use with elderly subjects in general practice - the SELFCARE (D) - was compared with independent psychiatric assessment in 75 patients attending general practitioners at two London practices. The sensitivity was 77%, specificity 98% and positive predictive value 96%; kappa was 0.77. This preliminary experience suggests that the SELFCARE (D) is an acceptable and economic tool for the study of depression in elderly patients in a primary care setting.
ISSN: 08856230

In a multicentre pilot study of the treatment of 551 elderly patients with isolated systolic hypertension (SHEP), the effects on behavioural dimensions were also investigated. The presence and severity of depression, dementia and disability was measured by the SHORT-CARE at baseline, annual follow up and, in a random half of subjects at bimonthly intervals. Remarkably low rates and levels of depression were noted in comparison with community norms; neither demographic characteristics, rates of dementia nor medication effects explained this finding. However, controlling for disability largely resolved the discrepancy in depression rates between SHEP and the community norms. (KJ)
ISSN: 08856230

The study examines patterns of religious involvement, health status, functional disability, and depression among non-institutionalised older residents of New Haven, Connecticut (CT), in 1982. Controlling for demographic variables and physical health status, cross-sectional analysis of data for 2811 subjects from the Yale Health and Aging Project shows higher levels of public religious involvement associated with lower levels of functional disability and depressive symptomatology. Among men, the analysis also shows that private religious involvement modifies the associations of health status with disability, and disability with depression. Four alternative explanatory hypotheses with roots in classical sociological theories of religion are tested: three arguments for indirect effects of religious involvement through health behaviours; social cohesiveness; cognitive coherence; and an interactive theodicy effect. (OFFPRINT) (RH)
ISSN: 00377732

A support group for the depressed elderly; by Yong-Lock Ong, Frances Martineau, Christa Lloyd (et al). International Journal of Geriatric Psychiatry, vol 2, no 2, April-June 1987, pp 119-123.
The setting up a support group for depressed elderly patients on discharge from hospital reduced the re-referral and readmission rate for these patients as compared with a control group not offered this therapeutic intervention. Further studies are required to substantiate this finding. However, there are many apparent clinical advantages of running such a group and this therefore should be considered as a practical form of intervention with the depressed elderly. (KJ)
ISSN: 08856230

All patients receiving electroconvulsive therapy (ECT) under the care of the Old Age Psychiatry service at the University Hospital of South Manchester between 1976 and 1982 were studied. Data on 193 courses were collected. Eighty per cent of patients were well or considerably improved at discharge. When relapses occurred they usually responded well to antidepressant treatment and did not indicate a poor outcome in the long term. The results confirm that ECT is a safe and effective treatment for elderly patients with severe depressive illnesses, despite the fact that many of them suffer from concurrent physical problems and that some have evidence of intellectual impairment.
ISSN: 08856230
1986


Seventy-seven randomly selected older patients in a primary care internal medicine practice were assessed and rated by their internists for the presence and severity of depression. Management recommendations were recorded by internists in each case. On the same day, the patients were interviewed and scored using the SHORT-CARE Instrument, which includes a scale of depression. A chart review a year and a half later was made to demonstrate compliance with the internists' recommendations. Results showed that internists were quite skilled at recognizing depression and responded with specific management plans, but did not follow through with their own plans for counselling of patients or referral of patients to mental health practitioners. (KJ)

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Sections covering depression, anxiety and mania.


Assessment of the geriatric patient, depression scales, therapy etc.


Describes the approach to dealing with pathological changes of old age.

ISSN: 00319406

Dementia and depression in Italian geriatric institutions; by Alberto Spagnoli, Giovanni Foresti, Alastair Macdonald (et al).


A random sample of 368 elderly residents in nine geriatric institutions in Milan was selected, and interviewed using the Intervista Psicogeriatrica, the modified Italian version of the OBS scale (82.1 % successfully completed) and the Depression scale (75.5 % successfully completed) of the Comprehensive Assessment and Referral Evaluation (CARE). The estimated prevalence rates of dementia and depression were 36 % and 30 % respectively, and 50 % for either or both diagnoses. Correlates of dementia were characteristics of the institutions (size, ownership, and admission criteria), age (for women), age at admission, female sex, and poor education. Correlates of depression were disability, length of stay in men (negative association), and marital status. Correlates of dementia and depression were also examined using multivariate analysis. The only significant independent effects on dementia were admission criteria of the institutions and age, while on depression were sex and marital status. (KJ)

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Dementia, depression and life satisfaction in nursing homes; by John Snowdon.


A survey of elderly residents in nursing homes in Sydney (Australia).

ISSN: 08856230

Depression in the elderly patient; by Linda J Patterson, Peter Crome.

Update, vol 32, no 7, 1 April 1986, pp 580-590.

The importance of accurate diagnosis, management and medication.

Depression scales for use in later life.

Clinical Gerontologist, vol 5, nos 1/2, June 1986, pp 97-201.

Eight articles in section II describing various scales used for assessment of depression with patients in the US.

ISSN: 07317115

From: http://www.tandfonline.com
Psychotherapy for late-life depression; by L Thompson, D Gallagher. Western Gerontological Society, Spring 1986, pp 38-41.
Presents findings from research into the treatment of depression in older people, and concludes that several types of psychotherapy can be effective as long as the patient understands the process.
ISSN: 07387806

Social support, dementia and depression among the elderly living in the Hobart community; by A S Henderson, D A Grayson, R Scott, J Wilson, D Rickwood, D W K Kay.
Describes the patterns of social relationships and networks among older people with depression and dementia.
ISSN: 00332917

1985

Autobiographical work. Describes the author's struggle through a personal depression.

Open the window: healing ideas for the lonely and depressed; by Joan Gibson. Bath: Gateway books, 1985, 118pp.
Practical ideas such as recognising procrastination, coping with a panic attack, use of time and making friends.

Papers on the diagnosis, treatment and treatment outcome in depression; based on a symposium held during the 138th Annual Meeting of the American Psychiatric Association in Dallas, Texas in May 1985. (RH)
ISBN: 0880480866

1984

Hearing difficulty and its psychological implications for the elderly; by Dee A Jones, Christina R Victor, Norman J Vetter.
Journal of Epidemiology and Community Health, vol 38, 1984, pp 75-78.
From a study of patients aged 70+ hearing difficulty was found to be associated with both depression and anxiety.
ISSN: 0143005X

1983

Bibliotherapy in social work; by Mary Howie.
The therapeutic use of literature with elderly depressed patients.
ISSN: 00453102

The depressed elderly; by J P Wattis.
The different factors which precipitate 'depression' and the appropriate methods of management.
ISSN: 0268201X

Old age and depression in the east end of London; by Elaine Murphy.
A study which compared 100 patients with depression aged 65-93 years with 200 chosen at random from two local general practices.
ISSN: 01446630

The prognosis of depression in old age; by Elaine Murphy.
The author describes a one year prospective study of 124 elderly depressed patients.
ISSN: 00071250
Quantitative computed tomography in elderly depressed patients; by Robin J Jacoby (et al).
This study describes a new technique to seek evidence of an aetiological role for cerebral organic change in depression in late life.
ISSN: 00071250

1982

An overview of late life depression, its symptoms, signs and outcomes and the various therapies available for depressed elderly people.

Causes and treatment of depression amongst elderly people in residential care.

Social origins of depression in old age; by Elaine Murphy.
An association was found between severe life events, major social difficulties, poor physical health and the onset of depression.
ISSN: 00071250

1981

Contains the papers presented at the conference on a variety of topics related to psychogeriatrics, including the following: clinical management of sleep disorders, dementia, speech disorders, and depression; mental competency and the law; community psychogeriatric services; counselling; undergraduate teaching in geriatrics, psychogeriatrics and gerontology; and multidisciplinary education and community health. (AKM)
From: Australian Association of Gerontology, Sydney Science Centre, 35-43 Clarence Street, Sydney, NSW 2000

Differential diagnosis; by J P Wattis.
The clinical skills required in differential diagnosis of depression and mental confusion.
ISSN: 0268201X

Feeling lonely in a world of silence; by Katia Herbst.
Hearing difficulty often leads to depression and isolation.
ISSN: 00378070

This is a compilation of nine previously issued articles on various aspects of depression and its treatment. They are as follows: symptoms of depressive illness; drug treatment of depression; anxiety and depression; adverse effects of antidepressants; suicide and depression; antidepressant and drug interactions; depression and alcoholism; depression in older people; and methods of assessing depression. Appendices comprise the Hamilton Assessment of Depression; the Beck Depression Inventory; and Hamilton Rating Scale modified for self-rating. (RH)
From: Bencard, Great West Road, Middlesex TW8 9BE.

Study of the effectiveness of two questionnaires in identifying and measuring clinical depression.
ISSN: 00071250

A guidance booklet to help with the problems of depression.
1980

Aspects of depression; by J Williamson. Geriatric Medicine, vol 10, no 9, Sept 1980, pp 15-19. Advice on management and drug therapy. ISSN: 0268201X

Depression and elderly people in residential homes: some notes for care staff; by Alastair Macdonald. London: MIND, 1980, 14pp. Intended to help care staff to identify and assist depressed residents; includes notes on medication.

ECT - a swift release from mental anguish; by J K Brockbank. Geriatric Medicine, vol 10, no 5, May 1980, pp 11-16. The use of electroconvulsive therapy on depressed patients. ISSN: 0268201X

Hearing impairment and mental state in the elderly living at home; by Katia Gilhome Herbst, Charlotte Humphrey. British Medical Journal, vol 281, no 6245, 4 October 1980, pp 903-905. Results of a survey show an association between deafness and dementia due to age, and a relation between depression and deafness independent of age. ISSN: 02670623

1979

The 'difficult old patient' may simply be depressed; by Colin Godber. Geriatric Medicine, April 1979, pp 65-66, 69. Symptoms and management of depression. ISSN: 0268201X

Depression: assessing the patient behind the mask; by G Blessed. Geriatric Medicine, May 1979, pp 29-32. Depression is a prevalent illness and should be looked for and treated whenever possible. ISSN: 0268201X

Psychic and somatic symptoms of depression among young adults, institutionalized aged and non-institutionalized aged; by Robert Zemore, Nancy Eames. Journal of Gerontology, vol 34, no 5, September 1979, pp 716-722. This study suggests that the elderly are no more prone to depression than other age groups. ISSN: 00221422

1978


Half the elderly suicides see a GP in their last week of life; by Colin Godber.
Modern Geriatrics, vol 8, no 8, August 1978, pp 24-29.
Suicides in elderly people could be reduced by a positive approach to identifying and treating depressive illness.

1977

Depression in the elderly: the prognosis is not altered by age; by D J Marjot.
Modern Geriatrics, vol 7, no 4, April 1977, pp 43-47.
The association of depression and dementia may be responsible for the lack of therapeutic effort to help the elderly depressed, yet 80% can recover with treatment.

Depressive symptoms and the cost of health services in HMO patients aged 65 years and older: a 4-year prospective study; by Jürgen Unützer, Donald L Patrick, Greg Simon (et al).
5012 Medicare enrollees aged over 65 at four primary care clinics of a health maintenance organization (HMO) in Seattle were invited to participate in this study, to examine whether depressive symptoms in older adults contribute to increased cost of general medical services. 2558 (51%) participated; non-participants were somewhat older and had a higher level of chronic illness. Depressive symptoms as measured by the US Center for Epidemiological Studies Depression Scale were assessed at baseline, 2 years and 4 years. Data on total cost of medical services from the HMO's perspective were obtained from its cost accounting system. In this cohort of older adults, depressive symptoms were common, persistent, and associated with a significant increase in the cost of general medical services. This increase was seen for every component of health care costs, and was not accounted for by an increase in specialty mental health care. The increase in health care costs remained significant after adjusting for differences in age, sex, and chronic medical illness. (RH)

Interference that brings on confusion; by Bob Browne.
Describes the symptoms of confusional states and emotional disturbances in old people.
ISSN: 09522271

1973

Depression in old age; by British Medical Journal.
Short article pointing to difficulties in diagnosing depression and its subsequent treatment. (RH)
ISSN: 02670623

1968

[Suicide and depression]: [6 articles]; by D H Ropschitz, Irene M K Ovenstone, J A Morpew (et al).
This issue of the International Journal of Social Psychiatry comprises five articles on suicide themes, and one on depression. These are as follows: A two years' survey on self-aggressive acts, suicides and suicidal threats in the Halifax district between 1962 and 1964 (D H Ropschitz and Irene M K Ovenstone, pp 165-187); Religion and attempted suicide (J A Morpew, pp 188-192); The suicide problem in India (R E Pandy, pp 193-200); The suicide six: observations on suicidal behaviour and group function (David Reiss, pp 201-212); The psychopathology of suicide in Japan (Lynnette Beall, pp 213-225); and Current concepts of depression: the sociocultural (John J Schwab et al, pp 226-234). (RH)
ISSN: 00207640