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GUEST EDITORIAL

Appropriate treatment of depression in older community-dwelling adults

Cristin Ryan MPharm, PhD, MRPharmS

Lecturer in Clinical Pharmacy, School of Pharmacy, Queen's University Belfast, Belfast, United Kingdom

The prevalence of depression increases with increasing age and is associated with a large disease burden and increased mortality.[1] Identifying, diagnosing and treating depression in older people (>65 years) is particularly important because the population is ageing progressively worldwide. However, the clinical management of depression in this age group is challenging, for several reasons. Firstly, older people have varied symptomatic presentations of depression, particularly if depression coexists with another age-related condition (e.g. Alzheimer's disease). Secondly, the selection of the most appropriate pharmacological treatment requires consideration of several factors, including the presence and treatment of coexisting morbidities, and age-related alterations in the pharmacokinetic and pharmacodynamic handling of medicines.[2,3]

As a result of these challenges, prescribing of medicines to treat depression in older people is not always entirely appropriate; treatment may be inappropriate, with both undertreatment and overtreatment problematic. Essentially, undertreatment can result from underdiagnosis and conservative prescribing, perhaps in an effort to keep a patient's drug burden to a minimum. Overtreatment on the other hand could be due to extended durations of treatment, or the prescribing of more medicines than actually indicated.[4]

There are several prescribing criteria developed to improve prescribing for older people, such as Beers' Criteria and STOPP/START.[5,6] Whilst these were developed as a guide to prescribing for older people in the general sense, they refer to instances where the prescribing of psychotropic medicines can be inappropriate. Indeed, the START[6] criteria also notes when prescribing of antidepressant medications should be considered. Despite these criteria being readily available, several studies report the inappropriate use of psychotropic medicines in older people, particularly in those residing in nursing homes.

In order to improve prescribing for older, depressed, community-dwelling patients, the use of explicit prescribing criteria, as part of a medication review process, should be considered. Importantly, medication reviews facilitated by prescribing criteria should be conducted in tandem with diagnostic criteria and knowledge of patients' depressive symptoms. Further research is required to determine the long-term effects of inappropriate prescribing for depressive patients in primary care. Longitudinal cohort data would be ideal to meet this need.

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CORRESPONDENCE TO:
Cristin Ryan
School of Pharmacy, Queen's University Belfast, 97 Lisburn Rd, Belfast BT73DE, United Kingdom
c.ryan@qub.ac.uk

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