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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

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/attempts. 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)

ISSN: 00020729
From: http://www.ageing.oxfordjournals.org
http://www.bgs.org.uk
doi:10.1093/ageing/afq042

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)

ISSN: 01634372
From: Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
http://www.taylorandfrancis.com
DOI: 10.1080/01634370903415692

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
From: http://bja.rcpsych.org
doi: 10.1192/bja.bp.109.069617

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 (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, Dinnus 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 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.interscience.wiley.com/journal/gpsDOI: 10.1080/13607861003713216

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) ISSN: 08856230


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)

ISSN: 08856230

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)

ISSN: 13607865
From: http://www.informaworld.com/CAMHDOI: 10.1080/13607860903483078

Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis; by Nicola Mead, Helen Lester, Carolyn Chew-Graham (et al).
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)

ISSN: 00071250
From: http://bjp.rcpsych.org10.1192/bjp.bp.109.064089

The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged; by Kai-Jo Chiang, Hsin Chu, Hsin-Ju Chang (et al).
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 received reminiscence


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)

ISSN: 13607863
From : http://www.informaworld.com/CAMHDOI: 10.1080/13607860903483128

The factor structure of a Chinese Geriatric Depression Scale-SF: use with alone elderly Chinese in Shanghai, China; by Daniel Lai, Hongmei Tong, Qun Zeng (et al).


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 that 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, recognise its presence in them, and provide support to family carers experiencing the condition. (RH)
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)

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. Also 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)

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)
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 styles influence 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)

ISSN: 10416102
From: http://www.journals.cambridge.org/ipgdoi:10.1017/S104161020999175X

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 of data from the Gospel Oak Study, a community survey of 636 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-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)

ISSN: 0268201X
From: http://www.gerimed.co.uk
Dietary factors, such as folic acid and vitamin B12, physical activity, and Omega-3 fatty acids, have been studied in relation to depression in older adults. A systematic review by Abebaw Mengistu Yohannes, Sue Caton, Taylor & Francis, August 2010, pp 637-651, Aging & Mental Health, vol 14, no 6, August 2010, pp 637-651, evaluated the potential of dietary factors to prevent 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.

Aging & Mental Health, vol 14, 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.

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 for 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)

ISSN: 13607863
From: http://www.informaworld.com/CMHDOI: 10.1080/13607860902918264

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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The structure of the Hospital Anxiety and Depression Scale in four cohorts of community-based, health older people: the HALCyn program; by Catharine R Gale, Michael Allerhand, Avan Althie 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 HALCyn 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 hypothesized 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)
ISSN: 10416102
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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
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 month. 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

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

Volunteering and trajectories of depression; by Joongbaeck Kim, Manacy Pai.


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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From: http://jah.sagepub.com/DOI: 10.1177/0898264309351310

White matter hyperintensities, cortisol levels, brain atrophy and continuing cognitive deficits in late-life depression; by Sebastian Köhler, Alan J Thomas, Adrian Lloyd (et al).
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

Work and mental health: the case of older men living in underprivileged communities in Lebanon; by Monique Chaaya, Abla Mehio Sibai, Nabil Tabbal (et al).
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 on depression (odds ratio 0.50, 95 per cent confidence interval 0.25-0.96). This study is an eye opener on the circumstances of disadvantaged older people in a relatively low-income Eastern Mediterranean Region country, a topic rarely addressed in this area of the world. Old age is viewed as a decline in abilities, while in reality many older adults are still able and ready to work. Social policies for older people should promote opportunities to work, not only pension schemes. (KJ/RH)
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Worry and rumination in older adults: differentiating the processes; by Geoffrey D’Hudson, Lauren L Saling.
Aging & Mental Health, vol 14, no 5, 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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From: http://www.informaworld.com/CAMHDOI: 10.1080/13607861003713141

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 dementia. In the population studied, agitation was slightly more common in the morning than in the evening, but peak 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)

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

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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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)

ISSN: 13607863
From: http://www.informaworld.com/CAMH

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

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)
ISSN: 13607863
From: http://www.informaworld.com/CAMH
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 Allegri, 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)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Correlates of depressive symptoms in rural elderly Chinese; by Sujuan Gao, Yinlong Jin, Frederick W Unverzagt (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 heart attack, 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)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Depression and excess mortality: evidence for a dose response relation in community living elderly; by R A Schoevers, M I Geerlings, D J H Deeg (et al).
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)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps
Depression and mental health in care homes for older people; by Tom Dening, Alisoun Milne.

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

Depression, suicide and self-harm in older people; by Tom Dening, Alisoun Milne (eds).

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)
ISSN: 14717794
From: http://www.pavpub.com

Dietary pattern and depressive symptoms in middle age; by Tasnime N Akbaraly, Eric J Brunner, Jane E Ferrie (et al).

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

Differences in psychological morbidity among Australian and Chinese caregivers of persons with dementia in residential care; by Helen Zong Ying Wu, Lee-Fay Low, Shifu Xiao (et al).

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)
Do depressive symptoms predict mortality in older people? by Philip D St John, Patrick R Montgomery.


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)

Do improvements in emotional distress correlate with becoming more mindful?: A study of older adults by Kate Splevins, Alistair Smith, Jane Simpson.


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).


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 effects of developing a dual sensory loss on depression in older adults: a longitudinal study; by Michele Capella McDonnall.
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)
ISSN: 08982643
From: http://www.sagepublications.com

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

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 disease, being unmarried and female gender, but not with worse cognitive impairment. The non-mood sub-scale score was correlated with cognitive impairment (strongest), worse medical health, younger age, digestive disease and not having suffered stroke. The hypothesis was partly confirmed. Worse general health was the strongest factor associated with depression, followed by degree of cognitive impairment. Cognitive impairment was not associated with the mood sub-scale score, but was the strongest correlate for the non-mood symptoms of the Cornell Scale. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Grief and depression in later life; by Hilary Livingston, Martin Livingston.
GM2 (Geriatric Medicine), vol 39, Supplement 10, October 2009, pp 39-44.
Most of us will have to face the death of a person close to us, especially as we age. The process of adjusting to that loss is not a form of mental disorder in itself, but factors can predispose to the development of abnormal grief. Grief was thought to be a staged psychological process, but this theory has now been challenged. The bereaved are at higher risk of developing physical health problems or even of dying themselves, and they are
more likely to suffer from clinical depression. The recognition of depression in older people is important as it is treatable with medication as well as a range of psychological therapies. (KJ/RH)
ISSN: 0268201X
From: http://www.gerimed.co.uk

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

Influence of education and depressive symptoms on cognitive function in the elderly; by Renata Avila, Marco Antonio Aparicio Moscosa, Salma Ribeiz (et al).
This study was conducted at the Institute of Psychiatry, University of Sao Paulo School of Medicine, Hospital das Clinicas. 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)
ISSN: 10416102

Interpersonal psychotherapy as a treatment for late-life depression; by Gregory A Hinrichsen.
This article discusses how interpersonally relevant life events may create 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://bjp.rcpsych.org

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)
ISSN: 13607863
From: http://www.informaworld.com/CAMH

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 diagnostic criteria. Most older people with depression had never received treatment. Limiting physical impairments and a past history of depression were the two most consistent correlates of the ICD-10 depressive episode. The treatment gap poses a significant challenge for Latin American health systems, with their relatively weak primary care services and reliance on private specialists. Local treatment trials could establish the cost-effectiveness of mental health investment in the government sector. (KJ/RH)
ISSN: 00071250
From: http://bjp.rcpsych.org

Levels of anxiety and depression as predictors of mortality: the HUNT study; by Arnstein Mykletun, Ottar Bjerkset, 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)

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From: http://bjp.rcpsych.org


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)

ISSN: 13607863

From: http://www.informaworld.com/CAMH

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)

ISSN: 0268201X

From: http://www.gerimed.co.uk

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

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 dissector 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)
ISSN: 00071250
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)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg
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)  
ISSN: 08856230  
From : http://www.interscience.wiley.com/journal/gps

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)  
ISSN: 13607863  
From : http://www.interscience.wiley.com/journal/gps

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)  
ISSN: 09598138  
From : www.bmj.com

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)
Physical activity and the management of depression; by Alan Wright, Mima Cattan.


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)

Predictors of change in health-related quality of life among older people with depression: a longitudinal study; by Sally Chan, Helen Chiu, Wai-tong Chien (et al).


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 interventions of depression were effective in improving participants' mental condition and their perceived HRQoL. Interventions to promote older people's level of depression and their IADL abilities could help to improve their perceived HRQoL. This study provides insight for healthcare professionals in planning innovative services to meet their health needs. (RH)

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 Inventory, increased in participants receiving CBT - G using the Montgomery Asberg 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)
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)

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

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

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)
ISSN: 14717794
From: http://www.pavpub.com
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)
ISSN: 13607863
From : http://www.informaworld.com/CAMH

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

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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Benefits of migration. (KJ/RH)

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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Randomised controlled trial 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)
ISSN: 00071250
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)
ISSN: 13607863
From : http://www.informaworld.com/CAMH
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)

ISSN: 13684345
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.


From: http://www.informaworld.com/CAMH

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.


From: http://www.informaworld.com/CAMH

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)

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)

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)

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)

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From: Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
www.taylorandfrancis.com


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)

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From: http://pb.rcpsych.org


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 Darawuttimaprakorn, Sureeporn Punpuing (et al.). Aging & Mental Health, vol 13, no 6, 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
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)

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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 Dombrovski, 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.

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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.

ISSN: 13607863
From: http://www.informaworld.com/CAMH


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.

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. Thee 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.
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.informaworld.com/CAMH

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)
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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

Body mass index, waist circumference, waist-hip ratio and depressive symptoms in Chinese elderly: a population-based study; by Roger C M Ho, Matthew Niti, Ee Heok Kua (et al).
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)
ISSN: 08856230
From: http://www.interscience.wiley.com

Church attendance and new episodes of major depression in a community study of older adults: the Cache County Study; by Maria C Norton, Archana Singh, Ingmar Skoog (et al).
The authors examined the relation 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).
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). In unadjusted models, 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)


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 depression 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)


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)

ISSN: 08856230

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

Coping strategies, care manager support and mental health outcome among Japanese family caregivers; by Miho Yamada, Akihito Hagihara, Koichi Nobutomo.


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)

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From: http://www.blackwellpublishing.com/hsc

Correlates of intrusion and avoidance as stress response symptoms in family carers of patients suffering from dementia; by Ingun Ulstein, Torgeir Bruun Wyller, Knut Engedal.


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 carers 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)

ISSN: 08856230

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

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)
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://www.interscience.wiley.com

Depression in older nursing home residents: the influence of nursing home environmental stressors, coping and acceptance of group and individual therapy; by Namkee 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.intformaworld.com/CAMH

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 their 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)
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.informaworld.com/CAMH

Depressive symptoms in four racial and ethnic groups: the Survey of Older Floridians (SOF); by Yuri Jang, David A Chiriboga, Giyeon Kim (et al).
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
From : http://www.interscience.wiley.com

Depressive symptoms in late life: associations with apathy, resilience and disability vary between young-old and old-old; by Mona Mehta, Ellen Whyte, Eric Lenze (et al).
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)
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From : http://www.interscience.wiley.com

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 and reactivity 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 individual 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 H 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)

ISSN: 13607863
From: http://www.informaworld.com/CAMH

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)
ISSN: 01640275
From: http://www.ageing.oupjournals.org

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

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)
ISSN: 17486343
From: http://www.bgsnet.org.uk

Aging & Mental Health, vol 12, no 1, January 2008, pp 100-107.1967 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.informaworld.com/CAMH

The effects of ECT on cognitive functioning in the elderly: a review; by Caroline E M Tielkes, Hannie C Comijs, Esmée 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)
ISSN: 08856230
From: http://www.interscience.wiley.com

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 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 T'ai 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.informaworld.com/CAMH

Finding meaning in life is often cited as an important outcome of reminiscence, but hitherto, this theoretical claim has not been empirically tested. Guided Autobiography, a new intervention combining integrative reminiscence and elements of narrative therapy was developed, and the effects on meaning in life were studied. 106 older people with depressive symptomatology participated in a quasi-experimental study with two parallel conditions: integrative reminiscence vs a waiting list control group. Measurements were taken before and after the intervention. A significant improvement in the overall meaning of life for participants of the intervention was found, but these effects were not significant when compared with the waiting list control group. There is a specific effect of the intervention in that it results in a decline of negative evaluation of the self by the participants and an increase in positive evaluation of social relations. The intervention also results in more positive evaluation of the past as well as less negative evaluation of the future. These findings are somewhat stronger for women than for men. Integrative reminiscence within a a narrative therapeutic framework may be
an effective intervention for enhancing meaning in life with depressed older people. The intervention has to be developed further and should then be studied in a randomised controlled trial with a larger sample and with follow-up measurements. (RH)

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From: http://www.informaworld.com/CAMH

Effects of layoffs and plant closings on subsequent depression among older workers; by Jennie E Brand, Becca R Levy, William T Gallo.

Job displacement is widely considered a negative life event associated with subsequent economic decline and depression, as established by many previous studies. However, little is known about whether the form of job displacement (i.e. lay-offs vs plant closures) differentially affects depression. The authors assessed the effects of different ways in which workers are displaced on subsequent depression among American men and women nearing retirement, by using data for the 4692 participants aged younger than 70 in 2000 from the US Health and Retirement Study (HRS) for the five waves 1992 to 2000. They hypothesised that lay-offs would be associated with larger effects on depression than plant closings, particularly among men. The findings generally support these hypotheses. The authors found that men had significant increases in depression as a result of lay-offs, but not as a result of plant closures, whereas the reverse was true among women. (RH)

ISSN: 01640275
From: http://www.informaworld.com/CAMH

Exercise training for depressed older adults with Alzheimer's disease; by C L Williams, R M Tappen.:

Depression is a common problem with serious and costly consequences for nursing home residents with severe Alzheimer's disease (AD). This study compared the effects of 16 weeks of a comprehensive exercise routine to supervised walking and social conversation on depression in nursing home residents with Alzheimer's disease (AD). The study was a three-group, repeated measures design with random assignment to treatment group. 45 nursing home residents with moderate to severe AD were randomly assigned to the 16-week programme of comprehensive exercise routine, supervised walking, or social conversation. Raters were blinded to treatment group assignment. Depression was measured by the Cornell Scale for Depression in Dementia, mood measured by the Dementia Mood Assessment Scale and the Alzheimer's Mood Scale, and affect measured by the Observed Affect Scale. Depression was reduced in all three groups with some evidence of superior benefit from exercise. Exercise as a behavioural approach to treatment of depression in nursing home residents with severe AD evidenced a clear benefit to participants in this study. More research is needed to clarify the relative benefits of different types of exercise in conjunction with or without pharmacological intervention. (RH)

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From: http://www.informaworld.com/CAMH

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 social care provision is available for BME older people with depression; and is this provision acceptable, accessible and effective, and does it promote well-being? From an initial 3,038 unique records identified in searches of databases covering health, the 60 studies included in the map were focused on depression, implied depression or maintaining mental health. More than half had been undertaken in urban locations such as London and Bradford; and 43 were about exploration of relationships or correlations between different factors. The authors find that, despite the coverage of broad issues on depression in BME older people, the map highlights considerable gaps. For example, there were no evaluations of the effectiveness of social care interventions. The appendices include: definitions of key map terms; the inclusion/exclusion criteria; the search strategies employed for each database used; keywording tools (i.e. other attributes); and a list of references used in the systematic map. The systematic map is available as a searchable database of citations (http://eppi.ioe.ac.uk/webdatabases) and has been developed in partnership between SCIE information managers and research staff, and a team from the Social Care Workforce Research Unit at King's College London. (RH)

From: SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB. www.scie.org.uk
Factors associated with antidepressant use in depressed and non-depressed community-dwelling elderly: the three-city study; by Agnès Soudry, Carole Dufouil, Karen Ritchie (et al).
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
From: http://www.interscience.wiley.com

Functional status and depressive symptoms among older adults from residential care facilities in the Czech Republic; by Hana Vankova, Iva Holmervoa, Ross Andel (et al).
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

Genetic and environmental influences on depressive symptoms by age and gender in African American twins; by Keith E Whitfield, Christopher L Edwards, Dwayne Brandon (et al).
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 te 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)
ISSN: 13607863
From: http://www.informaworld.com/CAMH


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 ($R^2 = .12$, $p < .05$). Health made the strongest unique and significant contribution to RFL ($\beta = 0.26$, $p < .05$) and age approached significance ($\beta = 0.19, p = .055$). 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)

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From: Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com(www.taylorandfrancis.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 €5,582 for unrecognised depressed and €4,722 for recognized depressed patients with no significant difference. Healthcare costs of recognised and unrecognised depressed exceeded the healthcare costs of non-depressed patients (€3,648) 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 Péres, 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 least 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

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)


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)

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 showed that all groups of respondents recognised a significant gap in the knowledge and awareness of depression among professional care staff working with older people in both the community and residential care settings. Skills in the detection and monitoring of depression and the self-efficacy of these care staff were also seen to be a problem. Implications of these findings in terms of training programmes are discussed. (RH)
Late-life depression and mortality: influence of gender and antidepressant use; by Joanne Ryan, Isabelle Carrière, Karen Ritchie (et al).
Depression may increase the risk of mortality among certain subgroups of older people, but the part played by antidepressants in the association has not been thoroughly explored. The aim of this study was to identify the characteristics of older populations who are most at risk of dying, as a function of depressive symptoms, gender and antidepressant use. The methods used were adjusted Cox proportional hazards models to determine the association between depression and/or antidepressant use and 4 year survival of 7363 community-dwelling older people from the Three City Study (3C) in Bordeaux, Dijon and Montpellier. Major depressive disorder was evaluated using a standardised psychiatric examination based on DSM-IV criteria, and depressive symptoms were assessed using the Center for Epidemiological Studies Depression scale (CES-D). Depressed men using antidepressants had the greatest risk of dying, with increasing depression severity corresponding to a higher hazard risk. Among women, only severe depression in the absence of treatment was significantly associated with mortality. It is concluded that the association between depression and mortality is gender dependent and varies according to symptom load and antidepressant use. (KJ/RH)
ISSN: 00071250
From: http://bjp.rcpsych.org

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 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.informaworld.com/CAMH

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)
ISSN: 08856230
From: http://www.interscience.wiley.com
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)
ISSN: 01640275

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)
ISSN: 00169013

From: http://www.geron.org

Longitudinal assessment of psychotherapeutic day hospital treatment for elderly patients with depression; by Alesandra Canuto, Corina Meiler-Mittelu, 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)
ISSN: 08856230

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

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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From: http://www.geron.org

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, 28.6% 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)

ISSN: 13607863
From: http://www.informaworld.com/CAMH

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.informaworld.com/CAMH
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 biomodal 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. Mood symptoms were 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 biomodal 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.).
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)

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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)

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From: http://www.informaworld.com/CAMH

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 to 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
From : http://www.dem.sagepub.com

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

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 Gilloard'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)
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From : http://www.informaworld.com/CAMH
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

Professional carers' knowledge and response to depression among their aged-care clients: the care recipients' perspective; by David Mellor, Tanya Davison, Marita McCabe (et al.).: Taylor & Francis, May 2008, pp 389-399.
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)

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)

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)

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)
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)
ISSN: 13607863
From: http://www.informaworld.com/CAMH

Recognising depression in residential facilities: an Australian challenge; by John Snowdon, Richard Fleming.
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)
ISSN: 08856230
From: http://www.interscience.wiley.com

Religiosity of depressed elderly inpatients; by Vahid Payman, Kuruvilla George, Bridget Ryburn.
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 “intrinsically” 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

Residential status and depression among Korean elderly people: a comparison between residents of nursing home and those based in the community; by Soondool Chung.
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 Care Study by the Korea Institute for Health and Social Affairs (for community-dwelling older people). The data set for this study included 307 older people living in nursing homes and 166 older people living in the community. Depression was measured and determined using the Geriatric Depression Scale short form (GDS-SF) Korean version, with scores of 8 or higher to indicate possible depression. 39% of the community sample showed symptoms of depression, higher than for the nursing home sample (24%). The mean (standard deviation) GDS-SF score for those in the nursing home was 6.1 (3.4), and 7.4 (4.3) for those in the community, the difference being statistically significant. As a result of multiple logistic regression analysis, residential status
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)
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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 measure 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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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-year follow-ups respectively. The effect was greater in younger participants. Only the most severe syndromes and cases of depression are a risk factor in dementia. (RH)
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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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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)
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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)

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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)

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Widowhood and the end of spousal care-giving: relief or wear and tear?; by Jennifer Reid Keene, Anastasias 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)

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