

Comparison of Management of Depression in Different Age Groups: A Clinical Study

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ABSTRACT

Background: Depression has been considered 4th causes of diseases worldwide according to World Health Organization (WHO). Depression requires proper diagnosis and management in different age groups. This study was conducted to evaluate the comparison of management of depression in different age groups, especially in young, middle and older age groups. **Materials & Methods:** This study was conducted in department of Psychiatry in year 2010. Those who were diagnosed and obtained treatment in year 2010 were enrolled and considered for the study. It consisted of 240 patients diagnosed with depression. They were divided into 3 groups depending upon age. Group I (Young group) - <40 years, group II (Middle aged group) - 40-60 years and group III (Older group)- >60 years. Each group contained 80 patients each. We evaluated number and type of drugs used for antidepressant treatment, their effectiveness (psychotherapy, pharmacotherapy, combination of psychotherapy and pharmacotherapy, spontaneously remission). **Results:** This study comprised of 240 patients. They were divided into 3 groups depending upon age. Group I (Young group) - <40 years, group II (Middle aged group)- 40-60 years and group III (Older group)- >60 years. Each group contained 80 patients each. The difference was no significant ($P < 0.05$). 40% of patients in group I, 45% in group II and 65% in group III were of 1 drug only. 20% in group I, 25% in group II and 10% in group III was on 2 drugs. 10% in group I, 15% in group II and 5% in group III was on 3 drugs. Patients were on no drug in group I (30%), group II (15%) and group III (10%). The difference was no significant ($P < 0.05$). 40% of patients were on selective serotonin reuptake inhibitors (SSRI), 25% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 35% were on benzodiazepines only. In group II, 35% of patients were on selective serotonin reuptake inhibitors (SSRI), 40% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 25% were on benzodiazepines only. In group III, 40% of patients were on selective serotonin reuptake inhibitors (SSRI), 42% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 12% were on benzodiazepines

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only. The difference was significant in all the groups regarding combination therapy and benzodiazepines ($P < 0.05$). Type of therapy used in all groups was either general practitioner (GP) support, psychotherapy, pharmacotherapy, pharmacotherapy or GP support, combination of psychotherapy and pharmacotherapy. There was significant difference in all the groups regarding combination therapy ($P < 0.01$). **Conclusion:** Young patients usually do not take any medication in depression. Older take more than 1 or 2 medication at same time. Young patients were more on SSRI while older were equally on SSRI and combination of SSRI & BDZ.

Keywords: *Depression, pharmacotherapy, psychotherapy*

Depressive disorders are becoming common nowadays. It has high mortality and morbidity. It is a great public health problem. Depression has been considered 4th causes of diseases worldwide according to World Health Organization (WHO). Depression requires proper diagnosis and management in different age groups.

Few consider that older age it is a negative prognostic factor for the depression which leads to multiple medical, physical and psychosocial factors whose occurrence exponentially increases with age. Old age carries poor prognosis and recovery rate. But recent research says that old people can respond to antidepressants or psychotherapy and thus subsequently the rate of recovery and prognosis increase. The management of depression is very challenging especially in older where there are diminished all types of systems. However, treatment of elderly patients includes psychotherapy, pharmacotherapy and electroconvulsive therapy (ECT), similar to young adults. Psychological therapies are strongly recommended for elderly depressed patients as they are vulnerable to adverse effects and high rates of medical problems and medication use. Older adults often have better treatment compliance, lower dropout rates, and more positive responses to psychotherapy than younger patients.

Selective serotonin reuptake inhibitors (SSRI) are the first line of antidepressants. Elderly patients use more frequently older tricyclic antidepressants because of positive experiences in previous depression episodes, as well as benzodiazepines than younger depressed patients.

This study was conducted to evaluate the comparison of management of depression in different age groups, especially in young, middle and older age groups.

MATERIALS & METHODS

This study was conducted in department of Psychiatry in year 2010. Those who were diagnosed and obtained treatment in year 2010 were enrolled and considered for the study. Record files were retrieved from the department. It consisted of 240 patients diagnosed with depression. They were divided into 3 groups depending upon age. Group I (Young group) - <40 years, group II (Middle aged group) - 40-60 years and group III (Older group) - >60 years. Each group contained 80 patients each.

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We evaluated number and type of drugs used for antidepressant treatment, their effectiveness (psychotherapy, pharmacotherapy, combination of psychotherapy and pharmacotherapy, spontaneously remission). Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

This study comprised of 240 patients. They were divided into 3 groups depending upon age. Group I (Young group) - <40 years, group II (Middle aged group)- 40-60 years and group III (Older group)- >60 years. Each group contained 80 patients each (Table I). The difference was no significant ($P < 0.05$). Table II shows that 40% of patients in group I, 45% in group II and 65% in group III was of 1 drug only. 20% in group I, 25% in group II and 10% in group III was on 2 drugs. 10% in group I, 15% in group II and 5% in group III was on 3 drugs. Patients were on no drug in group I (30%), group II (15%) and group III (10%). The difference was no significant ($P < 0.05$).

Graph I shows that in group I, 40% of patients were on selective serotonin reuptake inhibitors (SSRI), 25% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 35% were on benzodiazepines only. In group II, 35% of patients were on selective serotonin reuptake inhibitors (SSRI), 40% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 25% were on benzodiazepines only. In group III, 40% of patients were on selective serotonin reuptake inhibitors (SSRI), 42% were on combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) and 12% were on benzodiazepines only. The difference was significant in all the groups regarding combination therapy and benzodiazepines ($P < 0.05$). Graph II shows type of therapy used in all groups. It was either general practitioner (GP) support, psychotherapy, pharmacotherapy, pharmacotherapy or GP support, combination of psychotherapy and pharmacotherapy. There was significant difference in all the groups regarding combination therapy ($P < 0.01$).

DISCUSSION

Depression is the 4th most common disease occurring not only in older but young adults too. Considering this disease to be the health care issue, the present study was conducted in department of psychiatry to compare the type of therapy and type of drugs used in management of depression in young, middle and older age groups.

It consisted of 240 patients diagnosed with depression. They were divided into 3 groups depending upon age. Group I (Young group) - <40 years, group II (Middle aged group)- 40-60 years and group III (Older group)- >60 years. Each group contained 80 patients each. We compared whether patients were on 1 or more drugs. 40% of patients in group I, 45% in group II and 65% in group III were of 1 drug only. 20% in group I, 25% in group II and 10% in group III was on 2 drugs. 10% in group I, 15% in group II and 5% in group III was on 3 drugs. Patients were on no drug in group I (30%), group II (15%) and group III (10%). Marcus in his study

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found that older patients are mostly on 2 or more drugs. While young patients either on no drugs or 1 drug.

In our study, we found that we also evaluated that whether patients were on selective serotonin reuptake inhibitors (SSRI, combination of selective serotonin reuptake inhibitors and benzodiazepines (BDZ) or benzodiazepines only. The difference was significant in all the groups regarding combination therapy and benzodiazepines ($P < 0.05$). In our study we found that older patients were equally on SSRI and combination of SSRI & BDZ. Pampanolla⁶ in her study found similar results. While Paykel⁷ found that older uses benzodiazepines more frequently as compared to SSRI because of sedative efficiency of BDZ are more as compared to SSRI.

It also evaluated type of therapy in depression patients. We found that 30% (24) patients in young group were on no therapy while they were more on pharmacotherapy and on general practitioner. Older patients were mostly (38%) on pharmacotherapy and psychotherapy. There was significant difference in all the groups regarding combination therapy. Our results are in agreement with the results of Jain et al⁸ and Robinson et al⁹. However, Sawada¹⁰ in his study found that young patients were on pharmacotherapy.

CONCLUSIONS

Young patients usually do not take any medication in depression. Older take more than 1 or 2 medication at same time. Young patients were more on SSRI while older were equally on SSRI and combination of SSRI & BDZ.

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Conflict of Interests

The author declared no conflict of interests.

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Table I Distribution of patients

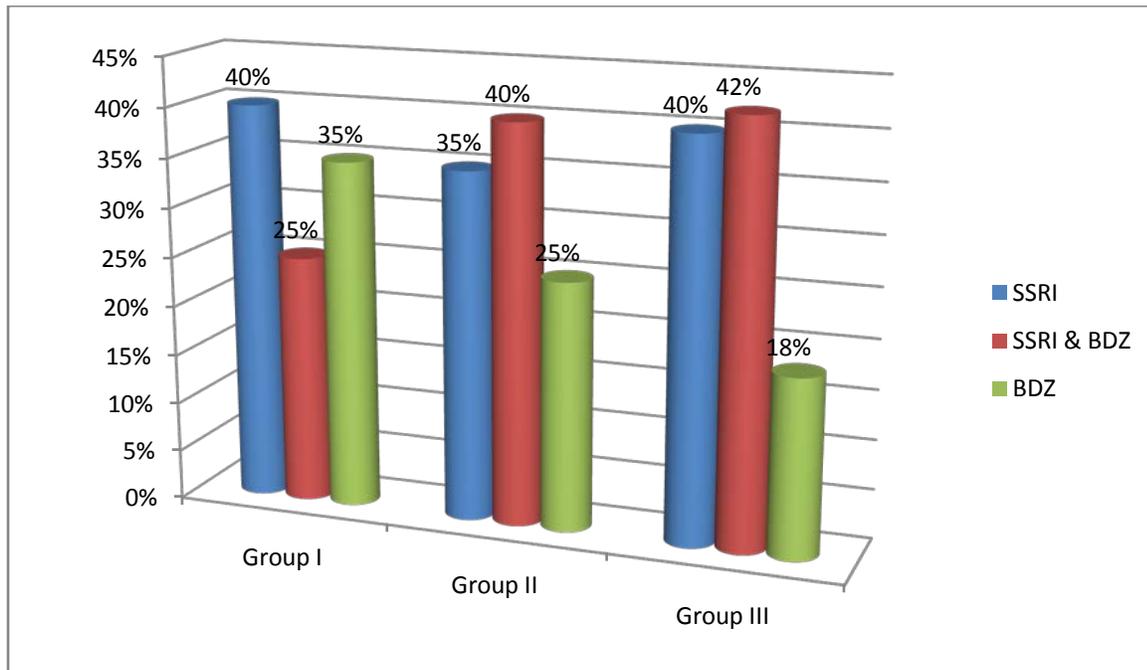
Groups	Group I	Group II	Group III
Age range	<40 years	40-60 years	>60 years
Number	80	80	80

Table II Patients on 1 or more drugs in all groups

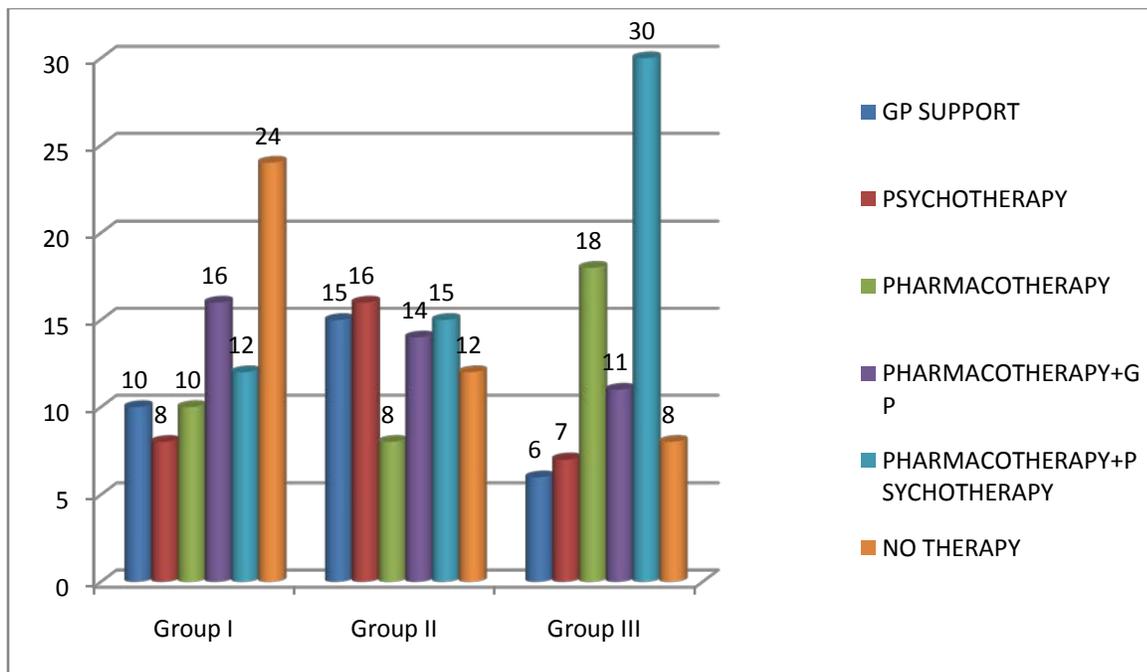
Number of drugs	Group I	Group II	Group III
1	40%	45%	65%
2	20%	25%	10%
3	10%	15%	5%
No drugs	30%	15%	10%

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Graph I Types of antidepressants used by different groups



Graph II Type of therapy used in all groups



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