## TOOSS AND A

## **Dementia and Depression**

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Depression, cognitive impairment and dementia are all common in older adults. The relationship between them is bi-directional and complex. The literature on the subject is growing and fascinating but also riddled with apparent inconsistencies

As standards of living improve across the globe, people are living longer, and the world's population is aging rapidly.¹ Although the proportions of people aged 60 or more years are smaller in the "developing" countries than in the "developed" countries, the sheer numbers of older adults will by 2020 be much larger in the low and middle-income countries of the world than in the affluent countries. Thus, depression and dementia will soon become major public health problems in countries such as India.²,³

Many older patients with depression complain of difficulty in concentrating and remembering, and this subjective phenomenon is borne out by objective studies showing that cognitive deficits in depression are mediated almost entirely by slowed processing speed and working memory. 4.5,6

Many patients with Alzheimer's and other dementias have depressed mood and other behavioral symptoms. <sup>7,8</sup> Some studies have shown that these patients report depression well before they report cognitive difficulties, raising the possibility that depression was a risk factor for dementia. Meta-analyses of the world literature suggested that history of depression was a risk factor for dementia <sup>9</sup> and Alzheimer's disease in particular. <sup>10</sup>

The term "depressive pseudo-dementia" was introduced to describe patients of depression having memory disturbances. This was a comforting concept that encouraged us to look harder for evidence of depression in cognitively impaired patients, and to treat depression that might otherwise have been left untreated. Further, as depressed, cognitively impaired patients were systematically studied and followed over time, a significant proportion continued to experience progressive cognitive decline even though they were no longer depressed. <sup>11</sup> Thus, it appeared that the impairment seen during the depression was not "pseudo" but a pre-dementia harbinger of more permanent cognitive decline in the future. As disappointing as this was to clinicians, it opened the door to new thinking about the relationship between depression and dementia.

In this issue of JAPI three articles "Depression in Patients of Myocardial Infarction - A Cross-Sectional Study in Northern India", "Association of Depression with Complications of Type 2 Diabetes - The Chennai Urban Rural Epidemiology Study (CURES-102)", and Review Article "Depression in Dementia Patients: Issues and Challenges for a Physician" by Raman Deep Pattanayak, Rajesh Sagar deals with the important aspects of Dementia and Depression. 12-14

Selective serotonin reuptake inhibitors have the maximium evidence for treatment of depression in dementia with minimal side effects.<sup>15</sup>

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