



## Letter to the Editor

## How is major depression different in elderly from adults?



Major depressive disorder (MDD) is the most common mental disorder in later life, affecting 7% of the general elderly population according to world health organization (WHO) report (World Health Organization, 2017). As the population is aging, better understanding of later life depression seems to be a health priority.

The first step in managing late life depression is early diagnosis of this disorder. Late life depression has been reported to present differently from adult depression (Hybels et al., 2011). Elderly subjects tend to under report depressed mood and other psychological symptoms of depression (Lyness et al., 2009). Instead they mainly complain of physical pain and somatic symptoms (Jeong et al., 2014). Therefore, diagnosis of major depression in elderly is a challenge.

In this survey, depressive characteristics in elderly patients with MDD would be compared with their adults' counterpart. We try to look for symptoms that the elderly depressed patients present more with them in order to find a guideline for early and better diagnosis of the disorder.

All the patients that were referred to Ebnesina psychiatry Hospital due to depressed mood were interviewed by an attending psychiatrist for diagnosis of MDD. These patients were referred by family physicians from March 2017 to March 2018. Of these patients, one hundred elderly patients (with ages of more than 60) and 100 adult patients that had the diagnosis of MDD entered the study. Exclusion criteria were: use of substance or other psychiatry drugs in the last 6 months, pregnancy, mental retardation and the presence of any other major psychiatry or medical illness. Our research protocol was approved by the ethics committee of Shiraz University of Medical Sciences, which adheres to the Declaration of Helsinki Ethical Principles for Medical Research involving human subjects.

The primary measure of depressive signs and symptoms was Hamilton Depression Scale (HAMD-21) (Hamilton, 1960). HAMD-21 is a 21-item scale that evaluates depressed mood, suicidal ideation, and somatic, psychology and cognitive symptoms of depression.

The mean age in the adult group was 35.11 and the mean age in the elderly group was 66.67. Overall, the mean score of HAMD scale in the elderly patients was higher than adult group ( $P < 0.000$ ). The elderly patients had more complaint about early and late insomnia ( $P = 0.006$ ,  $P = 0.045$ ). The aged depressed patients were more retarded ( $P < 0.000$ ) and also had more problems with their activities of daily living ( $P = 0.002$ ). Furthermore, the geriatric patients reported more general somatic symptoms ( $P < 0.000$ ), gastrointestinal symptoms ( $P < 0.000$ ), sexual complaints ( $P < 0.000$ ) and hypochondriasis ( $P < .000$ ). With age, depressed patients showed to be more paranoid ( $P = 0.04$ ). No other significant differences were found between the study groups on the other variables measured, which included suicidality, psychological symptoms, anxiety symptoms and insight.

Our results of higher complaints about general somatic symptoms and gastrointestinal problems in elderly depressed patients matched

with several previous studies that had reported elderly subjects tend to underreport the psychological symptoms of depression and mainly complain of somatic symptoms and physical pain (Hegeman et al., 2012; Grover et al., 2019).

Previous studies had shown that add-on aerobic exercise is associated with significantly greater improvements in mood symptoms of depressed patients, when performed in a structured and supervised setting (Roy et al., 2018). This can be recommended to elderly depressed patients beside their regular antidepressant medications.

In summary, our study demonstrated that elderly depressed patients present with more general somatic symptoms and physical pains. They are also more cachexic and retarded and they are more preoccupied with medical problems. These patterns of presentation may make diagnosis of depression in aged population a challenge.

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## Declaration of Competing Interest

There is no conflict of interest for any author (Arash Mowla & Salma Soltani and Maryam Khakrah) of this manuscript to declare.

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