

Question #11: What is the relationship between depression and impaired cognition in older adults?

Depression can present with depressed affect, poor concentration, and mild memory problems. On the other hand, early dementia can sometimes present with depressed mood and mild memory problems, as well. (See FAQ#7). Being able to sort out which is occurring becomes important for treatment planning and the literature has traditionally emphasized the importance of distinguishing between them. If the person's presentation also includes agitation, the presence of delirium must also be considered. All three issues (depression, dementia, and delirium) can impact similar areas of functioning including sleep, nourishment, memory, and overall cognitive presentation. (Somes et al., 2010)

However, recent research has demonstrated a proven association between late life depression and dementia. Debate still exists about the nature of the relationship between them. One hypothesis is that having depression is a risk factor for developing dementia. There is some evidence supporting the idea that this may be related to structural changes in the brain that can occur with depression (Wright and Persad, 2007; Panza et al., 2010).

A second hypothesis is that depression may actually be a prodromal symptom of dementia. In this hypothesis, depressive symptoms, Mild Cognitive Impairment, and dementia may be seen as being along a continuum from the earliest signs and symptoms to the eventual diagnosis of dementia. It is postulated that the neuropathology that causes MCI and dementia also causes depression (Panza et al., 2010). There is evidence supporting both of these hypotheses, and indeed, they are not mutually exclusive (Panza et al., 2010). Further research is needed and is ongoing.

Studies have tried to differentiate between depression in older adults as a singular illness versus depression as a prelude or early symptom of dementia. It has been suggested that the difference in assessment findings between these two groups, while subtle, may exist. Features of dysexecutive function, apathy, and anxiety have been identified as being positively associated with a progression from depression to dementia, whereas the presence of dysphoria is negatively associated with progression to dementia (Wright and Persad, 2007; Panza et al., 2010). Further research in this area is ongoing as well.

References:

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