1-111 Depressive syndrome and dementia

TIPS Question:

Folstein – 20/30. Resident flat affect, very withdrawn. Started on Celexa 20 mg _ to 40 mg. Improved affect. Less withdrawn. Better quality of life for now. Is it better to attack depression with an antidepressant than using antipsychotics? Will it interfere with further assessments of decreasing cognition?

Response:

Depression and Dementia coexist and treatment of depression is certainly appropriate using various antidepressant medications to improve on the quality of life of the demented patient.

Current trend is to try 1st line of antidepressants as SSRIs including celexa, paxil, luvox or zoloft. They likely will not interfere with further assessment of cognition of the demented patient. In fact they may improve on the cognitive score that may worsen in the face of depression. Repeat of MMSE of the above patient will be interesting to see following the treatment of depression as it may reflect cognitive improvement.

Tricyclic antidepressants are not considered 1st line agents due to their anticholinergic side effects that may worsen cognition.

Reference: Depressive Syndromes in Dementia, Can. J. Neurol. Sci. 2001: 28: Suppl. 1-S83-S95

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*