

Introduction

Late-Life Depression

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© **T**he demographics of our society, specifically the aging population and the prevalence of depression in that population, mean that every psychiatrist will increasingly be called upon to diagnose and treat late-life depression. The consequences of not treating this illness are profound. Untreated depression results in an increased mortality rate because of suicide and an increased death rate in comorbid medical conditions such as ischemic heart disease. Significant social morbidity and increased health care costs are also associated with untreated depression. The diagnosis and the safe and effective treatment of late-life depression are compelling public health issues.

There are many variables to be considered and questions to be answered if we are going to address this problem. First, what is late life? Are we talking about the “young old,” i.e., patients 60 to 75 years of age, or about patients 75 years and older, who actually compose the fastest growing segment of the population and whose numbers will double in the next 20 years? Unfortunately, but not surprisingly, the very old are the group about whom we have the least information.

Second is the issue of comorbidity. There is a new understanding of the complex relationship between depression and some comorbid medical conditions. Indeed, in some cases, the concurrence of depression and medical illness appears inevitable rather than serendipitous, e.g., with ischemic heart disease.

Third, with age comes changes in brain structure, which may affect the presentation and course of affective disorder.

Fourth, and most critical, there are insidious cultural attitudes toward aging that support unfounded beliefs that work against making a diagnosis of depression and recommending appropriate treatment. For example, the belief that depression is a normal part of growing older may have obfuscated the recognition of dysthymia in late life.

In this supplement, we have brought together clinical researchers who study and treat patients with late-life depression. This supplement cannot hope to answer all the relevant questions, but it will provide new information that will help the clinician when faced with making the difficult decisions that are part of everyday clinical practice.

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