

Introduction

Treatment of Depression in Long-Term Care Patients

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Major depression affects about 15% of elderly patients in long-term care, and depressive symptoms are present in 2 to 3 times as many of these patients. Depression is a costly illness with a dramatic negative impact on quality of life. As the elderly population grows and represents an ever-increasing proportion of the overall population, depression threatens to cause even greater medical, social, and economic hardships.

Because few depression treatment studies have been conducted in the elderly, let alone in those in long-term care, our level of understanding of how to appropriately manage depression in this population is inadequate. Experience shows us it is not clinically sound to extrapolate data from younger patients and apply them to the elderly population. For example, although the selective serotonin reuptake inhibitors have greatly improved tolerability profiles in elderly patients, we have learned through clinical experience that these agents may have side effects in the old that were not apparent in the original regulatory trials.

Many questions, however, are unresolved. Research goals should address issues pertinent to elderly long-term care patients, such as dosing guidelines for newer drugs, length of drug trials to elicit a response, and even the need for revised diagnostic criteria. Many obstacles remain to improving the care of elderly patients with depression in all clinical settings. This supplement is intended to address these important issues and generate interest in further research. In addition, the symposium on which this supplement is based provided an opportunity to honor Dr. Carl Salzman, Professor of Psychiatry at Harvard University, on the occasion of his birthday for his substantial contributions in clinical geriatric psychopharmacology. His work, particularly in the nursing home setting, shows us that it is possible to conduct systematic studies in this environment while also doing a great deal of good for patients. He is a role model and a pioneer in generating interest in geriatric psychopharmacology among psychiatrists and emphasizing that the frontier is very much at our doorstep.

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