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Rehabilitation of elderly patients with depression

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ABSTRACT. Depression is an emotional disorder characterized by a dysfunction of the normal brain functioning. In the elderly patients, this pathology is caused by changes occurring in the white matter, in the frontal area of the brain, by cerebral circulation disorder and by decrease of the level of neurotransmitters in the brain, serotonin, norepinephrine or dopamine, respectively. The symptoms of this condition generate significant deterioration in the normal functioning of the elderly social and familial or professional life. An appropriate rehabilitation treatment is associated with the improvement of the depressed elder's life quality, which is why it should commence as early as possible under professional monitoring.
KEYWORDS: depression, elders, recovery treatment

CONTENT

Depression is the most common mental state disorder of the elderly, thereby favouring the appearance of the functional decline and disability, resulting in the decrease of life quality. This mental disorder involves a major emotional imbalance, with direct, indirect and personal consequences, particularly in what concerns the social and professional areas (Reynolds CF, Kupfer DJ, 1999). The literature provides a chronological classification of the elderly, namely:

- 65 to 75 years - old transition to senescence or the elderly period;
- 75 to 85 years - the geriatric period;
- over 85 years, the longevity period;

The prevalence of depression in elderly population is continuously growing: studies have pointed out that depression in elderly population, accompanied by physical impairment occurs in 20% - 35% of the cases. An important aspect to note is that mostly in the world life expectancy is increasing, about 15% of the general population being over 65 years. The main factors favoring the phenomenon of population ageing are the rising living standards, the continuous progress of medicine and the declining birth rates.

Ageing is a particular process for each individual thus, for the elderly, polypathology is common while the atypical clinical pictures are common. Depression symptoms, often expressed in the morning and improved in the afternoon, are varied and represented mainly by:

-disturbances of normal mood (sad, hopeless mood, anxiety, generalized undefined anxiety);
-impact on the cognitive function (one cannot focus, thinking processes are unproductive, possible suicide attempts);
-sleep disturbance and lack of appetite (insomnia, poor quality sleep, weight loss);
-vitality impairment (permanent fatigue, lack of any kind of initiative);
-physical symptoms not responding to treatment (bowel disorders, headaches, arthralgia, shivers, heart rhythm disorders, respiratory disorders, sexual dysfunctions).

In what concerns the elderly, etiologically, depression can be classified as: endogenous psycho-organic, reactive, organic, fatigue, vascular and exogenous. Clinically, depressions are classified into major depressions and dysthymia or mild depression.

Diagnosis of a major depressive episode implies the daily occurrence, for at least two weeks, of minimum 5 of the following 9 symptoms, one of the characteristic symptoms being the depressive mood or decrease of interest (Lazăr L, Marcu F, Tonţ I, 2009):

-depressed or sad mood during most of the day;
-decrease of interest or pleasure in almost all activities;
-significant appetite or body weight loss;
-sleep disturbance;
-psychomotor agitation or slowness of movement (hypokinesia);
-fatigability or loss of energy;
-feeling of worthlessness or excessive guilt;
-decrease of thinking ability, concentration or decision making;
-suicide attempts, suicide thoughts or ideas, the continuous presence of specific suicide plan.

Dysthymia is characterized by mild and chronic depression, that is present for months, and which may create the background for major depression's occurrence. Although dysthymia symptoms display a lower intensity as compared to those of depression, this minor depression can seriously affect a patient's life as it lasts longer. A feature of the dysthymic patient is that one cannot live life to the fullest due to insomnia, loss of appetite, lack of energy, low self-esteem and loss of interest regarding daily activities.

Disabilities and complications caused by other medical distress increase the risk of depression onset or worsening of the depression; it was learned that the seriousness and the intensity of depression symptoms are directly proportionality (Meyers BS, 1998) . Exogenous chronic stressors, namely, daily life negative events, play a part in depression triggering or maintaining.

The most significant external factors are: retirement, family and financial difficulties, social isolation, nursing the close ones diagnosed with chronic disease, institutionalization. The consequences of depression are a reduced compliance to medical treatment, disability, increased morbidity and mortality as well as high rates of suicide (Thomas P, Hazif-Thomas C, 2008).

The impact of depression detection and treatment in elderly is emphasized both by the direct effect of this pathology on the patient, see the symptomatology described above as by the indirect effect, namely the risk represented by depression in a series of diseases.

According to expert studies, it has been established that, due to immune system damage it triggers, depression represents an independent risk factor for strokes, neoplasia or development of myocardial infarction. Regarding the patients diagnosed with depression a more difficult recovery was noticed, regardless of the associated pathology, as well as a higher morbidity rate subsequent to surgery.

The ideal treatment plan for geriatric depression includes beside psychiatric disorder therapy both detection and treatment of the associated diseases as well as providing family and social support in case of need (Small GW, 1998). In severe or chronic forms of depression pharmacotherapy is mixed with psychotherapy, thereby positive effects resulting in about 80% of the cases, according to expert studies. Cognitive-behavioral psychotherapy focused on rectification of negative thoughts associated with depression and the interpersonal psychotherapy focused on interpersonal causes of depression are effective in treating depression even as single therapy, in the short term.

The most important therapeutic tool used in depression is the pharmacological one; there are several drug versions at the moment. However, the perfect, ideal antidepressant drug still does not exist, so it's very important to note that:

-each patient has a particular way to respond to antidepressant medication, according to the specificity of each individual; one can even exacerbate the risk of suicide attempt during the first weeks, so these drugs should not be available to patients but administered by another person;

-antidepressant drugs have no immediate effect, the initial effects are belated; usually, it takes about a month of administration for positive effects to occur;

-adverse effects are usually mild and vanish in the days following the first administration; if adverse effects persist, changing of the product should be considered;

-the medication should be administered in a certain amount, otherwise it is ineffective; the treatment starts with low doses gradually increasing until reaching the optimal dose;

- cessation of medical treatment is done by gradual dose reduction, in order to avoid the symptoms of discontinuity.

First choice of the pharmacotherapy for the elderly depressed is represented by the serotonin selective reuptake inhibitors as they do not present any anticholinergic and hypotensive adverse effects of tricyclic antidepressants. According to expert studies, Fluoxetine, respectively Prozac is currently the most effective antidepressant. The adverse side effects of tricyclic or tetracyclic antidepressants, namely Amitriptyline or Nortriptyline include tachycardia, constipation, dizziness, urinary retention, orthostatic hypotension and blurred vision. These effects require the monitoring and the specialists' intervention in order to avoid falls and traumas. In the case of elderly depressed, the association of two antidepressants is not recommended unless resistant depression cases; then, the chosen antidepressants belong again to different classes.

A highly important thing to observe is the continuation of antidepressant therapy, in optimal doses for the next 6-12 months, following the remission of symptomatology; otherwise, subsequent to the early cessation of medication the relapse rates are approximately 70%.

According to specialty research, main alternative therapies successfully used in treating various forms of depression are: meditation, relaxation, massage, acupuncture, aromatherapy, music therapy, diet change, exercise, reflexology, spiritual activities.

Expert studies have shown that any type of physical activity, including recreation, combined with light physical exertion, will be accompanied by mental health improvement, as secondary to serotonin and norepinephrine secretion.

Physical training, supervised by specialists and adjusted to the associated cardiovascular condition

includes walking type aerobic exercises. This is a first choice therapeutic strategy for mild to moderate forms of depression.

Another way of unconventional treatment is represented by melotherapy or music therapy. It increases relaxation, reduces pain, improves sleep and thus diminishes anxiety and depression.

For seasonal patterned forms of depression an important increase of the melatonin occurs, a hormone secreted in large quantities when the intensity of natural light decreases, namely during the cold time of the year, and which greatly influences the circadian rhythm. As it is adequate, the recommended therapy for seasonal depression is light therapy, namely luminotherapy, phototherapy or heliotherapy.

In what concerns the patients diagnosed with depression resistant to other types of treatment and those diagnosed with depression associated with psychotic behaviors, suicide attempts or severe malnutrition, electroconvulsive therapy may be used, electroshock, respectively. Recently, myocardial infarction is the only major contraindication when it comes to this alternative therapy. Its side effects include headache, temporary confusion accompanied by balance disorders and memory disorders.

In conclusion an proper treatment of depression is followed by improving the functionality of physical, social and emotional as well as improving the quality of life.

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