

## Risk table acts as depression crystal ball

January 10 2014, by Rogini Moorthi



"Previous studies have also shown that smoking cessation programs even later in life can contribute to preserved brain cells in the areas of the brain that are important not only for memory but emotions as well," Prof Almeida says. Credit: Chris Goldberg

A risk table comprising modifiable risk factors associated with depression may potentially help health practitioners to predict the probability of depressive symptoms in elderly men later in life, a new study has found.

Researchers from UWA and the WA Centre for Health and Ageing recruited male participants (aged 65-83 years) from the Health in Men Study who completed a questionnaire based on eight lifestyle measures, including physical inactivity, smoking and diet choices.



When the researchers assessed the outcome data of the 4,636 participants three to eight years later, only four modifiable risk factors (excessive smoking and drinking, <u>physical inactivity</u> and abnormal body mass) were found to be associated with the highest probability of <u>depression</u>.

UWA's School of Psychiatry and Clinical Neurosciences Professor Osvaldo Almeida says there is evidence that <u>lifestyle factors</u> like smoking, alcohol use and physical activity may affect mental health.

"If you drink alcohol in excess, you are more likely to have liver and pancreatic complications and are more exposed to certain types of cancers," he says.

"So there is an indirect effect of comorbidities that increase the risk of depression.

"Smoking on the other hand causes several vascular diseases that kill brain cells as a result, leading to depression."

However, Prof Almeida says health practitioners rarely use the risk factors associated with depression in a systematic way to treat patients.

"Presently, methods for predicting the risk of depression employ factors that are difficult to modify such as gender, loneliness, and presence of symptoms such as anxiety and depression."

"In our study we were interested in risk factors that were truly modifiable even later in life as we wanted to provide an instrument that health practitioners could incorporate into clinical practice to reduce the risk of depression among older men.

"For example, increasing physical activity later in life is not only



possible but it can also improve other aspects of mental function."

Prof Almeida says weight change later in life is also feasible and when associated with exercise results in improved physical function.

"Previous studies have also shown that smoking cessation programs even later in life can contribute to preserved brain cells in the areas of the brain that are important not only for memory but emotions as well."

The researchers also found that if health practitioners use those <u>risk</u> <u>factors</u>, they could predict who is more likely to develop depressive episodes over a period of up to 11 years, and follow up.

## Provided by Science Network WA

Citation: Risk table acts as depression crystal ball (2014, January 10) retrieved 8 May 2024 from <a href="https://medicalxpress.com/news/2014-01-table-depression-crystal-ball.html">https://medicalxpress.com/news/2014-01-table-depression-crystal-ball.html</a>

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