

Elders' stress response may worsen depression's impact

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UConn Health psychiatry researchers have found that vulnerability to stress increases the likelihood that elderly adults with major depression will experience cognitive decline in the future, and they recommend tailoring the treatment for late-life depression to address this trait, in order to improve long-term cognitive outcomes.

In a longitudinal study of more than 100 older adults with major depression, those who were more likely to experience anxiety or irritability in response to stressors were more likely to experience [cognitive decline](#) in the years to come, compared to those with major depression who did not score high in vulnerability to stress. The findings are published in the *American Journal of Geriatric Psychiatry*.

"There's something about vulnerability to stress, or neuroticism in general, and depression that is associated with a worse outcome," says assistant professor of psychiatry Kevin Manning, the lead author.

Vulnerability to stress is a trait of neuroticism, a term that generally refers to emotional instability. Study subjects with this trait were also significantly less likely to respond to treatment of their depression.

"What we're looking to do is identify those factors – whether they're cognitive factors or personality factors – that influence treatment response and cognitive change over time," Manning says.

Manning, with UConn Health colleagues Grace Chan, also an assistant

professor of psychiatry, and Dr. David Steffens, the department chair, studied 112 participants who were at least 60 years old and had a diagnosis of [major depression](#). They were followed for a period of up to 10 years that included regular assessments of treatment response, personality questionnaires, and annual cognitive examinations.

Steffens also has an ongoing study in which he is using [functional magnetic resonance](#) imaging (MRI) to investigate potential neural differences associated with neuroticism. The combined findings could help unveil a target for treating late-life depression.

"If we know that medications alone may not work as effectively for these people, we might think about starting out with some other type of treatment to improve their outcomes," Steffens says. "Cognitive behavioral therapy, problem-solving therapy, and certain psychosocial interventions are also effective in treating depression. In addition, perhaps we should find ways to modify our assessment and treatment approach to focus more on vulnerability to stress, and work on teaching people to deal better with [stress](#)."

For some at least, that could mean better response to [treatment](#) in the short term, and less susceptibility to cognitive decline later in life.

More information: Kevin J. Manning et al. Neuroticism Traits Selectively Impact Long Term Illness Course and Cognitive Decline in Late-Life Depression, *The American Journal of Geriatric Psychiatry* (2016). [DOI: 10.1016/j.jagp.2016.10.006](https://doi.org/10.1016/j.jagp.2016.10.006)

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