

# New research evaluates depression treatment among individuals with dementia and depression

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Credit: University of Arizona

A high prevalence of depression among older individuals with dementia is prompting researchers at the University of Arizona College of Pharmacy and Banner Alzheimer's Institute to investigate depression treatment among this population.

The objective of the study is to provide real-world evidence for health-care providers, [patients](#) and caregivers to make informed decisions about

treating depression among older adults with [dementia](#). Findings from this study also have the potential to significantly influence standards of [depression treatment](#) for these individuals.

Sandipan Bhattacharjee, PhD, UA assistant professor of pharmacy, received \$153,500 from the National Institute of Mental Health to lead the study which began this August and extends through July 2019. No study to date has evaluated the appropriateness and outcomes of depression treatment among older adults with dementia and depression in real-world scenarios.

"Behavioral problems, including depression, are a leading cause of health-care expenditures, nursing home placement and caregiver burden in dementia," said Dr. Bhattacharjee, the study's principal investigator. "Getting appropriate treatment for depression among patients diagnosed with dementia can significantly reduce related health-care costs while improving quality of life for patients."

Clinicians long have known that a link exists between depression and dementia, as both conditions display similar symptoms in patients, including loss of interest, apathy, reduced energy and difficulty with concentration. When evaluating patients with new concerns about memory loss, it is imperative for clinicians to recognize significant depression.

"Depression is one of the truly reversible conditions that can be confused with dementia, and if treated adequately, memory can improve," said William Burke, MD, director of the Stead Family Memory Center at Banner Alzheimer's Institute in Phoenix and co-investigator for the study.

This research will be conducted using Medicare claims data from 2011 to 2013 for adults age 65 and older who were diagnosed with dementia

and depression. The research aims to:

- Quantify the extent and identify predictors of inappropriate antidepressant use;
- Determine the degree and predictors of patient adherence to recommended treatment plans during the first 4-8 months of treatment;
- Examine health outcomes and expenditures associated with recommended treatment plans.

Dr. Bhattacharjee said there is much information to glean from this large data set.

"We are looking at all of the predictors that may contribute to inappropriate depression treatment - such as patients receiving medications identified as inappropriate for use among individuals with dementia. We also are looking at outcomes associated with appropriate treatment, including demographics, co-morbidity of medical conditions, geographic location, [patient adherence](#) to treatment, prescribing physician patterns and any other themes that emerge from our research."

Apart from providing real-world evidence of depression treatment effectiveness, findings from the study have the potential to influence national guidelines for treating depression among [older adults](#) with dementia.

"This is an area we need to know more about. While we don't have a cure for dementia or other neurocognitive diseases like Alzheimer's, we do have treatment for [depression](#)," said Dr. Burke. "The goal of [treatment](#) for this population is finding solutions that have an impact on quality of life."

Provided by University of Arizona

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