

Older adults with metabolic syndrome may be more resistant to depression treatments

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Researchers suspect that having Metabolic Syndrome makes it harder for older adults to respond to therapies for depression. (Metabolic Syndrome is a mix of conditions like increased blood pressure, high blood sugar levels, excess body fat around the waist, and abnormal cholesterol levels). In a new, first of its kind study, published in the *Journal of the American Geriatrics Society*, researchers examined whether Metabolic Syndrome in depressed older adults affects their response to antidepressant treatment.

Older adults who have major depressive disorder (MDD, also known as depression) are at higher risk for having problems thinking and making decisions. They are more likely to have trouble performing their regular daily activities and managing their personal care. These problems can lead to poorer health in general and a higher risk of death compared to older adults who are not depressed.

The study included adults aged 60 and older with Metabolic Syndrome and depression (confirmed by two separate assessments). Researchers treated participants with the antidepressant venlafaxine. After six weeks of treatment, the dose was increased if participants' depression scores were still high. Participants had follow-up visits every one to two weeks. Participants were evaluated for their response to treatment again after 12 weeks.

The researchers noted three key findings in people with Metabolic Syndrome:

- Their life history of depression was more chronic.
- Their depression symptoms at the beginning of the study were more severe.
- They took longer to respond to antidepressant therapy.
- What does this mean? The researchers said that [older adults](#) with Metabolic Syndrome may be an important group of people for healthcare providers to pay close attention to when screening for and treating depression.

More information: John S. Mulvahill et al, Effect of Metabolic Syndrome on Late-Life Depression: Associations with Disease Severity and Treatment Resistance, *Journal of the American Geriatrics Society* (2017). [DOI: 10.1111/jgs.15129](https://doi.org/10.1111/jgs.15129)

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