

More older people with depression could benefit from non-drug treatments

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Depression is common in older age and with an ageing population how late-life depression is managed will become increasingly important. Researchers from the University of Bristol and University College

London (UCL) suggest mental health in later life should be given greater priority by healthcare professionals.

Nearly 10 percent of adults aged over 75 have [major depressive disorder](#), and over one third sub-threshold depressive symptoms, yet people over the age of 85 are five times less likely to be referred for psychological therapies than people in their 50s.

Researchers from the University of Bristol and UCL aimed to explore how healthcare professionals (HCPs) manage depression in [older people](#) and referrals to psychological therapies. The study, funded by the NIHR School for Public Health Research (SPHR), is published in the *British Journal of General Practice* (BJGP).

In 20 years' time there will be more than 20 million people over the age of 60 in the UK. However, late-life depression is often managed in primary care with antidepressants, despite older people saying they would prefer non-drug therapies such as talk therapies, mindfulness, community activities, Internet-based interventions, and bibliotherapy.

Yoav Ben-Shlomo, Professor of Clinical Epidemiology in the Bristol Medical School: Population Health Sciences, said: "Our research found primary care services may not give depression in older people the same priority as [physical health](#), which is made worse by a lack of referral options suitable to older people's needs. Further investment in psychological and social resources is needed, especially if older adults are to be encouraged to use psychological services."

Dr. Rachael Frost, UCL Epidemiology and Health Care, and lead author, added: "Our work suggests that there are differences in the healthcare support available to older people for mental health issues. Healthcare professionals appeared to prioritise physical health issues over mental health in older people, particularly when they were frailer with lots of

complex health problems."

The study reviewed 27 qualitative papers that focused on the way that depressive symptoms in the elderly are dealt with in primary care. The researchers found many HCPs felt that late-life depression was mainly caused by social isolation and functional decline, but appropriate treatments were limited. Clinicians perceived depression to have associated stigma for older adults, which required time to negotiate. Limited time in consultations and the complexity of needs in later life meant physical health was often prioritised over mental health, particularly in the frailest patients. Good management of late-life depression appeared to depend more on the skills and interest of individual GPs and nurses than on any structured approach.

The researchers emphasise the need for [mental health](#) in later life to be given greater priority, better training and support of [healthcare professionals](#) working in [primary care](#), and greater investment in psychological therapies that are suitable for older adults.

More information: Rachael Frost et al. Management of depression and referral of older people to psychological therapies: a systematic review of qualitative studies, *British Journal of General Practice* (2019). [DOI: 10.3399/bjgp19X701297](https://doi.org/10.3399/bjgp19X701297)

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