

Treatment of resistant depression in older adults

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ABSTRACT

Introduction: Depression in the elderly is a public health issue. Advanced age is considered a factor of resistance in this pathology. The heterogeneity of the etiological mechanisms and the participation of neuroanatomical abnormalities in depression of the elderly explain the high frequency of resistant depression in this population.

Materials and methods: This is a review of the literature based on Pubmed and Science direct data. The key words used are: depression, treatment resistant depression, elderly, therapeutic.

Results : The most common definition of resistant depression is failure of two antidepressants from different pharmacological classes with adequate dose and duration. The optimal duration is 4-6 weeks when the target dose is achieved.

Three pharmacological therapeutic strategies are possible in resistant depression. Substitution of the initial antidepressant by another antidepressant from different pharmaceutical class. The association of an alpha 2 antagonist (Mirtazapine) with the antidepressant is also possible. Potentiation of the effect of the antidepressant by other molecules was evaluated in several studies: the addition of a neuroleptic such as

Aripiprazole or Quetiapine has shown satisfactory responses, also lithium and thyroid hormones are proposed for their potentiating effects.

Other non-pharmacological therapeutics may be advantageous. Electroconvulsive therapy and Repetitive Transcranial Magnetic Stimulation have shown their effectiveness and rapidity in action.

Conclusion : The treatment of resistant depression in the elderly is currently a challenge. The limitation of data specific to the geriatric population requires the need for other research developing clear therapeutic guidelines while taking into account the specificities of this population.