Combined Presentation of Depression and Dementia1 Behaviour Among Elderly Patients

By: S. Rarhed, Y. Refaat, S. El–Din Mansour and M. E. Fikry

ABSTRACT

Fourty five elderly patients presenting with depression and dementia1 bekaviour, and 20 young adults presenting with depression were studied. Depression was identified in **53%**, **42%** *and* **73%** *of the geriatric sample using psychiatric interview, Beck Depression inventory and the Multidimensional Observation Scale for Elderly Subjects (MOSES), respectively. Depressive Pseudodementia was found in* **8.9%** *of geriatric sample. Depression and dementia1 behaviour occurred together in about* **1/5 - 1/2** *of the geriatric sample (using interview and* **MOSES).** *Depression was found to decrease in frequency as dementia was more severe.*

INTRODUCTION

To-day people live nearly twice as long as they did at the beginning of this century *(Hidayat et al.,* **1983).** Memory declines with age; at the age of **65** years, normal memory is present in **68-75%** only, and the decline is rapid after that age; at the age of **85** and more, only 25-30% have a normal memory (Fikry, **1972;** Weinberg, **1980).** General intelligence scores tend to drop in the years past 60 *(Morgan et al.,* **1979).**

Depression is one of the common threats to the mental health of the aged. In a study on geriatric outpatient population, **28%** of patients referred to the clinic as "demented" were found to be suffering from depressive illness *(Maletta et al.,* **1982).** It is important to differentiate between true dementia and cognitive impairment secondary to depression i.e., pseudodementia *(Hamilton* and *Cowdey,* **1976).**

MATERIAL AND METHODS

I. Fourty five subjects aged **65** years or older, presented with dementia1 behaviour and depression. They were normotensive, with no present or past history of neurological deficit or any other severe somatic disorder.

II. Twenty depressed outpatients, aged 25–45 years were selected for comparison with the elderly.

Both groups were subjected to:

1. Psychiatric interview and physical examination.
2. The Arabic version of Beck's Depressive Inventory (BDI).
3. Multidimential Observation Scale for Elderly Subjects **(MOSES)** was used to measure **5** areas of functioning:
   a. Selfcare functioning.
   b. Disoriented behaviour.
   c. Depressed anxious mood.
   d. Irritable behaviour and
   e. Withdrawn behaviour.

RESULTS

The **45** senile subjects were **29 (64.44%)** females and **16 (35.56%)** males. Their age ranged from **65–90** years (mean **71.5 ± 6.45** years); **19** subjects **(42.22%)** fell under the age group from **65–69** years, while only **3** subjects **(6.67%)** were aged **85–90** years.

Depression was identified among the elderlies, in **24** (53.33%) patients, 19 patients **(42.22%)** and **33** patients **(73.33%);** by using psychiatric interview, BDI, and MOSES respectively. The mean scores on Beck's Depression Inventory of the **19** depressed geriatric patients are shown in table (I). The physical complaints were more prevalent than the psychological complaints.

The mean scores on BDI for depressed young adults are shown in table, (I) the highest mean score was of insomnia and the least was of guilt. The mean DI score for depressed elderlies and depressed young patients were 19.6 ± 8.34 and 25.5 ± 6.4 respectively and this difference was statistically significant **(t=2.485).** Elderly depressed patients scored significantly lower than depressed young adults on suicidal ideas, self-accusation, body image change, self-dislike, self-punishment, and pessimism (where the former 3 complaints were the

most discriminating). All somatic complaints as well as feeling of sadness showed no significant difference among the 2 groups (Table 1).

Table 1: Mean subscale ratings of depressed elderlies and depressed young adults.

Beck's Depression Inventory Subscale	Depressed elderly N. 19		Depressed Young N. 20		t
	M	S.D.	M	S.D.	
1. Sadness	1.21	0.53	1.20	0.41	0.065,
2. Pessimism	0.74	0.65	1.20	0.69	2.14
3. Sense of failure	0.42	0.69	0.85	0.75	1.86
4. Dissatisfaction	1.31	0.94	1.65	0.75	1.252
5. Guilt	0.74	0.56	0.80	0.69	0.30
6. Sense of punishment	0.84	0.60	1.25	0.44	2.44*
7. Self-dislike	0.79	0.63	1.35	0.59	2.86*
8. Self-accusations	0.53	0.69	1.20	0.62	3.19*
9. Suicidal ideas	0.47	0.61	1.25	0.85	3.27*
10. Crying	1.05	0.62	1.00	0.56	0.265
11. Irritability	0.84	0.60	1.05	0.61	1.080
12. Social withdrawal	0.79	0.71	1.15	0.81	1.47
13. Indecisiveness	0.63	0.76	0.80	0.62	0.77
14. Body-image change	0.37	0.68	0.95	0.51	3.024*
15. Work difficulty	1.21	0.71	1.35	0.67	0.633
16. Insomnia	1.31	0.88	1.75	0.55	1.883
17. Fatiguability	1.36	0.68	1.55	0.69	0.866
18. Loss of appetite	1.37	0.76	1.25	0.79	0.483
19. Weight loss	1.37	0.83	1.45	0.83	0.301
20. Somatic preoccupation	1.37	0.89	1.50	0.76	0.421
21. Loss of libido	0.84	1.01	0.95	0.83	0.372
DI-21	19.60	8.34	25.5	6.40	2.485*
DI-14	10.74	5.22	15.7	4.71	3.119*

P = 2.025, * = significant

DI-21 = total score of the 21 subscales of B.D.I.

DI-14 = score of the first 14 subscales

Dementia1 behaviour was identified in 14 (31.11%) elderly patients out of the 45 patients; and in 24 (53.33%) patients out of the 45 patients, using the psychistric interview and MOSES respectively. The accuracy of MOSES was 77.78%, its sensitivity for demential behaviour was 100% and its specificity was 67.74%.

Elderly subjects were graded into 3 groups (using BDI): not depressed (score 0-12), mildly depressed (score 13–20), and moderately to severely depressed (score 21 and more). Demential behaviour (using MOSES) of the elderlies was compared in these three groups (table II). No significant difference was found as regards demential behaviour among the not depressed versus mildly depressed (t = 0.094), and also between the not depressed versus the moderately to severely depressed (t = 1.67). A significiant difference was found on comparing the dementia1 behaviour of the mildly depressed versus the moderately to severely depressed (t = 2.27).

Table II: Demential behaviour (M.O.S.E.S. scores) comparing different groups of elderlies rated for Depression by B.D.I. (Total = 45)

No.	Mean	SD	No	Mean	SD	t
Not Depressed			Mildly Depressed			
20	67.9	28.63	8	68.9	13.51	0.094
Not Depressed			Mod./ severely Depressed			
20	67.9	28.63	11	83.27	13.7	0.67
Mildly Depressed			Mod./ severely Depressed			
8	68.9	13.51	11	83.27	13.7	2.27*
B.D.I not Performed			Not Depressed			
6	119	10.73	20	67.9	28.63	4.232*
"	"	"	Mildly Depressed			
			8	68.9	13.51	7.465*
"	"	"	Mod./ severely Depressed			
			11	83.27	13.7	5.506*

* Significant

A significant difference was found on comparing demential behaviour of elderlies (MOSES) who could not perform BDI and that of the 3 groups: not depressed (t = 2.44), mildly depressed (t = 7.465) and also the moderately to severely depressed (t = 5.506).

No significant difference was found on comparing the demential behaviour (MOSES) of mildly depressed young adults and the young adults who were moderately to severely depressed (t = 1.998).

Also on comparing MOSES scores of elderlies and the young adults considering their severity of depression (BDI), no significant difference was found, for mildly depressed (t = 0.29), for the moderately to severely depressed (t = 0.893) of both age groups (table III).

Depression was identified using MOSES/mood III scores for the elderlies and young patients, as 4 groups: not depressed (score 8-12), mildly depressed (score 13-16), moderately depressed (score 17-24), severely depressed (score 25-32).

Table III: M.O.S.E.S. scores of elderlies (45) and young adults (20) rated for Depression by B.D.I.

Score of B.D.I.	Young Adults' M.O.S.E.S. score			Elderlies' M.O.S.E.S. score			t
	N	M	SD	N	M	SD	
Not depressed (0-12)	I	64.00		20	67.90	28.63	
Mildly Depressed (13-20)	2	66.00	1.414	8	68.90	13.51	0.290
Mod./severely Depressed (21+)	17	79.41	9.247	11	83.27	13.70	0.893
B.D.I. Not performed	-			6	119.00	10.73	
Total	20	77.3	9.942	45	78.64	27.13	0.214

Dementia1 behaviour (MOSES) of the elderlies was compared among the different graded groups considering depression using MOSES/Mood III scores (table IV). The demential beheviour of the elderlies who were not depressed/mildly depressed, differed significantly from the moderately and the severely depressed (t = **3.237** and t = **7.196,** respectively). **Also** the moderately versus the severely depressed differed significantly as regards their dementia1 (t = **3.35).** No significant difference (t = **1.669)** was found between the same behaviour **(MOSES)** of the young patients who were moderately and those who were severely depressed (MOSES/Mood III).

Table IV: M.O.S.E.S. scores comparing different groups of elderlies (45 subjects) rated for depression by M.O.S.E.S./III score

Mean	SD	No	Mean	SD	t
Not Depressed/Mildly dep.		Moderately Depressed			
54.3	11.108	17	**76.294**	**22.419**	**3.237***
Not Depressed/Mildly dep.		Severely Depressed			
54.3	**11.108**	**15**	**102.4**	**21.728**	**7.196***
Moderately Depressed		Severely Depressed			
76.294	**22.4 19**	**15**	**102.4**	**21.728**	**3.335***

* Significant

Comparing **MOSES** scores of elderlies and young patients considering severe depression in both groups using MOSES/Mood III, a significant difference was found (t = **3.827)** (table **V).** Dementia1 behaviour **was** identified in **14** geriatric patients (using the psychiatric interview), 9 of them (62.29%) presented also clinical depression. Those 9 depressed demented elderly patients represented 20% of the total elderly sample **(45** patients). Four patients out of the 9 depressed demented patients were found **to** have depression only

i.e., they were depressed pseudodemented and the remaining 5 patients had depression superimposed on underlying severe dementia.

When demential behavlour was identified by MOSES, 24 elderly subjects showed a degree of demential behaviour rated: mild (8 patients, moderate (11 patients) and severe (5 patients). Eighteen (75%) of those demented patients received as well a diagnosis of depression based on psychiatric examination and they represented 40% of the total geriatric Sample.

When MOSES (total score) was used to identify demential behaviour and MOSES/Mood score III to identify depression; it was found that 21 subjects (of total 45) were rated as having no dementia and 10 of them were depressed (table VI). Mild demential behaviour was identified in 8 elderly subjects (out of 45) who were all depressed. While 10 out of 11 patients with moderate demential behaviour were depressed and the 5 patients with severe demential behaviour were all depressed.

Depression was found in 13 cases out of 18 demential who could perform BDI, they represent 28.89% of the total geriatric sample. Six patients (13.33%) due to their severe cognitive impairment could not perform BDI.

Table V: M.O.S.E.S. scores of elderlies (45) and young adults (20) rated for Depression by M.O.S.E.S./III score

Score of MOSES/III for depression	Young Adults' M.O.S.E.S. score			Elderlies' M.O.S.E.S. score			t
	N	M	SD	N	M	SD	
Not depressed				12	54.75	11.48	
Mildly Depressed	1	54.00		1	49.00		
Mod. Depressed	4	72.50	14.387	17	76.29	22.42	0.320
Severely Depressed	15	80.13	5.987	15	102.4	21.73	3.827*
Total	20	77.3	9.942	45	78.64	27.13	0.214

* Significant

The 8 mildly demented patients were all depressed (100%) while anly 5 patients *(45.46%)* of the moderately demented were depressed, and none of the severely demented was depressed (BDI). The differences between the 3 groups was statistically significant.

The coexistence of dementia1 behaviour and depression in 45 geriatric subjects using the 3 assessment methods is shown in table VII.

Table VI: Dementia1 Behaviour rated by M.O.S.E.S. (total score) and Depression rated by M.O.S.E.S./III score for 45 geriatric subjects

Kating of Demential Behaviour by MOSES	Rating of Depression by M.O.S.E.S./III							
	Absent		Mild		Moderate		Severe	
	N	%	N	%	N	%	N	%
Absent (N = 21)	11	58.38	1	4.76	8	38.1	1	4.76
Mild (N = 8)					6	75.0	2	*25.00*
Moderate (N = 11)	1	9.10			1	9.1	9	81.80
Severe (N = 5)					2	40.0	3	60.00
Total (N = 45)	12	*26.67*	1	*2.22*	17	*37.78*	15	33.33

Table VII: Coexistence of dementia1 behaviour and depression in **45** geriatric subjects **using 3** assessment methods

Dementia1 behaviour & depression	Interview & inter-view	**M.O.S.E.S.** & inter-view	**M.O.S.E.S.** & M.O.S.E.S./ III	**M.O.S.E.S.** & B.D.I.
In Demented patients	**64.2996**	**75%**	**95.80%**	**72.22%**
In total sample	20.00%	**40%**	**51.11%**	**28.89%**

DISCUSSION

The present work showed prevalence of depression in 53%, **42%** and **73%** of patients using psychiatric interview, BDI and **MOSES** respectively. Depression **was** reported by several studies to be the most frequent psychiatric problem and the single commonest symptom found in older persons *(Kleh et* al., *1978, Bandon, 1979, Sieglet and Botwinick. 1979 and Rashed et al., 1982).*

It was found that 30% of persons over the age of *65* might be expected to experience an episode of depression severe enough to interfere with daily function *(Fikry et* al., *1982).* Validation of B.D.I. and **MOSES** was performed, **MOSES** was 100% sensitive to depression in elderlies, but B.D.I. **was** the one more specific **(77.78%).** It is thus advised to use **MOSES** in the screening of large geriatric samples for depression (being sensitive), followed by B.D.I. being more specific.

B.D.I. and other self-rating scales cannot be relied upon when dealing with severely cognitively impaired elderlies, and observation scales, such as **MOSES** were more helpful to identify depression in these patients,

Observation scales, quantifying depression in a score, are also beneficial in the follow up of treatment regimen.

B.D.I. showed that the most prevalent complaints among elderlies were **loss** of appetite, weight loss, somatic **pre-occupation and**

fatiguability, followed by insomnia. This was supported by other studies *(Eisdorfer et* al., *1981, Fikry et al., 1982, Spar and Gerner, 1982 and Hamilton, 1983).*

In our Egyptian culture, depression is not usually associated with guilt *(Shaheen* arid *Rakhawy, 1971),* and suicide is very rare. Foreign literature considers suicide as a high risk even among mildly depressed elderlies *(Brink, 1977, Kolb and Brodie, 1982 and Fawzy, 1982).* The three most discriminating complaints: suicidal ideas, self-accusations and body-image change were scoring significantly lower among elderlies than young depressed patients.

Senile dementia was identified clinically in the present work in 31.11% of the geriatric sample (45 patients). Western figures showed prevalence of dementia about 5% of those over 65 years *(Maletta et* al., *1982)* and about 25% of those aged 80 years or more *(Wright and Whalley, 1984)* and it is the leading cause of admission to psychiatric institutions among the aged *(Maletta et* al., *1982).*

MOSES correctly classified 77.78% (dementia1 behaviour), its sensitivity was 100% and its specificity was 67.74%. The high sensitivity of MOSES in detection and follow-up of elderlies was supported by *Meery and Baker (1966) arid Fawzi arid El-Sherbini (1983).* Elderlies with moderate to severe depression were found to show more dementia1 behaviour than those with less intense depression and than the severely depressed young adults. A negligble but positive relation was found between depression and cognitive dysfunction in a foreign study *(Cavariaugh and Wettstein, 1983)* which was similar for patients above and below 65 years of age, and there was a non-significant trend for those with moderate to severe depression to have more cognitive dysfunction than those with less severe depression, while patients under 65 years had no significant difference among them.

This may point to the presentation of dementia-like picture which is termed depressive pseudodementia, which has to be differentiated from true dementia *(Wells, 1979).*

In the present study, 4 patients were diagnosed clinically as depressive pseudodementia. Their demential behaviour improved hand in hand with the improvement of depression which was treated by

antidepressants and E.C.T. It was suggested to term this condition as "reversible dementia of affective disorder" ***(Nasser. 1972 and Hidayat et al., 1983)*** or "demential syndrome of depression" ***(Silberman and Weingartner, 1983 arid McAllister, 1983),*** or "depressive dementia" *(Mc Allister, 1983).*

There has always been emphasis on differentiating depression from dementia but less emphasis on the co-existence of the two ***(Kaplan and Sadock, 1985 and Reifler et al., 1982).*** When depression and cognitive impairment co-exist in a patient under 65 years of age, one should not assume that cognitive dysfunction resulted from depression ***(Cavanaugh and Wettstein, 1983)*** a view which was confirmed by the results of the present study, and both conditions should be evaluated independently. It is important to realize that both depression and dementia are dynamic and fluctuating processes and what may disable the patient is the severity of one or both together *(Shraberg, 1978 and Shraberg, 1980).*

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LA PRESENTATION COMBINEE DE LA DEPRESSION ET DU COMPORTEMENT DÉMENTIEL PARMI LES PATIENTS AGES.

ABSTRAIT

45 patients ages presentant avec depression et comportement dementiel, ainsi que 20 jeunes adultes presentant avec depression ont ete etudies. La depression a ete identifiée chez 53, 42 et 73% du groupe geriatrique, utilisant respectivement l'intervue psychiatrique, l'inventaire de la dépression de Beck, et l'echelle d'observation multidimensionelle pour les personnes âgées (MOSES). La pseudodemence dépressive a été trouvee chez 8,9% du groupe geriatrique. La depression et le comportement dementiel ont été associee chez environ 1/5 - 1/2 du groupe geriatrique (utilisant I'intervue et le MOSES). La fréquence de la depression diminuait le plus severe la demence était.

الموجـــز
تلازم الاكتئاب وسلوك العتـــه
فى المرضى المسنين

تمت دراسة عينة تجريبية من خمسة وأربعين مريضا فى سن ٦٥ وأكبر يشكون من الاكتئاب وسلو ك العته، وكذلك عينه ضابطا من عشرين مريضا فى عمر ٢٥ – ٤٥ سنة. ثم اجراء المقابلة الطبنفسية والفحص الجسمى وتطبيق قائمة ز"بيك" للأكتئاب ومقياس الملاحظة المتعددة الأبعاد للمسنين. تم أكتشاف أعراض اكتئابية فى ٥٣ ./. من المرضى المسنين بأستعمال المقابلة الطبنفسية،.....

٤٢./. من نفس المرضى استعمال قائمة "بيك" ، فى ٧٣./. من نفس المرضى بأستعمال مقياس الملاحظة المتعددة الأبعاد. وجد العته الكاذب الأكتئابى فى ٨.٩.. من المرضى المسنين.

كما أنه تلازم الاكتئاب وسلوك العته فى خمس حالات المسنين بأستعمال المقابلة، نصف الحالات بأستعمال مقياس الملاحظة المتعددة الأبعاد. كما أن الأكتئاب يقل حدوثه كلما كان العته أشد.