Prospects for Safer Psychopharmacologic Treatment of Affective Disorders in the Elderly

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Summary

With our present pharmaceutical and somatic modalities of intervention a very high percentage of elderly depressives may be effectively treated. Although a wide variety of side effects have been associated with the use of antidepressants such as TCAs, these may be minimized by (1) an understanding of the drug’s affinities for specific receptors; (2) a knowledge of the physiologic changes associated with normal and pathological aging which effect the pharmacokinetics of the TCA; (3) appropriate sampling of plasma levels; and (4) avoiding drug-drug interactions.

The future holds great promise for the development of new antidepressants that will be more specific and have fewer side effects. As the specificity of antidepressants is increased, the greater will be the opportunities for understanding the biological underpinnings of depression in the elderly who so often challenge our diagnostic and clinical abilities.

Affective disorders and specifically depression are common in the elderly. Depending upon the study severe depressive symptomatology requiring psychiatric intervention has been reported in 5–20% of the elderly. However, the more accurate estimate is thought to be 15% (Blazer, 1982). In absolute numbers, approximately 6 million elderly are today needlessly suffering from depression. Twenty percent of the depressed elderly will
receive psychiatric treatment, whereas the remaining 80% will not. Reasons for the latter are multidetermined. A major factor is that many elderly and their families, as is the case with some medical professionals, view depression as a normal component of this phase of the life cycle. This is unfortunate since approximately 70–80% of the elderly depressives vigorously and appropriately treated will show a therapeutic response to our present pharmaceutical and somatic (electroconvulsive therapy) interventions. The 20–30% who are nonresponders may remain clinically depressed or assume a course of chronicity. One of our future tasks in geropsychiatry is to comprehensively study phenomenologically, biologically, and pharmacologically this heterogenous group of nonresponders.

**Assessment of the Depressed Elderly**

Prior to institution of treatment, the depressed elderly require a comprehensive multidisciplinary assessment including medical, neurological, and psychiatric evaluations. Of importance is an in-depth history of all pharmacologic agents, prescribed and nonprescribed, currently being used. The elderly are known to share and to hoard drugs and to ingest outdated medications. Over-the-counter preparations are a favorite, inexpensive source of self-medication. Many of the prescribed medications are depressogenic. These include the more commonly prescribed drugs such as reserpine, propanolol, alphamethyl dopa, clonidine, hydralazine, indomethacin, and L-dopa (Hollister, 1981). Also, a variety of medical diseases are known to be associated with depression and include, to mention only a few, hepatitis, rheumatoid arthritis, systemic lupus, parkinsonism, carcinoma of the head of the pancreas, focal lesions of the nondominant lobe of the brain, diabetes, and hypothyroidism (Hollister, 1981). The contribution of prescribed medications and that of concomitant medical illnesses to the depression must be evaluated. Discontinuation of any unnecessary medications and/or substitution for the depressogenic drugs are the first steps in providing safe and proper pharmacologic treatment of the depressed elderly.

With the ensuing physiologic changes of normal aging, a variety of pharmacokinetic parameters are effected to such a degree that the elderly do not require the high oral doses of psychopharmacologials as younger aged individuals. There are changes in absorption, transportation, distribution, metabolism, and excretion (Hollister, 1981). Of importance is the half-life of the drugs, which are usually greater in the elderly. Since achieving the steady state in the elderly takes longer, numerous frequent changes in dosages may lead to excessively high plasma levels and subsequent unwanted side effects.

Since the elderly have multiple chronic medical illnesses, a better understanding of the pharmacokinetic changes induced by pathological