

Clinical predictors of dementia in patients with late-life depression.

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Abstract

Late-life depression is related to increased risk for dementia. We analyzed sociodemographic and clinical data of patients with late-life depression, and compare those who developed dementia with those who remained cognitively stable, during a mean period of 4 years. We found that patients who converted to dementia presented more cognitive symptoms and cerebrovascular risk factors at the beginning of medical follow-up.

Key words: Late-life depression, cognitive symptoms, dementia.

Introduction

Late-life depression is associated with increased risk for dementia, in particular secondary to Alzheimer's and cerebrovascular diseases. Recent findings suggest neurobiological mechanisms linking depression and dementia, but there is no evidence about clinical characteristics of patients with late-life depression which may predict incipient dementia. The objective of this research was to study possible clinical predictors of dementia in patients with late-life depression

Results and Discussion

A longitudinal and retrospective research was conducted with 67 patients with initial diagnosis of late-life depression and no dementia, evaluated at Geriatric Psychiatry and Neuropsychiatry Outpatient Clinic of State University of Campinas (UNICAMP), between 1991 and 2014. These subjects were divided in two groups: those who developed dementia and those who did not develop, after an average follow-up time of 4 years. We compared sociodemographic and clinical variables presented at the beginning of the follow-up of these patients. Forty-three (64,17%) patients converted to dementia, while twenty-four (35,83%) remained cognitively stable. There is no differences between groups, regarding sociodemographic variables, phenomenological characteristics of depression, prevalence of treatment-resistance, mini-mental score, prevalence of abnormalities in neurological examination and neuroimaging abnormalities. Depressed patients who developed dementia presented more memory ($p=0.001$), executive functions ($p=0.013$) and orientation complaints ($p=0.044$) at the beginning of the follow-up than depressed patients who remained cognitively stable. Also, dyslipidemia ($p=0.007$), higher levels

of systolic blood pressure ($p=0.032$), higher weight ($p=0.023$) and higher TSH levels ($p=0.043$) were related to progression to dementia. After Cox regression adjustment, there is no variable which could predict dementia independently.

Conclusions

Cerebrovascular risk factors and presence of cognitive symptoms may be predictors of dementia in patients with late-life depression. Elevated TSH levels in patient who converted to dementia could be related to HPA axis misbalance, which is present in both conditions, depression and dementia. However, none of these factors predicted dementia independently. Moreover, cerebrovascular risk factors and mild cognitive symptoms are already known predictors of dementia in general elderly population, not specifically in late-life depression.

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