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Clinical Features of Affective Disorders in Patients with Dementia

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Abstract

The relevance of the problem is determined by the high prevalence of mental disorders in older age groups. According to the World Health Organization (WHO), about 15% of people aged 60 years and older suffer from mental disorders (WHO, Mental Health and Elderly, Information Bulletin, April 2016). Affective and organic mental disorders are most common in older age groups. According to WHO estimates, the prevalence of affective disorders among individuals over 60 years old is on average 10-30% [WHO, 2012]. Depression symptoms in people with organic brain diseases (dementia) reach 30-50% prevalence [1,2,5], compared to 13.2% of elderly people without cognitive impairments [7].

Keywords: Psychoorganic disorders of depression in elderly patients with vascular diseases of the brain.

Introduction

The frequency of depressive disorders can vary depending on the severity of dementia. Cognitive impairments characterized by signs of a slightly expressed decline in mnemonic-intellectual functions, not reaching the level of dementia, are described as moderate cognitive impairment (MCI) or "soft" cognitive impairment (MCI). Most often, cognitive impairments are the result of brain damage of vascular, traumatic, intoxication or neurodegenerative diseases.

According to a number of authors, with mild cognitive impairment, the frequency of mild depression symptoms ranges from 26.5% to 49.3%, and 14% of elderly people experience symptoms of severe depression. Some researchers conclude that long-term untreated depression is a risk factor for the development of neurodegenerative and cerebrovascular diseases. In clinical practice, the symptoms of organic and affective disorders in elderly patients are often mixed and have an atypical nature, which significantly complicates the diagnosis of these diseases. Cognitive impairments can be part of affective disorders (e.g., depression-specific thinking slowness, depressive pseudo-dementia, and vice versa). Depression can be the start of a neurodegenerative process. Angedonia, psychomotor inhibition, aesthetic symptoms can be manifestations of psychoorganic syndrome. Depression in the elderly often accompanies a dysphoric component - irritability, aggression, negativity, which can be assessed as psychopath-like behavior within the framework of organic personality changes [1-5, 13].

The frequent combination of organic and affective symptoms requires regular neurological examination of elderly patients with depression and alertness to symptoms of depression in

patients with organic brain pathology due to an increased risk of developing dementia, somatic diseases, and early death [6,7,11].

Psychopharmacotherapy of affective disorders in elderly patients with organic brain pathology is often complicated by poor drug tolerance and the risk of unwanted drug interactions, including somatotropic therapy [8,9,12].

MATERIALS AND METHODS

This study aims to comprehensively study the clinical and psychopathological structure of affective disorders in organic brain diseases in elderly patients and develop differentiated therapeutic recommendations to improve the quality of treatment for affective disorders in this age group.

Inclusion criteria for the study were: age from 50 years and older; diagnosis of affective disorders in the presence of organic brain diseases (F06; F30-39; The study did not include patients with moderate and severe dementia (less than 20 points on the MMSE scale); with depression in schizophrenia, addiction diseases; with the presence of severe concomitant somatic pathology. All patients signed a voluntary informed consent to participate in the study.

To collect clinical material, a study map was developed, which included the patient's socio-demographic characteristics; diagnosis according to the ICB-10 criteria; life and disease history; data on previous treatment; somatic, neurological and mental status at the beginning of the study and in the dynamics against the background of therapy; data from psychometric scales in the dynamics; data from laboratory and instrumental examinations of the patient; consultations of specialists; the study map also recorded the side effects of the psycho-pharmacotherapy received by the patient during the current study;

According to the selection criteria, the study included 105 patients (76 women, 29 men), with a mean age of 61.3±7.6 (50-80 years), and a mean age of disease onset of 46.1±13.8 (13-71 years). According to the ICB-10 criteria, patients' affective pathology corresponded to the following categories: F32.1-3 - current mild, moderate, and severe depressive episode - in 10 patients (9.5%); F33.1-3 - current mild, moderate and severe depressive episode within the framework of recurrent affective disorder - 45 patients (42.9%); F31.3-4 - current mild, moderate and severe depressive episode within the framework of bipolar affective disorder - in 12 patients (11.4%); F34.1 - dysthymia - 1 patient (1.0%); F06.3 - organic depressive disorder (organic affective disorder) - in 32 patients (30.5%); F43.20-23 - stress-related disorders (adaptive disorders) - in 5 patients (4.8%).

To assess the mental state of patients, clinical-psychopathological methods and standardized psychometric scales were used: Montgomery-Assberg Depression Severity Assessment Scale (MADRS), Hospital Anxiety and Depression Scale (HADS), Short Mental State Survey Scale (MMSE), and General Clinical Impression Scale (CGI). The depression classification, presented in the psychiatry manual edited by A.S. Tiganov (1999), was used for the syndrome assessment.

Patients underwent standard diagnostic examinations, electroencephalograms, computed tomography or magnetic resonance imaging of the brain, examination by a therapist, neurologist, if necessary, consultation with other specialists, and neuropsychological examination. Psychopharmacotherapy of affective disorders in elderly patients with organic brain diseases was conducted according to the drug therapy recommendations for elderly patients [3, 15, 43]. Patients'

condition was assessed before the start of psycho-pharmacotherapy and dynamically weekly, clinically, and using standardized psychometric scales. An analysis of the therapy prescribed to patients was conducted, its effectiveness and tolerance were assessed. Adverse drug reactions were recorded using the treatment side effects assessment scale (UKU). A statistical analysis of the obtained clinical and psychometric data was conducted.

Research Results

An analysis was conducted of the severity of depressive disorders (according to the MADRS scale score) before the start of psycho-pharmacotherapy, the average MADRS score was 29.7±8.4 (14-56). The following distribution was found: mild depression was observed in 34 patients (32.4%); moderate depression in 25 patients (23.8%); severe depression in 46 patients (43.8%).

The psychopathological structure of affective disorders in elderly patients with organic brain diseases was represented by polymorphic symptoms, including symptoms of depressive and psychoorganic syndromes. The psychopathological structure of affective disorders in elderly patients with organic brain diseases was represented by the following syndromes: anxiety depression - 39 (37.1%) patients, senesthetic-ipochondriac depression - 23 (21.9%), melancholic depression - 13 (12.4%), apathetic depression - 9 (8.6%), dysphoric depression - 8 (7.6%), psychotic depression - 4 (3.8%), anesthetic depression - 3 (2.9%). In the sample of this study, it can be noted that there is an unusual small number of patients with sad depression.

Conclusions

1.The psychopathological structure of affective disorders in elderly patients with organic brain diseases was represented by polymorphic symptoms, including symptoms of depressive and psychoorganic syndromes.

2.The frequency of depressive disorders can vary depending on the severity of dementia. Cognitive impairments characterized by signs of a slightly expressed decrease in mnemonic-intellectual functions, not reaching the level of dementia, are described as moderate cognitive impairment (MCI)

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