

Cambridge University Press

978-0-521-68980-9 - Integrated Management of Depression in the Elderly

Edited by Carolyn Chew-Graham, Robert Baldwin and Alistair Burns

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## **Integrated Management of Depression in the Elderly**

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# Integrated Management of Depression in the Elderly

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## Foreword

To my knowledge there is nothing quite like this book in the English language, perhaps in any language. This is not to say late-life depression has not been the focus of previous books. Felix Post, in 1962, published the results from his clinical follow-up of late-life depression in what I believe was the first text for physicians on the symptoms and course of this common condition written in the twentieth century.<sup>1</sup> I attempted a general overview of the topic twenty years later, summarizing the extant literature and coupling this review with my own experience in treating depressed older adults.<sup>2</sup> The National Institutes of Mental Health in the United States convened a consensus panel a little over a decade later that led to a detailed literature review and recommendations for clinical investigators, recommendations that have spawned a plethora of research reports over the past decade.<sup>3</sup> There have been many other single-authored and edited textbooks since.

What makes this book different? Is this difference of use to practitioners? Unlike anything written to date, the editors have derived their primary data from the most important source for truly grasping the nature of late life depression and entering the complex task of designing and implementing a treatment plan. That source is the collection of practitioners ‘on the ground’ working with depressed older adults daily, beginning not with the psychiatrist or psychologist but with the primary care physician/general practitioner. The perspective of clinicians from a variety of disciplines working in concert to manage depressed elders is the real world of old-age psychiatry. Is this approach of value? Absolutely! Academic physicians, and perhaps physicians in general, have become so enamored with evidence from empirical studies of depression that they often overlook the nuances of treating one older adult in her or his unique environment. They retreat to the sterile environment of diagnosis and treatment algorithms and ignore the individual (there is nothing

<sup>1</sup> Post F. (1962) *The Significance of Affective Symptoms at Old Age*. London: Oxford University Press.

<sup>2</sup> Blazer D. (1982) *Depression in Late Life*. St Louis, MO: Mosby.

<sup>3</sup> Schneider L., Reynolds C., Lebowitz B., Friedhoff A. (1994) *Diagnosis and Treatment of Depression in Late Life*. Washington, DC: American Psychiatric Press.

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wrong with an algorithm as long as it is adapted to the individual patient in the context of that patient's sociocultural environment).

Many texts describe the importance of a collaborative approach to treatment. Yet these descriptions are usually through the eyes of one discipline. The editors of this text provide the reader the views of multiple practitioners reflecting upon the diagnosis and treatment of an individual patient. It is one thing to say that collaboration is important, it is another to actually listen to one's colleagues' unique disciplinary perspectives. Those who read this book must do just that.

A unique contribution of this text for practitioners is the multicultural perspective. This perspective emerges in at least two ways. First the authors describe the diversity of patients who the primary care physician encounters in the United Kingdom. Yet of more interest, they provide in Chapter 6 a cross-cultural reflection upon a case of old-age depression. I found the Appendix with the actual text of the responses from clinicians across the world especially intriguing. Patients do not simply vary across cultures. Clinicians view their patients differently given the cultural background of the clinician though many approaches to therapy are virtually universal. In our current era of reductionistic biological psychiatry, this variation in perspective is often unacknowledged, if not unknown.

Finally, this book is not only useful but fun. How often can that be said about a medical text? Even for the clinician immersed in the daily care of older adults this book is so unique and so relevant that the reader must engage the text. So I welcome the opportunity to provide this foreword, congratulate the editors, and join what I hope will be a large audience of readers.

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## Preface

Depression in older people is common, distressing for patients, and is associated with high morbidity and mortality. It is often unrecognized and usually under-treated. Contrary to much professional and public opinion, depression is treatable with both drug and psychological approaches, which lead to significantly improved health and social outcomes for individuals. The book begins with a review of the epidemiology of depression in older people and then a more in-depth analysis of a number of approaches to management, such as self-care, stepped care and collaborative care.

Our experience in managing depression in older people was heightened by our involvement in a trial which evaluated a collaborative care approach to the management of depression in older people in primary care. Arising from that experience, and our clinical exposure, we have focussed the book on a discussion of a number of clinical cases, based on real cases we have encountered, by practising health and social care professionals around the world. Despite a current vogue for emphasizing individual differences, we were impressed at how the presentation and often the management of older people with depression is common across cultures – or at least, the similarities outweigh the differences. However, the latter are sufficient to build up a fascinating picture from an international perspective.

We hope we have succeeded in making the book appealing to a broad range of readers who work with older people, and that the case commentaries, in particular, will appeal to students of the health and social care professions, as well as primary and secondary care professionals and providers in the voluntary sector.

We wish to thank all of our contributors (listed on pages vi–xii) who invested their time, thoughtfulness and expertise in the commentaries. We particularly wish to thank Ken Wilson and Karina Lovell, who were also involved in our trial, and Waquas Waheed for their contributions.

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## Acknowledgements

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