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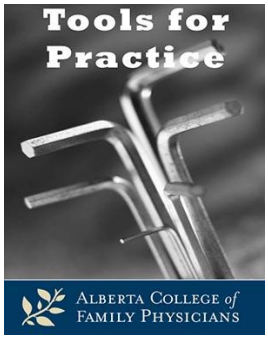

The depressing evidence for antidepressants in the elderly

Clinical Question: How effective are antidepressants for treating depression in the elderly?

Bottom Line: The efficacy of antidepressants in the elderly is inconsistent and may decrease as patients age. From 80% to 40% of elderly patients will recover with antidepressants, with some studies showing no difference from placebo response rates. Harms of antidepressants are common, with ~20% stopping due to adverse effects.

Evidence:

- 5 recent systematic reviews of randomized, placebo-controlled trials (RCTs) used different ages for inclusion:
  - All antidepressants, mean age ~70, followed mostly 4 weeks (range 3-20), statistically different rates of "recovery" (achieving a set change in or reaching a predetermined depression score):[1]
    - Tricyclic Antidepressants (TCAs) (10 RCTs): 75% versus 51% (placebo), Number Needed to Treat (NNT)=5.
    - Selective Serotonin Reuptake Inhibitors (SSRIs) (2 RCTs): 83% versus 72% (placebo), NNT=10.
  - SSRIs and newer antidepressants only: 10 RCTs, mean ages 68-80, followed 6-12 weeks, statistically different rates of:[2]
    - Response (>50% improvement in symptoms): 44% versus 35% (placebo), results inconsistent.
    - "Remission": 33% versus 27% (placebo), results inconsistent.
  - Any antidepressant: 15 RCTs, mean follow-up ~7 weeks:[3]
    - Response (>50% improvement in symptoms): decreased with age:
      - 54% for mean age 44, 42% for mean age 73.
      - Placebo response rates similar regardless of age (~33-39%).
        - Post-hoc analysis: no difference from placebo when limited to studies over age 65.
  - SSRIs only: 12 RCTs, mean ages 70-79, followed for mostly 8 weeks:[4]
    - Response or remission: no difference compared to placebo.
  - Limitations: Often based on secondary analysis.

Context:

- Likely no difference in efficacy between TCAs and SSRIs, but adverse-effect withdrawals higher with TCAs (24% versus 17%).[5]
- Elderly patients may respond to antidepressants slower than adults, possibly requiring 10-12 weeks before effects seen.[2]
- Chronic illness often co-exists with depression in elderly patients, along with frailty, possibly mitigating effects.[6]
- Cognitive Behavioural Therapy has been inconsistently shown to improve depression symptoms in the elderly.[7,8]
- In the elderly, antidepressants have been associated with a similar fall risk as benzodiazepines.[9]
- Antidepressants may not be effective in treating depression in dementia.[10]

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