



Dementia risk in depressed veterans increased with shorter duration of antidepressant therapy

03 Nov 16 Clinical Essentials from *J Am Geriatr Soc*

Takeaway

- Dementia risk in depressed veterans was increased with shorter duration of antidepressant therapy.

Why this matters

- Adequate duration of depression treatment may help reduce dementia risk, especially in older adults with other risk factors for neurocognitive decline.
- Findings may suggest shared underlying mechanisms and possible therapeutic targets.

Study design

- Of 1547 veterans' charts reviewed, 605 met inclusion criteria for depression without dementia, and 128 were excluded for psychiatric comorbidities.
- Of 41 who developed incident dementia, 37 were matched by age, cardiovascular/cerebrovascular disease, diabetes, and substance use to 37 persons with depression without dementia.
- Baseline characteristics, antidepressant types, and benzodiazepine or antipsychotic use were similar in both groups.
- Funding: None.

Key results

- For the group with vs without dementia, median duration of antidepressant use was 891 vs 1979 d ($P=.03$).
- Antidepressant treatment for ≥ 5 y was received by 8 with vs 20 without dementia (OR, 0.235; $P=.004$).

Limitations

- Single-center, retrospective, observational design.

- Findings might not apply to other populations.
- Relatively small sample of patients with dementia.
- Reliance on electronic chart review.
- Those inherent in the included studies.

References

Brodrick JE, Mathys ML. Antidepressant Exposure and Risk of Dementia in Older Adults with Major Depressive Disorder. J Am Geriatr Soc

2016 Nov 1 [Epub ahead of print]. doi: 10.1111/jgs.14378. PMID: 27801932

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