DEPRESSION AND DEMENTIA OF ELDERLY PATIENTS: COMORBIDITY, DIAGNOSIS, THERAPY

A. Dubenko¹, V. Korostiy²

¹Institute of Neurology, Psychiatry and Narcology of AMS of Ukraine, ²Psychiatry Department, Kharkov National Medical University, Kharkov, Ukraine

In gerontological practice comorbid dementia and depression are clinically complex situation in terms of differential diagnostics, and in terms of combined therapy of these states. If it is possible to determine that either dementia or depression are dominant for a patient's disease clinical presentation, the therapy should be started with the treatment of the «dominant» disorder. If case it is impossible to determine the dominant disorder, the parallel treatment of dementia and depression is applied.

When choosing the medicine for the patients with the comorbidity of dementia and depression to treat these states it is first of all necessary to consider the possibility of the influence of antidepressants on the cognitive functions and the influence of the medicines, applied for treating dementia, on the depressive symptoms. In addition, it is necessary to consider the pharmacokinetic interaction of these groups of medicines. The next stage must be the analysis of the accompanying therapy of this patient to exclude pro-depressants and the medicines worsening cognitive functions. If it is impossible to exclude these medicines in full, their quantity must be minimized. Moreover, if possible, it is necessary to reduce the degree of polypragmasy in these cases. Regarding the medicines prescribed for the patient to take, it is required to consider pharmacokinetic interaction with antidepressants and medicines for treating dementia.

All the categories of the patients demand diagnostic monitoring of the cognitive functions and the level of the marked depressive symptoms, which will enable to correct further therapeutic tactics adequately.