Major depression is common in people over the age of 50, particularly in those at socioeconomic disadvantage, or with poor physical health and previous depressive symptoms.


Q: Do demographic, socioeconomic, and clinical factors increase major depression in middle aged and older adults?

MAIN RESULTS
The 12 month prevalence of major depression was 6.6% in people over the age of 50 (95% CI 6.1 to 7.1). Prevalence in different subgroups is presented in the table (see http://www.ebmentalhealth.com/supplemental for table). In general, major depression was more common in: younger people; people who had separated from partners; people who were less educated and of lower socioeconomic status. Persistent significant depressive symptoms were associated with age, race, marital status, current employment, income, assets, physical illness, severity of major depression, and psychiatric treatment at baseline (data not shown).

CONCLUSIONS
Major depression is common in older people, particularly in those at socioeconomic disadvantage, or with poor physical health and previous symptoms of depression.

NOTES
This report uses data from third to fifth rounds of the Health and Retirement Study, a longitudinal study of community dwelling adults in the USA. African-Americans, Hispanics, and Florida residents were overrepresented.

COMMENTARY
This article reports results of an epidemiological study (US Health and Retirement Study [HRS]) regarding the prevalence of major depression and persistence of symptoms assessed in a nationally representative community sample of middle aged and older adults in 1996, 1998, and 2000. This ambitious longitudinal survey is relevant because the results suggest that the persistence of depressive symptoms seems to increase with age although, surprisingly, the prevalence of major depression seems to decline with age. Moreover, the results indicate that the persistence of significant depressive symptoms is associated with socioeconomic disadvantage, physical disease (particularly recent stroke and heart attack), and a certain symptom triad at baseline (anhedonia, feelings of worthlessness, thoughts of death). Thus, identification of these patients is most important because they may need intensive treatment and careful longitudinal monitoring. Unfortunately, the disease is frequently not recognised in these age groups in primary care.1

The report is impressive because the representative sample was large and the authors applied the Composite International Diagnostic Interview2 and the short form of the Center for Epidemiological Studies Depression Scale3 as suitable measures of major depressive episodes in the elderly.4 If we take the results seriously, they would suggest that it is necessary to concentrate more efforts on those middle aged and older people suffering from depression who, due to socioeconomic disadvantage, have difficulty obtaining an effective treatment for depression. The generalisability of this study is limited to middle aged and older adults in the general population of the United States. Future research should also address institutionalised populations because the prevalence of the disease may be higher and the depressive disorder may be more severe in terms of symptoms and duration. In future research it would be advantageous to avoid some methodological issues of the HRS through more detailed analysis of the treatment, determining physical illness using clinician reported information and focusing on the subgroup of elderly patients (minimum age, 70 years) in order to obtain more reliable information about factors associated with the persistence of depression in this frequently neglected age group suffering from major depression.