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The frequency of neurocognitive deficits to severity of depression in elderly

Sadia Yasir and Asad Tamizuddin Nizami

Institute of Psychiatry & WHO Collaboration Centre, Pakistan

Statement of the Problem: The emphasis on major depressive disorder has left a gap in the research, concerning the relationship between magnitude of depression severity and neurocognitive functions. The current study addresses this issue and looks at the frequency of neurocognitive deficits in depressed elderly patients.

Orientation: It is a cross sectional descriptive study done at Institute of Psychiatry availing inpatient and outpatient facility at Benazir Bhutto Hospital, Rawalpindi, Pakistan. Duration of study was six months from 29th September 2014 to 29th March 2015. 292 patients aged ≥ 60 years were screened for depression using Geriatric Depression Scale (GDS). Neurocognitive impairment was assessed using Mini Mental State Examination (MMSE). Severity of depression was assessed by Beck Depressive inventory (BDI). Data was analyzed with Statistical Program for Social Sciences (SPSS version 18). Results showed that severity of depression is associated with the neurocognitive deficits in elderly.

Findings: In a sample of (n=292), 32.19% had mild depression, out of these 48.9% had mild cognitive impairment, 20.1% had moderate and 2.1% had severe impairment. 36.9% had moderate depression out of which 34.2% had mild cognitive impairment, 41.6% had moderate and 7% had severe cognitive impairment. 16.4% had severe depression out of which 14.5% had mild neurocognitive impairment, 52% had moderate and 37.5% had severe neurocognitive impairment.

Conclusions & Significance: Higher BDI score was associated with a lower baseline MMSE. Depression causes significant neurocognitive impairment in elderly. This has to be differentiated from mild cognitive impairment (MCI) seen in Dementia. Caution must be taken while prescribing the class of anti-depressants as tricyclic antidepressants can further cause neurocognitive impairment.

Biography

Sadia Yasir comes from a society where mental illnesses are still shrouded in taboos. Patients are stigmatized and neglected. During her Psychiatry Clerkship, she was disheartened to see patients coming to the psychiatry after years of suffering not only at the hands of the disease but also these faith healers. This prevailing attitude increased her interest in the field of psychiatry. She found herself drawn to acquire a greater understanding of mental illnesses, in context to the cultural backgrounds of the effected individuals. For seven years, she has worked in a tertiary care hospital. During these years, she also realized that she has many attributes that make her better suited to this field. I have a gift for communication and people from all walks of life feel comfortable sharing their feelings with me. I am a patient listener and possess a calm demeanor. It is my inherent yearning for this specialty that I consider to be my greatest asset.

sadiayasir73@gmail.com

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