The co-morbidity of cerebrovascular disease and depression has high prevalence though the interrelations between them are not quite clear. Conception of “vascular depression” /Alexopoulos G.S. et al., 1996/ is intensively discussed but on the other hand there are evidence showing that often the depression can’t be connected with cerebrovascular disease /Versluis C.E., 2006; Kruglov L.S., Meshandin I.A., 2013/.

There are three main opportunities in the interfaces of mentioned pathological processes: depression is a consequence of vascular disease; depression occurs independently of vascular disease, but contributes to the development of the latter and adds its severity; vascular disease and depression are defined by a common genetic predisposition and the development by a single mechanism.

The pathogenetic basement for the first is lying in the presence of anatomo-physiological systems that control the emotional state and that can be damaged by cerebrovascular disease. The background of the second mentioned opportunity includes the hyperactivity of hypothalamic and pituitary-adrenal axis and of the blood cells aggregation in patients with depression. This mechanisms can be found both in vascular pathology and depression and together they support the possibility of the third variant. The dynamics of contemplated diseases in this connection also have common features. The clinical peculiarities of vascular depression compared with traditional symptomatology of late-life depression concern in particular the prevalence of motor retardation and apathy in cases of the first and more prominent features of anxiety in cases of the latter. Treatment specificity of vascular depression includes the optimization of the antidepressant therapy by the use of neuromethabolics /actovegin, cerebrolysin/.