

Comorbidity variations of depression and Dementia in the elderly

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Methods: Cornell Dementia Depression Scale (CSDD), Mini Mental State Examination (MMSE) and clock drawing test. Results: 231 patients aged 70 years and older with cognitive impairment of varying degrees were examined. The results of the study revealed the presence of moderate cognitive impairment syndrome in 118 patients, unequivocally proven dementia symptoms - at 113. Depressive disorders have been detected in 88 patients. Depending on the psychopathological structure of the depression syndrome, 5 major clinical types were identified: anxiety, hypochondria, apathy, drowsiness and psychotic depression with delirium. In analyzing the possible pathogenetic mechanisms of the development of depressive disorders in Alzheimer`s disease, three variants of their formation were identified: depression caused primarily by reactive and situational mechanisms (38.5%), arising spontaneously, i.e. regardless of the connection with psycho-traumatic factors (27.7%), and the intermediate between these two variants of depressive disorders (33.8%), in which, along with the reactive-situational content of emotions, there was often a pronounced affection of anxiety or anxiety, the primary sense of guilt, characteristic circadian rhythm with attenuation of depression symptoms closer to evening, ideator and motor retardation. Conclusions: A clinical picture of depression in Alzheimer`s disease or vascular dementia can occur with atypical manifestations, and a number of symptoms of dementia can be mistakenly classified as a manifestation of depressive disorder. In a number of cases, patients with initial manifestations of dementia can establish the psychogenic (nosogenic) nature of depression. In the vast majority of cases, the biological pathogenetic relationships of Alzheimer`s disease and depression are suspected