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CONFERENCE ABSTRACTS

6. GENERAL QUESTIONS: PSYCHIATRY OF STRESS

STRESS AND NON-PSYCHOTIC DEPRESSIONS IN ELDERLY GP-PATIENTS

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The old age is prone to stress-related depressive and disadaptations. Depressive disorders in the elderly are generally under diagnosed, and most patients do not receive proper antidepresant therapy or psychological support. The role of stressful factors in the development of non-psychotic depressive states was studied in the elderly GP-patients. The cohort of depressive patients 60+ y.o. attending geropsychiatric rooms at territorial polyclinics, comprised 475 persons (51 males, 424 females). Patients aged 60–74 (72.3%) prevailed, with 27.6% aged 75+ years. According to ICD10, the depressive desadaptative reaction was diagnosed in 42.7% (207 cases), endogenous depressive disorders (MD) were discovered in 38.1% (181 cases). Dysthymia was established in 12.2% (58 cases), organic and somatogenic depressions in 7% (33 cases). The impact of stressful factors was found in 59.8%, i.e. in nearly 2/3. Therefore, stress produced depressive state in 2/3, and acted as a «trigger», precipitating the onset of depression, in 1/3. Age-related features of stress in the elderly GP-patients include a wide spectrum of stressful life events (representing a combination of psychological, social and somatic factors); a combination of acute stress (crises) and prolonged stressful life situations (chronic burden); stressful experiences + negative stressful events occurred in the earlier periods of life; interaction of the stressful factor and constitutional personality predisposition and age-related vulnerability or emotional lability caused by a cerebrovascular disease. Overall, physical illness may be a stressful factor at first stage; whereas disability may represent a secondary stressful factor. Other important aspects to consider include: asynchrony between a change of the situation and stress-related depression; stress-related experiences with the close relative of a friend; correlation of stressful factors and hierarchy of principal main needs of the elderly (physical needs, need for protection, social needs, self-esteem). Thus, the most significant stressful factors to the elderly are stresses threatening survival. The prevalence of stressful factors in elderly depressive GP-patients is as follows: marked impairment of physical health (28.2% in patients 60–74 y.o., and 38.2% in patients 75+ y.o); the loss factor (e.g., widowhood), 24.9% and 23.6%, respectively; prolonged conflicts in interpersonal relationships (15.0% and 14.2%, respectively). Overall, the spectrum of stress-related depressive disorders was broader and more diverse in duration and manifestations in the 60–74 y.o group, with maximal incidence of depressive disadaptation and twice more frequent stress-precipitated depressive disorders (vs. the 75+ group). Dysthymia was more frequent in the elder age group. Stressogenic factors affecting the onset and development of depression in the elderly GP-patients include: loneliness (loss), and instability caused by own or a close relative severe illnesses. Depressive disorders occurred twice more frequently in aged patients living alone. Interestingly, when one of the spouses is affected by dementia, the emotional stress caused by the diagnosis in combination with the burden of care results in «proactive widowhood». In general, a key role of stress in the development of depression in the elderly

GP-patients raises a question of setting up a specialized psychogeriatric services in primary care as well as psychological support of patients and their families, aiming to improve the quality of life of the elderly and prevent stress-evoked psychopathogenesis.