LATE ONSET DEPRESSION OR DEMENTIA?

There are many overlapping features of dementia and depression in later life that can make the two conditions difficult to distinguish in older aged people, especially in the early stages of dementia. Clinical differentiating between the two conditions is important for obvious reasons, as the progression of cognitive impairment associated with depression may be reversed with appropriate psychological treatment and or medication.

Similarities between the two presentations include;

- personality changes such as apathy and increased dependency
- disrupted sleep-wake cycle
- reduced concentration
- poor short term memory
- low mood
- psychomotor slowing (may contribute to lower scores for depressed persons on cognitive tasks)

It is well known that major depression includes cognitive slowing, with reduced concentration, memory and information processing speed. Research has also shown that depression-related symptoms may be common in the early stages of Alzheimer's disease and may occur in the absence of the full syndrome of clinical depression.

Both a thorough clinical interview and a formal neuropsychological assessment can contribute to differentiating late-onset depression from the early stages of dementia.

History and Behavioural Features that are Helpful in Differentiating Alzheimer's Disease from 'Dementia Syndrome' of Depression

Criterion	Alzheimer's Disease	Depression
Symptom duration at time seeking medical attention	Long	Short
Previous Psychiatric Treatment	Unusual	Usual
Progression of symptoms	Slow	Rapid; can fluctuate
Patient complaint of deficit	Variable	Abundant
Emotional reaction	Variable	Marked Distress
Patient valuation of accomplishments	Variable	Minimised
Behaviour congruent with cognitive deficits	Usual	Unusual
Delusions	Mood independent	Mood congruent
Mood Disorder	Environmentally responsive	Persistent

(Table adapted from Kasniak & Ditraglia, 2003)

As outlined in the table below, when formally assessed with psychometric testing, different patterns of performance may assist with a clinical diagnosis of dementia or depression.

Qualitative Features in Neuropsychological Test Data that are Helpful in Differentiating Dementia from Depression

Measure	Alzheimer's Disease	Depression
Recognition memory	Impaired	Relatively intact
False positive recognition memory errors	Greater	Fewer
Performance on automatic encoding tasks	Impaired	Intact
Effort in attempting to perform tasks	Good	Poor
Performance on tasks of similar difficulty	Good	Poor
Semantic organisation (I.e,. grouping into meaningful categories)	Unhelpful	Helpful
prompting	Less helpful	Helpful
Awareness of Impairment	Impaired	Intact

(Table adapted from Kasniak & Ditraglia,2003)

If you or the family would like a formal assessment, please contact and discuss any requirements.