Ospedale Fatebenefratelli e Oftalmico
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Sistema Socio Sanitario
Regione Lombardia
ASST Fatebenefratelli Sacco

Solitudine, depressione e aspettative di vita

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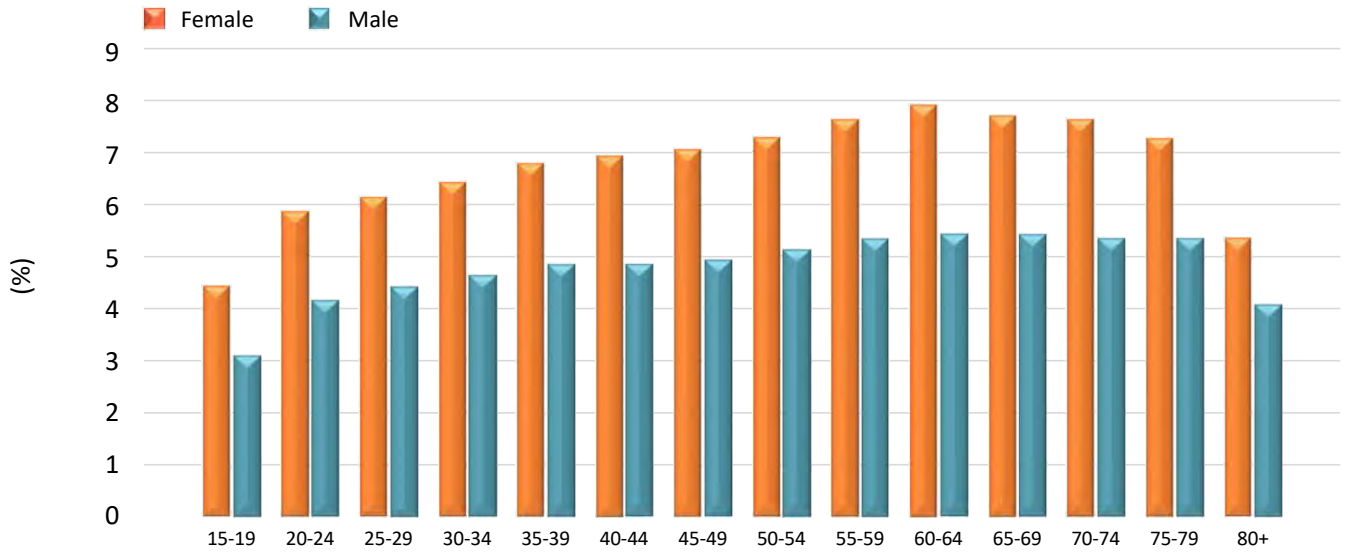
Outline

Depressione tardiva negli anziani

La Solitudine amplificata da Covid-19

Depressione nei Caregiver

Global prevalence of depressive disorders, by age and sex



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Global Burden od Disease Study 2015

Depression in the elderly

George S Alexopoulos

In elderly people, depression mainly affects those with chronic medical illnesses and cognitive impairment, causes suffering, family disruption, and disability, worsens the outcomes of many medical illnesses, and increases mortality. Ageing-related and disease-related processes, including arteriosclerosis and inflammatory, endocrine, and immune changes compromise the integrity of frontostriatal pathways, the amygdala, and the hippocampus, and increase vulnerability to depression. Heredity factors might also play a part. Psychosocial adversity—economic impoverishment, disability, isolation, relocation, caregiving, and bereavement—contributes to physiological changes, further increasing susceptibility to depression or triggering depression in already vulnerable elderly individuals. Treatment with antidepressants is well tolerated by elderly people and is, overall, as effective as in young adults. Evidence-based guidelines for prevention of new episodes of depression are available as are care-delivery systems that increase the likelihood of diagnosis, and improve the treatment of, late-life depression. However, in North America at least, public insurance covers these services inadequately.

Lancet 2005; 365: 1961–70

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Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review

Age- and gender-specific prevalence of depression in latest-life – Systematic review and meta-analysis

M. Luppa [a,*], C. Sikorski [a], T. Luck [a,b], L. Ehreke [a], A. Konnopka [c], B. Wiese [d], S. Weyerer [e], H.-H. König [c], S.G. Riedel-Heller [f]

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ARTICLE INFO

Article history:
Received 9 June 2010
Received in revised form 9 November 2010
Accepted 30 November 2010
Available online 30 December 2010

Keywords:
Prevalence
Depression
Depressive symptoms
Latest life
Review
Meta-analysis

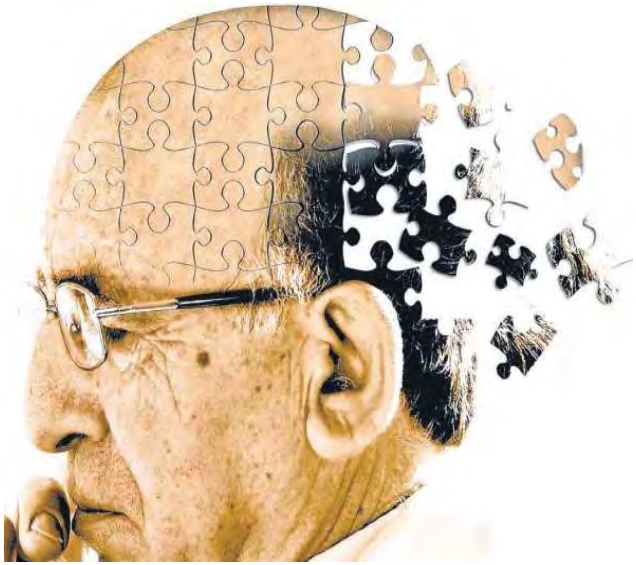
ABSTRACT

Objective: The objective of the study is to systematically analyze the prevalence of depression in latest life (75+), particularly focusing on age- and gender-specific rates across the latest-life age groups.
Design: Relevant articles were identified by systematically searching the databases MEDLINE, Web of Science, Cochrane Library and Psycinfo and relevant literature from 1999 onwards was reviewed. Studies based on the community-based elderly population aged 75 years and older were included. Quality of studies was assessed. Meta-analysis was performed using random effects model.
Results: 24 studies reporting age- and gender-specific prevalence of depression were found. 13 studies had a high to moderate methodical quality. The prevalence of major depression ranged from 4.6% to 9.3%, and that of depressive disorders from 4.5% to 37.4%. Pooled prevalence was 7.2% (95% CI 4.4–10.6%) for major depression and 17.1% (95% CI 9.7–26.1%) for depressive disorders. Potential sources of high heterogeneity of prevalence were study design, sampling strategy, study quality and applied diagnostics of latest life depression.
Conclusions: Despite the wide variation in estimates, it is evident that latest life depression is common. To reduce variability of study results, particularly sampling strategies (inclusion of nursing home residents and severe cognitively impaired individuals) for the old age study populations should be addressed more thoroughly in future research.

Cos'è la depressione tardiva

Late Life Depression

- È una forma di depressione maggiore che **insorge dopo i 65 anni**.
- I **criteri** corrispondono a quelli della **Depressione Maggiore del DSM-5**.
- Può presentarsi come **riacutizzazione** di una depressione precoce o dirittamente come **forma tardiva**.



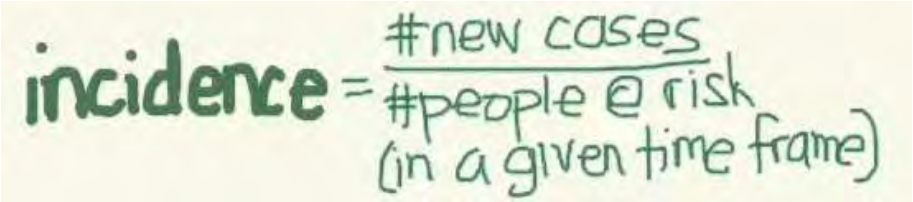
Assessment of the person with late-life depression.

Glover J[1], Srinivasan S.

Psychiatr Clin North Am. 2013

Incidenza della depressione tardiva

- L'**incidenza** di Depressione Tardiva è assai variabile
- Sono stati riscontrati **tassi tra lo 0,2 e il 14%** nei diversi studi sulla depressione maggiore, secondo i criteri DSM/ICD
- L'incidenza nel **sesso femminile** risulta essere maggiore nella quasi totalità degli studi

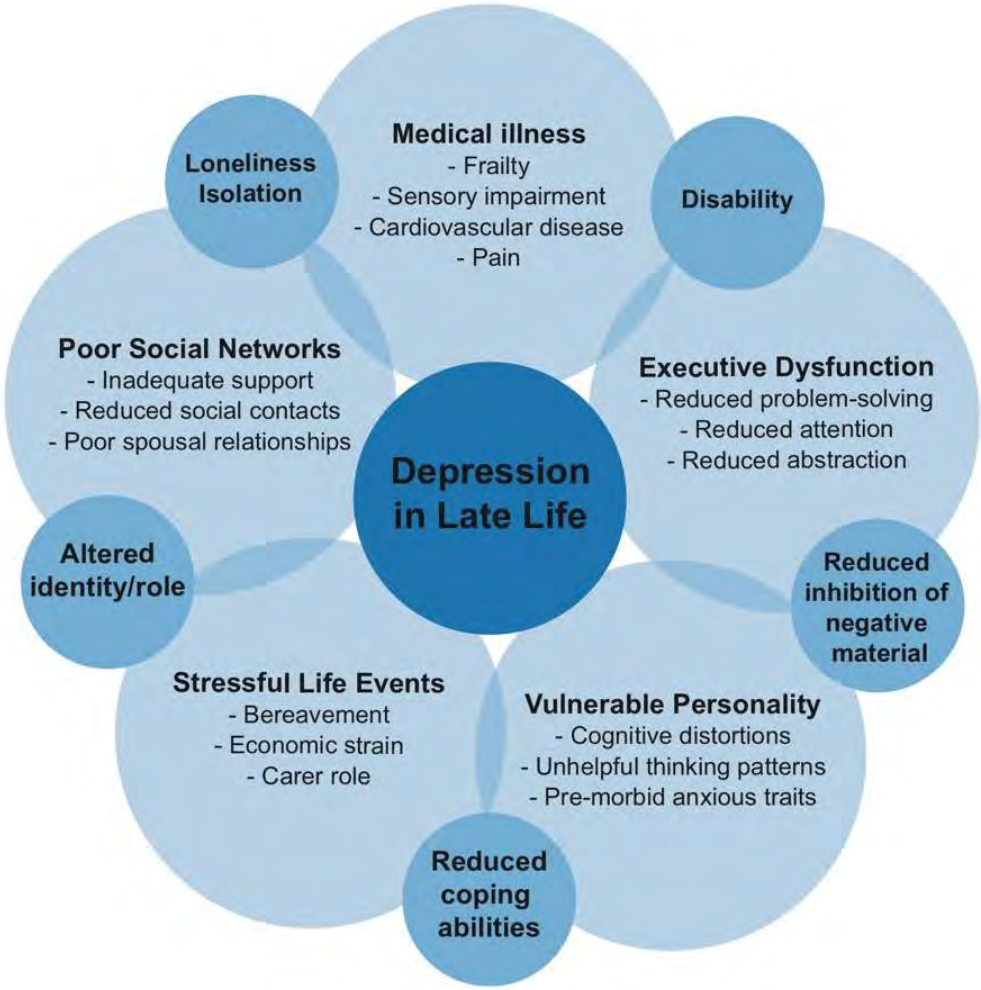


Incidence of late-life depression: a systematic review.

Büchtemann D[1], Luppa M, Bramesfeld A, Riedel-Heller S. J Affect Disord. 2012

Depressione tardiva:

Il modello bio-psico-sociale



Fattori predisponenti nella depressione dell'anziano

Biologici	Storia familiare (predisposizione genetica) Episodi depressivi anamnestici Modificazioni neurotrasmettitoriali correlate all'invecchiamento
Fisici	Malattie specifiche (ad es: ipotiroidismo, COPD, cancro) Condizioni cliniche croniche (specialmente se associate a dolore o disabilità) Farmaci Deprivazione sensoriale (vista e udito) "Impairment" funzionale
Psicologici	Conflittualità non risolta (eg: ira, senso di colpa) Deficit mnesico, demenza Disturbo di personalità
Sociali	Perdita di familiari o amici (lutto) Isolamento, solitudine Perdita del lavoro Povertà

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research report

Depression in later life: A more somatic presentation?

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ARTICLE INFO

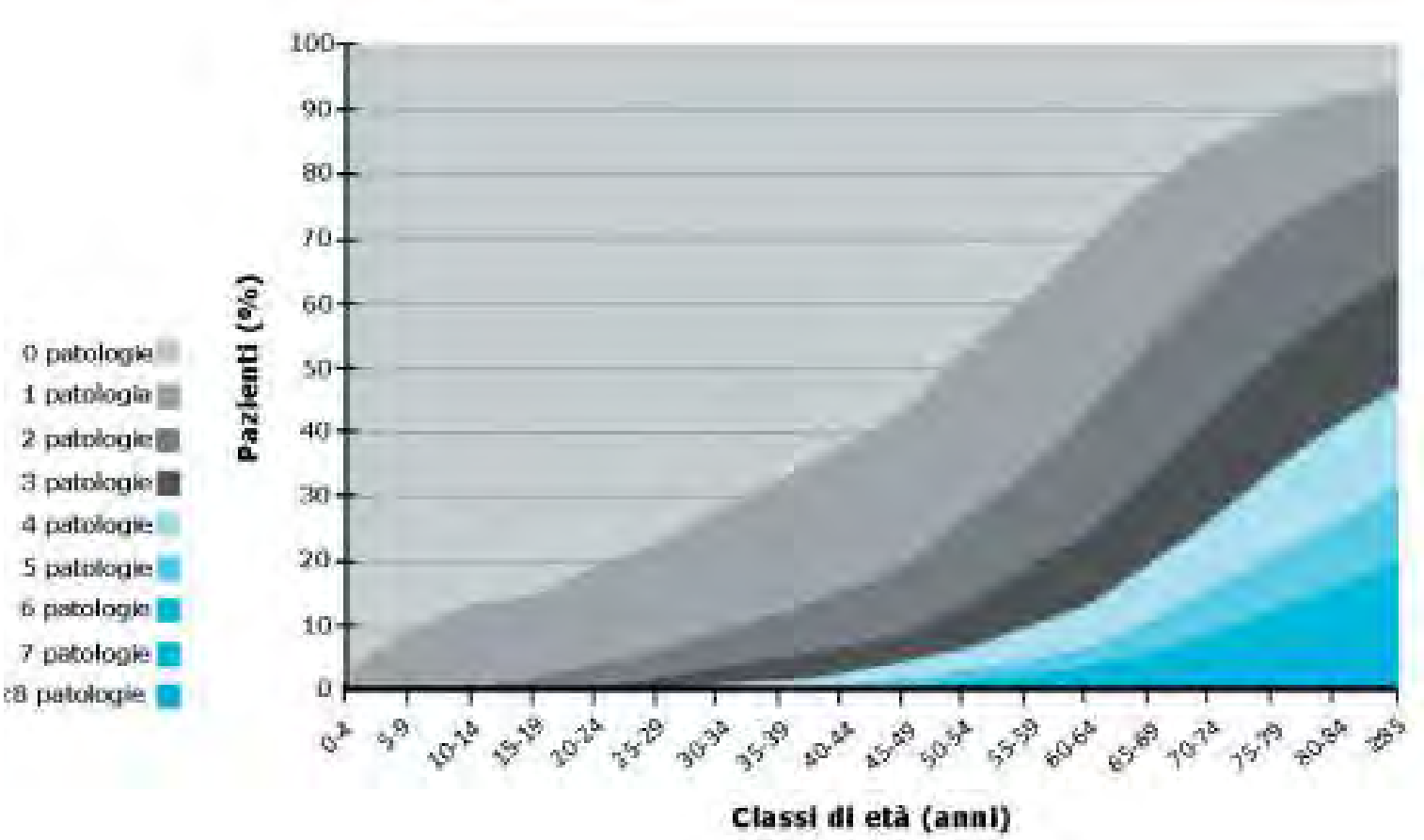
Article history:
Received 7 April 2014
Received in revised form
21 August 2014
Accepted 22 August 2014
Available online 30 August 2014

Keywords:
Depression
Age
Somatic disease burden

ABSTRACT

Background: Depression later in life may have a more somatic presentation compared with depression earlier in life due to chronic somatic disease and increasing age. This study examines the influence of the presence of chronic somatic diseases and increasing age on symptom dimensions of late-life depression.
Methods: Baseline data of 429 depressed and non-depressed older persons (aged 60–93 years) in the Netherlands Study of Depression in Old Age were used, including symptom dimension scores as assessed with the mood, somatic and motivation subscales of the Inventory of Depressive Symptomatology-Self Report (IDS-SR). Linear regression was performed to investigate the effect of chronic somatic diseases and age on the IDS-SR subscale scores.
Results: In depressed older persons a higher somatic disease burden was associated with higher scores on the mood subscale ($B=2.02$, $p=0.001$), whereas higher age was associated with lower scores on the mood ($B=-2.30$, $p<0.001$) and motivation ($B=-1.01$, $p=0.006$) subscales. In depressed compared with non-depressed persons, a higher somatic disease burden showed no different association with higher scores on the somatic subscale ($F(1,12)=9.2$; $p=0.003$; partial $\eta^2=0.022$).
Limitations: Because the IDS-SR subscales are specific for old age, it was not feasible to include persons aged <60 years to investigate differences between earlier and later life.
Conclusions: It seems that neither higher somatic disease burden nor higher age contributes to more severe somatic symptoms in late-life depression. In older old persons aged ≥ 70 years, late-life depression may not be adequately recognized because they may show less mood and motivational symptoms compared with younger old persons.

Numero di condizioni patologiche croniche per gruppo di età



Modificata da Barnett, 2012

Depressione – malattie somatiche - disabilità

- Numerosi studi hanno sottolineato la stretta relazione tra depressione e malattie fisiche.
- Circa il 20-30% dei pazienti con una patologia somatica lamenta sintomi depressivi di entità più o meno rilevante.
- La prevalenza di depressione in pazienti con problemi medici è notevolmente superiore rispetto a quella della popolazione generale.
- Per tale motivo non è infrequente che uno stato depressivo trattabile venga trascurato o che una malattia somatica in un soggetto depresso sia curata in modo non ottimale.

SINDEMIA «Insieme al popolo» o Syndemic = Syn (ergy)+ (epi) demic

R.Horton Lancet 2020

- Pandemia Emozionale
- Pandemia da Isolamento sociale e solitudine
- Sindemia:l'infezione peggiora altra patologia come diabete oncologiche, cardiovascolari, renali. L'aggressività del Covid dipende dalle MNT presenti nel contesto su sfondo di disparità sociali ed economiche Fattori socio-ambientali: povertà,stigma ,stress, isolamento, Inquinamento,cattiva alimentazione

Disturbi dell'Adattamento

Impatto Psicologico Isolamento
Distanziamento relazionale-Interpersonale

Insonnia (35%)

Ansia (30%)

Depressione (17%)

Irritabilità- addiction internet

Aumento sintomatologia DOC

Aumento alcool-Violenza domestica

Spinte autolesionistiche

Solitudine (53%)

Isolamento e aumento rischio di decadimento cognitivo negli anziani

Mental health and COVID-19

In a systematic review of 19 studies in 8 countries*, the COVID-19 pandemic is associated with psychological distress in the general population to the extent that would often meet the threshold for clinical relevance

Symptoms of...	Assessed in...	% general population...
Anxiety	11 studies	6–51%
Depression	12 studies	15–48%
PTSD	4 studies	7–54%
Stress	4 studies	8–82%
Psychological distress	3 studies	34–38%

Mitigating the hazardous effects of COVID-19 on mental health is an international public health priority

*China, Denmark, Iran, Italy, Spain, Turkey, USA and Nepal.
COVID-19, coronavirus disease 2019; PTSD, post-traumatic stress disorder.

Xiong J, et al. J Affect Disord 2020;277:55–64.

frontiers in Psychiatry

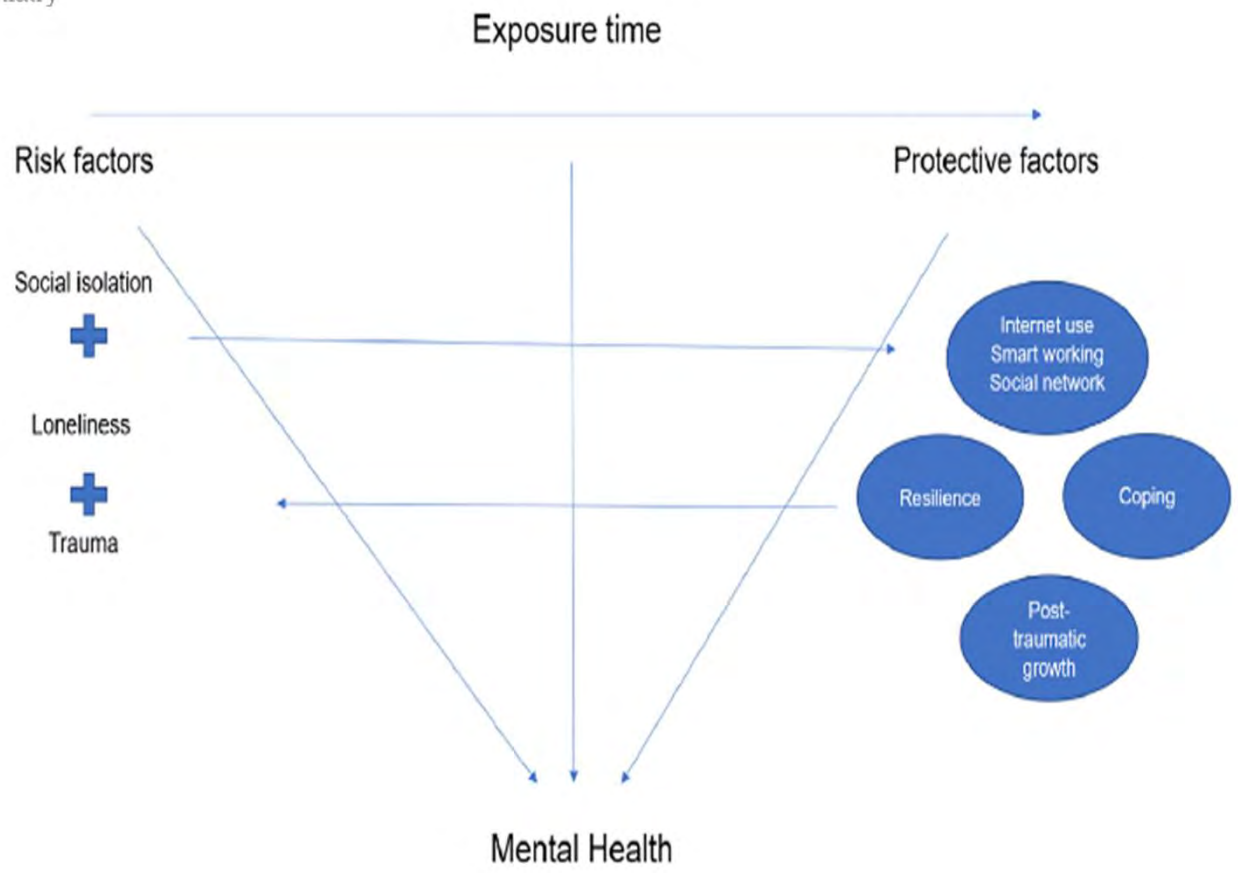
The Impact of Quarantine and Physical Distancing Following COVID-19 on Mental Health: Study Protocol of a Multicentric Italian Population Trial

Vincenzo Giallonardo[1†], Gaia Sampogna[1†], Valeria Del Vecchio[1], Mario Luciano[1], Umberto Albert[2,3], Claudia Carmassi[4], Giuseppe Carrà[5], Francesca Cirulli[6], Bernardo Dell'Osso[7], Maria Giulia Nanni[8], Maurizio Pompili[9], Gabriele Sani[10,11], Alfonso Tortorella[12], Umberto Volpe[13] and Andrea Fiorillo[1]*

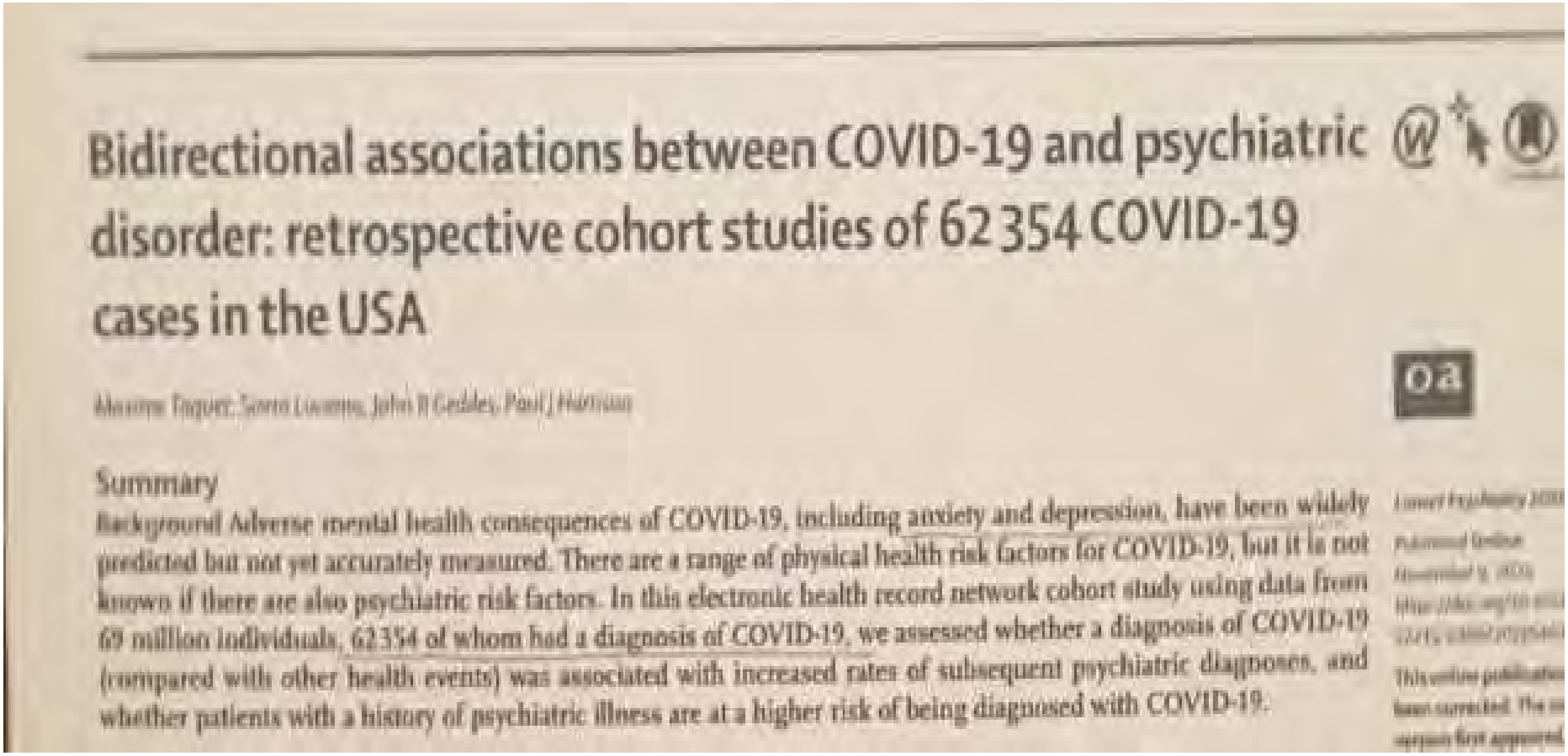
Quattro popolazioni oggetto di analisi

1. Popolazione sottoposta a quarantena non isolato
2. Pazienti COVID-19+ sottoposti ad isolamento
3. Professionisti della salute
4. Pazienti in carico ai servizi psichiatrici territoriali o con recente

frontiers in Psychiatry



Covid-1 malato su 5 soffre di disturbi psichici e neurologici



Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA

Maxime Taquet, Sierra Luciano, John R Geddes, Paul J Harrison

OA

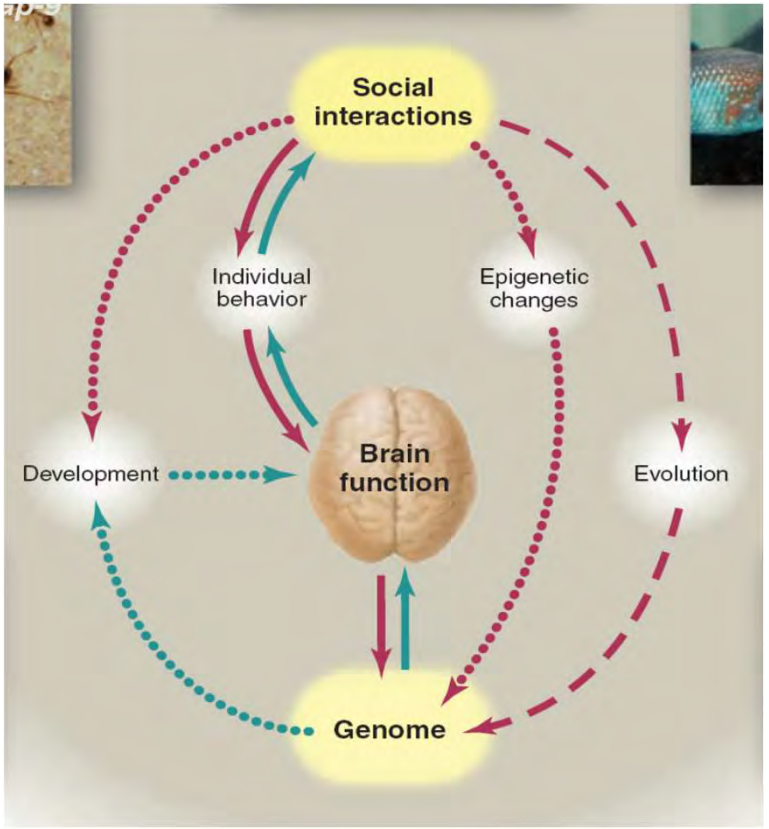
Summary

Background Adverse mental health consequences of COVID-19, including anxiety and depression, have been widely predicted but not yet accurately measured. There are a range of physical health risk factors for COVID-19, but it is not known if there are also psychiatric risk factors. In this electronic health record network cohort study using data from 69 million individuals, 62 354 of whom had a diagnosis of COVID-19, we assessed whether a diagnosis of COVID-19 (compared with other health events) was associated with increased rates of subsequent psychiatric diagnoses, and whether patients with a history of psychiatric illness are at a higher risk of being diagnosed with COVID-19.

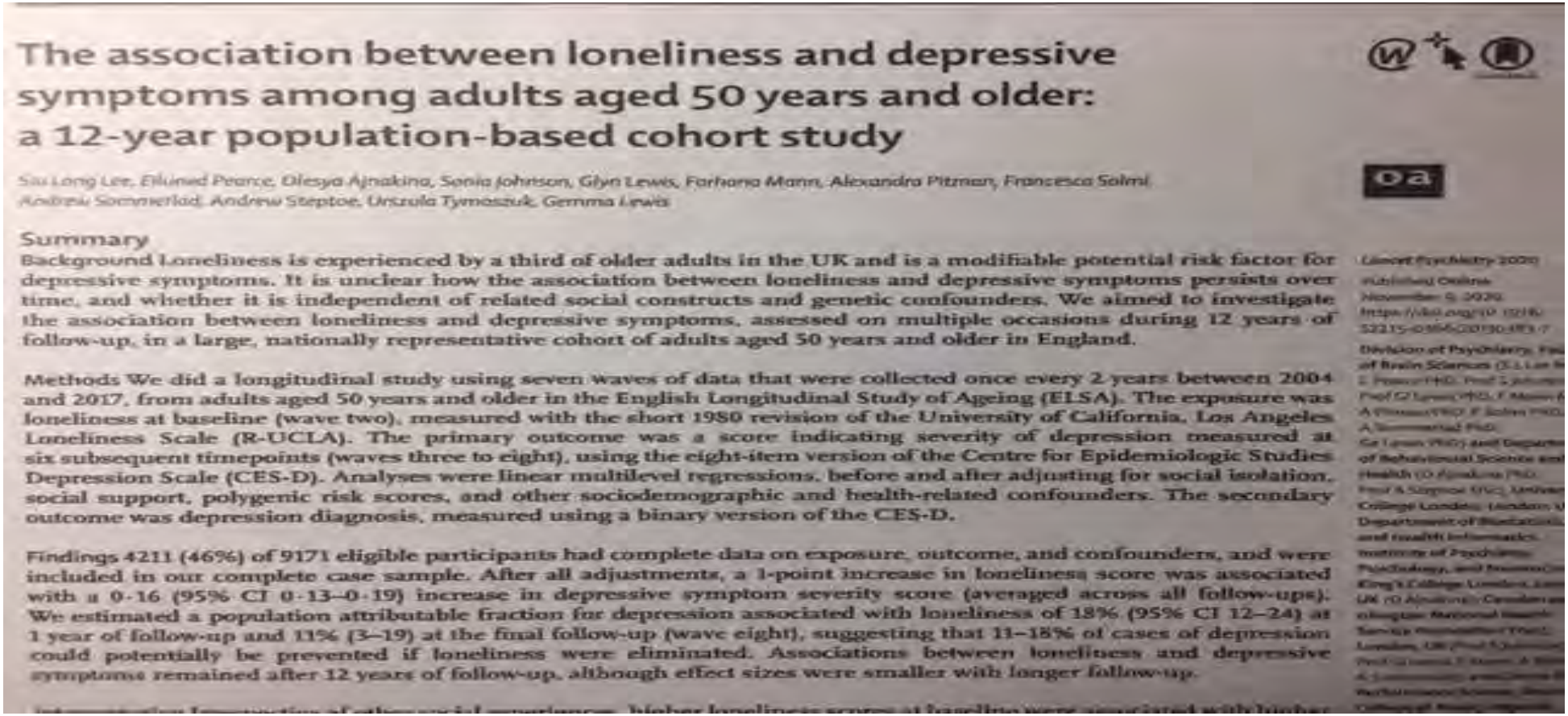
La Solitudine

L'isolamento sociale
la solitudine facilitano
l'insorgenza di Depressione

Sofferenza del nostro
CERVELLO SOCIALE



La solitudine causa un caso di depressione su 5 tra gli over 50 (Lancet Psychiatry November 2020)



The association between loneliness and depressive symptoms among adults aged 50 years and older: a 12-year population-based cohort study

Sau Long Lee, Elliuned Pearce, Olesya Ajnakina, Sonia Johnson, Glyn Lewis, Farhana Mann, Alexandra Pitman, Francesca Solmi, Andrzej Sommerlad, Andrew Steptoe, Urszula Tymoszuk, Gemma Lewis

Summary

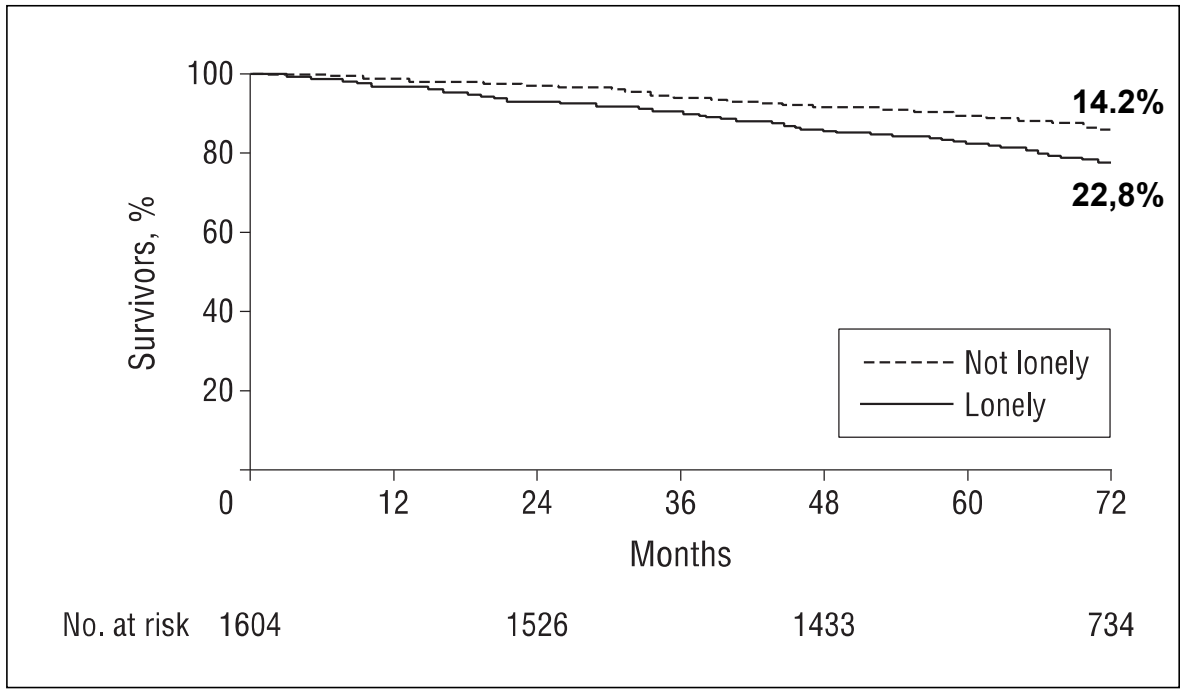
Background Loneliness is experienced by a third of older adults in the UK and is a modifiable potential risk factor for depressive symptoms. It is unclear how the association between loneliness and depressive symptoms persists over time, and whether it is independent of related social constructs and genetic confounders. We aimed to investigate the association between loneliness and depressive symptoms, assessed on multiple occasions during 12 years of follow-up, in a large, nationally representative cohort of adults aged 50 years and older in England.

Methods We did a longitudinal study using seven waves of data that were collected once every 2 years between 2004 and 2017, from adults aged 50 years and older in the English Longitudinal Study of Ageing (ELSA). The exposure was loneliness at baseline (wave two), measured with the short 1980 revision of the University of California, Los Angeles Loneliness Scale (R-UCLA). The primary outcome was a score indicating severity of depression measured at six subsequent timepoints (waves three to eight), using the eight-item version of the Centre for Epidemiologic Studies Depression Scale (CES-D). Analyses were linear multilevel regressions, before and after adjusting for social isolation, social support, polygenic risk scores, and other sociodemographic and health-related confounders. The secondary outcome was depression diagnosis, measured using a binary version of the CES-D.

Findings 4211 (46%) of 9171 eligible participants had complete data on exposure, outcome, and confounders, and were included in our complete case sample. After all adjustments, a 1-point increase in loneliness score was associated with a 0·16 (95% CI 0·13–0·19) increase in depressive symptom severity score (averaged across all follow-ups). We estimated a population attributable fraction for depression associated with loneliness of 18% (95% CI 12–24) at 1 year of follow-up and 11% (3–19) at the final follow-up (wave eight), suggesting that 11–18% of cases of depression could potentially be prevented if loneliness were eliminated. Associations between loneliness and depressive symptoms remained after 12 years of follow-up, although effect sizes were smaller with longer follow-up.

Loneliness in Older Persons

A Predictor of Functional Decline and Death



Kaplan-Meier survival curve for lonely vs not lonely subjects over 72 months

Perissinotto et al. Arch Intern Med. 2012;172(14):1078-1083

MONDO | GIOVEDÌ 18 GENNAIO 2018

Il Regno Unito avrà un ministero per la Solitudine

Secondo il rapporto che poi è stato pubblicato, più di nove milioni di persone nel paese si sentono spesso o sempre sole e **circa la metà** delle persone di 75 anni – circa due milioni di persone in totale – dice che gli capita di restare diversi giorni e anche settimane senza avere alcuna interazione sociale.

giovedì 18 gennaio 2018

RESEARCH PAPER

Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL)

Table 2 Bivariate associations of risk factors with clinical dementia (OR with 95% CI) (N=158)

Variable	Dementia (n (%))	Dementia (OR (95% CI))
Social isolation		
Living alone		**1.72 (1.24 to 2.40)**
Yes (n=1005)	93 (9.3%)	
No (n=1166)	65 (5.6%)	
Not/no longer married		**1.80 (1.29 to 2.52)**
Not/no (n=1100)	101 (9.2)	
Married (n=1071)	57 (5.3)	
Social support		**0.46 (0.33 to 0.64)**
No (1590)	89 (5.6)	
Yes (578)	66 (11.4)	
Feelings of loneliness		**2.56 (1.82 to 3.61)**
Yes (n=433)	58 (13.4)	
No (n=1737)	99 (5.7)	

Holwerda TJ, et al. J Neurol Neurosurg Psychiatry 2014;85:135–142

Number of social groups involvement predicts 3-year decline in cognitive functions

	Males (n = 2,124)					Females (n = 2,464)				
	Model 1		Model 2			Model 1		Model 2		
	Crude OR & 95% CI		Adjusted OR & 95% CI		Goodness of fit[a]	Crude OR & 95% CI		Adjusted OR & 95% CI		Goodness of fit[a]
The number of types of social groups										
Zero	1.00		1.00		p = 0.58	1.00		1.00		p = 0.64
One	0.62	0.47–0.82	0.68	0.51–0.91		0.62	0.48–0.79	0.69	0.53–0.89	
Two	0.70	0.52–0.96	0.80	0.58–1.12		0.50	0.36–0.68	0.62	0.45–0.87	
Three or greater	0.53	0.37–0.74	0.60	0.42–0.87		0.33	0.23–0.48	0.41	0.28–0.61	
Test for linear trend	p <0.001		p = 0.009			p <0.001		p <0.001		
Type of social participation (reference: non-participation of each social group)										
Neighborhood associations	0.78	0.62–0.98	0.90	0.71–1.15	p = 0.73	0.49	0.38–0.64	0.62	0.48–0.81	p = 0.78
Hobby groups	0.51	0.37–0.69	0.59	0.43–0.81	p = 0.64	0.45	0.34–0.59	0.58	0.43–0.77	p = 0.36
Local event groups	0.74	0.57–0.96	0.82	0.63–1.08	p = 0.85	0.49	0.37–0.66	0.63	0.47–0.86	p = 0.54
Senior citizen clubs	1.06	0.80–1.41	0.91	0.67–1.24	p = 0.59	1.17	0.93–1.48	0.88	0.68–1.13	p = 0.18
Volunteer groups	0.50	0.35–0.72	0.57	0.39–0.83	p = 0.66	0.41	0.27–0.62	0.53	0.35–0.82	p = 0.58

OR, odds ratio; CI, confidence interval.

[a] Goodness of fit determined by Hosmer-Lemeshow analysis.

Model 2: Adjusted for demographics (age, family structure, body mass index, and pensions), the number of comorbidities, the number of medications used, behavioral factors (alcohol and smoking), psychosocial factors (cognitive function, depression, and social support) and physiological factors (ADL and IADL).

Tomioka K et al. PLoS ONE 2015;10(9):e0139065

Caregiver e Depressione: fattori predisponenti

- Genere Femminile
- Età avanzata
- Perdita del posto di lavoro
- Difficili condizioni economiche
- Basso livello di istruzione
- Ore di impegno/settimana

IMPATTO PSICOLOGICO DELLA MALATTIA DI UNA PERSONA CARA!

Caregiver e Depressione

JAMA Neurology | Original Investigation

Association Between Caregiver Depression and Emergency Department Use Among Patients With Dementia

- In questo studio il 12.7% dei caregiver presentava sintomi di depressione clinicamente significativi.
- Il tasso di accessi al Pronto Soccorso (PS) dei pazienti con caregiver depresso era doppio rispetto a quello dei pazienti con un caregiver eutimico (1,5 vs 0,8).

Caregiver e Depressione

JAMA Neurology | Original Investigation

Association Between Caregiver Depression and Emergency Department Use Among Patients With Dementia

- L'associazione tra depressione e uso dei servizi di Emergenza è più forte di quella tra gravità del malato e servizi di Emergenza.
- La percezione della **propria efficacia** nei caregiver depressi risulta inversamente proporzionale al numero di accessi in PS.

La Solitudine del paziente e del Caregiver

Una ricerca condotta su 144 soggetti in post trattamento per cancro al seno, gli autori hanno osservato che l'esposizione allo stress aumentava i livelli di IL-6 e interleukin-1 beta (IL-1β) in modo significativamente maggiore nelle persone più sole.
Due differenti popolazioni hanno confermato che i **soggetti con maggior livello di solitudine producono una maggior quantità di citochine in risposta allo stress.**
La solitudine potrebbe dunque essere espressione di un fenotipo pro infiammatorio.

Jaremka et al, 2013

BJPsych | The British Journal of Psychiatry
1–10. doi: 10.1192/bjp.bp.115.169094

Review article

Social support and protection from depression: systematic review of current findings in Western countries

Geneviève Gariépy, Helena Honkaniemi and Amélie Quesnel-Vallée

Il **social support** è un concetto muldimensionale che può comprendere il ***supporto emozionale*** (e.g. incoraggiamenti, empatia), ***strumentale*** (e.g. ausilio nella gestione del domicilio), ***informativo*** (e.g. informare qualcuno di una opportunità lavorativa).

Può essere caratterizzato in base all'agente del supporto sociale (coniuge, genitori, parenti, amici...).

Fondamentale una adeguata caratterizzazione del supporto sociale per valutare quale tipo-modalità di supporto possa essere maggiormente protettivo verso episodi depressivi, in diverse età della vita, infanzia-adolescenza, età adulta, anzianità.

Sono stati considerati 100 studi selezionati fra lavori focalizzati sulla popolazione generale svolti in Europa, Nord America, Australia e Nuova Zelanda, eseguiti fra il 1988 e il 2015.

Totale della popolazione: 504.966 persone

BJPsych The British Journal of Psychiatry
1–10. doi: 10.1192/bjp.bp.115.169094

Social Support e Depressione: *Anziani*

- La presenza del coniuge appare essere un rilevante fattore protettivo contro episodi depressivi (100% degli studi), **soprattutto nel sesso maschile**.
- Due studi longitudinali indicano come **un rapporto povero o conflittuale con il coniuge, o l'assenza di stessa di un partner siano associati più frequentemente ad episodi depressivi in età senile nel sesso maschile** (Hefner et al., 2009; Sonnenberg et al., 2013)
- Risulta rilevante anche il **supporto amicale** (71% degli studi) in età anziana, mentre il supporto dai familiari (non coniuge) risulta invece meno rilevante (36% degli studi) nel proteggere da episodi depressivi.

RESEARCH ARTICLE Open Access

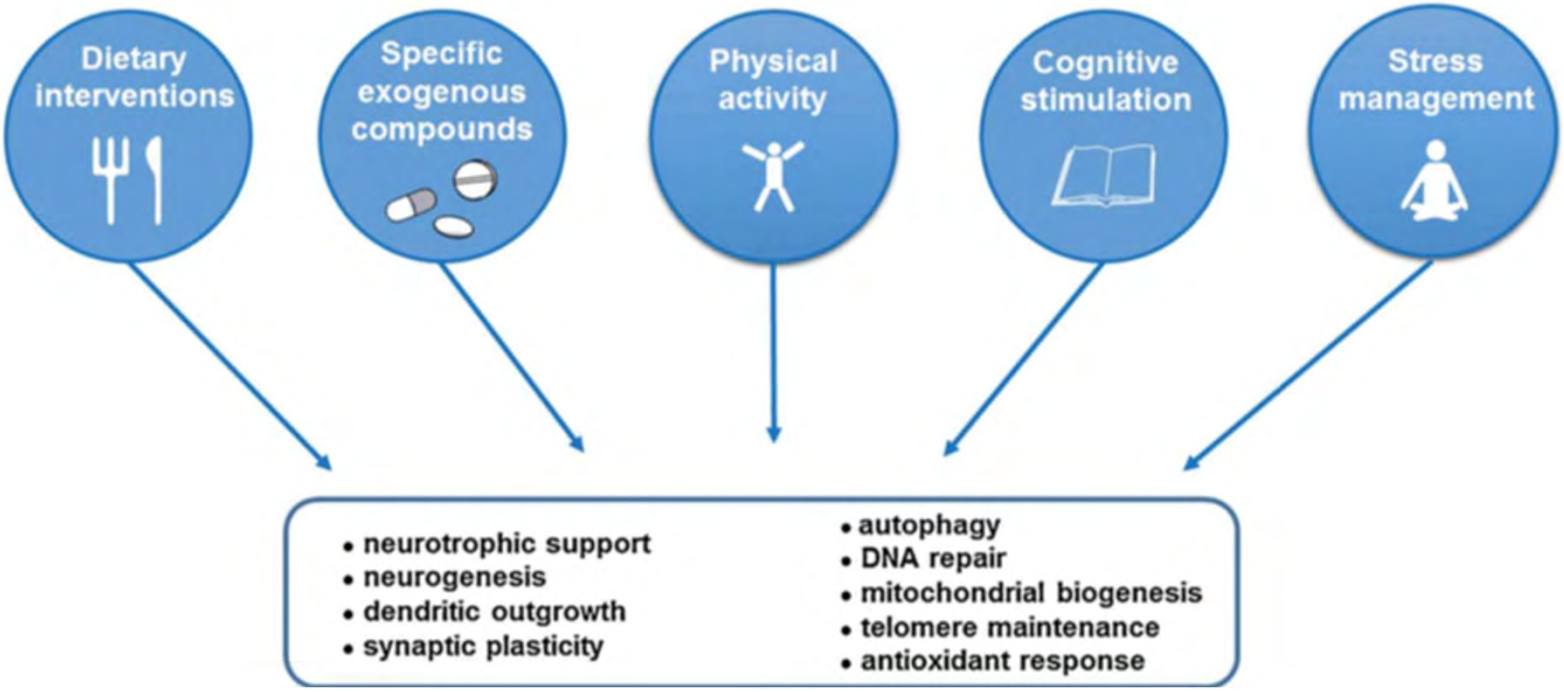
Social activity, cognitive decline and dementia risk: a 20-year prospective cohort study

2854 elderly (mean 77 yo) from South France followed for 20 years

*"In the whole population, we found associations between increased engagement in **social**, **physical**, or **intellectual** pursuits and increased cognitive ability (but not decline) and decreased risk of incident dementia, and between feeling understood and slower cognitive decline."*

Marioni et al., BMC Public Health 2015;15:1089

Strategie per la prevenzione: un approccio integrato



"Walking" through the sensory, cognitive, and temporal degradations of healthy aging.

Paraskevoudi N[1], Balcı F[2], Vatakis A[1,3].

Ann N Y Acad Sci. 2018

Conclusioni

- L'invecchiamento in buona salute **non** significa solo assenza di malattia, ma anche adeguato funzionamento cognitivo e relazionalità
- La depressione rappresenta un fattore aggravante impairtment cognitivo

L'assenza di contatti sociali e soprattutto i sentimenti di solitudine aumentano il rischio di demenza.

Al contrario, avere varie relazioni sociali protegge dal rischio

Non è solo la quantità di relazioni sociali, ma anche la qualità delle relazioni stesse a determinarne l'effetto protettivo

Gli esiti della depressione e dell'ansia, oltre che personali, predispongono a un peggioramento dell'assistenza di cura dei malati e aumentano il senso di solitudine dei famigliari caregivers.

Grazie per l’attenzione

Edward Hopper – People in the Sun – 1959