Key implications of completed research

The prognosis of major and minor depression in older medical inpatients

**Principle Investigator:** Jane McCusker, MD, DrPH  
**Co-Principle Investigator:** Martin Cole, MD  
**Co-Investigators:** Michel Elie, MD  
Eric Latimer, PhD  
Sylvia Windholz, MD

- A diagnosis of major depression appears in older medical inpatients appears to be moderately stable during the next 12 months and may justify initiation of treatment.
- A diagnosis of minor depression appears to be much less stable, and may indicate a need to reassess the patient before making a decision about treatment.
- Emphasis on the presence of more severe symptoms, moderate-to-severe disability, duration of symptoms of 6 months or more, or the presence of core symptoms (depressed mood, loss of interest of pleasure), rather than the presence of other depression symptoms, may lead to more stable diagnoses of depressive disorders in this population.
- The use of a depression severity scale to identify and monitor patients with a potentially poor prognosis may be a more feasible and reliable method than the use of diagnostic criteria, both because it may be used by non-psychiatrists, and because a rating scale may be more responsive to change.
- Even though there are some differences between men and women, a history of previous depression, bereavement in the previous year, premorbid disability, cognitive impairment, and poor perceived psychosocial supports characterize patients at particularly high risk of depression. These characteristics may enable targeting of detection and treatment programs for depression.
- The burden of care on informal family caregivers by older medical inpatients with and without depression is substantial. Family caregivers of patients with major depression in particular are at increased risk for poor mental health and may require supportive interventions.
- Low rates of recognition and treatment of depression overall in this population suggest substantial opportunities for improved care.