



User, beware!

ANDRÉ MARAIS

Patients who are treated for depression or insomnia should always be conscious of the implications of taking prescribed medications, although these could improve your quality of life significantly

Depression

Depression is a common mental health issue that affects many elderly people and its incidence is increasing. It has a significant impact on the daily life of not only the affected person but also on that of their family and caregivers.

Depression is often exacerbated by age-related functional decline, disability, or reliance on others for long-term care.

More importantly, it has a more marked impact on elderly people as episodes commonly last longer and the process of returning to normal functioning may be slower.

Typical signs and symptoms of depression include a disinterest in daily activities, loss of appetite, sleep disturbances, and a preoccupation with personal health problems. Some

seniors may have a predisposition towards depression. These include women, widowed or divorced individuals, people who lack social support, especially those who have children that emigrated, and individuals with a tendency towards substance or behavioural dependence. Factors such as bereavement, chronic health problems, financial woes, social disadvantage and a history of previous depressive episodes could also play a role.

The management of depression in the elderly population poses unique challenges. Most patients may be suffering from various other chronic conditions requiring treatment with different medications, which may result in drug interactions. Some of these drug combinations could be fatal if drugs are

taken together. Certain over-the-counter preparations and herbal products may also cause adverse reactions when taken together with anti-depressant drugs. It is therefore always necessary to obtain professional information from a doctor or pharmacist before taking any medication that may have been obtained from friends or family.

Dependence

There is invariably a possibility of becoming dependent on (or addicted to) any medication that alters the central nervous system. Elderly patients are especially prone to the effects of anti-anxiety medication (benzodiazepines such as diazepam, trade name Valium), antihistamines such as hydroxyzine (Aterax) and older-generation anti-depressants such as amitriptyline (Trepilene), fluoxetine (Prozac), paroxetine (Aropax) and fluvoxamine (Luvox).

These drugs are considered inappropriate for use in senior citizens but may be prescribed in special circumstances at the discretion of the treating doctor. They may have side effects such as memory problems, dizziness or confusion, falls that may lead to fractures, dry mouth, difficulty in urinating, fluctuating blood pressure, and high/low blood sugar levels, as well as an increased risk of drug interactions. Certain medical conditions such as dementia, Parkinson's disease and cardiovascular problems may be aggravated by these older antidepressants, which could even be lethal when taken in overdose.

When treating depression in older people with cardiovascular disease, the newer-generation antidepressants such as bupropion (Wellbutrin, Zyban), mirtazapine (Remeron) or venlafaxine (Efexor) are more suitable and have fewer side-effects. More commonly known antidepressants such as citalopram (Cipramil), escitalopram (Ciprallex) and sertraline (Zoloft) have a good safety profile regarding possible drug-drug interactions and

is considered the treatment of choice in geriatric patients. These newer agents may still present with gastrointestinal disturbances, insomnia, excessive sweating, agitation and sexual dysfunction as part of the side effects, although these are uncommon. Patients with a history of gastrointestinal bleeding should avoid these drugs as they may heighten the risk of internal bleeding, especially when they are taken with anti-inflammatories such as aspirin, ibuprofen (Brufen), diclofenac (Voltaren) or naproxen (Naprosyn). Some herbal (Ginkgo biloba) and vitamin supplements (Vitamin E) may also increase the risk of gastrointestinal bleeding.

Insomnia

Insomnia is a major problem in elderly people. Medication for the treatment of sleeping disorders can be habit-forming and addictive. Managing insomnia requires careful management and the benefit should always outweigh the risks. Trazodone (Molipaxin), for instance, is often preferred because of its favourable side effect profile and its dual role in the treatment of depression associated with insomnia.

Zolpidem is another hypnotic favoured by elderly patients because of its rapid onset of action, short duration, and the minimal risk of causing residual sedation and cognitive changes. It may however cause sleepwalking and requires lower dosages in older patients.

Benzodiazepines such as diazepam (Valium), temazepam (Normison) and midazolam (Dormicum) are not recommended for long-term use as these drugs may quickly lead to dependence and withdrawal symptoms, memory loss, rebound insomnia and residual sedation. In addition, older people may experience muscle weakness, dizziness, fatigue, blurred vision and slurred speech. The drugs should therefore only be taken for periods not exceeding two weeks.

Disclose your medication to your doctor

Elderly patients can rest reassured that their physician's main objective is to improve the quality of life and general wellbeing of their patients. Doctors generally take into consideration that geriatric patients react differently to their younger counterparts and as a rule they will not prescribe the medication the patient demands. The choice of medication depends on the type of depression or insomnia, previous response to treatment, known allergies, other chronic or acute medical conditions, and possible drug interactions. In a worst-case scenario, sharing somebody else's medication without a doctor's or pharmacist's advice could even have fatal consequences.

To achieve the best possible outcomes and optimal treatment, patients should always disclose a full list of the medication they are taking when they consult their doctor. These include prescription drugs, over-the-counter agents, and herbal or vitamin preparations. Be sure to enquire about possible side effects and addictive potential before starting any treatment and remember to never change any medication or dosage without first discussing it with your doctor. ■

Dr André Marais is a clinical pharmacologist in the Department of Pharmacology, University of Pretoria. The most common trade names are given in brackets

Be sure to enquire about possible side effects and addictive potential before starting any treatment