

## COMORBID PHYSICAL CONDITIONS AND LATE LIFE DEPRESSION

Illness	Common issues and problems
Heart disease	<p>Depression is estimated to occur in 33% to 35% of cardiac patients.<sup>1-3</sup></p> <p>Depression (both mild and severe) is a significant predictor of cardiovascular morbidity and mortality and should be a focus of treatment.<sup>3-17</sup></p> <p>Women with chest pain, coronary artery disease, or history of comorbid diabetes, hypertension, or cardiovascular disease should be screened for depression.<sup>16, 18, 19</sup></p>
Stroke	<p>Major depression following stroke is common, affecting anywhere from 36% to 89% of patients.<sup>17, 20, 21</sup></p> <p>Risk factors for major depression following stroke include both established factors (female, personal or family history, comorbid illness other than stroke) and also disability associated with the stroke.<sup>22</sup></p> <p>Depression symptoms can be reliably assessed in at least two-thirds of aphasic patients.<sup>23</sup></p> <p>Having depression or stroke increases the risk of having the other condition.<sup>24-26</sup></p>
Diabetes	<p>Depression is associated with decreased adherence to dietary, exercise, medication, and self-care regimens, health care costs in older adults.<sup>27-35</sup></p> <p>Collaborative depression treatment (such as IMPACT or PROSPECT) improves depression and reduces mortality among those with diabetes.<sup>36-39</sup></p>
Cancer	<p>Rates of both major depression and clinically significant depression syndromes are as high as 58% among adults with cancer.<sup>40</sup></p> <p>The PHQ-2 and BDI-II are identified as the optimal case-finding tools for detection of depression among cancer patients.<sup>41</sup></p> <p>Systematic use of depression screening tools is essential to recognize and treat depression-related distress in cancer patients.<sup>24-26, 42, 43</sup></p>
Chronic pain	<p>An independent and robust relationship between chronic pain and depression is reported for diverse health problems, including low back and neck pain, inflammatory arthritis, and musculoskeletal pain.<sup>27-34</sup></p> <p>Depression is also highly associated with “non-specific pain” (i.e. no particular pain type or site).<sup>35</sup></p> <p>Anxiety regularly occurs with depression and chronic pain, making it an important focus of assessment and treatment.<sup>44-47</sup></p> <p>The bi-directional influence of pain and depression is critical to consider in treating either condition. Severity in one predicts severity of the other (i.e., increased pain predicts increased depression; increased depression predicts increased pain) making recognition and management of both conditions important to optimal treatment.<sup>36-38, 48</sup></p> <p>Recognizing depression as a modifiable risk factor for pain is particularly important in populations and settings where depression may be considered secondary to the primary health concern, including cancer treatment, palliative care, and cardiac disease (e.g. myocardial infarction).<sup>17, 39, 49, 50</sup></p>
Osteoporosis	<p>Major depression is associated with lower bone mineral density and increased risks of fractures.<sup>51,52</sup></p>
Parkinson's disease (PD)	<p>25% of Parkinson’s disease (PD) patients meet criteria for depression and depression is highly associated with PD severity and dementia.<sup>53</sup></p> <p>Depression may be difficult to diagnose in PD due to symptom overlap, suggesting use of scales that exclude somatic symptoms such as the Geriatric Depression Scale, Hospital Depression and Anxiety Scale (HADS), or PHQ-2.<sup>54-56</sup></p>
Low vision	<p>Clinically significant depression among older adults with visual impairment (low vision) is associated with greater disability, including worse physical function, visual function, anxiety and self-reported health.<sup>57-63</sup></p> <p>Common barriers to depression detection among eye health professionals include lack of knowledge about depression, lack of training to recognize depression, discomfort with talking about emotions, time constraints, and perceptions that patients do not want to talk about feelings.<sup>64, 65</sup></p>
Chronic obstructive pulmonary disease (COPD)	<p>Clinically significant depression is common in patients with COPD, with rates ranging from 23% to 60%.<sup>66-72</sup></p> <p>Depression is often undetected and untreated in COPD patients, with only a small proportion receiving effective treatment.<sup>66, 73, 74</sup></p> <p>Depressive symptoms in patients with COPD are associated with worse health, functional status, and self-management; and increased mortality and healthcare use, including physician visits, emergency room visits, and hospitalization for lung disease.<sup>71, 72, 75-77</sup></p> <p>Identification of known risk factors for depression symptoms in COPD patients, such as continued smoking, may increase depression detection.<sup>71, 72</sup></p>
Dementia/cognitive impairment	<p>Depression occurs in an estimated 25% of persons with dementia.<sup>79, 80</sup></p> <p>Meta-analyses indicate that depression and dementia are highly associated in late life although questions remain about whether depression is a risk factor<sup>81, 82</sup>, prodrome, or consequence of dementia.<sup>83, 84</sup></p>

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