## EPV0682

## How is depression in the elderly patient diagnosed?

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**Introduction:** The diagnosis of depression in the elderly patient presents peculiarities that should be taken into account. Studies point out the importance of an adequate screening of suspected cases of depression in older adults by physical therapists and other non-mental health professionals (Ramos Vieira et al., 2014). In this study, we intend to find out which are the most used diagnostic methods in Mental Health research on geriatric patient.
**Objectives:** To analyze the diagnostic methods most used in research on the geriatric patient, specifically in articles that analyze the patient with cognitive impairment.
**Methods:** A bibliographic search of all articles analyzing depression in patients with cognitive impairment between 2000 and 2020 was carried out. The diagnostic method of depression in each of them has been collected.
**Results:** A total of 38 studies were analyzed. The most common diagnostic method continues to be the use of diagnostic criteria (ICD or DSM), which is used in 34.2% of the studies, while the Center for Epidemiologic Studies Depression Scale (CES-D) is the most commonly used test, appearing in 23.7% of the studies. The remaining tests (CIDI, GDS, HAM17, PHQ, SCID, SCL-90, SGDS) do not reach 10% each.

| | Counts | % of Total | Cumulative % |
|---|---|---|---|
| GDS | 2 | 5.3 % | 5.3 % |
| CES-D | 9 | 23.7 % | 28.9 % |
| CIDI | 2 | 5.3 % | 34.2 % |
| Diagnostic criteria | 13 | 34.2 % | 68.4 % |
| EURO-D | 1 | 2.6 % | 71.1 % |
| PHQ | 2 | 5.3 % | 76.3 % |
| GMS-AGECTA | 2 | 5.3 % | 81.6 % |
| HAM-17 | 1 | 2.6 % | 84.2 % |
| Others | 6 | 15.8 % | 100 % |

**Conclusions:** The diagnosis of depression continues to be made primarily using diagnostic criteria. It is striking that the most commonly used test is the CES-D, given that the Geriatric Depression Scale (GDS) is usually the most popular scale for screening for late-life depression (Gana et al., 2017), which may be due to the fact that the studies analyzed have a more research than clinical purpose.
**References:** Gana, K., Bailly, N., Broc, G., Cazauvieilh, C., & Boudouda, N. E. (2017). The Geriatric Depression Scale: does it measure depressive mood, depressive affect, or both?. International journal of geriatric psychiatry, 32(10), 1150–1157.
Vieira, E. R., Brown, E., & Raue, P. (2014). Depression in older adults: screening and referral. Journal of geriatric physical therapy (2001), 37(1), 24–30.

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## Diagnosing Posttraumatic stress disorder (PTSD) in people with dementia

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**Introduction:** Traumatic stress is a major determinant of decreasing global mental health (Schnyder, 2013). Traumatic stress is a global public health issue, with the majority (70.4% and 88.7%) of the general population experiencing a traumatic event at least once in their lifetime (Schnyder, 2013, Kessler et al., 2017, de Vries and Olff, 2009, Ribeiro et al., 2013), which may result in Posttraumatic Stress Disorder (PTSD) (Iqbal et al., 2022, Riedl et al., 2019). People with a diagnosis of PTSD have been found to be at increased risk of developing dementia (hazard ratio (HR) of 1.61)(Gunak et al., 2021). Studies on the comorbidity of PTSD in dementia are sparse, probably, because of the lack of a valid diagnostic tool (Havermans et al., 2022). As subjects with dementia are often unable to give a valid report of their life history, in particular a delayed-onset PTSD may be easily missed. Preliminary findings reported a comorbidity rate of PTSD in veterans with dementia between 4.7- 7.8% (Sobczak et al., 2021).
**Objectives:** We will investigate a) clinical manifestation and b) diagnostic challenges of PTSD in dementia.
**Methods:** a) A structured review with a PRISMA design, b) a qualitative case-study will be used.
**Results:** a) 13 papers were included. Only 1% of included cases fulfilled the DSM-5 criteria of PTSD.
Most commonly described PTSD symptoms were: irritability and anger (9%), persistent negative emotional state ( 9%), and sleep disturbances (8%). In 93% of the cases reports, other symptoms were described, e.g. screaming (33.3%). B) Diagnostic challenges are: attributing symptoms to the past traumatic event, overlap in symptoms between PTSD and personality disorders and interference of other neuropsychiatric symptoms.
**Conclusions:** Mondial the number of people with dementia are sky rocketing and number of subjects with comorbid PTSD is substantial and will increase steadily in the coming years. PTSD and dementia are both known for their impact on the quality of life of those affected. In clinical practice, we see that the combination of both causes significant psychological suffering. And that while it is precisely in people with dementia that the experiences of these violent events often revive.
As the clinical manifestation of PTSD in dementia may differ and expertise on PTSD is often missing in geriatric wards, diagnosis of PTSD is easily missed. Hence, related behavior is often described as