DEPRESSION IN PARKINSON’S DISEASE

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Introduction: Depression is common in elderly Parkinson’s Disease (PD) patients. Studies indicate it is unrecognised and undertreated in PD. We attempted to assess the perception of depression in PD within the British Geriatric Society’s PD Special Interest Group which had 242 members.

Methods: A postal questionnaire survey was performed.

Results: The response rate was 35% (86 completed questionnaires). Twenty percent of responders thought depression uncommon in PD, occurring in less than 20% of cases. The commonest presenting symptoms, in decreasing frequency, were sleep disorder, low mood, loss of interest, anorexia, physical deterioration and anxiety. Hallucinations were considered to be absent or uncommon by the majority (87%) of responders. Standardised scales for diagnosis of depression are not used routinely by 50% of members. The commonest scale used by the remaining members is the Geriatric Depression Scale (50%). Seven physicians recalled having a patient under their care commit suicide which is perceived to be rare in PD.

In the presence of cognitive impairment, selective serotonin reuptake inhibitors (SSRIs) were the most common first choice of treatment (60%), followed by tricyclic antidepressants (TCAs) (36%). However, TCAs were used more frequently (52%) in the absence of cognitive impairment, compared with SSRIs (44%).

Conclusion: Perception of depression in PD varies widely within the special interest group reflecting the fact that its prevalence, characteristics and treatment possibilities are only partially established. This area deserves further study, as recognition of depression and its treatment are critical in our management of PD.

Development of guidelines for the management of delirium

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Introduction

Delirium in the elderly is common, under-recognised and poorly managed. Evidence suggests that outcomes may be improved with rehabilitative management. We aimed to develop evidence-based guidelines to assist in the recognition and management of delirium.

Methods

An informal multidisciplinary consensus process (MCP) was used to develop a set of recommendations on the management of delirium (draft 1). A literature search using MEDLINE and BIDS was carried out using “delirium” and “confusion” as text words from 1980-95 to identify studies of delirium in the elderly. Titles of all papers were read, studies relating to the diagnosis and management of delirium in the elderly were reviewed. A second draft was developed incorporating evidence from the literature search (draft 2). Draft 2 was subjected to a formal MCP using a 2 stage modified Delphi technique. A panel of 21 professionals and carers with an interest in confusion graded each recommendation on a 9 point scale (1=extremely inappropriate). Where no research evidence was available to support a recommendation, the guidelines were revised on the basis of the formal MCP (draft 3).

Results

5 RCTs with relevance to management of delirium were identified in the literature search, other evidence to support recommendations was based on non-randomised trials and observational studies. 84 recommendations were subject to the formal MCP. There was a high degree of agreement with all recommendations after the MCP (all mean scores >6.5). For 17 items, 1 or more panel members rated the recommendation <5 in the first stage, but the lower 25th centile was <6 in only 4 recommendations. These items were modified accordingly.

Conclusions

There is little randomised controlled trial evidence on the management of delirium. Nevertheless clinical guidelines for the diagnosis and management of delirium can be developed using consensus processes. We are currently evaluating these guidelines in clinical practice.