Cognitive symptoms of depression and the concept of pseudodementia.

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Abstract

In the past, little or no attention was paid to cognitive disorders associated with depression. However, recent years have seen a growing interest in these changes, not only because of their high frequency in acute-stage depression, but also because they have been found to persist, as residual symptoms, in many patients who respond well to antidepressant treatment. These cognitive symptoms seem to impact significantly not only on patients' functioning and quality of life, but also on the risk of recurrence of depression. Therefore, over the past decade, pharmacological research in this field has focused on the development of new agents able to counteract not only depressive symptoms, but also cognitive and functional ones.

Keywords: Depression, Major depressive disorder, Pseudodementia, Antidepressant drugs, Vortioxetine.

Introduction

Depressive disorders, due to their prevalence, functional burden and complications, are conditions that have a substantial social impact; they also carry a considerable risk of becoming chronic. Despite this, relatively few innovative medications for the condition have been developed in recent years. It was recently reported that depression is estimated to affect more than 300 million people worldwide, with the number of cases increasing by 18% between 2005 and 2015. In Italy, approximately 10% of the population has had at least one episode of depression in their lifetime, and major depressive disorder (MDD) and dysthymic disorder have estimated prevalence rates of 10.1% and 3.4%, respectively. In Europe, the prevalence of depression in the elderly population (≥65 years) has been found to stand at around 10–15% rising to 20–25% among elderly nursing home residents [1].

Furthermore, with today's widespread use of antidepressant drugs, the risk of recurrence of depressive episodes is very high, with chronic forms of depression reportedly developed by around 20% of patients affected by MDD, especially those who present residual depressive symptoms during remissions. There has also been a steady increase in antidepressant use in elderly people, especially in the "older old". Selective serotonin reuptake inhibitors (SSRIs) are currently the most commonly used antidepressants, often emerging as the first-choice treatment on the basis of their efficacy and tolerability profile and ease of use. Sleep disorders and poor appetite are often the first symptoms to improve in response to pharmacological treatment, although this may apply more for tricyclic antidepressants than SSRIs. Agitation, anxiety and depressed mood are manifestations that generally improve later. Other symptoms, including asthenia, poor concentration, lack of initiative and reduced libido, tend to be less responsive to pharmacological treatment. Major depression is often associated with cognitive problems, but in some cases, this loss of higher mental function dominates the clinical picture and has a significant impact on the overall functioning of the individual concerned, giving rise to the controversial condition for decade's labeled pseudodementia [2].

In the 1980s, it was included among the reversible or treatable "subcortical" forms of dementia, together with, for example, normotensive hydrocephalus and metabolic dementia. Subsequently, various attempts were made to redefine the condition; According to one of these, pseudodementia is cognitive impairment of the dementia type that correlates positively with unipolar affective disorders, previous mood disorders and favorable outcomes, and negatively with non-depressive conditions and confusion disorders [3].

In the 1990s, however, it became more apparent that a depressive state associated with cognitive impairment can be the prodromal stage of dementia that is actually irreversible. In this regard, a more recent meta-analysis study found depression to be associated with a twofold increased risk of developing dementia. Along the same lines, an observational study found that over a period of at least five years, more than 70% of elderly patients initially presenting with pseudodementia converted to overt dementia, as opposed to 18% of subjects initially defined cognitively intact. These findings indicate that cognitive impairment in elderly individuals with moderate-to-severe depression is a strong predictor of dementia. Furthermore, the DSM-V20 identifies cognitive disorders as core symptoms of depression and includes several among the diagnostic criteria for MDD. Although the DSM-V acknowledges, in its commentary that disorders of the cognitive sphere particularly those involving memory can persist following improvement or remission of depressive symptoms, and therefore be interpreted as the initial presentation of dementia, a definition of "Reversible dementia caused by psychiatric illness" is not

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yet contemplated as a formal diagnostic category, contrary to what some authors recommend. On the other hand, it should always be remembered that, in depressed patients, reversible cognitive deficits can sometimes coexist with irreversible ones, and thus with true dementia [4].

It is now recognized, on the basis of observations and scientific evidence, that cognitive disorders are a core feature of the clinical picture of depression and should not be considered merely secondary to it; Moreover, they are among the main causes of functional impairment in depressed patients. Cognitive symptoms should therefore be regarded as a partially independent dimension of MDD, and an important target of any treatment that is initiated [5].

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