

OP37.5

Late-life depression is associated with an increased risk of multimorbidity and polypharmacy

Floor Holvast(1), B van Hattem(1), P Verhaak(1,2)

(1) University of Groningen, UMC Groningen, Department of General Practice, The Netherlands

(2) NIVEL, Netherlands Institute of Health Services Research, Utrecht, The Netherlands

Corresponding author: Ms Floor Holvast, Umcg, General Practice, Groningen, The Netherlands. E-mail: f.holvast@umcg.nl

Background & Aim: late-life depression often coincides with chronic somatic diseases and, consequently, with polypharmacy. This may complicate medical treatment of older depressed patients. We aimed to determine the risk on multimorbidity and polypharmacy among older depressed primary care patients.

Method: cross-sectional study in primary care in 2012. Depressed patients aged ≥ 60 years were matched on age and gender to patients with other psychological diagnoses and to mentally healthy controls. Morbidity data was combined with data on medication use. We performed regression analyses to determine the association between depression, and chronic diseases and chronically used drugs.

Results: we included 4,477 patients; 1,512 depressed patients, 1,497 patients with other psychological diagnoses, and 1,508 mentally healthy controls. Depressed patients had a 9% (95% CI 2-16%) higher rate of chronic somatic diseases and had higher odds for multimorbidity (OR 1.33; 95% CI 1.13-1.56) compared to mentally healthy controls. No difference existed between depressed patients and patients with other psychological diagnoses. Compared to mentally healthy controls, depressed patients had a 38% (95% CI 31-45%) higher rate for the number of chronic drugs and had higher odds for polypharmacy (OR 2.42; 95% CI 2.00-2.93). Similar results were found comparing depressed patients to patients with other psychological diagnoses (IRR 1.23, 95% CI 1.18-1.29; OR 1.66, 95% CI 1.39-1.98).

Conclusions: depressed older patients are prone to use more chronic drugs even beyond their higher rate of comorbid somatic diseases. General practitioners should evaluate medication use of depressed older patients to reduce the existence of disproportional polypharmacy in these vulnerable patients.