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## **Treating Depression Helps Slow Physical Decline in Older Adults, Study Shows**

INDIANAPOLIS -- Successful treatment of depression not only improves older adults' emotional health, but also helps them perform such daily activities as remembering to take medications, according to a study published in the March 2005 issue of the *Journal of the American Geriatrics Society* by Indiana University School of Medicine researchers

This is the first study to report that successful treatment of depression in older adults also improves their ability to perform tasks critical to independent living such as keeping track of medications or managing money.

Prior clinical trials of successful treatment of depression in this age group reported improvement in emotional functioning, but had not demonstrated that improved emotional health also translated into improved physical health. Older adults with depression report persistent greater functional impairment than those without depression.

"This study is important for two reasons," said Christopher Callahan, M.D., Cornelius W. and Yvonne Pettinga Professor in Aging Research at the Indiana University School of Medicine. "First, it shows that even older adults with failing physical health can be successfully treated for depression. Second, it shows that treating the depression also helps slow the physical decline." Dr. Callahan is director of the Indiana University Center for Aging Research and primary author of the article.

Study participants were placed randomly into two groups. One group received standard care for depression from their primary care physician. In the second group, a depression care manager coordinated depression treatment with the patient's primary care physician.

In both groups, patients whose depression improved were more likely to experience improvement in physical functioning than patients whose depression was not successfully treated, the study found.

Depression was more likely to improve in those who received treatment by collaborative care management than those who had usual care. One hallmark of the intervention was the “stepped care” approach or the ability to increase the intensity of the treatment over time if patients did not respond to initial treatments.

This study is part of Project IMPACT, which followed 1,801 patients age 60 and older with major depressive symptoms for 12 months. Participants in the IMPACT study, the largest clinical trial of late-life depression reported to date, were from 18 primary care clinics across the United States.

“Patients with late-life depression often experience a downward spiral of worsening depression and function,” the study authors concluded. “Effective treatment of late-life depression by a collaborative stepped-care program in primary care interrupts this downward spiral.”

In an accompanying editorial, Duke University’s Dan Blazer, M.D., Ph.D., noted the bench-to-bedside practicality of this research. “The findings of the IMPACT study are prime for translation into clinical practice changes that will improve the quality of life for many older adults. Primary care practices take note!”

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