

# Weighing risks and benefits of drug treatment for major depression

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Depression is a common and serious problem for older adults. Some 15 to 20 percent of people aged 65 and older who live independently deal with symptoms of major depressive disorder. For residents of nursing homes, the rates of depression may be as high as 50 percent.

For some people, medication is an effective part of treatment for depression. However, when considering whether to prescribe [antidepressant medication](#) for older adults, [healthcare providers](#) must weigh the safety risks these medications pose against the often modest benefits they can provide compared to other options.

For example, tools like the American Geriatrics Society (AGS) Beers Criteria for Potentially Inappropriate Medication Use in Older Adults recommended that healthcare providers avoid prescribing certain antidepressant medications to older adults who have a history of falls or fractures. These include [selective serotonin reuptake inhibitors](#) (SSRIs) and tricyclic antidepressants (TCAs). That's because these medications may actually increase the risk of falls and fractures.

Understanding these and other risks associated with "potentially inappropriate medications" is key to building better care for us all as we age. That's why a team of researchers recently reviewed and analyzed studies to learn more specifically about the harmful effects of antidepressants for treating major depressive disorder in adults 65 years of age or older. Their study was published in the *Journal of the American Geriatrics Society*.

The [systematic review](#) was performed at the University of Connecticut Evidence-based Practice Center (EPC). The researchers reviewed studies that examined how many older adults experienced a harmful event during the study.

The researchers looked at patients 65 years of age or older who are prescribed serotonin and

norepinephrine reuptake inhibitors (SNRIs) to treat the acute phase of major depressive disorder (the earliest stage of the condition, when the goal is to address the symptoms associated with an episode of depression). They found that taking SNRIs led to a greater number of harmful events compared to people who took a placebo (a harmless sugar pill that has no effect on health and is prescribed to some [study participants](#) to help with comparing their results to results from people who were treated with actual [medication](#)). Older [adults](#) who took SSRIs experienced about the same number of harmful events as did people who took a placebo.

The researchers said that taking either SSRIs or SNRIs led to a greater number of people leaving the study due to harmful events of the drugs compared to placebos. They also noted that the drug duloxetine, an SSRI, increased the risk of falls.

"Some of the antidepressants have not been studied in older patients with major depression, and studies don't often describe specific side effects. Future research in this field is critical to better inform how the safety profiles of different antidepressants compare in [older adults](#)," said study co-author Diana M. Sobieraj, Pharm.D., FCCP, BCPS, Assistant Professor, University of Connecticut School of Pharmacy.

**More information:** Diana M. Sobieraj et al, Adverse Effects of Pharmacologic Treatments of Major Depression in Older Adults, *Journal of the American Geriatrics Society* (2019). [DOI: 10.1111/jgs.15966](#)

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