

Exposé: All-cause mortality in late-life depression – Results of the German Study on Ageing, Cognition and Dementia in Primary Care Patients (AgeCoDe study)

Erstautorin: PD Dr. Melanie Luppa

Letztautor: geteilte Letztautorenschaft Leipzig/Mannheim

Exposé wurde in AgeCoDe/AgeQualiDe TK 5 am 10.03.2014 inhaltlich genehmigt, zunächst gab es konkurrierende Interessen hinsichtlich der Letztautorenschaft zwischen Mannheim, Leipzig und Hamburg. Die Klärung der Letztautorenschaft erfolgte per Mail am 07.05.2014 zwischen Prof. Scherer und Prof. Riedel-Heller.

Background and aims

Depression is one of the most prevalent mental disorders in older age (Luppa et al., 2012). Late-life depression is also linked with a number of negative health outcomes including cognitive impairment, functional impairment, and decreased quality of life (Fiske et al., 2009). Furthermore, depression in elderly individuals is associated with an increase in health service utilization and direct costs (Luppa et al., 2012), and is most common in nursing home residents (Blazer, 2003). An important negative outcome may be the risk of death. A few recent published studies have shown an increased risk of all-cause mortality (Almeida et al., 2010, Sun et al., 2011, Schoevers et al., 2009) while other studies have not found an association (Fredman et al., 1999, Penninx et al., 1999, Hybels et al., 2002). For the development of more specific interventions to prevent death in this population understanding of the association between depression and mortality and the potential moderators of this association is of high importance.

Sample

All patients interviewed face-to-face at baseline and FUP I with valid information of depression parameter, and information of survival/death between FUP I/II and FUP IV.

Statistical analyses

(1) Kaplan Meier survival curves:

Outcome: death occurring after baseline/FUP I

Analyses of effect of major depression (CIDI, yes/no), depressive symptoms (GDS-15, cut off score=6 / severity), as well as course of depression (chronic, remitted, incident, according to BL and FUP I) compared to non-depressed, Log-Rank test to compare the survival distributions of depressed and non-depressed

(2) Cox proportional hazard regression:

Outcome: death occurring after baseline/FUP I (date of death)

Analyses of effect of major depression (CIDI, yes/no), depressive symptoms (GDS-15, cut off score=6 / severity), as well as course of depression (chronic, remitted, incident, according to BL and FUP I)

Adjustment for (Hazard Ratios and 95% confidence interval):

- Age

- Gender
- Education
- Depression parameter
- Comorbidity/somatic conditions according to GP questionnaire
- Cognitive impairment
- ApoE ϵ 4 Genotyp
- Smoking
- Alcohol consumption
- Functional impairment (ADL/IADL)
- Use of antidepressants

(3) Recursive Partitioning Analysis (RPA)/CART

Analyses of the effect of potential moderators on all-cause mortality according to the different depression parameter and identification of complex interactions or pattern between risk factors

Including the following factors:

- Age
- Gender
- Education
- Depression parameter
- Comorbidity/somatic conditions according to GP questionnaire
- Cognitive impairment
- ApoE ϵ 4 Genotyp
- Smoking
- Alcohol consumption
- Functional impairment (ADL/IADL)
- Use of antidepressants