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**Introduction:** Age-related health conditions are of great medical and social importance. Depression may occur as a result of vascular disease in a significant subpopulation of elderly persons. The mechanisms of interaction between cerebrovascular diseases and depression are widely discussed in the literature indicating a possible bidirectional relationship.

**Aim of the present study** is the psychiatric evaluation of elderly patients with vascular cognitive decline in terms of the diagnosis and assessment of depression.

**Methods:** Sixty-eight consecutive patients over 60 years of age diagnosed with vascular cognitive disorder underwent clinical psychiatric assessment and evaluation on The Mini-Mental State Examination (MMSE), Hachinski Ischaemic Scale (HIS), The Hamilton Depression Rating Scale (HAM-D-17) and The Hamilton Anxiety Rating Scale (HAM-A).

**Results:** Depression of mild and moderate severity was diagnosed in 28 (41.2%) of the included patients. Varying presentations of depression in older adults included somatization, minimized feelings of sadness, more anhedonia and greater cognitive dysfunction, predominantly in complex attention and executive ability. Differential diagnostic difficulties arise from co-morbidity, leading to clinical overlap.

**Conclusion:** Although an association between a subset of late-life depression and vascular disease is clear, significant gaps remain in our understanding of the precise linkages and interactions between these conditions. An important concern is whether the cognitive impairment is temporally related to depression, or depression is an associated feature, or both should be diagnosed. We suggest depression need to be considered in the evaluation of even subtle executive dysfunctions in cerebrovascular disease patients.