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SELF-REPORTED DEPRESSION IN AN OLDER POPULATION: EFFECTS ON COGNITIVE FUNCTIONING

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Introduction: The cognitive profile of the older depressed person includes impairments in executive functioning, episodic memory and processing speed. When in remission, executive functioning impairment may still remain. It is not known whether these impairments also exist in self-reported depression and if so, whether there are any performance differences between currently and remitted depression.

Objectives: To examine differences in cognitive functioning between self-reported nondepressed, depressed, and remitted persons in young and older old.

Methods: Data were collected using interviews and cognitive testing (executive functioning, episodic memory, and processing speed) in the Swedish National study of Aging and Care in Kungsholmen (SNAC-K). All non-demented participants (n=2727) were categorized according to age (60-77 years, n=1626, and +78 years, n=1101), and depression status, 1) never depressed (n=2200), 2) current depression (n=214), and 3) remitted depression (n=313).

Results: A 2 (age) x 3 (depression) MANOVA showed significant main effects of age, depression and a significant interaction effect. Younger outperformed older on all tests. Depression showed an effect on Trail Making Test B, where nondepressed outperformed currently depressed, and the remitted outperformed the currently depressed on free recall. Furthermore, an interaction effect was found for recognition, suggesting that decline in episodic memory is more pronounced in persons with self-reported depression when aging. Conclusions: Self-reported depression in an older population affects executive functioning and episodic memory, but not processing speed. For persons in remission, we found remaining deficits in episodic memory, rather than executive functioning.