



## Genetics Analysis and Diagnoses of Dementia in Adults

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### DESCRIPTION

Depression and dementia are two common conditions that affect many older adults. They can have similar symptoms, such as memory problems, low mood, and loss of interest in activities. However, they are different disorders that require different treatments and have different outcomes. Depression is a mood disorder that causes persistent feelings of sadness, hopelessness, and worthlessness. It can also affect one's appetite, sleep, energy, concentration, and self-esteem. Depression can be triggered by stressful life events, such as loss of a loved one, illness, or retirement. It can also be caused by biological factors, such as genetics, hormones, or brain chemistry.

Depression is not a normal part of aging. It can affect anyone at any age, but it is more common in older adults. According to HelpGuide.org, about 6% of people aged 65 and older have major depression, and about 20% have minor depression or dysthymia (a chronic form of low-grade depression). Depression can also occur in up to 45% of patients with dementia. It can affect memory, language, reasoning, judgment, orientation, and problem-solving skills. Dementia can be caused by various diseases or conditions that damage the brain cells, such as Alzheimer's disease, vascular dementia, Lewy body dementia, or Parkinson's disease.

It is more common in older adults. According to the World Health Organization (WHO), about 50 million people worldwide have dementia, and about 10 million new cases are diagnosed every year. The risk of developing dementia increases with age, from about 1% at age 60 to about 40% at age 90. Some studies have found that older adults with depression are more likely to develop dementia later in life than those without depression. This may be due to the effects of depression on the brain structure and function, such as inflammation, oxidative stress, or reduced neurogenesis. Some people with dementia may experience depression as a result of their cognitive decline and loss of abilities. They may feel frustrated, helpless, or guilty about their condition. They may also have difficulty expressing their emotions or coping with changes. Depression can be a psychological reaction to dementia. Some people with dementia

may develop depression after receiving their diagnosis or as they face the challenges of living with the condition. They may feel grief, anger, or fear about their future. They may also feel isolated or stigmatized by others.

Depression can mimic dementia. Some people with depression may appear to have dementia because they have similar cognitive symptoms. This is called pseudodementia or depression-related cognitive impairment. People with this condition may have memory problems, slowed speech or movement, low motivation, or difficulty concentrating. However, unlike dementia, these symptoms are reversible with proper treatment for depression. This can be difficult to differentiate because they can overlap or coexist in older adults. However, there are some clues that can help distinguish between them:

- Onset usually has a sudden or gradual onset that can be linked to a specific event or trigger. Dementia usually has a slow and progressive onset that cannot be explained by external factors.
- Course tends to fluctuate in severity and duration depending on the mood state and treatment response. Dementia tends to worsen over time and does not improve with treatment.
- Insight can usually involve some degree of insight into one's condition and its impact on one's life. Dementia usually involves impaired insight or denial of one's condition and its consequences.
- It usually involves a persistent low mood that does not change much with the situation or environment. It has a variable mood that can change rapidly depending on the situation or environment.

Depression usually affects short-term memory more than long-term memory. People with depression may have difficulty recalling recent events or information but can remember past events or information well. Dementia usually affects both short-term and long-term memory. People with dementia may have difficulty recalling either recent and past events or information. Depression and dementia require different treatments depending on the type and severity of the condition. The main treatments for depression are antidepressant medications and psychotherapy (counseling). Antidepressants work by altering the

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**Received:** 02-May-2023, Manuscript No. JOP-23-21438; **Editor assigned:** 05-May-2023, PreQC No. JOP-23-21438 (PQ); **Reviewed:** 19-May-2023, QC No JOP-23-21438; **Revised:** 26-May-2023, Manuscript No. JOP-23-21438 (R); **Published:** 02-Jun-2023. DOI: 10.35248/2378-5756.23.26.594

**Citation:** Barnes S (2023) Genetics Analysis and Diagnoses of Dementia in Adults. J Psychiatry. 26:594.

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levels of certain chemicals in the brain that regulate mood and cognition. Psychotherapy works by helping people cope with their emotions, thoughts, behaviors, and life situations that contribute to their depression. Other treatments for depression include Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), light therapy, exercise therapy, or complementary therapies (such as acupuncture or meditation).

There is no cure for dementia at present. The main treatments for dementia are medications and non-pharmacological interventions (such as cognitive stimulation therapy, reminiscence therapy, music therapy, or occupational therapy). Medications work by slowing down the progression of the

disease or managing its symptoms (such as memory loss, agitation, hallucinations, or depression). Non-pharmacological interventions work by enhancing the quality of life and well-being of people with dementia and their caregivers. Depression and dementia are common conditions in older adults that can affect their mental health and functioning. They can have similar symptoms but different causes and outcomes. It is important to recognize the signs of both conditions and seek professional help if needed. Early diagnosis and treatment can improve the prognosis and quality of life for people with depression or dementia.