

سامية محمد مصطفى



شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



سامية محمد مصطفى



شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات لم ترد بالأصل



THE RELATION BETWEEN DEPRESSION AND BONE MINERAL DENSITY IN ELDERLY

Thesis

Submitted for Partial Fulfillment of MD Degree in
Geriatrics

By

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Faculty of Medicine
Ain Shams University
2004

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The relation between depression and bone mineral density in elderly


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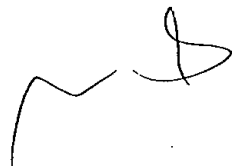
Introduction:

Global census studies have revealed that the elderly are the most rapidly growing population group in both industrialized and less industrialized nations (*Hassan, 1996*).

One of the most significant phenomena of the twentieth century has been population aging, or the dramatic increase in the number and proportion of persons aged sixty and over. The last quarter of the twentieth century has often been called "the age of aging" the world's elderly population is increasing monthly by about 1 million persons (*United Nation, 1994*).

Signs and symptoms of depression in the elderly are different from those in the young where depressive symptoms may be viewed by the older person, the family and the physician as a normal sequence of aging and lack of treatment of depression in the elderly is prominent (*Gomez and Gomez, 1993*).

Woo et al. (1994) in a survey of elderly Chinese aged 70 years and over living in Hong Kong selected by stratified random sampling, the prevalence of depression was determined using the Geriatric Depression Scale (GDS). They reported an overall prevalence of depression of 29.2% for men and 41.1% for women. *Blazer et al. (1991)* reported that the association between aging and depressive symptoms was reversed when major confounding variables were controlled.



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Therefore, the β values are not significantly different from zero, and the null hypothesis of no effect of the variables on the dependent variable is not rejected.

behavior. The authors suggest that the

Nearly similar findings were obtained by *Murphy and Macdonald (1992)* who found that the prevalence rates for most non-organic mental disorders among elderly people were in fact similar to or even slightly lower than at other life cycle stages.

Osteoporosis is a major health threat. In the United States alone, 10 million people already have osteoporosis and 18 million more have low bone mass, placing them at increased risk for this disorder (*NIH, 2001*).

Osteoporosis by definition is systemic skeletal disease characterized by low bone mass and microarchitectural deterioration of bone tissue with a consequent increase in bone fragility and subsequently to fracture (*WHO, 1994*).

In recent years light started to be focused on the relation between depression and osteoporosis. Schweiger and his colleagues conducted study in 1994 to find out the type of this relation and they found that depressed persons have lower values of Bone Mineral Density (BMD) than healthy persons and they concluded that major depression is a significant risk factor for osteoporosis.

Another study found that depression is a significant risk factor for both vertebral and non vertebral fractures in old females (*Whooley et al., 1999*). Another study by *Coelho and his colleagues in (1999)* concluded that women with osteoporosis have significantly higher levels of depressive symptoms and a corresponding higher prevalence of depressions.

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