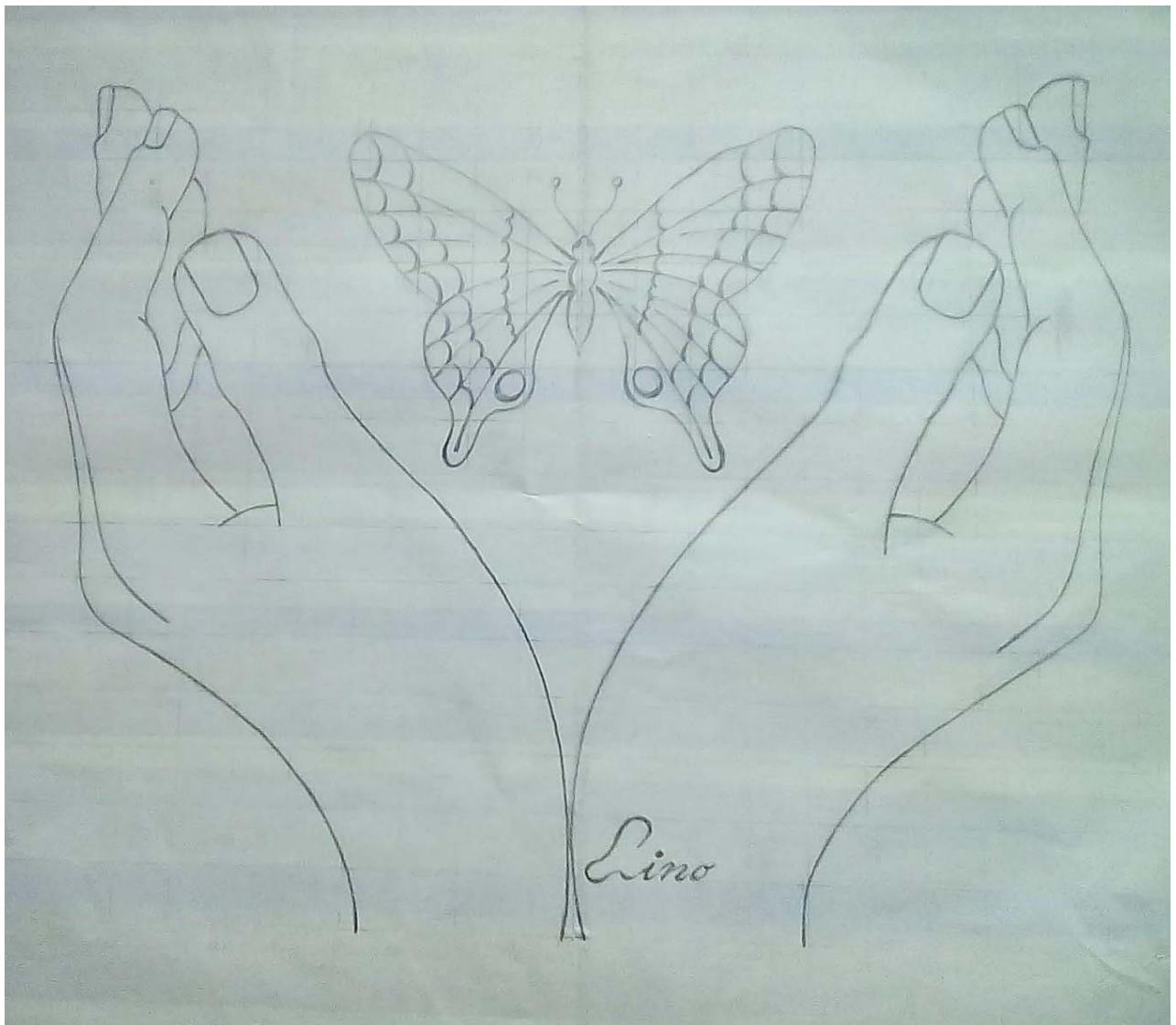


INTERNATIONAL JOURNAL OF MEDICAL AND NURSING APPROACH (IJMNA)

Volume 4 (issue 1)

December 2022

MEDICAL AND NURSING



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Role of the nutraceutical "Samefast Advance" in depressive syndrome in the geriatric age.

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KEYWORDS: Rotigotine, blood pressure, dysphagia .

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ABSTRACT

Background: Antidepressant treatment is often indispensable in the elderly population, especially in the advanced stage of the depressive syndrome. These clinical conditions linked to mild or severe behavioral alterations (with repercussions on the daily life activities of the patient and the care-giver) can be a transient or chronic (often underestimated) condition that involves the quality of life. **Aim:** the purpose of this study is to evaluate the effectiveness of drug treatment with Samefast Advance through the study of Heart Rate Variability and the main arrhythmic risk indices (QT). Changes induced by antidepressant therapy were assessed with the 15-item Geriatric Depression Scale. **Materials and Methods:** In order to evaluate the efficacy of antidepressant treatment with Samefast Advance and any changes in arrhythmic indices (QT) we enrolled 22 patients in our study (9 men and 13 women with a mean age of 80.5 years and a standard deviation 14.5 years). All enrolled patients accepted the enrollment criteria and provided informed consent for the treatment of health data. After the initial clinical evaluation, the enrolled subjects underwent the administration of the GDS test for the evaluation of the severity of the depression. A similar protocol was implemented 1 month after the administration of antidepressant therapy. For the evaluation of the arrhythmic risk, the evaluation by electrocardiography was carried out at the same time as the control of the tests for the evaluation of the severity of the depression. **Results:** The results of the treatment showed a statistically significant change in the depression scale ($P < 0.001$) without statistically significant changes in the main cardiovascular arrhythmic risk indices or changes in the autonomic tone (LF / HF) (Table 1). **Discussion:** The Electrocardiogram is one of the least invasive diagnostic tests, but its correct execution is essential for the diagnosis. The analysis of the Heart Rate Variability allows to understand, in a few minutes, the state of activity of the Autonomous Nervous System and to know if there is a hyper or hypo activity, not very functional, of one of the two branches and to intervene to restore the correct balance. Qualitative and quantitative indicators of Heart Rate Variability, the data relating to the trend of cardiac dynamics allow to acquire a series of quantitative and qualitative information from which it is possible to understand the state of the Autonomous Nervous System. The

different types of time domain and heart rate analyzes provide specific multiple valence indicators. In the frequency domain, the data of greatest interest is that relating to the 3 heart oscillation zones, each of which reflects specific activities of the Autonomous Nervous System:

- Very Low Frequency band - VLF, includes oscillations between 0.0033 and 0.03 Hz, represents the slowest changes in heartbeat and is directly correlated with the body's thermoregulation activities and the hormonal cycle;
- Low Frequency band - LF, includes the oscillations between 0.03 and 0.15 Hz, represents the slow changes of the heartbeat and is an index of sympathetic activity, and of the effectiveness of the baroreceptor loop, between the cardiovascular and respiratory systems, in the Hz range;
- High Frequency band - HF, includes the oscillations between 0.15 and 0.40 Hz, representing the fastest changes due to parasympathetic activity.

It has been shown that periods of chronic stress generate an increase in heart rates in the low frequency range with a loss of activity in the high one, mirroring the natural increase in the activity of the sympathetic system at the expense of the parasympathetic one. The data of the study confirm that antidepressant therapy with Samefast Advance allows to obtain a statistically significant variation of the values relating to the Geriatric Depression Scale at 15 items (Fig. 1) without statistically significant variations in the ortho and para neurovegetative modifications. sympathetic or cardiovascular arrhythmic indices. These last indices represent an important marker for the safety of the drug in the extreme population groups given the average age of 80.5 years of the sample under study. On the basis of the data relating to the variations of the indices shown in table 1 relating to the group of depressed subjects enrolled in the study, oral antidepressant treatment determines a significant variation in the degree of depression after 1 month of therapy. Only in a few cases (2) related to diabetic patients was a slight increase in blood glucose values resolved by adding 2 units of insulin to basal therapy. Further studies in diabetic subjects are needed before the data can be generalized to the entire population given the poor representativeness of diabetic subjects in the study carried out.

Conclusions: Our experience has allowed us to highlight the presence of statistically significant changes in the depression assessment tests (GDS) and the absence of statistical significance of the changes in the main electrocardiographic parameters related to arrhythmic risk following the antidepressant treatment evaluated using a method of non-invasive analysis such as cardiac variability (HRV) analysis. Further studies will be necessary in order to generalize the data to the entire population given the representativeness of the sample with an average age of 80.5 years and the 2 cases of glycemic increase in insulin-dependent diabetic patients.

Limitation of the study: Our data have provided encouraging results, but further evaluations are needed in order to apply these results to the whole population.

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