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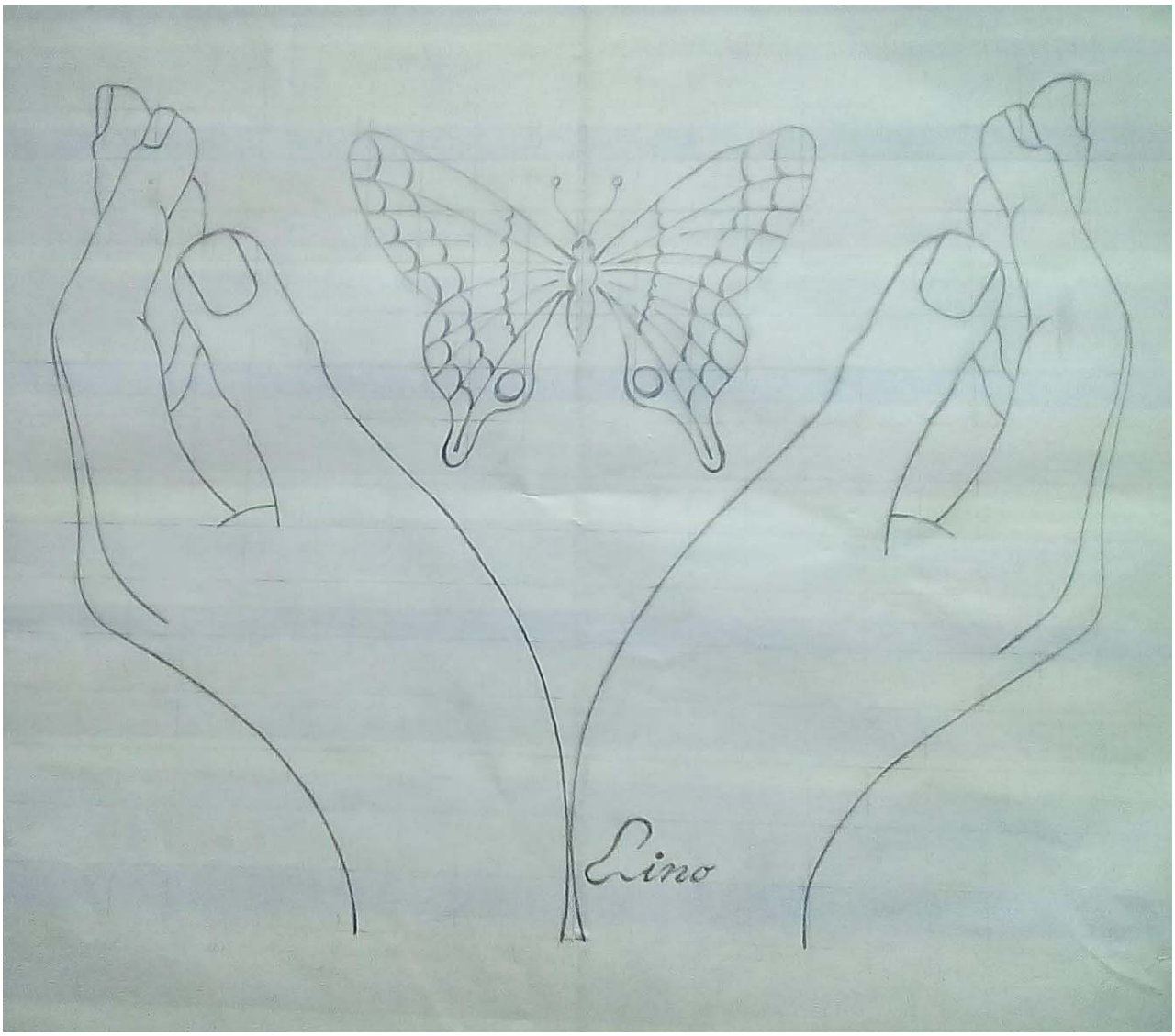

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Effects of Tensiopram on Anxious Depressive Syndrome in elderly.

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ABSTRACT

Background: Anxiolytic and antidepressant treatment is often indispensable in the elderly population. 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. The purpose of this study is to evaluate the effectiveness of drug treatment with Tensiopram in patients with Mild Cognitive Impairment (MCI) and anxious-depressive syndrome. The study was carried out in the time period from November 2021 to January 2022. **Aim**: The aim of this study is to underline the effects of Timonorm on Anxious-Depressive Syndrome in elderly. **Materials and Methods**: In order to evaluate the efficacy of anxiolytic and antidepressant treatment with Tensiopram, we enrolled 22 patients in our study (10 men and 12 women with a mean age of 77.4 years and a standard deviation of 7.2 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 Geriatric Depression Scale test for the assessment of the severity of the Anxiety-Depressive Syndrome. A similar protocol was implemented 1 month after the administration of Tensiopram therapy. For the evaluation of the cognitive aspects, the evaluation was carried out using a 30-item Mini Mental State Examination. **Role of the nurse:** In carrying out the study, the nursing role was found to be fundamental; after identifying the patients, the data was collected. All collected data were obtained from patients after being adequately informed about the study to be carried out and after obtaining written informed consent from the interested party. The reason for the study was explained by the nurse and why the patient's collaboration was essential. This first approach to the patient was important because we began to build a relationship of trust with him and to get to know him better so as to obtain answers as truthful as possible, especially in the compilation of the GDS scale. Subsequently, after putting the patient at ease, the tests were administered: Mini Mental State Examination with 30 items and the Geriatric Depression Scale with 15 items with binary questions that is with possible answers: yes or no. The result that could be obtained was between 0 and 5 which is an indication of unlikely depression, from 6 to 9 an indication of possible depression and between 10 and 15 an indication of the probable presence of depression. **Results**: Treatment results showed a statistically significant change in

the GSD depression scale with mean scores of 7,100 + 3.784 in baseline conditions without therapy to 5.500 + 2.915 in 1 month post therapy control conditions ($P < 0.001$) with no statistically significant changes in MMSE cognitive test with mean scores of 14,300 + 2,541 in baseline conditions without therapy at 15,100 + 2,998 in post therapy control conditions at 1 month ($P = 0.137$) (Table 1). **Discussion**: The data of the study confirm that the anxiolytic and antidepressant therapy with Tensiopram allows to obtain a statistically significant variation of the values related to the depression scale (Geriatric Depression Scale at 15 items) (Fig. 1) without statistically significant changes in the MMSE cognitive test. The variation of the anxious and depressive component can justify the improvement of cognitive abilities to mini mental even if the variation does not reach statistical significance. Based on the data relating to the changes in the indices shown in table 1 relating to the group of subjects with anxiety-depressive syndrome enrolled in the study, treatment with oral tensiopram determines a statistically significant improvement in the degree of anxiety and depression after 1 month. of therapy. No significant side effects were found in the treatment group despite the presence of comorbidities (hypertension, diabetes and chronic renal failure). Further studies are needed in subjects of other age groups before the results given to the whole elderly population can be generalized. **Conclusions**: Our experience has allowed us to highlight the presence of statistically significant changes in the assessment tests of the anxious-depressive state (GDS) and the absence of statistical significance of the modifications of the cognitive tests detected through the Mini Mental State Examination. 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 77.4 years. **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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