

## Abstract

**Aim:** Neuropsychological impairments are common in elderly with late-onset depression. Little is known about the aetiological and prognostic significance of these impairments. This study examined the relationship between neuropsychiatric profiles and short-term outcome in late-onset depression.

**Methods:** A total of 54 non-demented elderly presenting with their first major depressive episode at the age of 60 or above participated in this study and were treated according to a standardised pharmacological treatment algorithm. At entry, they were assessed on neurological signs (parkinsonian features and neurological soft signs), neuropsychological measures (executive function, psychomotor-speed, attention and working memory, episodic memory, conceptualization, construction and global cognitive function), and degree of apathy. Hamilton Depression Rating Scale (HAM-D) was administered at baseline, the sixth and 12<sup>th</sup> week of treatment.

**Results:** Abnormal fist-edge-palm tests, a sign reflecting possible impairment in motor sequencing, were more common in non-remitters (defined as HAM-D score above 7) at the 12<sup>th</sup> week of treatment ( $P=0.003$ ). There was a trend towards a higher degree of apathy in non-remitters at the 12<sup>th</sup> week of treatment ( $P=0.055$ ).

**Conclusion:** The fist-edge-palm test may be included in the clinical neuropsychiatric assessment for patients with late-onset depression to identify a susceptible group who may require more intensive treatment. Further researches are warranted to verify this preliminary finding and to ascertain the link among late-onset depression, neuropsychological deficits, and prognosis