Researchers Find Antidepressant Use Partially Mediates the Association Between Depression and Risk of Falls and Fall Injuries Among Older Adults

A study led by Matthew Lohman, assistant professor of epidemiology and biostatistics at the University of South Carolina’s Arnold School of Public Health, has examined the role of antidepressants in the link between depression and risk of falls and fall injuries among older adults. He published his findings in Journals of Gerontology.

“The association between depression and fall risk in older adults is recognized, yet the mechanisms underlying this association are unclear,” Dr. Lohman says.

To estimate the mediating role of antidepressant use in the association between depression and falls and fall injuries, the researchers analyzed longitudinal data from the Health and Retirement Study (2004-2006) linked with medication data from the Prescription Drug Study (2005). The sample included 3,565 community-dwelling adults ages 65 and older.

The authors found that individuals with major depressive disorder were significantly more likely to experience a fall over two years. Further, indirect effect estimates showed that antidepressant medication use accounted for approximately 19% and 18% of the association between major depressive disorder and falls and fall injuries, respectively. Results were similar when using an alternative depression measure and when considering only selective serotonin reuptake inhibitor antidepressants.

“Antidepressant use explains a significant proportion, but not a majority, of the association between depression and greater fall risk,” Dr. Lohman concludes. “Treatment benefits of antidepressants should be considered with, and may outweigh, concerns about increased risk of falls associated with antidepressant use.”