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Incident depression in old age is driven by different factors compared to depression earlier in life: physical risk factors (esp. vascular diseases, macular degeneration, hip fracture and diabetes), sleep disturbances, handicaps and disabilities, social isolation, care-giving and bereavement are dominant risk factors but less so stressful life conditions. Some protective factors are especially active in the old age as optimism and experienced sense of life despite reduced physical health. In this context modifiable risk factors present as targets for prevention of depression in the population of elderly. In addition, general preventive measures as physical and mental activity and healthy food as well as maintenance of physical health are useful. Those measures need to be implemented in primary care programmes in addition with stepped care models in case of emergence of depressive symptoms and of full-blown depression. In contrast, universal prevention measures of late-life depression on a general population level are currently not evidence-based. We will present evidence from epidemiological and service care studies to demonstrate feasibility and efficacy of those preventive and treatment measures.

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