

ASSESSMENT OF GERIATRIC DEPRESSION

ARGEC  
Arkata Regional Geriatric Education Center

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### Objectives



- Provide prevalence rates for geriatric depression across diverse populations
- Identify risk factors for depression for older adults
- Discuss cultural considerations
- Present a summary of symptomatology
- Contrast differential diagnosis with dementia and delirium
- Highlight common assessment instruments

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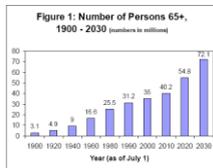
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### Importance of Diagnosis



- ▶ Depression affects 15 out of every 100 adults over age 65 (Geriatric Mental Health Foundation, 2011).
- ▶ Rates of depression in the community range from 1-13%.
  - ▶ Major depressive disorders (MDD) - 1.8%.
  - ▶ All depressive syndromes considered clinically relevant -13.5%.
  - ▶ Depression among residents of long-term care (LTC) during the first year - 54.4%.
- ▶ Negative outcomes of depression include cognitive decline, mortality, suicide, and hospitalization.
- ▶ Suicide rates are highest among the elderly.




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# Risk Factors for Depression



- › Disability
- › Cognitive impairment/decline
- › New medical illness
- › Poor health status
- › Prior depression
- › Loneliness & isolation
- › Low socioeconomic status
- › Poor self-perceived health
- › Sleep disturbance
- › Recent bereavement
- › Institutional placement




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# Depression in Sub Populations



Race/ethnicity	Gender
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| <ul style="list-style-type: none"> <li>□ Compared to non-Hispanic Whites, minorities have a higher prevalence of depression.</li> <li>□ African American older adults are more likely to internalize stigma and less likely to seek treatment (Conner et al., 2010).</li> </ul> | <ul style="list-style-type: none"> <li>□ Women have twice the rate of depression than men.</li> <li>□ Men are 3-5 times as likely as women to die from suicide, and depression is the most common associated condition (Grigoradis &amp; Robinson, 2007).</li> <li>□ White men over age 85 have the highest rates of suicide of any group.</li> </ul> |
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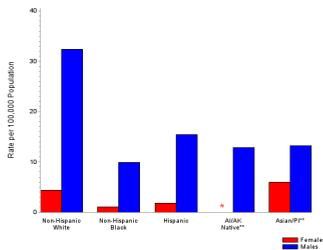
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# Suicide Rates\* Among Persons Ages 65 Years and Older, by Race/Ethnicity and Sex, United States, 2005-2009



Footnote: \*All rates are age specific. Rates based on less than 20 deaths are not shown as they are statistically unreliable. \*\* AI/AN Native: American Indian/Alaskan Native, PF: Pacific Islander. Source: Centers for Disease Control and Prevention (2014)

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## Atypical Presentation of Depressed Older Adults



- Deny sadness or depressed mood
- May exhibit other symptoms of depression
- Unexplained somatic complaints
- Hopelessness
- Helplessness
- Anxiety and worries
- Memory complaints (may or may not have objective signs of cognitive impairment)
- Anhedonia
- Slowed movement
- Irritability
- General lack of interest in personal care

(Gallo and Rabins, 1999)

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## Compared to Younger Adults, Older Adults:



- Are more likely to report somatic symptoms than depressed mood.
- Are more likely to experience sleep disturbance, fatigue, psychomotor retardation, loss of interest in living, and hopelessness about the future (Christensen et al., 1999).
- Are less likely to endorse cognitive-affective symptoms of depression, including dysphoria and worthlessness/guilt (Gallo et al., 1994).
- Are more likely to have subjective complaints of poor memory and concentration (Fiske et al., 2009).

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## Suicide Risk



National Guidelines for Seniors Mental Health: Part 2:2.1

Non modifiable risk factors include:

- Old age
- Male gender
- Being widowed or divorced
- Previous attempt at self harm
- Losses (e.g. health status, role, independence, significant relations)

Potentially modifiable risk factors include:

- Social isolation
- Presence of chronic pain
- Abuse/misuse of alcohol or other medications
- Presence & severity of depression
- Presence of hopelessness and suicidal ideation
- Access to means, especially firearms

Behaviors to alert clinicians to potential suicide include:

- Agitation
- Giving personal possessions away
- Revisiting one's will
- Increase in alcohol use
- Non-compliance with medical treatment
- Taking unnecessary risk
- Preoccupation with death

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## Assessment and Diagnosis of Depression



- Eve Byrd is a Family Nurse Practitioner, Psychiatric Clinical Nurse Specialist, and Executive Director of the Fuqua Center for Late Life Depression, located in Atlanta, GA.



- Click on or copy and paste the weblink below to view a lecture on assessment and diagnosis of depression in older adults:
  - <http://www.youtube.com/watch?v=NadEQBnVTZ4>

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## Case Study 1



Ms. G is a 75-year old female living alone in her apartment in New York City. Her husband died suddenly two years ago of a heart attack. Their two children are alive and living out-of-state. Both of her sons maintain weekly phone contact with Ms. G and visit usually once a year. Ms. G has been doing well until about 6 weeks ago when she fell in her apartment and sustained bruises but, did not require a hospital visit. Since then, she has been preoccupied with her failing eyesight and decreased ambulation. She does not go shopping as often, stating she doesn't enjoy going out anymore and feels "very sad and teary." Ms. G states that her shopping needs are less, since she is not as hungry as she used to be and she states, "I'm getting too old to cook for one person only".

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## Case Study 1: Questions



- What risk factors might account for Ms. G's Depression?
- What are Ms. G's depressive symptoms?

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## PHQ-9



- Can track severity of depression as well as the specific symptoms that are improving or not with treatment.
- Has proven effective in a geriatric population (Li et al, 2007)
- Nine items are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV.

### Sample Questions

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Response (not at all, several days, more than half the days, nearly every day)

- Little interest or pleasure in doing things
  - Feeling down, depressed or hopeless
  - Thoughts that you would be better off dead, or of hurting yourself in some way
- (Li et al., 2007)

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## IMPACT



- IMPACT is an evidence based depression program specifically designed for older adults.
- The IMPACT website (<http://impact-uw.org/>) provides a source of information and materials designed to help clinicians and organizations implement IMPACT in a variety of settings.
- Click on or copy and paste the weblink below and go to Tools- PHQ-9. Scroll down the page to view a video showing an administration of the PHQ-9.
  - <http://impact-uw.org/tools/phq9.html>

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## Fuqua Center for Late-Life Depression 10th Anniversary Video



- The Fuqua Center for Late-Life Depression is a non-profit organization whose mission is to improve the community's understanding and recognition of mental illnesses in older adults and improving access to geriatric psychiatric services.
- Click on or copy and paste the weblink below to view a collection of patients and community partners speaking about the Fuqua Center's contributions to the mental health of older adults.
  - <http://www.youtube.com/watch?v=uPMeAOBtfpw>

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