ASSESSMENT OF GERIATRIC DEPRESSION

ARGEC
Atlanta Regional Geriatric Education Center

Objectives

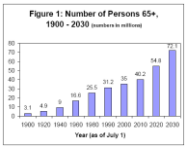
ARGEC

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

Importance of Diagnosis

ARGEC

- 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 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.



Risk Factors for Depression

ARGEC

- 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

Depression in Sub Populations

ARGEC

Race/ethnicity

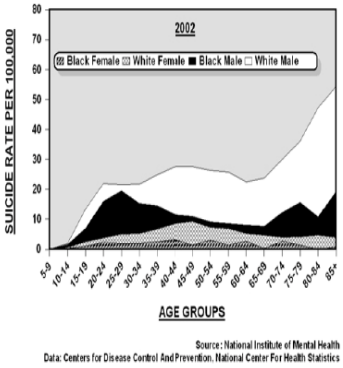
- Compared to non-Hispanic Whites, minorities have a higher prevalence of depression.
- African American older adults are more likely to internalize stigma and less likely to seek treatment (Conner et al., 2010).

Gender

- Women have twice the rate of depression than men.
- Men are 3-5 times as likely as women to die from suicide, and depression is the most common associated condition (Grigoradis & Robinson, 2007.
- White men over age 85 have the highest rates of suicide of any group.

U.S. SUICIDE RATES BY AGE, GENDER, AND RACIAL GROUP

ARGEC



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

A Discussion About Cultural Considerations

Dr. Ugochi Ohuabunwa

- This podcast features Dr. Ugochi Ohuabunwa, Assistant Professor of Medicine Emory University and Medical Director of the Grady Memorial Hospital Geriatric Center in Atlanta, Georgia.
- Dr. Ohuabunwa will talk about her experience assessing and diagnosing depression in minority older adults.
- She will highlight the cultural issues that are part of assessing older adults from diverse cultural groups and things that healthcare providers should consider when assessing this population.
- Click on the link below to listen to the podcast:
  - https://gsu.sharestream.net/ssdcms/i.do?u=a1a2f63ba0144f3

ARGEC

Table 1. Primary DSM-IV depression disorders, criteria for adults[2]

Depressive Diagnoses	Symptoms
Major Depressive Episode: - 5 or more depressive symptoms for ≥ 2 weeks - Must have either depressed mood or loss of interest/pleasure - Symptoms must cause significant distress or impairment - No manic or hypomanic behavior	1. Depressed Mood 2. Markedly diminished interest or pleasure in most or all activities 3. Significant weight loss (or poor appetite) or weight gain 4. Insomnia or hypersomnia 5. Psychomotor retardation 6. Fatigue or loss of energy 7. Feelings of worthlessness or excessive or inappropriate guilt 8. Diminished ability to think or concentrate, or indecisiveness 9. Recurrent thoughts of death (not just fear of dying), or suicidal ideation, plan, or attempt
Minor Depressive Episode:* - 2-4 depressive symptoms for ≥ 2 weeks - Must have either depressed mood or loss of interest or pleasure - Symptoms must cause significant distress or impairment - No manic or hypomanic behavior	
Dysthymic Disorder - Depressed mood for most of the time for at least two years - Presence of 2 or more of symptoms of dysthymia - Never without symptoms for 2 months or more over 2 year period - Symptoms must cause clinically significant distress or impairment - No major depressive disorder in first two years, no manic, hypomanic, or mixed episodes	1. Significant weight loss (or poor appetite) or weight gain 2. Insomnia or hypersomnia 3. Fatigue or loss of energy 4. Low self-esteem 5. Diminished ability to think or concentrate, or indecisiveness 6. Feelings of hopelessness

* not a formal diagnosis but considered a research category requiring further study

Depression: "SIG-E-CAPS":

ARGEC

- ***S*** leep Disturbance (insomnia or hypersomnia)
- ***I*** nterest (anhedonia or loss of interest in usually pleasurable activities)
- ***G*** uilt and/or low self-esteem
- ***E*** nergy (loss of energy, low energy, or fatigue)
- ***C*** oncentration (poor concentration, forgetful)
- ***A*** ppetite changes (loss of appetite or increased appetite)
- ***P*** sychomotor changes(agitation or slowing/retardation)
- ***S*** uicide (morbid or suicidal ideation)

Atypical Presentation of Depressed Older Adults

ARGEC

- 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 & Rabins, 1999)

Compared to Younger Adults, Older Adults:

ARGEC

- 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 (Fisk et al., 2009).

ARGEC

4 SUICIDE RISK

National Guidelines for Seniors Mental Health: Part 2: 2.1

Non-modifiable risk factors

- 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

- 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

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

Assessment and Diagnosis Of Depression

ARGEC

- 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 the following video to view a lecture on assessment and diagnosis of depression in older adults.

- http://www.youtube.com/watch?v=NadEQBnVTZ4

Learning Activity 1

ARGEC

Case Study - 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 "besides I'm getting too old to cook for one person only."

Learning Activity 1: Questions

ARGEC

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

- What are Ms. G's depressive symptoms?

Types of Depression

ARGEC

- Endogenous depression (biological) – chronic or lifelong state of depression for which there is no apparent precipitating cause, genetic link
- Exogenous depression (reactive) – short term depression caused by loss or extreme trauma
  - Most common form of depression in older adults
  - Diagnosed as an adjustment disorder with depressed mood
  - Mild to moderate case that occurs after a significant loss or in response to serious life adjustment.

Older Adults Are Often Misdiagnosed: Differential Diagnosis

ARGEC

- Thyroid disorders (hypo- and hyper-thyroidism)
- Dementia (or mild cognitive impairment)
- Bereavement
- Anxiety Disorder
- Substance Abuse Disorder
- Personality Disorder
- Diabetes mellitus
- Underlying malignancy
- Anemia
- Medication side effects

	DELIRIUM	DEPRESSION	DEMENTIA
DEFINITION	Delirium is a medical emergency which is characterized by an acute and fluctuating onset of confusion, disturbances in attention, disorganized thinking and/or decline in level of consciousness. Delirium cannot be accounted for by a preexisting dementia; however, can co-exist with dementia.	Depression is a term used when a cluster of depressive symptoms (as identified on the SIG E CAPS depression criteria) is present on most days, for most of the time, for at least 2 weeks and when the symptoms are of such intensity that they are out of the ordinary for that individual. Depression is a biologically based illness that affects a person's thoughts, feelings, behaviour, and even physical health.	Dementia is a gradual and progressive decline in mental processing ability that affects short-term memory, communication, language, judgment, reasoning, and abstract thinking. Dementia eventually affects long-term memory and the ability to perform familiar tasks. Sometimes there are changes in mood and behaviour.
ONSET	▪ Sudden Onset: Hours to days	▪ Recent unexplained changes in mood that persist for at least 2 weeks.	▪ Gradual deterioration over months to years
COURSE	▪ Often reversible with treatment ▪ Often fluctuates over 24 hour period and often worse at night	▪ Usually reversible with treatment ▪ Often worse in the morning	▪ Slow, chronic progression, and irreversible
THINKING	▪ Fluctuations in alertness, cognition, perceptions, thinking	▪ Reduced memory, concentration and thinking, low self-esteem	▪ Cognitive decline with problems in memory plus one or more of the following: aphasia, apraxia, agnosia, and/or executive functioning.
PSYCHOTIC FEATURE	▪ Misperceptions and illusions	▪ Delusions of poverty, guilt, somatic symptoms	▪ Signs may include delusions of theft/persecution and/or hallucinations depending on type of dementia.
SLEEP	▪ Disturbed but with no set pattern. Differs night to night	▪ Disturbed ▪ Early morning awakening or hypersomnia	▪ May be disturbed with an individual pattern occurring most nights
MOOD	▪ Fluctuations in emotions – outbursts, anger, crying, fearful	▪ Depressed mood ▪ Diminished interest or pleasure ▪ Changes in appetite (over or under eating) ▪ Possible suicidal ideation/plan;hopelessness	▪ Depressed mood especially in early dementia ▪ Prevalence of depression may increase in dementia; however, apathy is a more common symptom and may be confused with depression.
PSYCHO-MOTOR ACTIVITIES	▪ Hyperactive delirium: agitation, restlessness, hallucinations ▪ Hypoactive delirium: unarousable, very sleepy ▪ Mixed delirium: combination of hyperactive and hypoactive manifestations	▪ Hyperactive: agitated depression ▪ Hypoactive: withdrawn, decreased motivation/interest	▪ Wandering/exit seeking *or* ▪ Agitated *or* ▪ Withdrawn (may be related to co-existing depression).

Learning Activity 2

ARGEC

- Video - Dementia, delirium and depression are the three most prevalent mental disorders in the elderly. Click on the following link to view a 45 minute video exploring the work up and management of elderly persons presenting with these mental disorders by Dr. James Bourgeois, professor of Clinical Psychiatry at UC Davis.
  http://www.youtube.com/watch?v=INs9d9cpQos

- Case Study - Click on the following link to view a review and case study of Depression, Delirium, and Dementia in older adults.
  https://mcnmedia.illinoisstate.edu/flash/hartford/activity10.html

Assessment Instruments at a Glance

TOOL	ORIGINALLY DESIGNED FOR	# ITEMS	TIME TO COMPLETE	METHOD OF ADMIN.	RESPONSE	SENSITIVITY/SPECIFICITY*
GERIATRIC DEPRESSION SCALE	Geriatric patients	30	10-15 minutes	Self-Administered	Yes/No	92%/95%
BECK DEPRESSION INVENTORY	Patients with previously diagnosed depression	21	5-10 minutes	Self-Administered	0-3 Ranked Responses	100%/96%
HAMILTON DEPRESSION SCALE	All populations	21	15-20 minutes	Professionally administered interview	0-2 or 0-4 Ranked Responses	Not Available
CES-D	Adult community members	20	5-10 minutes	Self 4 point Likert	4 point Likert Scale	82%/94%
PHQ-9	All populations effective for Geriatrics	9	5 minutes	Self-Administered	4 point Likert Scale	88%/88%

Geriatric Depression Scale (GDS)

ARGEC

- Designed specifically for persons age 65 and older.
- Unlike other instruments, there is no somatic component to the GDS, because many physical manifestations of depression can easily be associated with other simultaneous illnesses in older adults.
- Not suitable for assessing depression in individuals with cognitive disorders and cannot be used to assess the effects of pharmacological therapy.

Sample Questions

- Are you in good spirits most of the time? YES/NO
- Do you feel full of energy? YES/NO
- Have you dropped many of your activities and interests? YES/NO

(Olin et al., 1992;Yesavage et al., 1983)

Beck Depression Inventory (BDI)

ARGEC

- Initially designed to measure the severity of previously diagnosed depression, but has since been validated for use in the geriatric population.
- Uses ranked responses ranging from 0-3 to allow the BDI to assess variations in the severity of depression over time.
- Some studies show higher non-response rates associated with the BDI for the geriatric population, particularly concerning questions related to "sexual interest".

Sample Questions

Sadness

0 I do not feel sad.
1 I feel sad.
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

Loss of Energy

0 I have as much energy as ever.
1 I have less energy in the past two weeks.
2 I don't have enough energy to do very much.
3 I don't have enough energy to do anything.

(Jefferson et al., 2000; Olin et al., 1992)

Hamilton Depression Scale (HAM-D)

ARGEC

- Created with emphasis on the psychological aspects of depression across a variety of populations.
- For proper results a professional is required to perform a "semi-structured" interview and then answer and evaluate the resulting score provided by the tool.
- Not validated for the geriatric population, but considered useful in populations with cognitive defects.
- Several questions relate to somatic symptoms.

Sample Question

Suicide

- 0 = absent
- 1 = feels life is not worth living
- 2= wishes he were dead or any thoughts of possible death to self
- 3 = suicidal ideas or gesture
- 4 = attempts at suicide

(Hedlung & Vieweg, 1979).

Center for Epidemiologic Studies Depression Scale (CES-D)

ARGEC

- Designed to screen adult community members for research purposes, but also validated as an assessment tool for use in other populations, including the elderly.
- Responses are based on frequency of occurrence, which enables the CES-D to follow changes in depression over time.
- Considered useful for elderly across different racial, ethnic, and economic backgrounds because of its exceptional psychometric properties.

Sample Questions

I was bothered by things that don't usually bother me:

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

I felt hopeful about the future.

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

(Ross et al., 2011)

PHQ-9

ARGEC

- 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)

IMPACT

ARGEC

- 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 the following link 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

Fuqua Center for Late-Life Depression 10th Anniversary Video

ARGEC

- 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 the link 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

References

- Cole M, Dendukuri N. (2003). Risk factors for depression among elderly community subjects: A systematic review and meta- analysis. *American Journal of Psychiatry*.160(6):1147-1156
- Christensen H, Jorm AF, Mackinnon AJ, Korten AE, Jacomb PA, et al. Age differences in depression and anxiety symptoms: A structural equation modelling analysis of data from a general population sample. Psychol. Med. 1999;29:325–39.
- Conner, K. O., Copeland, V. C., Grote, N. K., Rosen, D., Albert, S., McMurray, M. L., . . . Koeske, G. (2010). Barriers to treatment and culturally endorsed coping strategies among depressed African-American older adults. *Aging & Mental Health, 14*(8), 971-983.
- Fisk, A., Wetherell, J. L., & Gatz, M. (2010). Depression in older adults. *Annu Rev Clin Psycho, 5*, 363-389
- Gallo, J., & Rabins, P. (1999). Depression without sadness: alternative presentations of depression in late life. *American Family Physician*, 60(3), 820-826.
- Gallo JJ, Anthony JC, Muthén BO. Age differences in the symptoms of depression: A latent trait analysis. J. Gerontol. 1994;49:P251–64
- Geriatric Mental Health Foundation . (2011). Retrieved from: http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_factsheet.html
- Grigoriadis, S., & Robinson, G. (2007). Gender issues in depression. *Annals Of Clinical Psychiatry: Official Journal Of The American Academy Of Clinical Psychiatrists, 19*(4), 247-255
- Hedlung & Vieweg (1979). The Hamilton Rating Scale for Depression. Journal of Operational Psychiatry. 10, 149-165.
- Jefferson, A. L., & Powers, D. V. P., Michaela. (2000). Beck Depression Inventory-II (BDI-II) and the Geriatric Depression Scale (GDS) in Older Women. *Clinical Gerontologist, 22*(3/4).
- Kurlowicz, L., & Greenberg, S. (2007). The Geriatric Depression Scale (GDS). *Best Practices in Nursing Care to Older Adults*
- Li, MM, Friedman, B, Conwell, Y, Fiscella, K. Validity of the Patient Health Questionnaire 2 (PGQ-2) in Identifying Major Depression in Older People. (2007). *Journal of the American Geriatric Society*, 55,596-602
- Olin, J. T., Schneider, L. S., Eaton, E. M., Zemansky, M. F., & Pollock, V. E. (1992). The Geriatric Depression Scale and the Beck Depression Inventory as screening instruments in an older adult outpatient population. *Psychological Assessment, 4(2), 190-192.*
- Roman, M. W. and B. L. Callen (2008). "Screening instruments for older adult depressive disorders: Updating the evidence-based toolbox." Issues in Mental Health Nursing 29(9): 924-941.
- Ros, L., Latorre, J. M., Aguilar, M. J., Serrano, J. P., Navarro, B., & Ricarte, J. J. (2011). Factor structure and psychometric properties of the center for epidemiologic studies depression scale (CES-D) in older populations with and without cognitive impairment. *International Journal Of Aging & Human Development, 72(2), 83-110.*
- Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M.B., & Leirer, V.O. (1983). Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research, 17*, 37-49.