

Depression:

Background and Assessment

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What am I going to tell you?

- Depression is clinically significant when it is persistent and associated with suffering or impairment.
- Depressions require specific medical or psychotherapeutic treatment when they meet diagnostic criteria for major depression.
- The first approach to other depressions should probably involve mobilization of facility resources

DSM-IV-R Depressive Symptoms

- **Dysphoria**
- **Anhedonia**
- Guilt/ Self-reproach
- Fatigability
- Impaired concentration and cognition
- Appetite disturbance
- Sleep disturbance
- Suicidal thoughts, risk
- Agitation or retardation

Diagnosis

- Major Depression
 - At least one “Gateway” Symptom
 - At least five total symptoms
 - Pervasive for at least two weeks
 - Cause suffering (help-seeking) or disability

Screening Instruments

- MDS
- Geriatric Depression Scale
- Patient Health Questionnaire (PHQ-9)

Geriatric Depression Scale

Score= count of “yes” on underlined items and “no” on others.

Scores > 5 require further evaluation.

1. Are you basically satisfied with your life?
2. Have you dropped many of your activities and interests?
3. Do you feel that your life is empty?
4. Do you often get bored?
5. Are you in good spirits most of the time?
6. Are you afraid something bad is going to happen to you?
7. Do you feel happy most of the time?
8. Do you often feel helpless?
9. Do you prefer to stay at home or in your room rather than going and doing new things?
10. Do you feel that you have more problems with memory than most?
11. Do you think it is wonderful to be alive now?
12. Do you feel pretty worthless the way you are now?
13. Do you feel full of energy?
14. Do you feel that your situation is hopeless?
15. Do you think that most people are better off than you are?

PHQ-9

www.depression-primarycare.org

- Over the past two weeks how often have you been bothered by any of the following problems:
- Responses
 - 0. Not at all
 - 1. 1-6 days
 - 2. 7-13 days
 - 3. Every day

PHQ-9 Items

- Little interest or pleasure in doing things
- Feeling down or depressed
- Trouble falling or staying asleep or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself or that you are a failure or that you have let yourself or others down
- Trouble concentrating on things such as reading the newspaper or watching television
- Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual
- Thoughts that you would be better off dead or of hurting yourself in some way.

Can you use the GDS or PHQ-9 for residents with mild or moderate cognitive impairment?

Yes!

Depression

- Resident-rated

- PHQ-9

- Mean (SD) 7.19 (6.51)
- ≥ 5 51.2%
- ≥ 10 27.6%

- Any Depression

» 27.1%

- Major Depression

» 17.6%

- Staff-rated

- PHQ-9

- Mean (SD) 3.17 (3.67)
- > 5 24.8%
- >10 4.4%

- Any Depression

» 7.3%

- Major Depression

» 0.7%

Cornell Scale for Depression in Dementia

- Requires integrating patient report, observations of patient behavior, and caregiver observations.
- Requires excluding symptoms due to medical illness or physical disability
- Structure
 - 19 items
 - Rated Absent, Mild/Intermittent, or Severe
 - Symptoms evaluated
 - Mood-related signs (4)
 - Behavioral disturbance (4)
 - Physical signs (3)
 - Cyclic functions (4)
 - Ideational disturbance (4)

Clinical Epidemiology

Circa 1990

- Prevalence
 - Overall:
 - Major, 12% ; Other, 30-40%
 - Intact:
 - Major 20-25%; Other, 40-50% ; Total, ~60%

Depression: Morbidity and Mortality

- Disability
- Cognitive impairment
- Pain
- Subnutrition
- Behavioral disturbances
- Treatment refusal
- Staff time utilization
- Mortality

Validating Major Depression

- “Depression” in the nursing home is recognizable, common, and clinically significant.
- Is it the same disease that occurs in younger and healthier psychiatric patients?
- Method: Mirror image clinical trial

Findings

- There is a significant drug-placebo difference for psychopharmacological treatment of major depression even in old and frail nursing home residents.
- Biomedical treatment works!

Diagnosis Matters

Calls for Watchful Waiting for Minor Depression in the Community

- "Because treatment effects were less consistent for minor depression, our data suggest that clinicians should consider antidepressant treatment only for those with more severe functional impairment and a 4- to 6-week trial of watchful waiting for all others."

– Williams et al. JAMA 284:1519-26, 2000

Exceptions

- Minor depression requires medical and/or mental health evaluations when it is persistent or associated with:
 - Suicidality
 - Treatment resistance
 - Excess disability
 - Significant agitation or aggression

Evolution in Use of Antidepressants

- Early 1980's
 - patients with chart diagnoses of depression
 - 10% treated with an antidepressant
 - more treated with antipsychotics or anxiolytics
 - » LL Heston et al (1992) JAGS 40: 1117-1122
- Recent
 - entire nursing home population
 - 59.8% decrease in antipsychotics from 33.7% to 16.1%
 - 97.0% increase in antidepressants from 12.6% to 24.9%
 - » HCFA (1999) <http://www.hcfa.gov/medicaid/exectv2.htm>

Use of Antidepressants in NH's

- OSCAR Data from August, 2001
 - National 35.5%
 - Utah 47.8%
 - Hawaii 18.4%

The New Epidemiology

Depression x Treatment

	No Depression	GDS>10
No AD	40%	14%
Taking AD	26%	20%

Quality Indicators

- Early 1990's
 - Prevalence of depression
 - Prevalance of depression not treated with antidepressant medication
- Early 2000's
 - % of residents with worsening of depression or anxiety

AHCPR Algorithm for Major Depression

- Start treatment
- Evaluate responses at about six weeks
- If:
 - Remission, then continue
 - Partial response, then intensify or augment
 - No response, then change treatment
- Evaluate for residual symptoms at about 12 weeks
- If:
 - Remission, then continue
 - Significant symptoms, intensify treatment

What about minor depression?

- Mobilize facility resources:
 - Address unmet needs
 - Evaluate patient preferences for care
 - Enhance autonomy without being overwhelming
 - Help residents feel in control of their lives
 - Increase family interactions
 - Increase other social interactions
 - Support activities
 - Encourage pleasant events

Res ID:

Activities Assessment

This resident is found to have depression (non-major) and/or ongoing depressive symptoms, is not prescribed any psychotropic medications, and does not pose acute safety concerns. Please proceed with the activity assessment and quality of life evaluations for input into Care Plan Interventions.

Please ask the resident, "If you were feeling better, more like your usual self, in what activities would you choose to participate? How would you spend your time?"

Group Activities

- | | |
|---|---|
| <input type="checkbox"/> Reminiscing | <input type="checkbox"/> Trips outside of facility |
| <input type="checkbox"/> Current events groups | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Trivia/Word games | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Card games | <input type="checkbox"/> Exercise group |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Activities with plants | <input type="checkbox"/> Religious group activities |

Other:

Other:

Individual Activities

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Puzzles - Word or Jigsaw |
| <input type="checkbox"/> Knitting/crocheting | <input type="checkbox"/> Outdoor walking |
| <input type="checkbox"/> Wood working
simple projects | <input type="checkbox"/> Visits with dog/cat |
| | <input type="checkbox"/> Visits with religious
minister |

Other:

Other:

Quality of life assessment

Please ask of Resident: "What issues could be addressed to improve quality of care/life? "

- | | |
|---|--|
| <input type="checkbox"/> Roommate problems | <input type="checkbox"/> Would prefer occasional alcohol |
| <input type="checkbox"/> Bathing schedule or bath/shower preference | <input type="checkbox"/> Needs proper/proper fitting clothes |
| <input type="checkbox"/> Poor social/family support | <input type="checkbox"/> Would like more snacks available |
| <input type="checkbox"/> Misses pets | <input type="checkbox"/> Desires clergy visits |
| <input type="checkbox"/> Prefers more homelike atmosphere | <input type="checkbox"/> Poor pain control |
| <input type="checkbox"/> Misses going outside for walks | <input type="checkbox"/> Food preferences |
| <input type="checkbox"/> Food choices too limited | <input type="checkbox"/> Bed not comfortable |

Please ask of staff: "What Resident issues could be addressed to enhance his or her function?"

- For residents with low vision, facilitate eyeglass fittings or proper lighting
- For residents with hearing impairment, facilitate audiology assessment for assisted listening device; for those with hearing aids, be sure that hearing aid is in working order and encourage resident to wear it
- For residents with dentures, assist with daily cleaning and encourage resident to wear them
- For residents with impaired mobility, identify interventions that enable the resident to be self-reliant for those tasks that s/he is physically capable of doing

Ecological Theory of Aging and Adaptation

Lawton and Nahemow

