

DEPRESSION

A Summary for Teams Caring for Older Adults



- Depression is **NOT** a normal part of aging.
- Depression is the **most common mental health problem in older adults**. It is estimated to affect approximately 35% of long-term care home residents and 15% of older adults in the community.
- For some older adults, **sadness may not be their main symptom**. They may present with other, less obvious symptoms.
- Depression can be chronic, persistent, recurrent or reactive (i.e. to a life event like illness, loss of a spouse, or admission to hospital or a care facility).

Older Adults & Suicide Risk

- People age 65+, particularly men, have the highest suicide rate of any group.
- Older males die by suicide more often than any other group because they use more lethal means.
- For every successful suicide in youth there are approximately 200 attempts. In older adults, there are approximately 3 attempts.

Depression is ...

Low mood or loss of interest or pleasure plus 5 or more symptoms over a 2 week period with changes from baseline (DSM 5 criteria).

Symptoms of Depression

- **S** – Sleep
- **I** – Interest/Irritability
- **G** – Guilt
- **E** – Energy
- **:-** Somatic complaints, such as headaches, GI upset, constipation
- **C** – Concentration
- **A** – Appetite – decreased or increased
- **P** – Psychomotor retardation or agitation
- **S** – Suicidal ideation

Risk Factors Can Include ...

- History of depression
- Life events (i.e. death of a spouse; admission to hospital, care facility)
- Illnesses that change brain function (i.e. strokes, dementia, Parkinson's)
- Illnesses that last a long time and/or cause pain
- Certain medications
- Abusing alcohol or drugs
- Social isolation
- Caregiver stress

Treatment Options

Improving Lifestyle & Social Supports

- Exercise
- Diet / Nutrition
- Education
- Engaging in Community Programs

Counseling & Therapy

- Individual/Group Programs
- Bereavement Groups
- Cognitive Behavioural Therapy (CBT)

Medical Services

- Medication
- Electroconvulsive Therapy (ECT)

References:

Canadian Centre for Suicide Prevention. [Seniors' Suicide Prevention Toolkit](#). Accessed September 28, 2020.

Canadian Coalition for Seniors Mental Health (2009). [Depression in Older Adults: a guide for seniors and their families](#). Accessed September 28, 2020.

Mental Health Commission of Canada. [Fact Sheet: Older Adults & Suicide](#). Accessed September 28, 2020.

Registered Nurses' Association of Ontario. (2016). [Delirium, Dementia, and Depression in Older Adults: Assessment and Care](#) (2nd ed.). Accessed September 28, 2020.

Depression Screening Tools

Within the NSM SGS program, the [Whooley questions](#) are used as a depression screen:

- Over the past 2 weeks, have you been bothered by feeling down, depressed or hopeless?
- Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

If one or both are positive then further screening or assessment is required. Options include:

- SIGE:CAPS
- [Geriatric Depression Scale](#) (GDS)
- [Cornell Depression Scale](#)

Depression Present. Now What?

As an *interdisciplinary team*:

- Ensure patient safety, including assessment for risk of suicide.
- Address underlying cause(s) of the depression (where feasible) and monitor for changes in symptoms.
- Provide strategies to assess and manage presenting symptoms (where feasible) with the goal to preserve functional abilities, mobility and relationships.
- Link patient to appropriate local mental health services and supports.
- Provide education and psychosocial support to the patient and his/her caregivers.
- Stay connected by arranging follow-up visits.

Other Intervention Strategies:

- Use positive communication strategies.
- Set realistic expectations.
- Be patient. Don't expect them to "snap out of it".
- Break large tasks into more manageable ones.
- Find activities that are enjoyable and meaningful to the individual.
- Engage the individual in conversation and planning.
- Be present and listen. You don't have to offer solutions.