



WATERS COLLEGE
OF HEALTH PROFESSIONS

IDENTIFICATION OF DEPRESSIVE SYMPTOMS IN ELDERLY ADULTS RESIDING IN PERSONAL CARE HOMES

Alan W. Skipper, DNP, APRN, FNP-BC¹, Graham J. McDougall, PhD, RN, FAAN, FGSA², Joanne Zanetos, DNP, MSN, RN¹

¹Georgia Southern University School of Nursing, Statesboro, GA, ²Florida State University College of Nursing, Tallahassee, FL

Abstract

Background: Depression is a common co-morbid condition experienced by many elderly adults which often goes undiagnosed. Many providers lack adequate knowledge related to screening for depressive symptoms and treatment options.

Objective: The purpose of the quality improvement project was to identify how a quality improvement project enabled health care practitioners to identify depressive symptoms using the Geriatric Depression Scale-Short Form (GDS-15).

Methods: IRB approval was received. Using retrospective chart audits, 92 residents were screened for depression with exclusions for persons residing in specialized memory care units due to prevalence of mild to moderate cognitive disorders.

Results: Researchers found approximately 16% or 15 residents revealed to have some form of depressive symptoms. Identifiable participants showed 87% or 13 residents received subsequent evaluation and treatment.

Conclusion: Mental health screening continues to be necessary to assess depressive symptoms in older adults. Using depression screening tools, health care practitioners will be able identify depressive symptoms and use evidence-based practice tools to promote patient care outcomes.

Introduction

- The Centers for Disease Control and Prevention estimates approximately 15-20 percent of older adults aged sixty-five and older suffer from depression (CDC, 2014).
- Depression and dementia are two of the most common neurological disorders occurring in the geriatric population who reside in long term care facilities (Brown et. al, 2015).
- Both illnesses are not processes of normal aging, but treatable conditions (Brown, Raue, & Halpert, 2009).
- If symptoms of depression are identified and treated in a timely manner, the resident's quality of life may be improved (Lu et. al, 2017).

Methods

- IRB approval was obtained from the University of Alabama at Tuscaloosa's IRB.
- Using a convenience sample, the researchers completed a retrospective chart audit. In addition to demographic data, the researchers collected scores from the GDS-15 to identify depressive symptoms in the sample.
- A total of ninety-two (N=92) resident charts were included in the retrospective chart audit.
- Data analysis was completed and included the following variables: age, gender, race, marital status, GDS-15 scores, and an indicator of if a PCP referral was warranted and initiated.

Results

- Results from the retrospective chart audit revealed depressive symptoms were identified in 16.13% of the sample.
- Of the fifteen residents identified to exhibit depressive symptoms, thirteen (86.87%) of them received subsequent follow-up for evaluation and treatment of depressive symptoms identified through the utilization of the GDS-15.

Table 1. Demographics of Sample (n) with Comparison to National Averages of Adults Living in Assisted Living and Residential Care Facilities

Demographics	Sample (n=93)	National Averages (Year 2014)
Mean Age ± 10.24 (SD)	78.25 years	Not reported
Age Range Distribution		
Under 65 years old	7.52%	7.10%
65-74 years old	29.03%	10.40%
75-84 years old	31.18%	29.90%
85 years old and over	32.27%	52.60%
Gender		
Male	4.30%	29.80%
Female	95.70%	70.20%
Race		
Non-Hispanic White	98.92%	84.30%
Non-Hispanic Black	1.08%	3.80%
Non-Hispanic Other	-	9.40%
Hispanic	-	2.50%
Marital Status		
Single	2.15%	Not reported
Married	4.30%	Not reported
Widowed	93.55%	Not reported

Conclusion

- Results obtained from the retrospective chart audit demonstrated the importance of screening for depressive symptoms in older adults
- Estimates indicate that 39.6 % of residents residing in assisted living facilities or personal care homes have a diagnosis of dementia and at least 24.9% have a co-existing diagnosis of depression. (CDC, 2015).
- Many providers and emergency departments continue to overlook screening for depression in this vulnerable population due to stereotypical beliefs about aging (Snowden, Steinman, & Frederick, 2008).

Practical Applications

- Screening for depression by the selection of age appropriate screening tools is an important competency for all healthcare professionals.
- Knowledge gaps and barriers to screening for depressive symptoms in older adults may impact quality of life.

References

- Arfken, C. L., Lichtenberg, P. A., & Tancer, M. E. (1999). Cognitive impairment and depression predict mortality in medically ill older adults. *The Journals Of Gerontology, Series A*, (3), 152.
- Brink, T. L., & Yesavage, J. A. (1982). Somatoform disorders: differentiation of conversion, hypochondriacal, psychophysiologic, and related disorders. *Postgraduate Medicine*, 72(1), 189.
- Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal Of Gerontological Nursing*, 41(11), 15-21.
doi:10.3928/00989134-20151015-03
- Brown, E., Raue, P., & Halpert, K. (2009). Detection of depression in older adults with dementia. *Journal Of Gerontological Nursing*, 35(2), 11-15. doi:10.3928/00989134-20090201-08
- Centers for Disease Control and Prevention. (2014). CDC promotes public health approach to address depression among older adults. Retrieved http://www.cdc.gov/aging/pdf/CIB_mental_health.pdf
- Centers for Disease Control and Prevention. (2015). Long-term care providers and services users in the United States: Data from the national study of long-term care providers, 2013–2014. Retrieved https://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf
- Centers for Medicare and Medicaid Services. (2017). Chronic conditions data warehouse. Retrieved <https://www.ccwdata.org/web/guest/home>
- Consensus Statement on Improving the Quality of Mental Health Care in U.S. Nursing Homes: Management of Depression and Behavioral Symptoms Associated with Dementia. (2003). *Journal of the American Geriatrics Society*, 51(9), 1287-1298. doi:10.1046/j.1532-5415.2003.51415.x
- Friedman, B., Heisel, M. J. and Delavan, R. L. (2005), Psychometric properties of the 15-item geriatric depression scale in functionally impaired, cognitively intact, community-dwelling elderly primary care patients. *Journal of the American Geriatrics Society*, 53: 1570–1576. doi:10.1111/j.1532-5415.2005.53461.x
- Kok, J. S., van Heuvelen, M. G., Berg, I. J., & Scherder, E. A. (2016). Small scale homelike special care units and traditional special care units: Effects on cognition in dementia; A longitudinal controlled intervention study. *BMC Geriatrics*, (47), 1-8. doi:10.1186/s12877-016-0222-5
- McDougall, G. J. (1998). Memory awareness in nursing home residents. *Gerontology*, 44(5), 281-287.
- Park, M., & Unützer, J. (2011). Geriatric depression in primary care. *Psychiatric Clinics Of North America*, 34(2), 469-487.
- Rosswurm, M. A. and Larrabee, J. H. (1999), A model for change to evidence-based practice. *The Journal of Nursing Scholarship*, 31: 317–322. doi: 10.1111/j.1547-5069.1999.tb00510.x
- Sheikh, J.I. and Yesavage, J.A. (1986) Geriatric depression scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontology*, 5, 165-173.
- Snowden, M. M., Steinman, M. M., & Frederick, M. (2008). Treating depression in older adults: Challenges to implementing the recommendations of an expert panel. *Preventing Chronic Disease*, 5(1), 829-833.
- Wright, P. P., & Thorpe, C. W. (2016). Clinical: Triple threat among the elderly: depression, s suicide risk, and handguns. *Journal of Emergency Nursing*, 14-18.