Assessment of depression in elderly care home residents

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Introduction

Depression is common in the elderly population with an estimated prevalence of 40% in patients living in care homes1. Depression in often under-recognised and inadequately treated in this population.

Assessment of depression symptoms in elderly patients can be challenging as they overlap with symptoms of chronic medical illness such as fatigue, anorexia and insomnia. Elderly patients are also less likely to report depression symptoms2.

Depression in elderly patients can have a significant impact on morbidity and mortality. In elderly patients aged 65 or over, depression is associated with a 70% increase in subsequent mortality2.

The majority of mental health problems are managed in primary care. It is therefore important that health care professionals are trained in the detection and management of depression in care home residents.

Audit

The audit was conducted at a General Practice in Manchester. The aims of the audit were to:
1. To identify care home residents with depressive symptoms using the PHQ-9 questionnaire
2. To assess the need for treatment

Patients were included in the audit if they met the following criteria:
1. Care home resident registered with the general practice
2. No diagnosed depressive disorder
3. No prescribed antidepressant medication

The target was that 80% of care home residents patients are reviewed for depressive symptoms.

Results

Twenty patients were included in the study.
Sixteen questionnaires (80%) were completed.

Four patients who were eligible did not fill in a questionnaire in our study. The reasons for this were language barriers (n=1), severe dementia (n=2), and hospitalisation (n=1).

Depression symptoms

Fifteen patients (94%) reported at least one depression symptom.

One patient reported no depressive symptoms (PHQ-9: 0)
Seven patients (44%) had minimal depression (PHQ-9: 1-4)
Five patients (31%) had mild depression (PHQ-9: 5-9)
Three patients (19%) had moderate depression (PHQ-9: 10-14)

Assessment barriers

The following barriers were identified during our audit:

- Language barriers
- Inadequate staffing
- Problems related to physical co-morbidities perceived to be more important
- Cognitive impairment
- Barriers to assessment of depression in the elderly
- Depression perceived to be a ‘normal’ part of aging
- Perceived stigma of depression
- GP time constraints
- Bias due to presence of staff or family members during interview

Discussion

Our study is consistent with evidence that depression is under-recognised in care home residents. This audit also highlights several barriers to the assessment of depression in care home patients. These include cognitive impairment, communication difficulties, logistical barriers and possible bias from the presence of staff and relatives during the interview process.

The PHQ-9 questionnaire is commonly used in primary care; however, use of a geriatric specific screening tool may be more appropriate in the care home setting. The Geriatric Depression Scale is commonly used in the elderly population. The table below illustrates the differences between the PHQ-9 and the Geriatric Depression Scale.

<table>
<thead>
<tr>
<th>Geriatric Depression Scale</th>
<th>The Patient Health Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-report</td>
<td>Self-report</td>
</tr>
<tr>
<td>15 items</td>
<td>9 items</td>
</tr>
<tr>
<td>Includes symptoms which</td>
<td>Includes all the DSM-VI criteria for depression</td>
</tr>
<tr>
<td>Yes/no format</td>
<td>Frequency of symptoms: not at all, several days, more than half the days, nearly every day</td>
</tr>
<tr>
<td>Sensitivity 97%</td>
<td>Sensitivity 61%</td>
</tr>
<tr>
<td>Specificity 85%</td>
<td>Specificity 94%</td>
</tr>
<tr>
<td>Geriatric-specific</td>
<td>Used in all patients</td>
</tr>
</tbody>
</table>

Recommendations

- Depression is underdiagnosed in the elderly. It is, therefore, important that staff who are looking after care home residents are trained in recognising symptoms.
- A standardised depression assessment tool should be used by doctors to allow monitoring of depressive symptoms.
- Care home workers could also be trained to use a geriatric-specific depression tool to monitor their residents for depression symptoms.
- Further research is needed in the assessment of depression in patients with cognitive impairment.
- Care home residents should be provided with opportunities to carry out activities which improve their mental and physical wellbeing. In the care home setting, this could include promotion of physical activity, organisation of leisure activities and light therapy.

References

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