



# fastfacts

Resources for Nursing Home Professionals

## Depression Prevention, Screening, and Management

Depression is a significant problem in nursing homes, affecting about one in five (or 1.5 million) residents. However, depression is treatable if detected early. This FastFacts focuses on depression screening, management, and prevention strategies that nursing home staff can use effectively in long term care.

### Depression and Nursing Homes

Nursing home residents are at high risk for developing depression because they experience stressful life changes such as separation from family, new medical diagnoses, chronic pain, and memory loss. However, depression is not a normal part of aging and should be treated as soon as possible.

Depression is associated with a biochemical imbalance in the brain. It disrupts mood, behavior, physical health, and thoughts. Depression can reduce functional capacity and decrease quality of life. It can lead to physical problems such as changes in eating habits, loss of energy, insomnia, agitation, and fatigue. Depression also can cause people to lose interest in regular activities and feel hopeless and worthless.

### Improve Recognition and Treatment

Depression in older people can be difficult to identify because the signs may be confused with other physical or psychological conditions such as normal anticipatory grief or the effects of medications.

- **Conduct depression screenings regularly.** Depression screening significantly improves disease recognition and treatment. However, less than 50 percent of depressed nursing home residents are accurately diagnosed. Routinely screen residents, beginning two to four weeks after admission and repeating at least every six months.
- **Establish effective screening systems.** Establish depression screening and assessment processes (tools, staff, family history, time frames) that identify target symptoms of depression, activity patterns, weight loss or gain, appetite, sleep patterns, and suicide risk.

- **Use scales to measure depression.** Depression screening instruments are brief, scientifically valid, easy to use, and acceptable to residents. The following are commonly used:
  - **Geriatric Depression Scale (GDS).** This extensively used tool has 30 questions assessing the resident's feelings over the past week. Questions address somatic concerns, lowered affect, cognitive impairment, feelings of discrimination, impaired motivation, lack of future orientation, and low self-esteem.
  - **Cornell Scale for Depression in Dementia (CSDD).** This semi-structured interview assesses signs and symptoms of major depression in dementia. Information is obtained from interviewing the resident and direct observation.
  - **Hamilton Rating Scale for Depression (Ham-D).** This commonly used scale measures the severity of depressive symptoms, especially where anxiety-related indicators are present.

### Improve Depression Management

Depression is reversible with early detection and appropriate treatment such as counseling, medication, and self-help options. Use these effective strategies to manage depression.

- **Promote recreational therapy.** Encourage residents to participate in expressive, social, and challenging activities to prevent depression and improve physical health. Promote lifestyle education and skill activities to increase affiliation with others, verbal interaction, life satisfaction, and personal competence.
- **Conduct support groups.** Offer support and reminiscence groups to enhance social interaction and improve residents' self-esteem.

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- **Promote physical activity.** Develop exercise programs that build body strength, release stress, promote social interaction, and decrease depressive moods.
- **Enhance community and family connections.** Encourage residents to participate in volunteer programs, family interactions, and mentoring programs. Support community re-integration activities and strong family connections.
- **Encourage counseling.** Promote counseling and case management to help residents learn to manage depression symptoms. Use effective depression therapy interventions such as cognitive behavioral, interpersonal, problem-solving, group, reminiscence, and activity therapy. Pay attention to cultural issues, since some cultures prefer to avoid discussing the “stigma” of depression and other mental health issues.
- **Offer pharmacological depression management.** Consider antidepressant medications when non-pharmacological interventions are not helping or when there is a sustained depressed disorder. The American Geriatrics Society’s “Geriatrics at Your Fingertips” has information about antidepressants for the elderly and a list of such medications that older adults should avoid.
- **Support spiritual activities.** Promote spiritual activities to help manage emotional stress, physical discomfort, anxiety, and depressive symptoms. High spirituality, belief in a higher power, and prayer have been associated with depression prevention.
- **Promote a stimulating environment.** Encourage room personalization, aromatherapy, and bright artificial light. Engage the facility’s activity coordinator to help residents join social activities.

### Improve Organizational Commitment to Depression Prevention and Management

Provide strong and consistent organizational commitment to promoting and maintaining the mental health of staff and residents.

More *FastFacts* available at [www.chcf.org/fastfacts](http://www.chcf.org/fastfacts).

#### Web Resources

American Geriatrics Society “Geriatrics at Your Fingertips” [www.geriatricsatyourfingertips.org](http://www.geriatricsatyourfingertips.org)

American Geriatrics Society Tools list [www.americangeriatrics.org/education/depression.shtml](http://www.americangeriatrics.org/education/depression.shtml)

American Medical Directors Association [www.amda.com](http://www.amda.com)

MacArthur Initiative on Depression and Primary Care at Dartmouth and Duke [www.depression-primarycare.org](http://www.depression-primarycare.org)

MedQIC: Medicare Quality Improvement Community [www.medqic.org](http://www.medqic.org)

- **Promote leadership commitment.** Encourage nursing leadership, the administrator, and the medical director to develop an organizational vision consistent with quality of life and alleviation of depressive symptoms.
- **Offer education to your staff.** Educate and empower nursing staff at all levels to be proactive about depression, including screening and assessment. Promote education sessions for residents, family, and volunteers.
- **Create a depression management team.** Identify key staff to participate in an interdisciplinary depression management team. Include physicians, nurses, and case managers and assist the group in carrying out quality improvement activities.
- **Develop data-driven quality improvement.** Prioritize goals based on the results of screening tools and report to quality improvement team meetings. Analyze quality improvement data and develop an action plan to address processes for screening, assessment, and treatment.
- **Provide resources and establish community links.** Develop strategic and operational ties with other health care organizations and community stakeholders. Establish a process for coordinating information and services on admission and at discharge with outside organizations.

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