

DEPRESSION
in
OLDER ADULTS:
An Overview



March 9, 2016

Objectives:

1. Define depression.
2. Describe symptoms of depression that might be seen in older adults.
3. Identify some of the common risk factors & causes for depression in older adults.
4. Complete a simple screening for depression.
5. Utilize principles of motivational interviewing (MI) with depressed older adults.

Definition:

- Depression is a mood disorder that causes a persistent feeling of sadness & loss of interest that impacts how the person feels, thinks, behaves & functions on a daily basis
 - Negatively impacts quality of life (QOL) & function
 - Leads to poor health outcomes
 - Can be successfully treated!



Characterized By:

- Depressed or sad mood; feeling empty
- Diminished interest/pleasure in activities
- Weight gain or loss
- Psychomotor agitation or retardation
- Fatigue
- Inappropriate guilt
- Difficult concentrating
- Recurrent thoughts of death



Older
Adults



- Depression is NOT a normal condition of aging
- Should NOT be taken lightly
- Not recognized & therefore undiagnosed
- Present with different symptoms
- Untreated or undertreated
- Older adult reluctant to seek help

Symptoms or *Red Flags* in Older Adults:

- **Memory difficulties**
- **Personality changes**
- **Fatigue & decreased energy/stamina**
- **Appetite** (*increased or decreased*)
- **Sleep issues** (*too much or too little*)
- **Loss of interest in sex**
- **Decreased socialization; disengagement**
- **Neglecting personal care**
- **Suicidal thinking or feelings; attempts**



- **Hopelessness; helplessness; powerlessness**
- **Use of alcohol, drugs, prescription meds**
- **Lack of meaning & purpose in life**
- **Spiritually distressed**
- **Feeling irritable, anxious, guilty**
- **Not being able to concentrate or remember details**
- **Inability to make decisions**
- **Physical symptoms** (*history of frequent falls*)

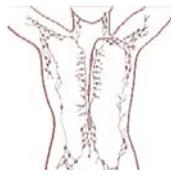


Risk Factors:

- **Health issues** (*illness, disability, pain, cognitive decline, change in body image [stroke], new condition [diabetes], co-morbid conditions, sensory impairment*)
- **Change in circumstances or social support** (*living alone, isolation, income changes [retirement, market], diminished social network, stressful life events*)
- **Mental health** (*previous depression, family history of depression, cognitive impairment, abuse of ETOH/drugs/meds, side effects of meds, new Rx*)
- **Grief/loss** (*death of friends/family/pets, belongings, property, home, driving; accumulated over time*)

Medical Conditions:

- **Parkinson's disease**
- **Stroke**
- **Heart disease**
- **Diabetes**
- **Thyroid disorders**
- **Vitamin B12 deficiency**
- **Dementia**
- **Lupus**
- **Multiple sclerosis**
- **Cancer**



Prescription Medications:

- **Beta-blockers** (*Coreg, Lopressor, Inderal*)
- **Sleeping pills**
- **Benzodiazepine hypnotics** (*Valium, Xanax, Halcion, Ativan, Restoril*)
- **Calcium-channel blockers***
- **Ulcer meds** (*Zantac, Tagamet*)
- **Heart drugs containing reserpine**
- **Corticosteroids** (*hydrocortisone, prednisone, triamcinolone, Flonase, Flovent*)
- **Statins & lipid lowering meds** (*Lipitor, Mevacor, Zocor*)



- **Parkinson's disease meds** (*levodopa, Mirapex, Requip*)
- **Painkillers**
- **Antidepressants** (*Prozac, Lexapor, Paxil, Effexor, Pristiq, Cymbalta*)
- **Hormone-altering drugs** (*Premarin, Prempro*)
- **Stimulant meds** (*Ritalin, Provigil*)
- **Some antibiotics** (*ciprofloxacin, gentamicin*)
- **Opioids** (*codeine, morphine, OxyContin*)
- **Zoster med** (*Zovirax*)
- **Etc.....**



Other:

- **Being widowed**
- **Marital separation**
- **Persistent relationship trouble**
- **Victim of a criminal act/fraud/scam**
- **Homelessness**
- **Unemployment**
- **Poverty**
- **Nutritional deficiencies** (Jones, 2009)



NEVER assume that a loss of mental sharpness is just a normal sign of aging!

Symptoms of Depression	Symptoms of Dementia
<ul style="list-style-type: none"> • Mental decline is relatively rapid • Knows the correct time, date, and where he or she is • Difficulty concentrating • Language and motor skills are slow, but normal • Notices or worries about memory problems 	<ul style="list-style-type: none"> • Mental decline happens slowly • Confused and disoriented; becomes lost in familiar locations • Difficulty with short-term memory • Writing, speaking, and motor skills are impaired • Does not notice memory problems or seem to care

New Hope Clinical Research (2015)
<http://newhopeclinicalresearch.com/specialties/major-depression/>

Depression Screening:

- **The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is adequate to conclude that screening for depression in adults is reasonable & necessary for the prevention or early detection of illness or disability & is appropriate for individuals entitled to benefits under Part A or enrolled under Part B (October 14, 2011)**

Retrieved from <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=251>

- **Therefore CMS will cover annual screening for depression for Medicare beneficiaries in primary care (PC) settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment & follow-up**



- **At a minimum level, staff-assisted depression care supports consist of clinical staff in PC who can advise the physician of screening results & who can facilitate & coordinate referrals to mental health treatment**

Tools:

- **Patient Health Questionnaire (PHQ-2)**
 - **Over the past 2 weeks:**
 - **How often have you had little interest or pleasure in doing things?**
 - **Felt down, depressed or hopeless?**
- **PHQ-9**
- **Geriatric Depression Scale (GDS)**
- **Beck Depression Inventory (BDI)**
- **Cornell Scale for Depression in Dementia (CSDD)**

Motivational Interviewing

**Compassion is the wish to see
others free from suffering**

The Dalai Lama

Researched Behaviors Positively Impacted:

- ETOH consumption
- Tobacco/marijuana abstinence
- Substance abuse
- Weight reduction
- Self-monitoring of blood sugar levels
- Increasing exercise & strength training
- Reducing amount of TV watching
- Increased self confidence in dealing with health
- Decreased overuse of Rx meds for pain
- Improved oral health



Definitions:

- **A directive, client-centered counseling style for eliciting behavior change by helping clients to explore & resolve ambivalence** (Rollnick & Miller, 1995, p. 325)
- **Method for encouraging people to make behavioral changes to improve health outcomes** (Lundahl et al., 2013)
- **A collaborative conversation style for strengthening a person's own motivation & commitment to change** (Miller & Rollnick, 2013)

Principles:



- **Expressing empathy**
 - Non-judgmental; non-confrontational; non-adversarial; showing warmth & caring
- **Supporting self-efficacy**
 - Promote self-awareness; embrace client autonomy; positive praise; encourage choices
- **Indicating/developing discrepancy**
 - Assist person to develop goals; help to compare/contrast present to hoped for future; evoke reasons for & against change

- **Rolling with resistance** (allow exploration of perceived barriers without challenging, maintain client-centered focus, encourage examination of new ideas)



- **Utilizing concepts of:**
 - Reflective/empathic listening
 - A directive approach
 - Collaboration
 - Evocation of motivation
 - Patient autonomy

Key Communication Skills & Strategies:

- Using open-ended questions
- Affirming
- Reflecting
- Summarizing for clarification
- Assessing readiness for change
- Providing individualized information & advice with the person's permission
- Instilling hope & optimism



Underlying SPIRIT:



- Collaborating to promote respect & trust
- Eliciting ideas about change while maintaining the persons autonomy
- Using a person-centered approach

So when you are listening to somebody, completely, attentively, then you are listening not only to the words, but also to the feeling of what is being conveyed, to the whole of it, not part of it.

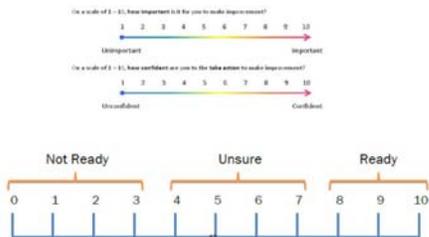
Jiddu Krishnamurti

What are YOU Going to Do?

- Engage the person
- Ask permission to discuss
- Listen reflectively (*make a guess about what the person means*)
- Assess readiness/importance/confidence
- Ask open ended questions (*opening a door*)
- Use AND versus BUT statements
- Give affirmation (*accentuate the positive*)
- Summary (*collecting, linking, transitional*)

On a scale of 0 to 10, how IMPORTANT is it for you right now to change?
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Extremely Important

On a scale of 0 to 10, how CONFIDENT are you that you could make this change?
 0 1 2 3 4 5 6 7 8 9 10
 Not at all Extremely Confident



0	1	2	3	4	5	6	7	8	9	10
Not ready for change					Ready for change					

Importance										
On a scale from 0 to 10, with 10 being very important, how important to you is it to change _____?										
0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Very			

Confidence										
On a scale from 0 to 10, with 10 being very confident, assuming you wanted to change _____, how confident are you that you would succeed?										
0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Very			

Readiness for Change										
On a scale from 0 to 10, with 10 being very interested, how interested are you in changing _____?										
0	1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat			Very			

Take Home Messages:

- **Depression:**
 - Is common in older adults
 - Has serious consequences
 - Can be accurately diagnosed & treated
 - May or may not require long-term treatment
 - The person with depression can be helped through MI
 - A conversation with respect, dignity & acceptance

- MI may potentially _____ :
 - Improve the ability to sleep better
 - Increase physical activity
 - Improve energy level
 - Decrease social isolation
 - Improve self-worth & self-esteem
 - Prevent suicidal thoughts
 - Improve nutrition
 - Improve adherence toward self-care
 - Instill hope

• **YOU** can:

- Have a positive impact on an older adult
- Use your MI skills
- If the patient has a diagnosis of depression, you can make sure they are following the treatment plan
- If there is no diagnosis of depression, you can assess the symptoms & screen for it
- Communicate with the provider so follow up & evaluation occur in a timely basis

- Develop an individualized care plan for the older adult
 - Remember the care plan is a living document that is a beginning; it requires updating & monitoring
- Utilize community resources as much as possible
- Realize that what you do makes a huge difference!
- Share your success stories with the CMRC!



Linda J. Keilman, DNP, GNP-BC
517/355-3365
Keilman@msu.edu

References & Resources

Bishop, C.J., & Jackson, J. (2013). Motivational interviewing: How advanced practice nurses can impact the rise of chronic diseases. *The Journal for Nurse Practitioners*, 9(2), 105-109.

Brown, E.L., Raue, P., Halpert, K.D., Adams, S., & Titler, M.G. (2009). Evidence-based guideline detection of depression in older adults with dementia. *Journal of Gerontological Nursing*, 35(2), 11-15.

Cummings, S.M., Cooper, R.L., & Cassie, K.M. (2009). Motivational interviewing to affect behavioral change in older adults. *Research on Social Work Practice*, 19(2), 195-204.

Dart, M.A. (2011). *Motivational interviewing in nursing practice: Empowering the patient*. Boston, MA: Jones and Bartlett Publishers.

Jones, M. (2009). Using screening tools to identify the risk or presence of depression in older people. *Nursing Times*, 105, 49-50.

Lovejoy, T.I. (2012). Telephone-delivered motivational interviewing targeting sexual risk behavior reduces depression, anxiety, and stress in HIV-positive older adults. *Annals of Behavioral Medicine*, 44, 416-421.

Martins, R.K., & McNeil, D.W. (2009). Review of motivational interviewing in promoting health behaviors. *Clinical Psychology Review*, 29, 283-293.

Miller, W.R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.

Phillips, L.J. (2012). Measuring symptoms of depression: Comparing the Cornell scale for depression in dementia and the PHQ-9 observation version. *Research in Gerontological Nursing*, 5(1), 24-42.

Purath, J., Keck, A., & Fitzgerald, C.E. (2014). Motivational interviewing for older adults in primary care: A systematic review. *Geriatric Nursing*, 35, 219-224.

Rollnick, S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.

Serdarevic, M., & Lemke, S. (2013). Motivational interviewing with the older adult. *International Journal of Mental Health Promotion*, 15(4), 240-249.

Administration on Aging & the Substance Abuse and Mental Health Services Administration. (2013). *Older Americans behavioral health: Issue brief 6: Depression and anxiety: Screening and intervention*. Retrieved from http://www.aoa.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%206%20Depression%20and%20Anxiety.pdf

Center for Mental Health Services. (2011). *Treatment of depression in older adults evidence-based practices (EBP) KIT*. HHS Publication No. SMA-11-4631. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/product/Treatment-of-Depression-in-Older-Adults-Evidence-Based-Practices-EBP-KIT/SMA11-4631CD-DVD>

National Institute of Mental Health. (n.d.). *Depression: What you need to know*. Retrieved from <http://www.nimh.nih.gov/health/publications/depression-what-you-need-to-know-12-2015/index.shtml>

Substance Abuse and Mental Health Services Administration. (2015). *Promoting emotional health and prevention suicide: A toolkit for senior centers*. Retrieved from <http://store.samhsa.gov/shin/content/SMA15-4416/SMA15-4416.pdf>
