

## Depression: Older Adult Patients - CE

### ALERT

**Don appropriate personal protective equipment (PPE) based on the patient's signs and symptoms and indications for isolation precautions.**

**Screen all adults for depression regularly.<sup>9</sup> Older adults have a high risk of completing suicide.<sup>4,10</sup> If an older adult patient screens positive for being depressed, complete an assessment for suicidal risk and consult a psychiatric practitioner if suicidal ideation is present.**

### OVERVIEW

Depression is the most predominant mood disorder among older adults worldwide,<sup>2</sup> and evidence indicates that many physical illnesses affecting older adults, including cardiovascular disease, diabetes, hip fracture, and illnesses associated with chronic pain, are associated with depression.<sup>1</sup> Recognizing depression in an older adult with a chronic illness can be difficult because the symptoms may be masked by somatic complaints; health care professionals may associate depressive symptoms with the medical condition,<sup>11</sup> leading to lack of diagnosis and treatment opportunities for depression.<sup>1</sup>

Recognizing the risk factors for depression is therefore important for all practitioners. These factors include social isolation, use of sedative medications, limited involvement in leisure activities, and a previous history of depression.<sup>3</sup>

Older adults should be given accurate information about their conditions so they can make realistic and appropriate plans related to their health status. Older adults should be encouraged to use coping mechanisms that they have used successfully in the past.

Depression involves symptoms of depressed mood, diminished interest or pleasure in almost all activities, changes in sleep and appetite, increased fatigue, feelings of worthlessness, poor concentration, and suicidal ideation. Depression is not a normal part of aging, and, when diagnosed, it can be successfully treated in most people.<sup>1</sup> Older adults have more expected losses, so grieving and sadness are common; if sadness persists, depression should be considered. The onset of depression later in life can contribute to functional impairment and worsening of medical conditions.<sup>1</sup> In addition, older adults may have substance abuse issues, which complicate and worsen the depression.<sup>6</sup> Substance abuse may be an issue despite the patient's age, social status, or living conditions.

Depression increases suicide risk. Specific risk factors for older adults include:<sup>1</sup>

- Chronic illnesses, including those that cause severe or chronic pain
- Family history of depression
- Social isolation, living alone
- Polypharmacy
- Substance abuse or dependence

An older adult patient who expresses suicidal ideation needs immediate referral to a psychiatric practitioner for evaluation. While waiting for the consult, the patient should be kept under continuous observation in a safe environment according to the organization's practice.

### EDUCATION

- Provide developmentally and culturally appropriate education based on the desire for knowledge, readiness to learn, and overall neurologic and psychosocial state.

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- Educate the patient and family regarding all treatments.
- Teach the patient and family about depression.
- Educate the patient and family regarding realistic expectations.
- Instruct the family to notify the health care team member if a change in the patient's normal mood or behavior is noticed.
- Instruct the patient to notify the health care team member of suicidal ideation.
- Teach the family the steps to take if the patient makes statements indicating suicidal ideation or thoughts of feeling worthless.
- Instruct the patient and family regarding the potential adverse effects of all prescribed medications.
- Encourage questions and answer them as they arise.

### ASSESSMENT

1. Perform hand hygiene and don PPE as indicated for needed isolation precautions.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Complete an admission assessment, including a psychiatric-mental health history.
5. Assess the patient for symptoms of depression.
6. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm. Use an organization-approved standardized tool for suicide assessment.<sup>7</sup> Assess for any specific plan or history of suicide attempts.

Rationale: A history of suicide attempts places the patient at a higher risk for another attempt.<sup>8</sup>

7. After obtaining the patient's consent, obtain additional assessment information from the patient's family and other involved persons.
8. Obtain a complete list of medications from the patient or family during the admission process.

Rationale: Polypharmacy is a risk factor for adverse effects and depressive symptoms in older adults.<sup>1</sup>

9. Assess the patient for current or past substance abuse.
10. Assess the patient for possible signs of abuse or neglect, such as bruising or dehydration.
11. Assess nutrition and hydration status.
12. Assess discharge needs, such as placement issues, in-home services, and financial difficulties.
13. Assess the need for a psychiatric practitioner consult and seek a consult as appropriate.

### STRATEGIES

1. Perform hand hygiene and don appropriate PPE based on the patient's signs and symptoms and indications for isolation precautions.
2. Verify the correct patient using two identifiers.
3. Explain the strategies to the patient and ensure that he or she agrees to treatment.
4. Use direct, matter-of-fact communication techniques with the patient.

Rationale: Direct questioning with a matter-of-fact attitude provides clear communication regarding what is being assessed.

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5. Assess the patient daily and as needed for signs of depression, such as feelings of worthlessness or hopelessness.
6. Assess the patient for behavior and mood changes during every shift.
7. Assess the patient for changes in cognition at each interaction.
8. Assess the patient for pain.

Rationale: Chronic pain is a risk factor for depression.<sup>1</sup>

9. Review all medications, including herbal agents, and instruct the patient regarding prescribed antidepressant medication and possible interactions with other drugs.

Rationale: Patients should be taught possible adverse effects associated with their medications and potential drug-drug interactions.

**Encourage the patient to continue taking prescribed medications because antidepressant therapy may not be effective for several weeks.**<sup>5</sup>

10. Help the patient maintain nutrition and hydration status.
11. Ensure that discharge plans include assessment of the patient's living situation, including social isolation, increased loneliness, and the need for home care.
12. Assess the patient's ability to participate in discharge planning and his or her understanding of the patient education provided.
13. Remove PPE and perform hand hygiene.
14. Document strategies in the patient's record.

### REASSESSMENT

1. Perform ongoing assessments for signs and symptoms of depression.
2. Reassess the patient's mood daily and determine if it is congruent with behaviors and affect.
3. Reassess the patient for suicidal risk and ideation.
4. Consult a psychiatric practitioner if the patient expresses suicidal ideation or if symptoms of depression increase.
5. Reassess the patient's response to the medication regimen, including adverse reactions.
6. Assess, treat, and reassess pain.

### EXPECTED OUTCOMES

- Mental health history is documented on admission.
- Risk factors for depression are identified.
- Mental health referral is made, if indicated.
- Depression is treated.
- Safe environment is provided.
- Patient does not attempt to harm self or others.
- Patient cooperates with treatment plan.

### UNEXPECTED OUTCOMES

- Patient's depression does not resolve.
- Preexisting depression worsens.
- Medical-surgical complications, injury, or death occur.
- Inpatient stay is extended.
- Patient attempts to hurt self or others.

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- Patient does not cooperate with treatment plan.

### DOCUMENTATION

- Assessment findings
- Information from family or significant others regarding patient's normal mood and behaviors compared with current mood and behaviors
- Patient's participation level
- Patient's expression of depression or suicidal ideation
- All treatment interventions
- Patient's response to interventions
- Patient's response to medication, including adverse reactions
- Referrals or consults
- Education
- Unexpected outcomes and related interventions

### SPECIAL CONSIDERATIONS

- Depression can negatively impact recovery after a myocardial infarction (MI).<sup>1</sup> Ensure that patients recovering from MI are monitored for depression and receive treatment if necessary.

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### ADDITIONAL READINGS

American Geriatrics Society 2019 Beers Criteria Update Expert Panel. (2019). American Geriatrics Society 2019 Updated Beers criteria for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 64(4), 674-694. doi:10.1111/jgs.15767

### Elsevier Skills Levels of Evidence

- Level I - Systematic review of all relevant randomized controlled trials
- Level II - At least one well-designed randomized controlled trial
- Level III - Well-designed controlled trials without randomization
- Level IV - Well-designed case-controlled or cohort studies
- Level V - Descriptive or qualitative studies
- Level VI - Single descriptive or qualitative study
- Level VII - Authority opinion or expert committee reports

### Supplies

- Gloves and PPE, as indicated

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