Tools for Assessment of Depression in the Older Adult

The Facts . . .

- Depression in late life commonly overlaps with cognitive decline.
- Among elderly adults with depression, those with concurrent dementia are more likely to be placed in nursing homes and suffer greater impairment in activities of daily living.
- Psychiatric symptoms in persons with dementia may include depression mixed with anxiety, restlessness, agitation and aggression.
- The Geriatric Depression Scale (GDS) is most appropriate for persons who do not have dementia, as it relies on self-reported symptoms.
- The Cornell Scale is more appropriate for assessment of persons with dementia or cognitive decline (MMSE<24).
- Both the GDS and Cornell Scale may be helpful in measuring changes with treatment.

Assessing Depression in the Cognitively Intact Older Adult

Geriatric Depression Scale (GDS)

Choose the best answer for how you felt this past week (circle one)

1. Are you basically satisfied with your life?         yes    NO
2. Have you dropped many of your activities and interests?     YES   no
3. Do you feel that your life is empty?               yes    NO
4. Do you often get bored?                           yes    NO
5. Are you in good spirits most of the time?         yes    NO
6. Are you afraid that something bad is going to happen to you?  YES  no
7. Do you feel happy most of the time?                yes    NO
8. Do you often feel helpless?                       yes    NO
9. Do you prefer to stay at home, rather than going out and doing new things?  YES  no
10. Do you feel you have more problems with memory than most?  YES  no
11. Do you think it is wonderful to be alive now?       yes    NO
12. Do you feel pretty worthless the way you are now?  yes    NO
13. Do you feel full of energy?                       yes    NO
14. Do you feel that your situation is hopeless?       yes    NO
15. Do you think that most people are better off than you are?  YES  no

Count number of CAPITALIZED (depressed) answers  Score: _____
No depression: 5 or less  Suggestive of depressed syndrome: >5  Depression: 10 or more

If time doesn’t permit, use the Five-item version of the GDS: Questions 1, 4, 8, 9, 12.
Positive answers for depression screening are “yes” to questions 4, 8, 9, and 12, “no” to question 1.
No depression: 1 or less  Possible depression: 2 or more

References for GDS:
Assessing Depression in the Context of Dementia

CORNELL SCALE FOR DEPRESSION IN DEMENTIA (CSDD)

Base ratings on symptoms and signs occurring during the prior week
No score should be given if symptoms result from physical disability or illness

Mood-Related Signs

1. Anxiety (anxious expression, ruminations, worrying) A 0 1 2
2. Sadness (sad expression, sad voice, tearfulness) A 0 1 2
3. Lack of reactivity to pleasant events A 0 1 2
4. Irritability (easily annoyed, short-tempered) A 0 1 2

Behavioral Disturbance

5. Agitation (restlessness, hand wringing, hair pulling) A 0 1 2
6. Retardation (slow movements, slow speech, slow reactions) A 0 1 2
7. Multiple physical complaints (score 0 if GI symptoms only) A 0 1 2
8. Loss of interest (score only if change occurred acutely, i.e., in less than 1 month) A 0 1 2

Physical Signs

9. Appetite loss (eating less than usual) A 0 1 2
10. Weight loss (score 2 if greater than 5 pounds in 1 month) A 0 1 2
11. Lack of energy (score only if change occurred acutely, i.e., in less than 1 month) A 0 1 2

Cyclic Functions

12. Diurnal variation of mood (symptoms worse in the morning) A 0 1 2
13. Difficulty falling asleep (later than usual for this individual) A 0 1 2
14. Multiple awakenings during sleep A 0 1 2
15. Early-morning awakening (earlier than usual for this individual) A 0 1 2

Ideational Disturbance

16. Suicide (feels life is not worth living, has suicidal wishes, or makes suicide attempt) A 0 1 2
17. Poor self-esteem (self-blame, self-deprecation, feelings of failure) A 0 1 2
18. Pessimism (anticipation of the worst) A 0 1 2
19. Mood-congruent delusions (delusions of poverty, illness, or loss) A 0 1 2

A = unable to evaluate  0 = absent  1 = mild or intermittent  2 = severe   Score greater than 12 indicates depression

Management of Depression in Persons Who Do Not Have Dementia

Assessment should first involve a Medical, Behavioral and Environmental approach for the new onset of depressive symptoms.

- **Medical**: Examine vitals, physical exam, evaluate for adverse medication effects, infection, dehydration, pain, constipation, injury.
- **Behavioral**: Assess for sleep changes, loss of interests, hopelessness, sadness, feelings of worthlessness. Consider medication withdrawal or misuse.
- **Environmental**: Observe new situations in the social environment that may precipitate mood and anxiety problems: e.g., new placement in an unfamiliar setting, new roommate, etc.

**Overall Recommendations:**

- Review current medications that may worsen depressive symptoms (e.g., benzodiazepines, other sedatives, anticholinergic medications).
- Start low, allow up to 8-12 weeks for treatment effects, avoid rapid dose escalation.
- In general, selective serotonin reuptake inhibitors (e.g., citalopram, sertraline) are considered the first-line treatment for depression; other choices may be selected depending on the character of the symptoms.
- **AVOID** polypharmacy. Always consider if any psychotropic medication may be part of the solution OR part of the problem.
- If depressive symptoms persist unchanged or worsen after a long-term trial at therapeutic doses of an antidepressant, **DISCONTINUE** the antidepressant and switch to an alternative agent rather than adding multiple medications.
- Do not exceed the recommended geriatric dose ranges for any psychotropic medication.

### MEDICATION INTERVENTIONS

<table>
<thead>
<tr>
<th>Depressive Symptoms with:</th>
<th>Drug</th>
<th>Starting Dose</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td>Citalopram</td>
<td>10 mg q day</td>
</tr>
<tr>
<td>Agitation</td>
<td>Trazodone</td>
<td>25 mg po q hs</td>
</tr>
<tr>
<td>Weight loss</td>
<td>Mirtazapine</td>
<td>7.5 mg hs</td>
</tr>
<tr>
<td>Lethargy</td>
<td>Buproprion</td>
<td>75 mg q am</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Mirtazapine</td>
<td>7.5 mg q hs</td>
</tr>
<tr>
<td>Refractory to SSRI</td>
<td>Venlafaxine</td>
<td>37.5 mg q day</td>
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Management of Diverse Symptoms in the Context of Dementia

- Symptoms such as depression, apathy, irritability and anxiety may respond to an antidepressant medication.
- Other symptoms such as delusions and hallucinations may respond to an antipsychotic medication (e.g., haloperidol).
- Behavioral symptoms such as agitation, disinhibition and motor restlessness may respond to trazodone in 25 mg increments.
- When multiple symptoms are present, assess which one causes the greatest distress. Identify this as the ‘target’ symptom.
- Select one medication that may help the target symptom. For example, for a person with irritability, suspiciousness, aggression and depression, the most distressing symptom may be the aggression.
- Avoid using more than one medication for psychiatric symptoms in persons with dementia. Use non-pharmacologic interventions whenever possible.

Useful Resources . . .

- A Depression Recovery Toolkit is also provided by the Geriatric Mental Health Foundation and is available online: [http://www.gmhfonline.org/gmhf/news/news_story.asp?id=16](http://www.gmhfonline.org/gmhf/news/news_story.asp?id=16)
- An online Geriatric Depression Scale (GDS) tool where clinicians can enter a patient’s answers and get a score and summary of results. [http://www.stanford.edu/~yesavage/Testing.htm](http://www.stanford.edu/~yesavage/Testing.htm)
### Title

<table>
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<tr>
<td>Hospice Approach to End-of-Life Dementia Care</td>
<td>Reviews the characteristic problems of advanced dementia care as well as the hospice barriers and goals for advanced dementia.</td>
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<tr>
<td>Pain Assessment in Nursing Home Residents with Dementia</td>
<td>Describes pain assessment and consequences of untreated pain, and provides assessment tools for use with cognitively impaired elders.</td>
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<tr>
<td>Pain Management in Nursing Home Residents with Dementia</td>
<td>Reviews the principles of pain management and provides information on nonopioid, opioid, and adjuvant medications.</td>
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<tr>
<td>Chronic Pain Management in Older Adults</td>
<td>Describes pharmacological treatment options for mild-moderate and moderate-severe chronic pain, provides information about pain medications to avoid in older adults, and lists key concepts in controlling chronic pain.</td>
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<tr>
<td>Understanding and Managing Aggression</td>
<td>Provides common risk factors for aggressive behaviors and discusses assessment strategies, behavioral intervention, medication management, and common care challenges.</td>
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<tr>
<td>The 3D’s: Delirium, Depression, Dementia</td>
<td>Describes symptoms, courses of action, and medications associated with delirium, depression, and dementia.</td>
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<td>Oral Hygiene Care for Nursing Home Residents with Dementia</td>
<td>Describes complex dental needs of residents with dementia, characteristic oral health problems, and strategies for providing care, and includes an oral hygiene care plan and an assessment tool.</td>
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<td>Fall Prevention</td>
<td>Reviews the extrinsic and intrinsic risk factors for falls, as well as strategies for the development of a fall intervention program.</td>
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<td>Pressure Ulcers: Prevention &amp; Treatment</td>
<td>Describes five strategies that can be used to prevent pressure ulcers and five strategies for treating them.</td>
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<tr>
<td>Need-Driven Behavior 4-Part Series</td>
<td>Reviews Need-Driven Dementia-Compromised Behavior, together with assessment and management strategies.</td>
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<td>Disruptive Vocalizations</td>
<td>Reviews disruptive vocalizations, including what they are, who they affect, various types of DV, potential triggers, and medical management.</td>
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<td>Sleep Disturbances</td>
<td>Describes sleep disturbances, including background information, circadian rhythm disturbance, assessment, and suitable treatment approaches.</td>
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<tr>
<td>Great Escapes: The Wandering Dilemma</td>
<td>Describes the behavior of wandering and elopement, including an overview, patterns, goals of interventions, risk factors, assessment, strategies for intervention, behavior management, and medication management.</td>
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