



IOWA  
GERIATRIC  
EDUCATION  
CENTER

# INFO-CONNECT

## 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:

1. Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression rating scale: a preliminary report. *J Psych Res.* 1983; 17:37-49.
2. Sheikh JI, Yesavage JA. Geriatric Depression Scale: recent evidence and development of a shorter version. *Clin Gerontol.* 1986; 5:165-172.

# 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.

MEDICATION INTERVENTIONS		
Depressive Symptoms with:	Drug	Starting Dose
Anxiety	Citalopram	10 mg q day
Agitation	Trazodone	25 mg po q hs
Weight loss	Mirtazapine	7.5 mg hs
Lethargy	Bupropion	75 mg q am
Insomnia	Mirtazapine	7.5 mg q hs
Refractory to SSRI	Venlafaxine	37.5 mg q day

### 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.

### 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 . . .

- CES-D: Radloff LS, Mood Disorders Measures: Center for Epidemiologic Studies Depression Scale (CES-D), 1977  
[http://www.hepfi.org/nnac/pdf/sample\\_cesd.pdf](http://www.hepfi.org/nnac/pdf/sample_cesd.pdf)
- Minimum Dataset: US Department of Health and Human Services, Minimum Data Set (MDS)  
<http://www.cms.hhs.gov/MinimumDataSets20/>
- 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)
- The Neuropsychiatric Inventory: Nursing Home version may be helpful in assessing a broad range of symptoms  
<http://www.ncbi.nlm.nih.gov/pubmed/10648298>
- 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>

**INFO-CONNECT** brochures provide practical information for practitioners on key topics. The following brochures are available. You may access them at: <http://www.healthcare.uiowa.edu/igec/publications/info-connect>.

Title	Description
Hospice Approach to End-of-Life Dementia Care	Reviews the characteristic problems of advanced dementia care as well as the hospice barriers and goals for advanced dementia.
Pain Assessment in Nursing Home Residents with Dementia	Describes pain assessment and consequences of untreated pain, and provides assessment tools for use with cognitively impaired elders.
Pain Management in Nursing Home Residents with Dementia	Reviews the principles of pain management and provides information on nonopioid, opioid, and adjuvant medications.
Chronic Pain Management in Older Adults	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.
Understanding and Managing Aggression	Provides common risk factors for aggressive behaviors and discusses assessment strategies, behavioral intervention, medication management, and common care challenges.
The 3D's: Delirium, Depression, Dementia	Describes symptoms, courses of action, and medications associated with delirium, depression, and dementia.
Oral Hygiene Care for Nursing Home Residents with Dementia	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.
Fall Prevention	Reviews the extrinsic and intrinsic risk factors for falls, as well as strategies for the development of a fall intervention program.
Pressure Ulcers: Prevention & Treatment	Describes five strategies that can be used to prevent pressure ulcers and five strategies for treating them.
<b>Need-Driven Behavior 4-Part Series</b>	
Need-Driven Dementia-Compromised Behavior (NDB)	Reviews Need-Driven Dementia-Compromised Behavior, together with assessment and management strategies.
Disruptive Vocalizations	Reviews disruptive vocalizations, including what they are, who they affect, various types of DV, potential triggers, and medical management.
Sleep Disturbances	Describes sleep disturbances, including background information, circadian rhythm disturbance, assessment, and suitable treatment approaches.
Great Escapes: The Wandering Dilemma	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.

## A Service of the:

Iowa Geriatric Education Center  
 University of Iowa  
 2153 Westlawn  
 Iowa City, IA 52242  
 (319) 353-5756  
<http://www.healthcare.uiowa.edu/igec>

*Funded by*  
**The Department of Health Resources and Services Administration (HRSA)**

### Content provided by:

Susan Schultz, MD  
 Associate Professor  
 Department of Psychiatry  
 University of Iowa

### Editorial review by:

Margo Schilling, MD  
 Associate Professor of Clinical Medicine  
 Division of General Internal Medicine  
 University of Iowa