

About Depression

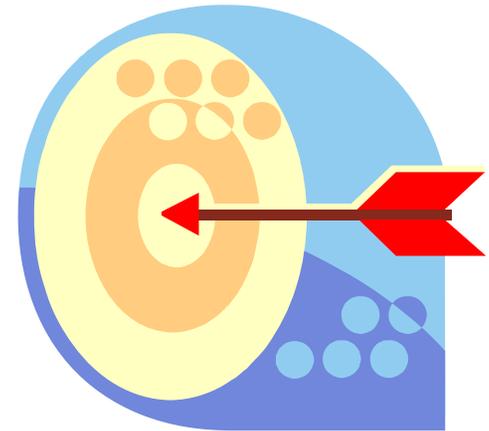
University of Illinois at
Chicago



Purpose of Module

- Describe risk factors for depression
- Identify symptoms of depression-provide tools for assessment
- Discuss potential treatment/outlook/-potential complications

Learning Objectives



- Reader will be able to:
 - Describe risk factors for depression
 - Identify symptoms of depression-provide tools for assessment
 - Discuss potential treatment/outlook/potential complications
- Reader will be able to apply this information to a presented case study

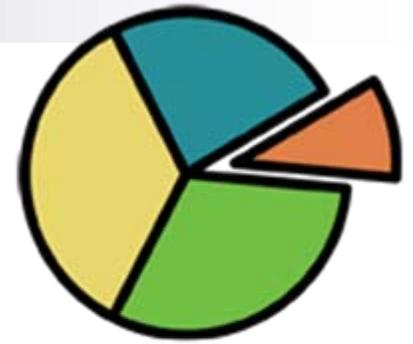
Depression

- “Depression is a medical illness in which a person has feelings of sadness, discouragement, and a lack of self-worth.”¹
- Everyone has times of feeling sad or “blue.” *Depression* is different in that these times can last for weeks, months or even years.²
- Depression interferes with the person’s daily activities and overall quality of life.²

1. Institute for Clinical Systems Improvement, 2008

2. Rakel, 2007

Depression Statistics



- Approximately 18.8 million American adults, or about 9.5% of the U.S. population ages 18 and older in any given year, have a depressive disorder.
- Most common mental illness found in the elderly:
Affects more than 6.5 million of the 35 million Americans age 65 years and older
- Often co-occurs with anxiety disorder and substance abuse

Types of Depression

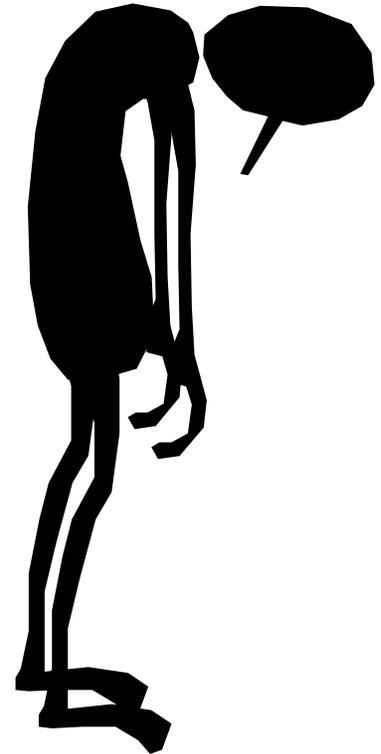
- Major depression
- Dysthymia (chronic mild depression)
- Bipolar Disorder
- Seasonal Affective Disorder

NIMH, 2009



Major Depression

- Interference of a person's ability to eat, sleep, work or enjoy relaxing, pleasurable activities. It can become severe enough to cause psychotic symptoms.



Dysthymia

- Chronic – long lasting feelings of sadness that do not create serious disability but do interfere with a person's quality of life.



Bipolar Disorder

- Less common than the other forms of depression.
- Mood can shift from severe manic highs to depressive lows with normal states in between
- In the manic cycle, the person might be extremely active, sleep little, talk too much and too fast, have feelings of grandiosity (they are better than everyone else), and do things that can cause problems such as spending too much money.



Seasonal Affective Disorder



- Depression/Mood changes related to changing seasons
- Usually occurs in the winter months, however in rare cases clients may experience these symptoms in the summer.
- Very common diagnosis in Nursing Facilities.
- Possible cause: a chemical imbalance in the brain prompted by shorter daylight hours and a lack of sunlight in winter
- Symptoms can include, but are not limited to:
 - Fatigue
 - lack of interest in normal activities
 - decreased sexual interest
 - craving foods high in carbohydrates
 - weight gain
 - social withdrawal
 - suicidal thoughts

NAMI, 2010

Risk Factors and Causes for Depression

- Heredity; family history
- Chronic pain and/or illness
- Loss of a spouse, family member, friend
- Retirement
- Difficulty adapting to changing social circumstances such as moving from a home to a retirement facility
- Changes within the family (loss of job, income, illness of family member)
- Deterioration of health and/or memory
- Feelings of Loss of control
- Side effects of medications (e.g., anti-hypertensive)
- Chronic Alcohol and/or Drug Use, Abuse or Withdrawal



Symptoms of Depression

- Abnormal thoughts about death
- Abnormal thoughts, excessive or inappropriate guilt
- Aches and pains
- Loneliness/Loss of purpose in life
- Change in appetite (usually a loss of appetite)
- Change in weight: Unintentional weight loss is most common
- Depressed or irritable mood
- Difficulty concentrating
- Giving away belongings
- Fatigue (tiredness or weariness)
- Feelings of worthlessness or sadness

Institute for Clinical Systems Improvement, 2008



Symptoms of Depression, cont.

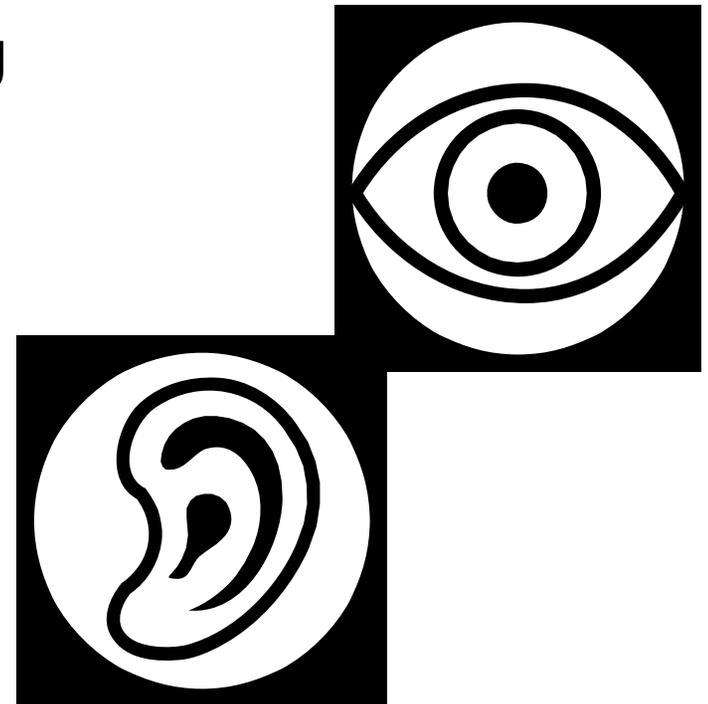


- Irresponsible behavior
- Loss of interest or pleasure in daily activities
- Memory loss
- Plans to commit suicide or actual suicide attempts
- Temper, agitation
- Thoughts about suicide
- Trouble sleeping
- Daytime sleepiness
- Difficulty falling asleep (initial insomnia)
- Waking up many times through the night (middle insomnia)
- Waking up early in the morning (terminal insomnia)
- Withdrawal socially-"too tired, too weak"

Changes in Sensory Abilities

- Changes in the older adult's sensory abilities may contribute to the development of depression.
- Examples of such changes include:
 - Changes in vision and hearing
 - Changes in mobility
 - Dental impairment
 - Incontinence
 - Arthritis
 - Stroke

NAMI, 2009



Untreated Depression



Untreated depression can lead to:

- Inability to perform one or more or all occupational duties short-term (temporarily) or long-term.
- Mental impairment
- Worsening of symptoms of other medical or psychological illnesses
- Premature death
- Suicide

NAMI, 2009

Suicide

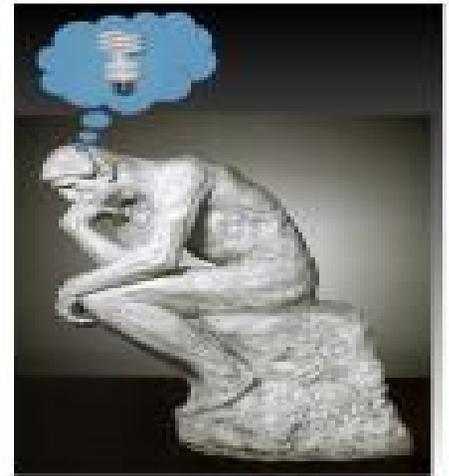


- Depression is the primary cause of suicide
- Suicide in the elderly is one of the leading causes of death related to injury.
- Men account for the majority of these suicides. Divorced or widowed men are at the highest risk.
- Families should pay special attention to elderly male relatives who are alone.
- In addition to finding a psychiatrist, family members should remove anything from their homes (such as knives) that they could use to harm themselves.

Institute for Clinical Systems Improvement, 2008

Reflection Questions

- Think about current and past clients and your interactions with them.
- Have any of your clients experienced any of the risk factors or symptoms of depression previously discussed?
- If so, how were their daily activities effected by these symptoms?
- In what ways were you able to assist them to address their depressive symptoms?



Assessment Tools used by providers

■ Geriatric Depression Scale

- Short - 15 questions

<http://counsellingresource.com/quizzes/geriatric-depression/index.html>

- Long - 30 questions

http://psychology.wikia.com/wiki/Geriatric_depression_scale

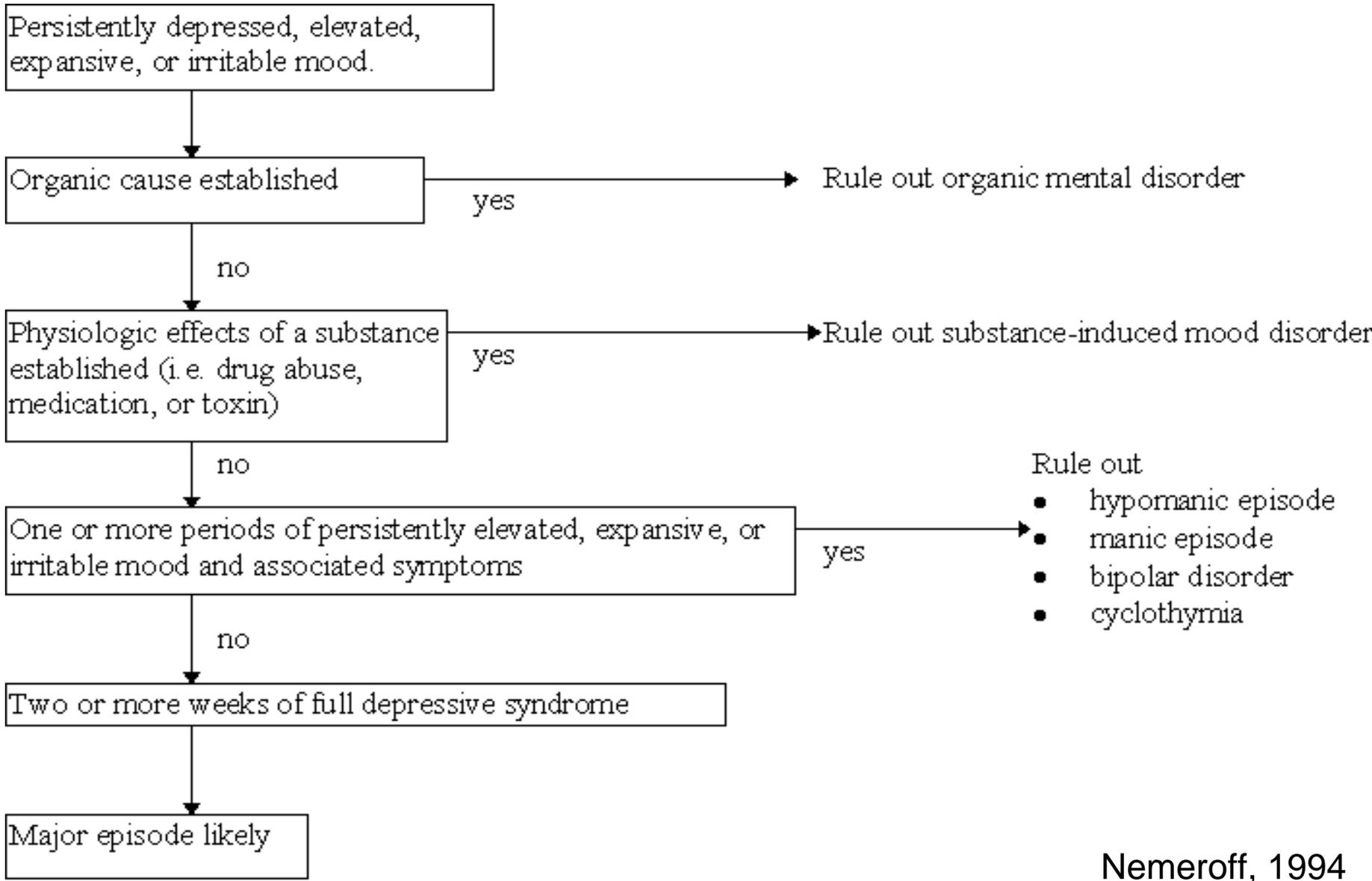
■ RAND Corporation Self-Administered Depression Screener

<http://www.rand.org/health/surveys/screener.html>

■ Zung Self-Rating Depression Scale

<http://www.depression-help-resource.com/zung-depression-scale.pdf>

Depression Decision Tree



Why is depression harder to recognize in Older Adults?



- It can be hard to tell the difference between depression and illnesses such as dementia.
- It occurs slowly over a period of time and is hard to recognize.
- Older adults may not talk to their doctor about their sad or anxious feelings because they are embarrassed.

<http://www.depression-guide.com/depression-elderly.htm>

Depression is nothing to be embarrassed about. It is not a personal weakness. It is a medical illness that can be treated.

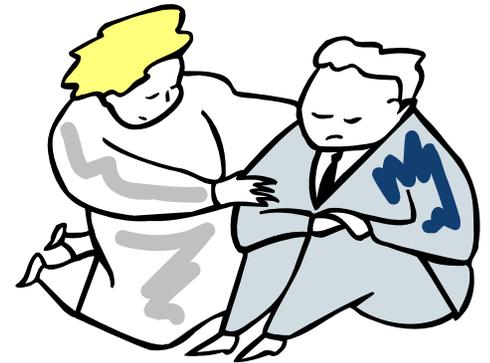
Reflection Question



- You are working with a client who has experienced a loss of mobility and independence related to a recent hip fracture. A family member expressed their concern about the client not wanting to leave their home.
- How would you assess for signs of depression in this client? How would you address your concerns with the client?

Treatments for Depression

- Psychotherapy
- Medications
- Alternative Therapies
- Strategies for Family/Friends
- Strategies for Client



Psychotherapy



- What is it?
 - Psychotherapy or personal counseling with a psychotherapist is an intentional interpersonal relationship used by trained psychotherapists to aid a client or patient in problems of living.
- Who provides it?
 - Psychotherapy may be performed by practitioners with a number of different qualifications, including psychiatry (M.D.), clinical or counseling psychology (PhD), mental health counseling, or clinical social work (LCSW).

Prescription Medications for Depression



- Antidepressants are the most common form of treatment for people afflicted with depression
- 80% of people experience improvement of depression when taking antidepressants as prescribed
- It may take 1-8 weeks of use before antidepressant medication reaches its full effect on the individual.

Types of Prescription Antidepressants

Selective serotonin reuptake inhibitors (SSRIs).

Examples include: fluoxetine (Prozac), citalopram (Celexa & Lexapro), Paroxetine (Paxil) and sertraline (Zoloft).

Serotonin and norepinephrine reuptake inhibitors (SNRIs).

Examples include: bupropion (Wellbutrin), venlafaxine (Effexor) and duloxetine (Cymbalta).

Tricyclics and monoamine oxidase inhibitors (MAOIs)

Used less by providers today due to the number of side effects associated with these medications.

Alternative/Complimentary Therapies

- Exercise and movement (increase activity)
- Nutrition (Lower your sugar/caffeine intake)
- Nutritional supplements (Discuss with your health care provider about increasing your intake of B vitamins and omega 3 fatty acids)



Alternative/Complimentary Therapies

- Mind/body approaches (Guided imagery/yoga- /meditation can decrease stress)
- Light therapy (phototherapy can be particularly beneficial for client who have been diagnosed with seasonal affective disorder)
- Aromatherapy (Lavender, citrus, rose and chamomile have been shown to elevate mood and decrease stress)

Rakel, 2007



Strategies for friends/family of clients with depression:

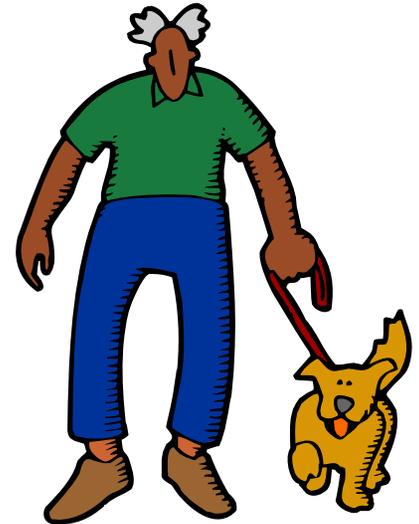


- Offer emotional support, understanding, patience and encouragement.
- Engage your friend or relative in conversation and listen carefully.
- Never dismiss feelings your friend or relative expresses, but point out realities and offer hope.
- Never ignore comments about suicide. Report them to your friend's or relative's therapist or doctor.
- Invite your friend or relative out for walks, outings and other activities. Keep trying if he or she declines, but don't push him or her to take on too much too soon. Although diversions and company are needed, too many demands may increase feelings of failure.
- Remind your friend or relative that with time and treatment, the depression will lift.

NIMH, 2009

Strategies for the Client:

- Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social or other activities.
- Write in a diary about good times you have had.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities and do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself and let others help you.



Strategies for the Client:

- Expect your mood to improve gradually, not immediately. Do not expect to suddenly "snap out of" your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Discuss important decisions with others who know you well and have a more objective view of your situation.
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

NIMH, 2009



Case Study

Joe is a 67 year old male whose wife Millie died of breast cancer last year. Joe has no prior history of mental illness.



Recently, Joe has withdrawn from social activities including his monthly poker game with friends. He has confided in his children that he feels lost without their mother and finds it difficult to sleep. His daughter has noticed Joe rarely shops for groceries and often “picks” at his food, barely eating anything.



Case Study Question

What are Joe's risk factors for depression?

- a. Recent loss of spouse
- b. Prior mental illness
- c. Side effect of medication
- d. All of the above

Answer



The answer is A. The recent loss of Joe's wife Millie places him at risk for developing depression.



Case Study Question

- You agree that Joe seems downhearted. What next steps can you take to address the situation with your client?

Answer

- Have an open discussion with client about how he has been feeling
- Use a short assessment to check for symptoms of depression
- Share the assessment with client/family and ask for permission to share the results of the assessment with his primary care provider
- Encourage client to follow-up with his physician for treatment options
- Assist client to develop a list of questions to discuss with his medical provider and have a current list of medications and supplements to bring along
- Share any educational materials you have about depression
- Follow-up with client to monitor treatments and progress

Case Study Question

Joe is diagnosed with depression by his medical provider. What are some strategies you could suggest to Joe to help him cope with this disorder?



Answer

You could encourage Joe to:

- Spend time with other people and confide in a trusted friend or his children
- Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social or other activities.
- Break up large tasks into small ones, set some priorities and do what you can as you can.
- Take up guided imagery, meditation or begin journaling his daily thoughts as a way of coping with his grief



Comprehension Questions

1. What are 3 risk factors for depression?
2. Name 3 symptoms of depression.
3. Name 2 strategies for family/friends or caregivers to use when working with clients who have been diagnosed with depression.

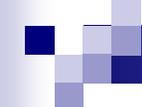
Answers are on the following slides

What are 3 causes of depression?

- May run in families-hereditary
- May be a side effect of medication
- Changes within the family (loss of job, income, illness of family member)
- Chronic pain and illness
- Difficulty getting around
- Frustration with memory loss
- Loss of a spouse or close friend
- Trouble adapting to a life change such as moving from a home to a retirement facility

Name 3 symptoms of depression

- Abnormal thoughts about death
- Abnormal thoughts, excessive or inappropriate guilt
- Aches and pains
- Loneliness/Loss of purpose in life
- Change in appetite (usually a loss of appetite)
- Change in weight
- Unintentional weight loss (most common)
- Weight gain
- Depressed or irritable mood
- Difficulty concentrating
- Fatigue (tiredness or weariness)
- Feelings of worthlessness or sadness
- Irresponsible behavior
- Loss of interest or pleasure in daily activities
- Giving away belongings
- Memory loss
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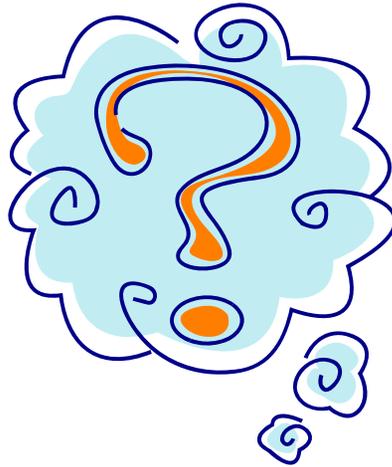


Name 2 strategies for family/friends or caregivers to use when working with clients who have been diagnosed with depression.

- Offer emotional support, understanding, patience and encouragement.
- Engage your friend or relative in conversation, and listen carefully.
- Never dismiss feelings your friend or relative expresses, but point out realities and offer hope.
- Never ignore comments about suicide, and report them to your friend's or relative's therapist or doctor.
- Invite your friend or relative out for walks, outings and other activities. Keep trying if he or she declines, but don't push him or her to take on too much too soon. Although diversions and company are needed, too many demands may increase feelings of failure.
- Remind your friend or relative that with time and treatment, the depression will lift.

Questions

- If you have additional questions about depression, please contact your UIC Pod leader.



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