



IDENTIFYING DEPRESSION

BE SUSPICIOUS

Over 50% of nursing home residents suffer from some type of mood illness. It may be related to a previous history of recurrent depression, depression from medical conditions, medications or life losses.

OVERLAP

Depressive symptoms may overlap with non-mood symptoms of other diseases. Parkinson's disease may lead to a blank facial expression, slow movements and lack of motivation, much like depression. Keeping good records on patient symptoms will yield useful information when trying to determine whether depression is present.

REPORT

It would be much better to err on the side of over-treatment of depression than under-treatment of depression. Depression causes many health problems and treatment is safe. Reporting findings consistent with depression to the primary care provider is paramount. Use an instrument designed to assess depression such as the PHQ-9

SYMPTOMS AND SIGNS OF DEPRESSION

1. Irritability rather sadness is often the presenting symptom in the elderly.
2. Increased fatigue is common as are change in sleep habits.
3. Loss of appetite or weight loss is common. Adversely, some patients may experience an increased appetite and/or gain weight.
4. Loss of usual levels of cognition and function can be clues to the onset of depressed mood, especially in patients who cannot communicate well.
5. Apathy may masquerade as depression, though certainly lack of interest and apathy can also be accompanying symptoms of dementia.
6. Be concerned about comments about suicide. Elderly men have the highest rate of completed suicides in the country. By the same token be sure the context of when and where the comments occurred is also recorded.

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