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MDS Alert

Quality of Care: These MDS Indicators Could Augment Mood Assessment in Section D

Find out which behavioral symptom has the strongest association with risk for a new depression Dx.

Verbal aggression, pain, ADL decline and other indicators could signal that a resident is at risk for being newly depressed. That's the finding of a study reported in a recent issue of the Journal of Gerotonological Nursing.

The researchers wanted to provide a list of characteristics in addition to the MDS mood symptoms to help nurses identify depression sooner, relays **Lorraine Phillips, PhD, RN, FNP-BC,** an investigator for the study and assistant professor at the University of Missouri Sinclair School of Nursing in Columbia, Mo.

Phillips notes that the "PHQ-9 screens for nine symptoms that meet the diagnostic criteria for major depression." But "people can score low as not being depressed on the PHQ-9 and still have depression," she cautions (see page 141 for a review of the staff assessment mood items on the MDS 3.0).

Watch Out for These Items Verbal aggression proved to be the strongest predictor that someone would become newly depressed, Phillips relays. If that behavioral symptom "had increased over the past three months [from one quarterly assessment to the next], the odds ratio of someone developing new depression was 1.69, which means the person had a 69 percent increased risk" of developing depression. She notes that verbal aggression did not occur with high frequency, however.

Weight loss and change in care needs. Each of these items had an odds ratio of 1.66, "which is pretty close behind verbal aggression in terms of increased risk," Phillips tells Eli.»

The researchers culled the study group to 14,371 participants who met the study's inclusion criteria and resided in a nursing home within the study timeframe.

Then they identified which residents became depressed at a next quarterly assessment to see "what clinical characteristics paralleled their acquisition of the depression diagnosis" or going on depression medicine, says Phillips.

Could Pain or Decline Be the Culprit in Some Cases?

Phillips notes that the literature is divided on the issue of which comes first -- pain and/or decline, or depression. "There is literature that says depression comes first and precedes the decline in ADL performance and cognition," she says. "Other literature suggests the opposite to be true -- that is, depression follows from the indicators we found. So we can't really claim toknow the cause."

"There's also a theory of pain amplification where depression may amplify pain related to medical conditions," Phillips adds. Thus, "people who have pain and depression may need both conditions treated." In addition, "depression can be a prodrome of dementia or Parkinson's disease," Phillips points out. "The final take-home message," Phillips says: "Nurses are in a unique position to recognize and report symptoms of depression including the ones we identified as well as outcomes of MDS evaluation tools. [The goal is to] provide earlier treatment and improved quality of life."

"Not everyone will respond favorably to antidepressants," adds Phillips, noting that you can use other strategies to address depression. "The basis for making those decisions should be a thorough mental health or neuropsychiatric evaluation," she adds.

Stay tuned: Phillips is now analyzing the MDS 3.0 PHQ-9 mood observation items and comparing them to the Cornell

Scale of Depression and Dementia. The research hasn't been published yet, she says.

Reference: In addition to Phillips, study authors for the research reported in the Journal of Gerotonological Nursing include **Marilyn Rantz, PhD, RN,** and **Gregory Petroski, PhD.** The article is available at www.jognonline.com/view.asp?rID=66670.