

OASIS Alert

Assessment STAY ON HIGH ALERT FOR SIGNS OF DEPRESSION

Failing to deal with patient depression could seriously jeopardize your ability to achieve optimal patient outcomes.

If left untreated, depression is likely to negatively impact outcomes. And you can't answer M0590 accurately if you don't know what to look for.

"Depression is definitely an issue that needs to be addressed," asserts Kathy Green, vice president of clinical advisement at Tampa, FL-based HQS (formerly Provider Solutions). "Depression complicates things," agrees consultant Pat Sevast with American Express Tax & Business Services in Timonium, MD. Patients who suffer from depression may not be motivated to take their medications, follow their diet, or do their exercises — all of which will hinder their ability to get well, even with home care assistance, Sevast explains.

One way for clinicians to spot signs of depression is to note any changes in the patient's activities of daily living, says Ann O'Sullivan, a family caregiver specialist with the Portland, ME-based Agency on Aging.

"Lack of interest in self-care, not cooking for one's self anymore, not eating well, not planning a menu or grocery shopping — all those things are very hard to get done if you're depressed," she states.

Nurses should also observe the way the patient is dressed, adds Sevast. "Are they getting dressed or sitting around in a housecoat?" she asks. Furthermore, if your patient is able to take a bath, are they in fact doing so?

Observe if the patient "had previous interest areas he is no longer pursuing," O'Sullivan adds. In short, she directs, "if you notice someone is not taking care of himself, you need to find out why." Depression could be one reason, but there are several other problems, such as dementia, which would have to be ruled out, explains O'Sullivan.

A clinician or therapist who suspects that her patient is depressed should consult the patient's family or other caregivers to get a better read of the situation, she counsels, especially when meeting the patient for the first time.

HHAs also can employ any one of several rating scales to gauge depression among its patients. One scale the Associated Home Health Industries of Florida suggests is a 15-item test known as the Geriatric Depression Scale — Short Form, which was adapted from a larger scale created by Drs. Jerome Yesavage and T.L. Brink.

Green also advises HHAs to offer their staffs an in-service seminar on patient depression. Agencies can consult an organization such as the National Council on Aging to find a qualified person from their community who can speak to their staff about depression and the elderly, she states. Ideally, "you want the in-service to get down to questions that your staff can ask" their patients to identify depression, Green explains.

Agencies should be on particularly high alert for signs of depression during this economic downturn, according to Green. With many retirees and elderly patients completely dependent on their stock market savings or pensions, recent financial losses are "going to greatly affect the number of people having depression," Green predicts.

Editor's note: The Geriatric Depression Scale — Short Form is at www.library.adelaide.edu.au/guide/med/menthealth/scales.html. The National Council on Aging's Web site is at www.ncoa.org.