

Depression in Hospitalized Older Adults: A Senior Friendly Approach

Depression A mental disorder of persistently low mood and loss of pleasure often accompanied by problems concentrating and with cognitive distortions.



Red Flags

- Low mood
- Loss of interest
- Wanting to die
- Apathetic/unmotivated
- Poor sleep, poor energy
- Absence of pleasure
- Poor appetite, weight loss
- Psychomotor changes, slowing down, revved up
- Indecision
- Memory and concentration problems
- Somatic complaints (i.e. frequent call bell use, neediness, weak and dizzy)
- Anxiety

Risk Factors

- Dementia
- Previous history of depression
- Low social support
- Prolonged grief/bereavement
- Chronic poor health, pain and disability
- Low social supports
- Residing in long term care
- Caregiver stress

Medical Mimics

- Dementia
- Polypharmacy
- Alcoholism
- Hypothyroidism
- Stroke
- Malnutrition
- B12 deficiency
- Postural hypotension
- Dehydration
- Poorly controlled medical illness

All can mimic depression or make the symptoms of depression seem worse.

Senior-Friendly Hospital Framework applied to depression

Processes of Care

- Assessment and Management of Depression:
- Identify the **red flags** 
 - Make appropriate referrals for assessment or ongoing treatments
 - Develop individualized care plans, including non-pharmacological treatments

Emotional Behavioural Environment

- Environment of respect
- Communication
- Engage the patient's social network and encourage their involvement when appropriate

Physical Environment

- Use the resources available including sunrooms
- Non-pharmacological treatments – light, regular exercises, leisure activities

Ethics in Research/ Clinical Care

- Respect the rights of this vulnerable population

Organizational Support

- Interprofessional approach
- Resources available for consultation and support
- Supported inservices and conferences for staff

What can you do?

Strategies:

- Promote regular exercise – out of bed for meals
- Consider use of light therapy – use of sunrooms
- Promote cognitive leisure activities – volunteer visits
- Promote pain control and sleep
- Ensure medical optimization
- Consider pharmacological treatment
- Consider referral to Geriatrics or Psychiatry
- Patient/family collaboration and education
- Ensure appropriate community follow up

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