IDENTIFICATION OF DEPRESSIVE SYMPTOMS IN ELDERLY ADULTS RESIDING IN PERSONAL CARE HOMES

Alan W. Skipper, DNP, APRN, FNP-BC¹, Graham J. McDougall, PhD, RN, FAAN, FGSA², Joanne Zanetos, DNP, MSN, RN³

¹Georgia Southern University School of Nursing, Statesboro, GA, ²Florida State University College of Nursing, Tallahassee, FL

Abstract

Background: Depression is a common co-morbid condition experienced by many elderly adults which often goes undiagnosed. Many providers lack adequate knowledge related to screening for depressive symptoms and treatment options.

Objective: The purpose of the quality improvement project was to identify how a quality improvement project enabled health care practitioners to identify depressive symptoms using the Geriatric Depression Scale-Short Form (GDS-15).

Methods: IRB approval was received. Using retrospective chart audits, 92 residents were screened for depression with exclusions for persons residing in specialized memory care units due to prevalence of mild to moderate cognitive disorders.

Results: Researchers found approximately 16% or 15 residents revealed to have some form of depressive symptoms. Identifiable participants showed 87% or 13 residents received subsequent evaluation and treatment.

Conclusion: Mental health screening continues to be necessary to assess depressive symptoms in older adults. Using depression screening tools, health care practitioners will be able identify depressive symptoms and use evidence-based practice tools to promote patient care outcomes.

Introduction

- The Centers for Disease Control and Prevention estimates approximately 15-20 percent of older adults aged sixty-five and older suffer from depression (CDC, 2014).
- Depression and dementia are two of the most common neurological disorders occurring in the geriatric population who reside in long term care facilities (Brown et al., 2015).
- Both illnesses are not processes of normal aging, but treatable conditions (Brown, Raue, & Halpert, 2009).
- If symptoms of depression are identified and treated in a timely manner, the resident’s quality of life may be improved (Lu et. al, 2017).

Methods

- IRB approval was obtained from the University of Alabama at Tuscaloosa's IRB.
- Using a convenience sample, the researchers completed a retrospective chart audit. In addition to demographic data, the researchers collected scores from the GDS-15 to identify depressive symptoms in the sample.
- A total of ninety-two (N=92) resident charts were included in the retrospective chart audit.
- Data analysis was completed and included the following variables: age, gender, race, marital status, GDS-15 scores, and an indicator of if a PCP referral was warranted and initiated.

Results

- Results from the retrospective chart audit revealed depressive symptoms were identified in 16.13% of the sample.
- Of the fifteen residents identified to exhibit depressive symptoms, thirteen (86.87%) of them received subsequent follow-up for evaluation and treatment of depressive symptoms identified through the utilization of the GDS-15.

Conclusion

- Results obtained from the retrospective chart audit demonstrated the importance of screening for depressive symptoms in older adults.
- Estimates indicate that 39.6% of residents residing in assisted living facilities or personal care homes have a diagnosis of dementia and at least 24.9% have a co-existing diagnosis of depression. (CDC, 2015).
- Many providers and emergency departments continue to overlook screening for depression in this vulnerable population due to stereotypical beliefs about aging (Snowden, Steinman, & Frederick, 2008).

Practical Applications

- Screening for depression by the selection of age appropriate screening tools is an important competency for all healthcare professionals.
- Knowledge gaps and barriers to screening for depressive symptoms in older adults may impact quality of life.
References


