

Family Connect

Assessment of Depression in Older Adults

The Facts

- Depression often occurs along with cognitive decline late in life.
- Older adults with both depression and dementia are more likely to be placed in nursing homes and to have more limitations in their activities of daily living.
- Psychiatric symptoms in persons with dementia may include depression mixed with anxiety, restlessness, agitation, and aggression.

Assessment for Depressive Symptoms

Medical

Conduct a physical exam: examine vital signs and evaluate for adverse medication effects, infection, dehydration, pain, constipation, and injury.

Behavioral

Assess for sleep changes, loss of interest, hopelessness, sadness, and feelings of worthlessness. Consider medication withdrawal or misuse as causes.

Environmental

Think about new situations in the environment that may cause mood and anxiety problems (e.g., being in an unfamiliar setting).



Management of Diverse Symptoms in the Context of Dementia

- When multiple symptoms are present, assess which one causes the greatest distress. Identify this as the target symptom.
- Use non-pharmacologic interventions whenever possible. Depressive symptoms may be short-lived and may improve with interventions like enjoyable activities.
- If medication is used, avoid using more than one medication for psychiatric symptoms. Select one medication that may help the target symptom. For example, for a person with irritability, suspiciousness, aggression, and depression, the most distressing symptom may be aggression.

Disclaimer: Depression requires an evaluation by medical professionals, because medication side effects can produce symptoms similar to depression. There is no single test or questionnaire that can detect depression. If you believe the person with dementia is suffering from depression, please consult a geriatric psychiatrist or ask your doctor for a referral. Proper diagnosis and treatment can improve well-being and function. (Resource: <https://www.alz.org/care/alzheimers-dementia-depression.asp>)

Depression Scales for Older Adults

- The Geriatric Depression Scale (GDS) is most appropriate for persons *who do not have dementia*, as it relies on self-reported symptoms (see below).
- The Cornell Scale is more appropriate for assessment of persons with dementia or cognitive decline (MMSE < 24) (see pg. 3)
- Both the GDS and the Cornell Scale may be helpful in measuring changes with treatment.

Assessing Depression in Cognitively Intact Older Adults

Geriatric Depression Scale (GDS)

Choose the best answer for how you felt this past week (circle one)

1. Are you basically satisfied with your life?	Yes	No
2. Have you dropped many of your activities and interests?	Yes	No
3. Do you feel that your life is empty?	Yes	No
4. Do you often get bored?	Yes	No
5. Are you in good spirits most of the time?	Yes	No
6. Are you afraid that something bad is going to happen to you?	Yes	No
7. Do you feel happy most of the time?	Yes	No
8. Do you often feel helpless?	Yes	No
9. Do you prefer to stay at home rather than going out and doing new things?	Yes	No
10. Do you feel you have more problems with memory than most?	Yes	No
11. Do you think it is wonderful to be alive now?	Yes	No
12. Do you feel pretty worthless the way you are now?	Yes	No
13. Do you feel full of energy?	Yes	No
14. Do you feel that your situation is hopeless?	Yes	No
15. Do you think that most people are better off than you are?	Yes	No

Scoring Instructions for the Geriatric Depression Scale

- Give 1 point for each “yes” to Questions 2, 3, 4, 6, 8, 9, 10, 12, 14, 15
- Give 1 point for each “no” to Questions 1, 5, 7, 11, 13.
- Add all points: *No depression*: ≤ 5, *Suggestive of depressed syndrome*: > 5, *Depression*: ≥ 10

Assessing Depression in the Context of Dementia

Cornell Scale for Depression in Dementia (CSDD)

Base ratings on symptoms and signs occurring during the prior week
No score should be given if symptoms result from physical disability or illness

Mood-Related Signs

- | | | | | |
|--|---|---|---|---|
| 1. Anxiety (anxious expression, ruminations, worrying) | A | 0 | 1 | 2 |
| 2. Sadness (sad expression, sad voice, tearfulness) | A | 0 | 1 | 2 |
| 3. Lack of reactivity to pleasant events | A | 0 | 1 | 2 |
| 4. Irritability (easily annoyed, short-tempered) | A | 0 | 1 | 2 |

Behavioral Disturbance

- | | | | | |
|---|---|---|---|---|
| 5. Agitation (restlessness, hand wringing, hair pulling) | A | 0 | 1 | 2 |
| 6. Retardation (slow movements, slow speech, slow reactions) | A | 0 | 1 | 2 |
| 7. Multiple physical complaints (score 0 if GI symptoms only) | A | 0 | 1 | 2 |
| 8. Loss of interest (score only if change occurred acutely, i.e., in less than 1 month) | A | 0 | 1 | 2 |

Physical Signs

- | | | | | |
|--|---|---|---|---|
| 9. Appetite loss (eating less than usual) | A | 0 | 1 | 2 |
| 10. Weight loss (score 2 if greater than 5 pounds in 1 month) | A | 0 | 1 | 2 |
| 11. Lack of energy (score only if change occurred acutely, i.e., in less than 1 month) | A | 0 | 1 | 2 |

Cyclic Functions

- | | | | | |
|--|---|---|---|---|
| 12. Diurnal variation of mood (symptoms worse in the morning) | A | 0 | 1 | 2 |
| 13. Difficulty falling asleep (later than usual for this individual) | A | 0 | 1 | 2 |
| 14. Multiple awakenings during sleep | A | 0 | 1 | 2 |
| 15. Early-morning awakening (earlier than usual for this individual) | A | 0 | 1 | 2 |

Ideational Disturbance

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|---|---|---|---|---|
| 16. Suicide (feels life is not worth living, has suicidal wishes, or makes suicide attempt) | A | 0 | 1 | 2 |
| 17. Poor self-esteem (self-blame, self-deprecation, feelings of failure) | A | 0 | 1 | 2 |
| 18. Pessimism (anticipation of the worst) | A | 0 | 1 | 2 |
| 19. Mood-congruent delusions (delusions of poverty, illness, or loss) | A | 0 | 1 | 2 |

A = unable to evaluate, 0 = absent, 1 = mild or intermittent, 2 = severe

Depression: > 12

Pharmacological Intervention: Medications

Overall Recommendations

- Ask your healthcare provider to review current medications that may worsen depressive symptoms (e.g., benzodiazepines, other sedatives, anticholinergic medications)
- New medication should be started at a low dose. It can take up to 8-12 weeks for treatment effects to occur. Avoid rapid increases in dosage.
- Use of multiple medications for the same problem should be avoided. Always consider whether medication is part of the solution *or* part of the problem.
- If depressive symptoms do not go away or worsen after using an antidepressant long-term, it should be *discontinued*, and an alternative medication should be tried rather than adding more medications.

In the Context of Dementia

- Symptoms such as depression, apathy, irritability, and anxiety may be improved by engaging individuals in meaningful activities.
- If symptoms do not improve, an antidepressant medication may be used.
- Other symptoms such as delusions and hallucinations may be improved with antipsychotic medication (e.g., risperidone).

Speak with your provider or pharmacist about symptoms and medication options for treatment of depression in older adults.



References

1. Alexopoloulos, G. S., Abrams, R. C., Young, R. C., & Shamoian, C. A. (1988). Cornell scale for Depression in Dementia. *Biological Psychiatry*, 23(3), 271-284.
<http://www.emoryhealthcare.org/departments/fuqua/CornellScale.pdf>
2. Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. In T. L. Brink (ed.), *Clinical gerontology: A guide to assessment and intervention* (pp. 165-173). New York: Haworth Press.