

Depression in residential care

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Is residential care depressing?

Losses

- Health, independence
- Home, privacy, routine
- Personal connections

Dementia

End of life

On the other hand

Home ... the reality

Residential facilities offer ...

- Care
- Company
- Activity
- Nutrition
- Medication

Depression

High rates – up to 40%

Interpret cautiously

- Definitions vary
- Exclusions – dementia, NESB

Real rates?

Monash study

Followed 50 new residents for 6/12

1/4 had major depression at entry

Most also had dementia

Most stayed depressed

1/3 took antidepressant medication

McSweeney & O'Connor, in press

ANU study

Assessed the mental and physical health of Canberra community and ARF residents using standard scales

Mental health correlated most with physical health

Place of residence not important overall

Henderson et al, 1994

What is depression?

Everyday meaning

Clinical meaning

- Depressive symptoms
- Major (clinical) depression
- Major depression with melancholia

Why does it matter?

Major depression

- Persistent lowering of mood
- Loss of interest and pleasure
- Anxiety, agitation, tearfulness
- Social withdrawal, self-neglect
- Despair, thoughts of death or suicide
- Heightened physical complaints
- Poor concentration, memory
- Poor appetite, weight loss, insomnia

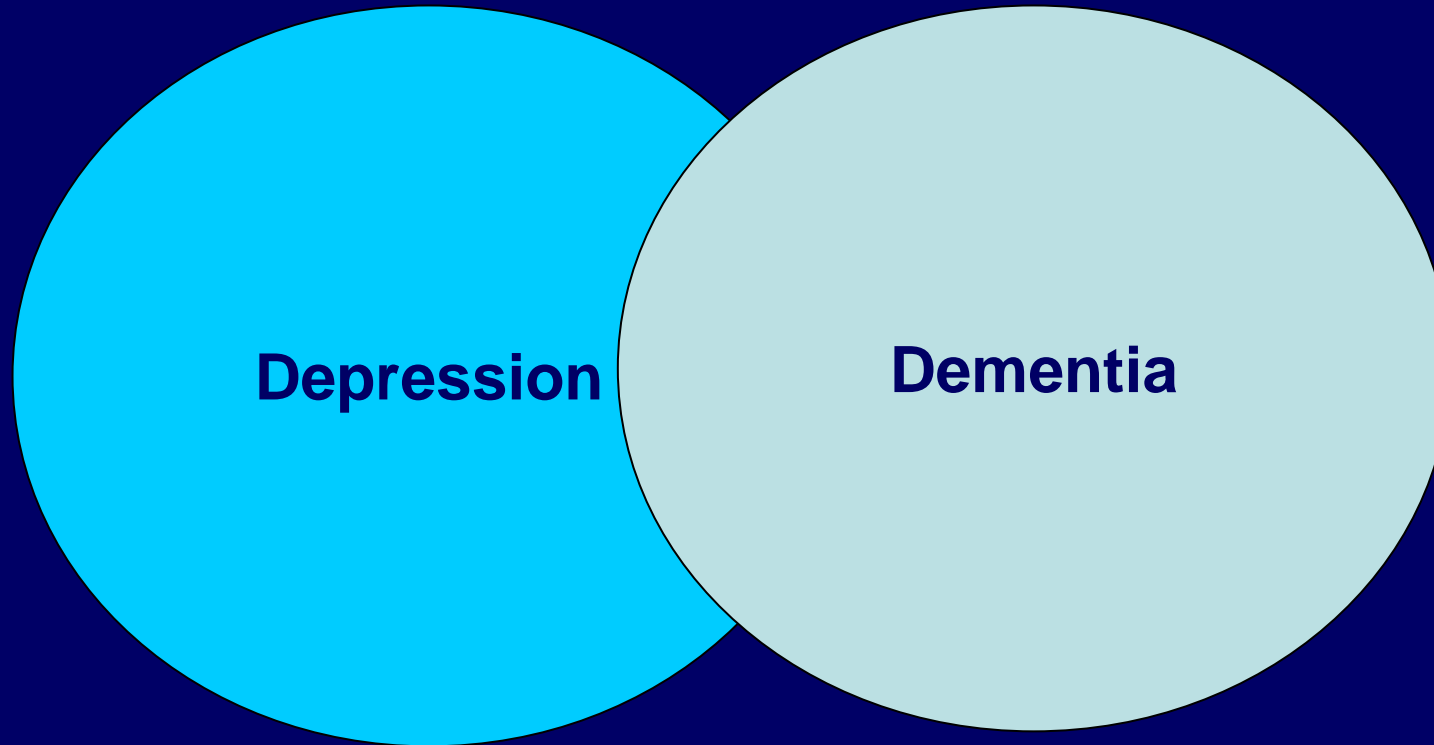
Melancholic depression

- Mood “different”
- Loss of reactivity
- Diurnal variation
- Early morning wakening
- Slowed thinking, speech, movements
- Delusions, hallucinations

Risk factors

- Female
- Anxious personality
- Childhood loss, trauma
- Previous depression
- Physical illness, pain, disability
- Bereavement, other losses
- Cerebrovascular disease, Parkinson's disease, other neurodegenerative disorders
- Certain medications

Depression or dementia?



Depression and dementia?

Getting it right

Misdiagnose dementia as depression

- Give antidepressants when not needed

Misdiagnose depression as dementia

- Give benzodiazepines and antipsychotics instead of antidepressants

The problem

- 70% NH residents have dementia
- Conditions often co-exist

Major depression

Features shared with dementia

- Persistent lowering of mood
- Loss of interest and pleasure
- Anxiety, agitation, tearfulness
- Social withdrawal, self-neglect
- Despair, thoughts of death or suicide
- Heightened physical complaints
- Poor concentration, memory
- Poor appetite, weight loss, insomnia
- Delusions, hallucinations

Overlap with dementia (1)

People with uncomplicated dementia usually:

- Not persistently sad, anxious
- Distressed when stressed
- Not persistently agitated (sundowning)
- Eat and sleep well

Overlap with dementia (2)

People with dementia and major depression usually:

- Persistently depressed, anxious or agitated
- Look sad, anxious
- Tearful
- Feel “bad”
- Poor sleep and appetite (give incorrect report)

Assessment

Casual observation

- Not adequate

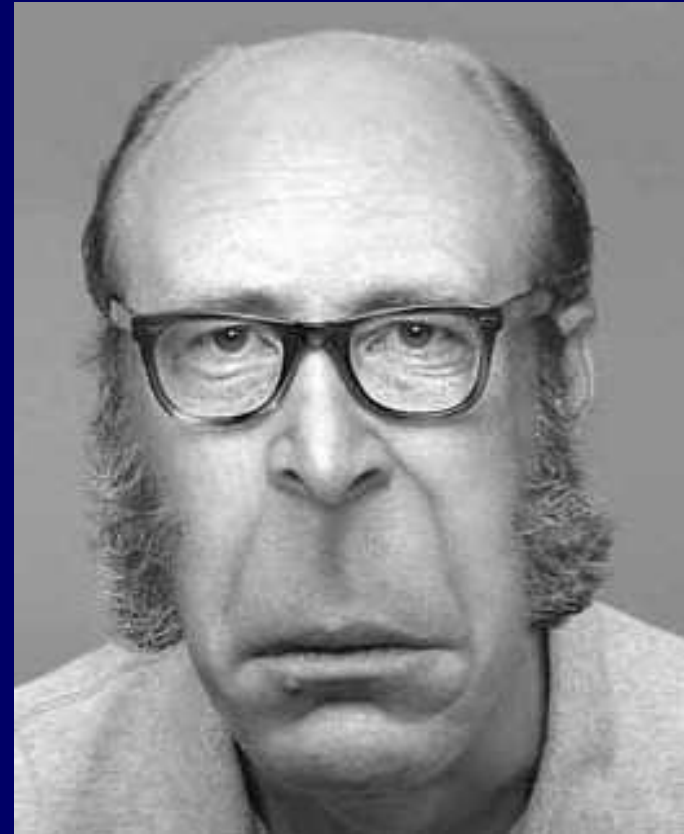
Self-report scales (Beck, GDS)

- Not suitable for people with dementia

Semi-structured scales (MADRS, HDRS, Cornell)

- Collect information from multiple sources

The face of depression



Assessment

Casual observation

- Not adequate

Self-report scales (Beck, GDS)

- Not suitable for people with dementia

Semi-structured scales (MADRS, HDRS, Cornell)

- Collect information from multiple sources

Assessment

Casual observation

- Not sufficient

Self-report scales (Beck, GDS)

- Not appropriate with significant dementia

Semi-structured scales (MADRS, HDRS, Cornell)

- Collect information from multiple sources

Treatment: Whole facility

Sydney ILU and hostel

Education – *all* staff

- Acknowledge, respect, involve all residents
- Recognise unhappiness
- Take action – activities, exercise, medications
- Refer to psychiatric nurses

Overall rise in mood scores

Treatment: Individual resident (1)

Alleviate pain, discomfort

Emotional, practical support

- Ventilate concerns
- Uncritical acceptance
- Consider options
- Address concerns

Psychosocial treatments

- Exercise, aroma, massage, music

Antidepressants (2)

Major depression

- Persistent, not responding to other strategies
- Dementia, pain, disability
- Easy, cheap

Start low, go slow – but not too slow

Review monthly – act if no response

- Review care plan
- Increase dose or change medication

Antidepressants (3)

Serotonin specific reuptake inhibitors

- Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline,

Noradrenaline specific reuptake inhibitors

- Venlafaxine, Reboxetine

Mixed action

- Mirtazepine

Older antidepressants

- Nortriptyline

Making Medicare work better

GP

- 75+ health assessment
- Case conference
- Multidisciplinary care plan

Psychology, social work, OT

- Mental health treatment

Private psychiatry

- ARF visits
- Case conference
- GP care plan

Barriers to improvement

Practical constraints

Our perceptions and attitudes

- I'd feel depressed too
- There's nothing I can do?
- It will depress me to hear about it
- I'm depressed myself

Caring for staff