

DEPRESSION CASE STUDY

MRS. DEE

March 2026



Overview

- Mrs. Dee is an 80-year-old divorced woman who lives alone in an apartment. She has 2 sons who live out of town and one daughter who lives across town. Daughter works full-time and visits weekly. Mrs. Dee does not drive and uses public transportation. Mrs. Dee's close friend in the building died 7 months ago. Mrs. Dee complains of low energy but has no other concerns. Daughter is worried about mom having Alzheimer Disease as she is increasingly forgetful and there is a strong family history (Mrs. Dee's mother was diagnosed in her late 70s). Her daughter has noticed the following changes in the last year:
 - Used to play bingo in the common room of the apartment building regularly but gradually stopped going over the past year, not interested particularly since friend died
 - Poor concentration: can no longer follow plot of books and complains about forgetting things more
 - Not cooking for self/ drinks 3 Ensures daily/ weight loss
 - Bills not being paid
 - Curtains drawn/ apartment cluttered and smoky
 - Wears PJs into the afternoon/ feels tired in am/ in bed earlier over the last year
 - Not wanting to leave apartment – said too difficult because of mobility, walks with a cane
 - Not taking medications regularly despite recently starting blister pack regime
 - Smoker, no alcohol intake

During the Assessment

- Mrs. Dee initially states that her mood is fine but later says ‘I don’t know, maybe I am a little bit down, I guess’. Mrs. Dee says she is ready to go anytime but doesn’t wish to end her life. She admitted to poor appetite and denied hallucinations and delusions. She was alert throughout the assessment but was easily distracted. She wore her PJs for an afternoon assessment and her hair was disheveled. No body odour noted. She presented with a flat affect, limited eye contact, slow speech and monotone voice. She was cooperative with answering the assessment questions, provided logical answers but did not initiate conversation. Daughter says, ‘mom doesn’t want to leave her apartment anymore despite encouragement but I haven’t noticed her crying and she hasn’t complained about being depressed’.

| Past Medical History | Medications |
|---------------------------|--|
| Hypertension | ASA 81mg 1 tablet daily Bisoprolol 5mg 1 tablet daily |
| Aortic abdominal aneurysm | Losartan 50mg 1 tablet daily |
| Hypothyroid | Synthroid 0.075mg 1 tablet daily |
| GERD | Rabeprazole 40mg 1 tablet daily |
| Osteoarthritis | Celebrex 100 mg 1 tablet daily Acetaminophen 500mg prn (rarely takes) |
| Insomnia | Trazodone 50mg 1 ½ tablets nightly |

MSIGECAPS

Depressive Symptoms (5+ over 2-week period; must include MONKEY IN (Mood and/or Interest))

MOOD (Monkey) Mood is impacted for most of the day (sad, empty, hopeless, tearful, irritable) * **Must have Monkey In +**

SLEEP (Smoking) Sleep is disturbed (decreased or increased)

INTEREST (In) Interest is decreased (subjective and reported or observed) * **Must have Monkey In +**

GUILT (Green) Guilt, regret, worthlessness

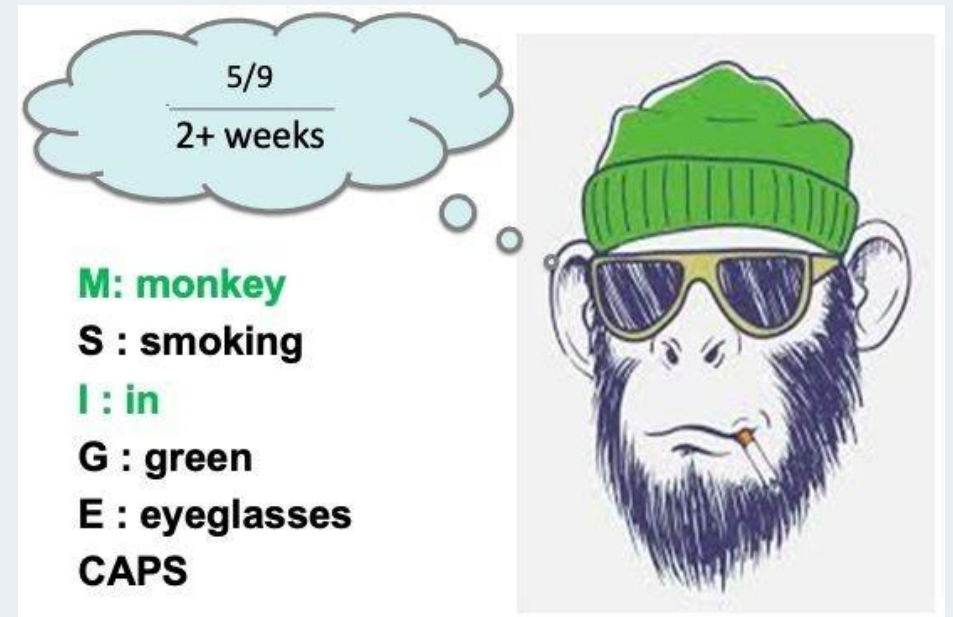
ENERGY (Eyeglasses) Energy level lower than usual

CONCENTRATION (C) Concentration is poor and/or memory problems

APPETITE (A) Appetite is changed/disturbed (decreased and increased)

PSYCHOMOTOR (P) Psychomotor observable changes (Slowed or agitation)

SUICIDE (S) Suicide Risk (Passive or Active expression to die)



Discussion questions

| | |
|------------------|--|
| IDENTIFY | 1. What are you concerned about? |
| SCREEN | 2. What are Mrs. Dee's risk factors for depression? |
| ASSESS | 3. How would you assess for depression? 4. What is your impression? |
| INTERVENE | 5. What strategies and interventions would you recommend? |
| APPLY | 6. How would you apply this to your work context? |