



GERIATRIC EDUCATION SERIES DEPRESSION

DEPRESSION CASE STUDY – MRS. DEE FACILITATOR'S GUIDE

GOAL: *The purpose of this case study is to assist participants in using previously reviewed didactic presentations as well as prior learning and life experience **to identify, screen and assess for depression** and support discussions of potential interventions and recommendations.*

Supporting Documents:

- 1.3.1 Depression - Case Study
- 1.3.3 MSIGECAPS Summary Sheet

DISCUSSION QUESTIONS

INFORMATION FROM CASE STUDY

IDENTIFY, SCREEN

1. WHAT ARE YOU CONCERNED ABOUT?

- Changes in cognition?
- Changes in function?
- Low mood?

GERIATRIC EDUCATION SERIES

DEPRESSION

2. WHAT ARE MRS DEE'S RISK FACTORS FOR DEPRESSION? (Refer participants to slide 10)

- **Does she have a history of depression or suicide attempt?**
 - Unknown – would need to ask client
- **Is she medically unwell?**
 - Would need to ascertain instability of her medical conditions.
- **Does she have vascular disease?**
 - Cardiac (hypertension and aortic abdominal aneurysm)
- **Is she a widow?**
 - No
- **Has she been a long-term caregiver?**
 - Unknown (? Supported friend)
- **Does she have a supportive network?**
 - Would need to clarify with client about her perceptions of the quality and quantity of her social network.
 - Sees daughter weekly
 - Lost recent friend
 - Any other social connections?
- **Has she experienced recent losses?**
 - Close friend died 7 months ago
- **Is she experiencing financial strain?**
 - Unknown

ASSESS

3. HOW WOULD YOU ASSESS FOR DEPRESSION?

- How does client describe her mood?
- How does daughter describe client's mood?
- Use M SIGECAPS (5+ over 2-week period):

- **Observations:**
 - Affect. Appearance of client, home
 - Behaviours, Attitude, Level of Consciousness
 - Speech, Language, Thought Process, Thought Content

- Impact on function (ADLS or IADLs)?
- Impact on safety?

- Client says: "I don't know, a little bit down I guess"
- Daughter says: "Mom doesn't want to leave her apartment anymore despite encouragement. I haven't noticed her crying and she hasn't complained about being depressed."

• M SIGECAPS

- Mood
 - "I feel fine"
- Sleep is disturbed
 - Feels tired every morning, goes to bed earlier
- Interest
 - No longer interested in going to play bingo
- Guilt
 - Unknown
- Energy
 - Feels tired in the morning
- Concentration is poor/Memory problems
 - Can no longer follow the plot of books
 - Forgetting things more often
- Appetite
 - Poor appetite and weight loss
- Psychomotor retardation or agitation
 - No concerns observed
- Suicide risk
 - I am ready to go anytime but I don't wish for it to happen

• OBSERVATIONS

- **Appearance of client:** hair disheveled, still in her PJs for afternoon assessment
- **Appearance of home:** curtains drawn, apartment cluttered and smoky
- **Behaviours:** limited eye contact
- **Attitude:** cooperative, distracted
- **Level of Consciousness:** alert
- **Speech and Language:** slow speech, did not initiate any conversation, monotone voice
- **Affect:** flat
- **Thought Process:** logical and coherent
- **Thought Content:** no concern

• IMPACT ON FUNCTION

- Impaired IADLs (decreased cooking, difficulty with finances, difficulties with medication use, apartment cluttered, etc.)

• IMPACT ON SAFETY

- Not taking medications despite blister pack



GERIATRIC EDUCATION SERIES

DEPRESSION

4. WHAT IS YOUR IMPRESSION?

For Depression you need 5+ symptoms over two weeks (including MOOD and/or INTEREST). Mrs. Dee had the following 5 changes over the past 1 year:

- ↓Interest and ↑Apathy
- ↓Energy
- ↓Concentration
- ↓Appetite & Weight loss
- Presence of sleep disturbance

Conclusion: Suspecting depression impacting on function, cognition and safety.

INTERVENE

5. WHAT STRATEGIES AND INTERVENTIONS WOULD YOU RECOMMEND?

- Referral to PCP for a diagnosis and treatment.
- Referral to Geriatric Psychiatry or mental health program for specialized diagnosis and treatment, and possibly rule out any underlying cognitive disorder once mood treated.
- Referral to Geriatric Day Hospital if mobility is an issue and unsure if cognition vs mood.
- Promote high-quality sleep as able.
- Promote nutrition/weight gain (increased caloric intake, supports such as Meals on Wheels/pre-prepared meals).
- Address medication compliance (family to remind/encourage).
- Encourage family involvement as able.
- Provide education to family.
- Provide suggestions to assistance with IADLs: family, community and private support services.
- Increase social supports and leisure (strategies to return to bingo, community senior social groups, volunteer visitors).

APPLY

6. HOW WOULD YOU APPLY THIS TO YOUR WORK CONTEXT?

- What would your role be in identifying, screening, assessing and/or intervening?