Recognizing Depression in Elderly Patients

Maia Sakradse

UVM

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Part of the Medical Education Commons, and the Primary Care Commons

Recommended Citation
https://scholarworks.uvm.edu/fmclerk/316
Recognizing Depression in Elderly Patients

Berlin Family Practice
Maia Sakradse MS3
October-November 2017

Mentors: Dr. Jensen, Dr. Stafford, Dr. Rodriguez, Dr. Boulatouf
Problem Identification & Need

- 8-16% of people over 60 have clinically significant depression
- 18.3% of the Washington County population is over 65 years old
- Older patients are at particular risk for depression due to later in life stressors such as death of loved ones, loss of independence/abilities, chronic medical conditions, chronic pain, isolation, etc...
- Depression is commonly underdetected in older patients for many reasons
  - Belief that symptoms represent normal aging
  - Fear of stigmatization
  - Assuming symptoms are due to other comorbid conditions
  - Presentation may be different in older patients, who are more likely to experience irritability, insomnia, and somatic symptoms with depression without reported “low mood”
- Recognizing and treating depression in older patients is imperative as untreated depression has serious health consequences for older adults
  - Older patients, especially older men, are more likely to complete suicide than younger patients
  - Worsening of chronic illness
  - Poorer functioning, both physical and mental
Public Health Costs

- Elderly people with depression have higher health care costs than non-depressed elderly controlling for comorbid conditions.
- Studies comparing depressed elderly patients with elderly controls showed an increase in cost of between $736 and $979 for ambulatory care and $1045 and $1700 for ambulatory and inpatient costs. Only a small percentage of that increase was due to mental health treatment.
- Depression has been shown to increase risk of costly repeat visits to emergency departments.
- Studies have shown that health care costs of patients with diabetes and depression are significantly higher than those with either depression or diabetes alone (see image).
Community Perspective

Community Interviewees:
- Kay Barrett, MA, Clinical Psychologist at Berlin Family Practice
- Mark Schmoll, MA, LCMHC, Program Coordinator for Washington County Mental Health Elder Care Program

Themes from interviews:
- The elderly population face many unique stressors which put them at risk for depression: Death of loved ones, loss of independence and abilities, chronic disease, chronic pain
- In rural communities like Washington County social isolation is especially prominent amongst elderly patients with limited mobility and transportation
- It can be difficult to tease out symptoms of depression amongst an array of symptoms from comorbid conditions and medication side effects. Both patients and providers will often attribute symptoms of depression to other things
- There is both lack of awareness and stigma regarding mental health disorders in the community, particularly amongst the older populations
- Depression itself can significantly impact elderly patients’ functional status
- Access to treatment from therapists can be a significant challenge for elderly patients both because of decreased mobility and lack of providers in the area
- Treatment of depression in the elderly often falls to the PCP
Intervention

- Create a patient education tri-fold pamphlet containing information regarding:
  - Definition of depression
  - Signs and symptoms of depression in older adults
  - Impact of depression on day to day life and functioning of older adults
  - Importance of seeking treatment

- Distributed pamphlet in waiting room for patients or family members to review and take home

- Made providers aware of the presence of pamphlets to hand out to their patients
Results

- Tri-fold pamphlet with patient-directed education on recognizing depression in older adults, the impacts of depression, and the importance of seeking treatment was distributed in waiting room of Berlin Family practice for both patients and family members to consult and/or take home.

- Staff and providers made aware of the presence of the educational material.
Effectiveness & Limitations

Effectiveness:
- The effectiveness will need to be evaluated overtime
- Effectiveness can be measured by
  - Amount of utilization of the patient education pamphlet
  - Number of older patients who bring up depression during their office visits
  - Increased awareness of depression amongst the older patient population

Limitations:
- Intervention relies on patients picking up the pamphlet and bringing concerns of depression to their providers themselves
- Intervention does not impact the complexity of diagnosis of depression in older patients with multiple comorbidities from the perspective of the provider
- Intervention does not combat the major problem of lack of resources for treatment of depression in the community (particularly lack of therapists which are covered by Medicare)
Recommendations

Recommendations for expansion of this project

- Create a document containing information directed towards providers on recognizing depression in older patients
- Encourage more regular and in depth screening for depression by providers in their elderly patients
- Further coordination between the practice and Washington County Mental Health Elder Care Program to improve access to treatment of depression for elder patients who may be home bound or have challenges to accessing care
- Direct outreach in the elder community geared towards educating elders on mental health issues and combatting stigma
References


Images:


Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes ___X___ / No ______