

# Improving Screening for Depression and Fall Risk In Community Dwelling Older Adults

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## Introduction

### Background

- Falls & depression are common problems in the older adult population in the outpatient setting
- Relationship between depression & falls is bidirectional
- More than one-third of community dwelling older adults, aged 65 years or older, fall each year
- In community dwelling adults  $\geq 65$  in US, prevalence
  - Mild depression 15-20%
  - Major depression 2-5%
- Community health nurses (CHN) are effective in health promotion & disease prevention.
- Depression screens tailored for older adults more sensitive than depression screens for general population
- Fall risk screening measure apt to older adult population

**Purpose:** Implement screening measures for depression and falls in an older adult population.

### Specific Aims:

1. Implement an older adult appropriate depression screen: GDS-15 & simple fall risk assessment
2. Collaborate with outreach CHN
3. Increase primary care provider (PCP) awareness of depressive symptoms and increased risk for falls with use of fall prevention algorithm

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## Methods

**Site:** Rural community health center

**Sample:** Patients  $\geq 65$  years from rural community primary care practice

### Measures:

- Geriatric Depression Scale-Short Form (GDS-15)
- Single item survey to assess fall risk: "Have you had a fall in the last 6 months?"

### Procedures:

1. PCPs referred adults  $\geq 65$  as indicated to CHNs for home visits
2. Education with CHNs — implementation of depression & fall risk screening measures
3. Algorithm created to facilitate screening
4. Screening results provided to PCPs by CHNs
5. Referrals as indicated initiated by PCPs

### Analysis

- Quantitative: Descriptive statistics
- Qualitative: Content analysis of interview with CHNs

## Results

Over 4 month period of time, 30 depression & fall risk screenings performed

- 9 older adults (30%) scored  $\geq 5$ ; suggestive of depression
- 2 older adults (7%) scored  $\geq 10$ : indicative of depression.
- 8 older adults (27%) had falls in prior six months
  - 7 of those individuals scored greater than 5 on GDS-15
- Referrals
  - 10 (33%) to mental health counselors
  - 2 (7%) referrals to psych nurse practitioners
  - 7 (23%) referrals to physical therapy

## Results

- Consistent themes emerged from interviews with CHNs
  - Tools easy to use
  - Tools time efficient — approximately 5 minutes
  - Better understanding of clients' lived experience
  - Tools beneficial to clients & CHNs
  - Reminders by CHNs enhanced referral initiation by PCPs

## Discussion

- Project findings consistent with research demonstrating association between depression and falls in older adults
- After evidence-based practice change, CHNs & PCPs with increased awareness of depression and fall risk in the older adult population
- Challenges in initiation of referrals for treatment post screening results suggest need for systems approach to solving this problem

### Limitations

- Implementation of screening intervention with limited # of participants
- Limited time period to provide screening

### Implications for Future Practice

- Expand depression and fall risk screening in the primary care setting.
- Track process & outcomes of screening intervention

## Conclusions

- Implementation of GDS-15 & risk of fall assessment sustainable in community health setting
- Ease of screening suggests screening measures could be expanded to primary care setting.
- Practice personnel with increased understanding of importance of age appropriate depression screening as well as screening for fall risk in older adults

## Acknowledgements

- Advisor: Ellen Long-Middleton, Ph.D, APRN
- Site Mentor: Claire Bemis, RN
- Site: Grace Cottage Community Health Team

