

## SIGNS & SYMPTOMS of DEPRESSION & ANXIETY: A SYSTEMATIC APPROACH

A systematic approach to recognize the potential for depression and anxiety includes the involvement of the entire interdisciplinary team including the resident, the family and significant others.

### Screening

- Establish facility commitment and policy to utilize a validated Depression Screening Tool. Standardize policy for initial completion of the tool and frequency of re-assessment. Consider coordinating these to the MDS review dates. Sample tools:
  - Geriatric Depression Screening tool (GDS)
  - Cornell Scale for Depression
  - Hamilton Rating Scale for Depression
  - Beck Depression Inventory
  - Center for Epidemiologic Studies Depression Scale
  - Patient Health Questionnaire (PHQ-9)
- Evaluate the Minimum Data Set (MDS) process to obtain information from all shifts/all departments
  - Look for continuity between MDS, RAP and Depression Screening Tool

### When assessed to be at risk for Depression and/or Anxiety

- Track Mood and Behavior Issues including food intake
- Individualize all residents care plans looking at each issue that triggered the risk.
  - Evaluate if resident has a mood issue or is it something else? (i.e. repetitive health complaints are due to a pain issue, food uneaten is due to mouth/teeth issues, etc.)
  - Talk with staff to find out what interventions are currently being used and if these are working
  - Talk with family to discuss onset of mood issue and resolutions that potentially worked in the past as well as past activities of interest
- Review chart to assess for medication or other health related dx that may be exasperating the problem. Items to consider:
  - Chronic Illness such as Alzheimer's disease, Parkinson's disease, CVA, Cardiovascular disease, Osteoporosis, or cancer
  - Certain Medications such as carbidopa/levodopa, beta-adrenergic blockers, clonidine, benzodiazepines, barbiturates, anticonvulsants, and H2 blockers
  - Pain can have a direct effect on depressive symptoms; successful treatment of pain can decrease depression
- Consult Physician to discuss if anti-depressant medications are needed
  - Selective serotonin-reuptake inhibitors (SSRIs) are generally the most effective and have lowest chance of side effects. Certain medications include but are not limited to: sertraline (Zoloft®), citalopram (Celexa®)
- Consider consult to psychiatrist for further evaluation. If any suicidal ideation occurs, contact physician immediately

### Interdepartmental Strategies to assist in the alleviation of the signs and symptoms

- Create a homelike atmosphere including pets and personalization of resident's rooms
- Involve clergy or chaplain if appropriate
- Provide with diversion
- Develop an Activity Plan that includes past activities of interest
- Discuss topics of interest to resident that refocus him/her off mood issue
- Utilize relaxation techniques to help in refocusing depressive symptoms
- Individual and group psychotherapy (neither is appropriate for persons with severe dementia)
- Utilize active listening and other skills to acknowledge and further probe resident's mood related issues
- Educate *all* staff on:
  - Signs and symptoms of depression and how they can help, (i.e. identification and intervention)
  - Listening Techniques
  - Facility's policies



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