

Screening For Depression in Older Adults

Hello. This is Dr. Sonya Hardin, Program Director for the Geriatric Workforce Enhancement Grant at East Carolina University. Podcasts are being developed for primary care with topics in neurology. This short podcast is focused on screening for depression in older adults. Major depressive disorder is a common and significant healthcare problem. It is the leading cause of disability among adults in high-income countries and is associated with increased mortality due to suicide and impairability to manage other health issues. Depression has a major effect on quality of life for the patient and affects family members, especially children. Depression also imposes a significant economic burden through direct and indirect cost.

In the United States, an estimated \$22.8 billion was spent on depression treatment in 2009. Lost productivity cost and additionally is estimated at \$23 billion in 2011. There has been adequate evidence that programs combining depression screening with adequate support systems in place improve clinical outcomes in older adults. Although the optimal interval for screening is unknown, the US Task Force recently stated that recurrent screening may be most productive in patients with a past history of depression, unexplained somatic symptoms, comorbid psychological conditions such as panic disorder or generalized anxiety, substance abuse or chronic pain.

A number of screening tools exist for use in primary care settings. However, asking two simple questions regarding mood will help you find out if they're depressed. These questions that you might want to consider as a provider are one, over the past two weeks have you felt down, depressed or hopeless or two, over the past two weeks have you felt little interest or pleasure in doing things? Both of these questions have been found to be very effective in identifying depression in older adults. Currently, we are aware that one out of 11 patients screened for depression will need to be referred. We also find that a number of patients will go into remission after six months of treatment.

There are a number of risk factors in older adults that include disability and poor health status related to medical illness, complicated grief, chronic sleep disturbance, loneliness and history of depression that has been associated with chronic depression. Many commonly used screening tools such as the Geriatric Depression Scale in older adults have been implemented in primary care facilities. Again, I want to reinforce that my takeaway for you today is that asking one or two questions can help you identify depression in the older adults. Again, these questions are one, over the past two weeks have you felt down, depressed or hopeless and two, over the past two weeks have you felt little interest or pleasure in doing things?

I hope that you will implement these questions in your primary care practice. I look forward to sharing more podcasts with you in the future. Thank you for listening to this podcast. It was funded by the Geriatric Workforce Enhancement Grant through HERSA. Thank you.