

Questions

How have you been feeling lately? Have you noticed any changes in your mood or interest in things you usually enjoy?

- This question opens up a dialogue about emotional health and helps identify potential signs of depression.

Have you been sleeping well? Do you find yourself feeling more tired or low on energy than usual?

- Sleep changes are a key symptom of depression, and this question encourages the user to reflect on their sleep patterns.

Are there any activities or hobbies that you used to enjoy but don't feel like doing anymore?

- This question helps to identify anhedonia, a common symptom of depression, where individuals lose interest in previously enjoyable activities.

How do you feel about your daily routine? Do you find yourself feeling overwhelmed or anxious about certain tasks?

- This question can elicit information about the user's cognitive functions and any feelings of anxiety or agitation.

Have you been spending time with friends or family lately, or have you felt like withdrawing from social activities?

- This question addresses social withdrawal, which is a common behavior in individuals experiencing depression.

Research Notes

Depression in the Elderly

Prevalence:

- **General Population:** 3% of the elderly community.
- **Medical Settings:** 11-13% of seniors.
- **Long-Term Care (LTC):** 15-25% of seniors.
- **Risk Factors:** Any medical illness doubles the risk for depression (Luber, 2000).

Assessment:

- **Comprehensive Evaluation:** Biopsychosocial assessment required.
- **Interview:** Review of symptoms using SIG E CAPS.
- **Collateral Information:** Essential for understanding functional changes and safety concerns.
- **Cognitive Screening:** Use MoCA, MMSE, and Clock Drawing tests.

Diagnostic Criteria for Major Depressive Disorder:

- **Symptoms:** Low mood or loss of interest plus at least four of the following for a minimum of two weeks, affecting daily functioning:
 - S: Changes in sleep
 - I: Changes in interest/motivation
 - G: Guilt
 - E: Changes in energy
 - C: Changes in concentration
 - A: Changes in appetite
 - P: Psychomotor changes
 - S: Suicidal thoughts or plans

Differences in Late Life:

- **Anxiety:** More common than sadness; may indicate atypical depression.
- **Somatic Concerns:** Increased physical complaints, more time spent in bed.
- **Social Withdrawal:** Reduced engagement in social activities.
- **Psychosis:** Inquire about delusions (e.g., poverty, somatic, persecution).
- **Cognitive Impairment:** May resolve with depression treatment; monitor for dementia risk.
- **Irritability or Agitation:** Common symptoms.
- **Decreased Life Satisfaction:** Overall decline in well-being.

Special Presentations of Depression:

1. **Agitated Depression:** Severe anxiety, significant physical agitation; may need urgent treatment (e.g., ECT).
2. **Psychotic Depression:** Common in seniors, often associated with delirium; may require ECT if other treatments fail.
3. **Depression Executive Dysfunction Syndrome (DED Syndrome):** Presents like early dementia; treatment may include stimulants (e.g., Modafinil, Wellbutrin, Methylphenidate).

Assessment Tools:

1. **Geriatric Depression Scale (GDS):** Score of 5/15 indicates clinical depression.

2. **Cornell Depression in Dementia Scale:**

- Score of 10+ indicates probable major depressive episode.
- Score of 18+ indicates definite major depressive episode.