Complete Summary

GUIDELINE TITLE

Detecting depression in older adults with dementia.

BIBLIOGRAPHIC SOURCE(S)

Brown EL, Raue PJ, Halpert KD. Detection of depression in older adults with dementia. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2007 Jun. 39 p. [74 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Depression in older adults with dementia

GUIDELINE CATEGORY

Screening

CLINICAL SPECIALTY

Geriatrics
Psychiatry

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

To improve detection of depression in older adults with dementia

TARGET POPULATION

Older adults (65 years and older) with dementia at risk for or with depression

INTERVENTIONS AND PRACTICES CONSIDERED

1. Screening for cognitive impairment and/or depression using the:
    - Mini Mental State Exam
    - Short Form of the Geriatric Depression Scale (SGDS)
    - Cornell Scale for Depression in Dementia (CSDD)
2. Referral

MAJOR OUTCOMES CONSIDERED

Sensitivity and specificity of screening tools

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases

Searches were performed in PubMed using the terms "depression" or "depressive disorder" as a major topic and limiting the search to articles in English and subjects 65 years and older. A second search was conducted using the terms "dementia" and "assessment, screen, detect, scale, or tool," and limited to human subjects and articles published from 1980-2006. These two searches were combined, which resulted in 1017 articles. The authors reviewed the 1017 abstracts of these articles.

Keywords

The following search terms were used: "depression", "depressive disorders", "dementia", "assessment, screen, detect, scale, or tool".

Inclusion and Exclusion Criteria

The database searches (1980-2006) were limited to research and review articles that focused on depression assessment, correlation of two or more depression assessment scales, role of nursing in detection of depression, and articles addressing the prevalence and diagnostic criteria of depression in dementia. Research articles reporting on prevalence of depression and/or dementia in foreign countries or on non-English depression scales were excluded.

NUMBER OF SOURCE DOCUMENTS

Thirty six articles were used from the 1017 articles identified to identify the detection strategy with the strongest empirical evidence. In addition to these articles, 38 journal articles and resources were used to provide a broader context for depression and depression detection.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Evidence Grading

A1: Evidence from well-designed meta-analysis or well-done systematic review with results that consistently support a specific action (e.g., assessment, intervention or treatment)

A2: Evidence from one or more randomized controlled trials with consistent results

B1: Evidence from high quality evidence-based practice guidelines

B2: Evidence from one or more quasi experimental studies with consistent results

C1: Evidence from observational studies with consistent results (e.g., correlational descriptive studies)

C2: Inconsistent evidence from observational studies or controlled trials

D: Evidence from expert opinion, multiple case reports, or national consensus reports

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This guideline was reviewed by experts in research on detection of depression in older adults with dementia and in the development of guidelines. The reviewers suggested additional evidence for selected actions, inclusion of some additional practice recommendations, and changes in guideline presentation to enhance its clinical utility.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The grades of evidence (A1, A2, B1, B2, C1, C2, D) are defined at the end of the "Major Recommendations" field.

Individuals/Patients at Risk for Depression

The following characteristics increase the risk of major depression (American Psychiatric Association [APA], 2000). (*Evidence Grade = A1*).

- A prior episode of major depression
- Severe psychosocial events (stressors), such as death of a loved one, marital separation, divorce
- Chronic general medical conditions
- Substance dependence issues
- A family history of depressive disorders
- Being female
- Loss of independent functioning (Rovner & Ganguli, 1998)
- Acutely disabling conditions (e.g., stroke, myocardial infarction [MI]) (Alexopoulos et al., 1997; Lespérance, Frasure-Smith, & Talajic, 1996)
- Physical disability (Bruce et al., 1994)

Assessment Criteria

Any individual over age 60 should be screened for depression periodically. The American Geriatrics Society (AGS) recommends depression screening two to four weeks after admission to a nursing home and then repeated screening at least every six months after admission. In all nursing homes, residents should be screened at least every six months (AGS & American Association for Geriatric Psychiatry [AAGP], 2003; Snowden, Sato, & Roy-Byrne, 2003).

Depression screening every six months in older persons with dementia or as mandated by regulatory requirements.

Description of the Practice

The following assessment is a three-step procedure that can be used across health care settings to screen for the presence of depressive symptoms. This is a screening guideline, not a diagnostic process. Positive screens should be followed with a diagnostic evaluation by a skilled health care provider.

Implementation of the evidence-based guideline requires administration of the Mini-Mental State Exam (MMSE) (Folstein, Folstein, & McHugh, 1975), and either the Geriatric Depression Scale Short Form (SGDS) (Sheikh & Yesavage, 1986) or the Cornell Scale for Depression in Dementia (CSDD) (Alexopoulos et al., 1988) depending on level of cognitive functioning.

- The MMSE is a widely used cognitive functioning assessment that screens for dementia. Its short, ten-minute administration allows the administrator to quickly screen for cognitive deficits.
- The Geriatric Depression Scale (GDS) is a depression screening tool that takes about five minutes to administer and has been validated for community-dwelling, hospitalized, and institutionalized older adults (Koenig et al., 1988; Lesher & Berryhill, 1994; Sheikh & Yesavage, 1986).
- The CSDD is a depression severity tool that can also be utilized for screening. The tool has been validated to rate depressive symptomalogy over the entire range of cognitive impairment (Alexopoulos et al., 1988).

In order to implement this guideline, we first suggest that a series of five patients be assessed by the user with the supervision of a mental health expert (Cohen, Hyland, & Kimhy, 2003; Schnelle et al., 2001; Teresi et al., 2001).

Step 1: MMSE (Folstein, Folstein, & McHugh, 1975). (*Evidence Grade = C1*):

- Assess for cognitive impairment using the MMSE (See Appendix A.1 in the original guideline document).
    - If the patient scores 24 or above, you may need to refer to the Research Translation and Dissemination Core (RTDC) guideline *Detection of Depression in the Cognitively Intact Older Adult* (Piven, 2005). (See also the National Guideline Clearinghouse [NGC] summary of the RTDC guideline.)
    - If the patient scores below 24 on the MMSE, establish whether this reflects an acute change in mental status or rather the patient's baseline cognitive function or expected progressive mental status changes associated with Alzheimer's disease and other forms of

dementia. An acute change in cognition requires immediate medical attention.

- If score reflects baseline cognitive function or expected progressive mental status changes, continue with Step 2.

Step 2: Depression Screen:

- Depression screening can be conducted at various periods during a standard assessment. Particularly good opportunities present themselves after assessment of functional status, the experience of pain, or use of coping strategies.
    - If the patient scores 15 to 23 on the MMSE, administer the SGDS (See Appendix A. 2 in the original guideline document) (McCabe et al., 2006; Lesher & Berryhill, 1994; Sheikh & Yesavage, 1986). (*Evidence Grade = C1*).
    - If the patient scores below 15 on the MMSE, administer the CSDD (See Appendix A.3 in the original guideline document) (Alexopoulos et al., 1988). (*Evidence Grade = C1*).

Because many patients with dementia may be unable to reliably report emotional symptoms, the CSDD derives information from interviews with both the patient and an informant. This approach is consistent with the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, 2000: Fourth Edition, Text Revision (DSM-IV TR) (APA, 2000) where all sources of information are used as necessary to make a clinical judgment. Research has confirmed the value of informant reports of symptoms of depression when assessing older adult patients (McAvay et al., 2004). (*Evidence Grade = C1*). The informant should be a close family member or other individual who knows and has frequent contact with the patient (e.g., nurse, social worker, home health aide) (Alexopoulos, 2002).

Step 3: Referral

- Referral of positive screens
    - For SGDS scores of 6 or greater, notify primary health care provider of immediate need for further evaluation, treatment, or referral for clinically significant depression (i.e., probable or definite major depression).
    - For CSDD scores of 11 or greater, notify primary health care provider of immediate need for further evaluation, treatment, or referral for clinically significant depression (i.e., probable or definite major depression).
- Procedure for negative screens
    - For SGDS scores below 6, reassess individual in one month if clinically indicated. If not, perform screening process in six months.
    - For CSDD scores below 11, reassess individual in one month if clinically indicated. If not, perform screening process in six months.

Definitions:

Evidence Grading

A1: Evidence from well-designed meta-analysis or well-done systematic review with results that consistently support a specific action (e.g., assessment, intervention or treatment)

A2: Evidence from one or more randomized controlled trials with consistent results

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CLINICAL ALGORITHM(S)

A clinical algorithm is provided in the original guideline document for the detection of depression in older patients with dementia.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Improvement in detection of depression in older adults with dementia

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This is a general evidence-based practice guideline. Patient care continues to require individualization based on patient needs and requests.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Process Indicators

Process Indicators are those interpersonal and environmental factors that can facilitate the use of a guideline. One process indicator that can be assessed with a sample of nurses and/or health professionals is knowledge about detection of depression in older adults with dementia. The **Detection of Depression in Older Adults with Dementia Knowledge Assessment Test** (See Appendix B in the original guideline document) should be assessed at two time points: first before and then following the education of staff regarding use of this guideline.

The same sample of nurses and other health professionals for whom the knowledge assessment test was given should also be given the **Process Evaluation Monitor** (See Appendix C in the original guideline document) approximately one month following their use of the guideline. The purpose of this monitor is to determine their understanding of the guideline and to assess available support for carrying out the guideline.

Other process indicators can be used to evaluate available support and use of the guideline. For example, one method is use of chart audits to evaluate inclusion and use of recommended assessment or evaluation forms.

Outcome Indicators

Outcome indicators are those expected to change or improve from consistent use of the guideline. The major outcome indicators that should be monitored over time are:

- Increasing percentage of patients receiving a mental health referral for depression.
- Increasing recognition of depression symptoms in patients with dementia.
- Improved detection, treatment, and course of depression in normal practice.

The **Detection of Depression in Older Adults with Dementia Monitor** described in Appendix D in the original guideline document is to be used for monitoring and evaluating the usefulness of the Detection of Depression in Older Adults with Dementia guideline in improving outcomes of patients with depression and dementia. **Please adapt this outcome monitor to your organization or unit and add outcomes you believe are important**.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators
Chart Documentation/Checklists/Forms
Clinical Algorithm

Resources
Staff Training/Competency Material

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Jun

GUIDELINE DEVELOPER(S)

University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core - Academic Institution

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GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print and CD-ROM copies: Available from the University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core, 4118 Westlawn, Iowa City, IA 52242. For more information, please see the University of Iowa Gerontological Nursing Interventions Research Center Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The appendices to the original guideline document contain a variety of implementation tools, including assessment and screening tools, a knowledge assessment quiz, and process and outcomes monitors.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI Institute on August 31, 2007. The information was verified by the guideline developer on September 17, 2007.

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