

DEPRESSION IN THE ELDERLY

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RATIONALE

The purpose of the study was to investigate depression in the elderly who present at the emergency department (ED) with complex physical health and social problems.

Approximately one third of all patients who present to the ED at St. Vincent's Health are aged 65 years and over.

The problems with which this age group present at the ED are often associated with underlying or pre-existing conditions, including depression. Depression in the elderly has been linked to social isolation, carer stress, multiple health problems and barriers to effective access to community resources. The appropriate management of depression in the elderly requires an integrated approach across a continuum of care, from initial presentation, to referrals and linkages with primary care and community resources.

AIMS

- To implement a protocol for the identification and management of depression in elderly patients with multiple problems who present to the emergency department at St.Vincent's Health.
- To integrate a management protocol focused on an assertive outreach program, linking patients and carers with primary and community care resources, into existing integrated care programs at SVH.



RESEARCH DESIGN

Experimental pre-test, post-test design to evaluate the process and outcome of an assertive outreach depression management model.

METHODOLOGY

Participants:

Elderly males and females aged 65 years and over recruited in the emergency department at St Vincent's Health

Procedure:

- 1) Elderly ED attenders are screened for depressive symptoms
- 2) Both positive and negative depression screen participants complete an established depression questionnaire
- 3) Positive screen participants randomised into "intervention" or "control" groups. Both groups complete a semi-structured interview to assess social functioning, carer support, quality of life. The Intervention group receives a depression intervention focused on providing support, linkage to the general practitioner and community resources and telephone tracking. The Control group receives "usual service".

RESULTS

During a four month period, sixty-seven patients have been screened for depression in ED. Fourteen patients (approx. 20%) have screened positive for depression and eight of these patients have been recruited into the study (4 in each group, intervention and control). Six positive screen patients and 8 negative screen patients have refused consent. 517 patients have been excluded from the research study for the following reasons:

- > Non-English speaking (N = 271)
- > No GP (N = 88)
- > Psychiatric history (N = 81)

Medical problems affecting one's ability to participate (e.g. dysphasia, deafness, intellectual impairment) (N = 77)

DESCRIPTIVE ANALYSIS

Age: The mean age of participants is 76.58 (SD = 7.42)

Gender : 71.2% of patients are female, 28.8% male

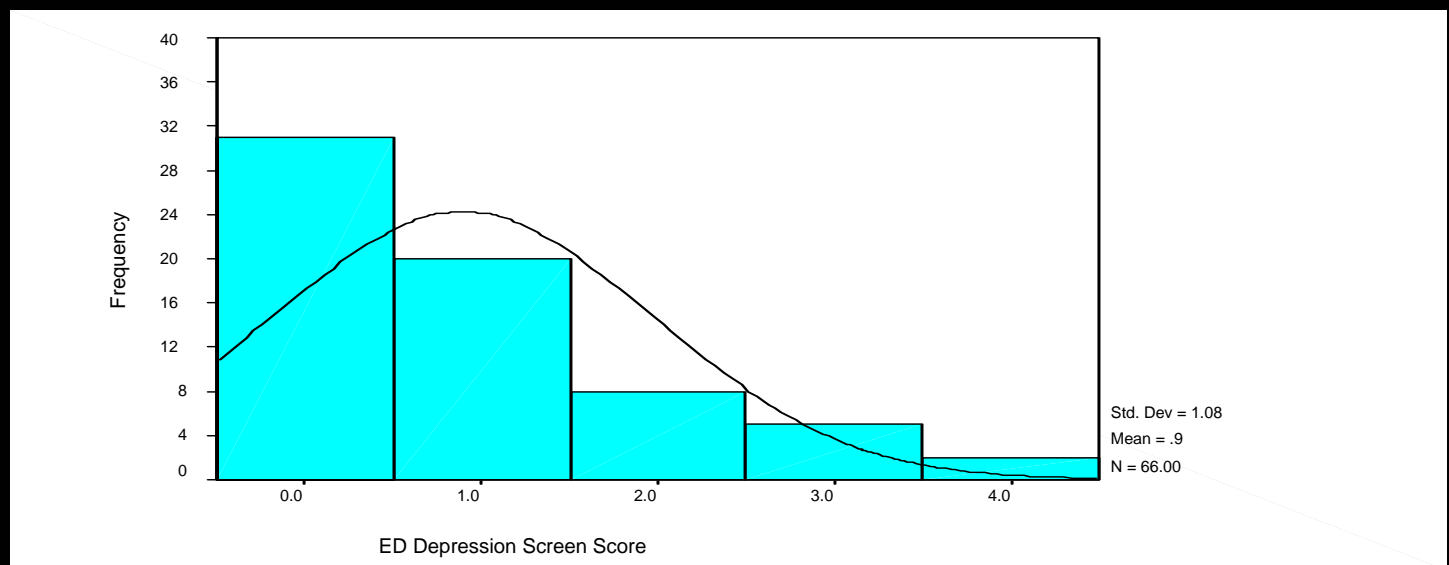
Country of Origin : 48.5% of the participants recruited were born in a country other than Australia

DEPRESSION SCREENING MEASURE SCORES

1 - Screened population

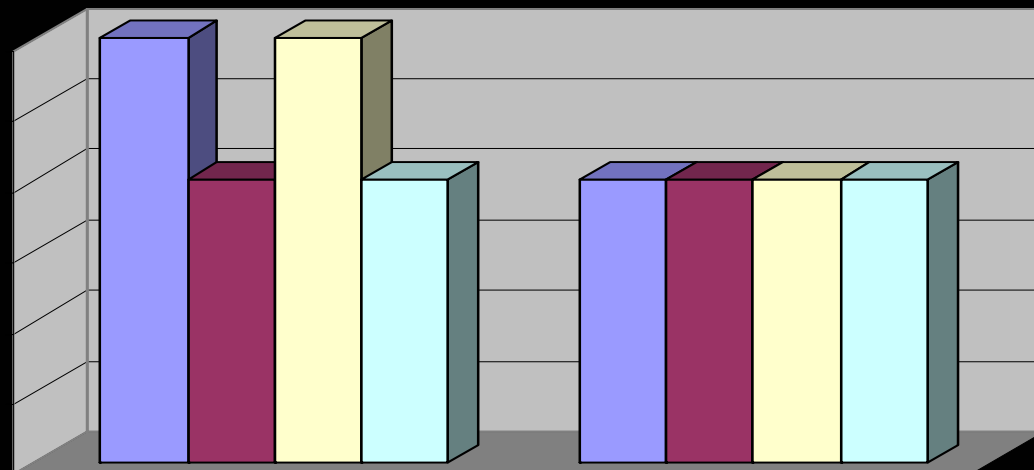
A score of 2 or more out of 4 indicates depression.

The overall (N = 66) mean score for the depression-screening tool is 0.9 (SD = 1.08).

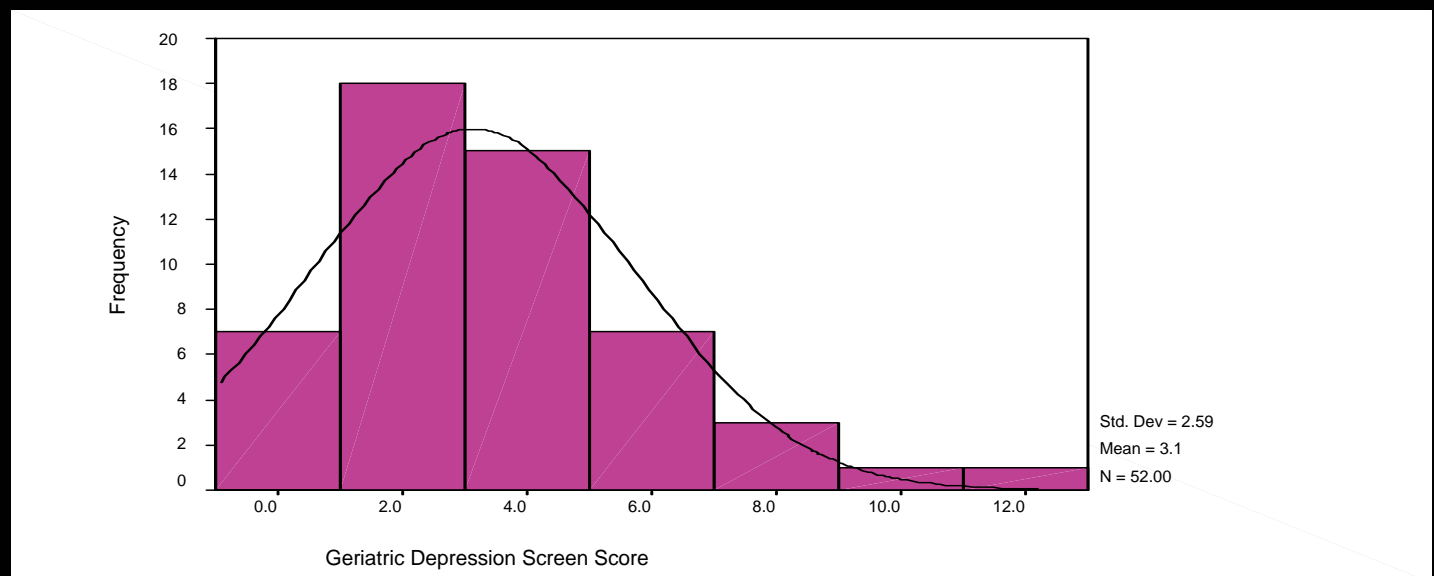


Intervention and control groups

For the Intervention group, the mean score for the depression-screening tool is 2.5 (SD = 0.58) and in the Control group, the mean score for the depression-screening tool is 2.0 (SD = 0)



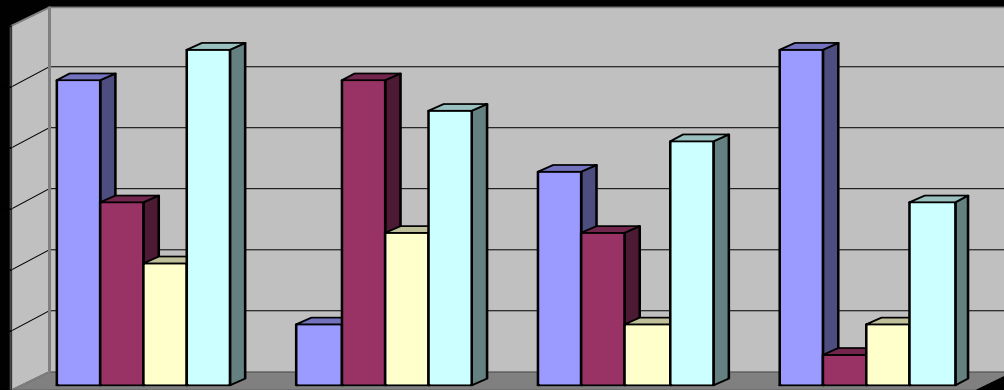
- A score of 6 or more out of 15 indicates depressive symptoms
1- Screened Population
The overall (N = 52) mean score for the GDS tool is 3.13 (SD = 2.59)



2 - Experimental and Control Groups

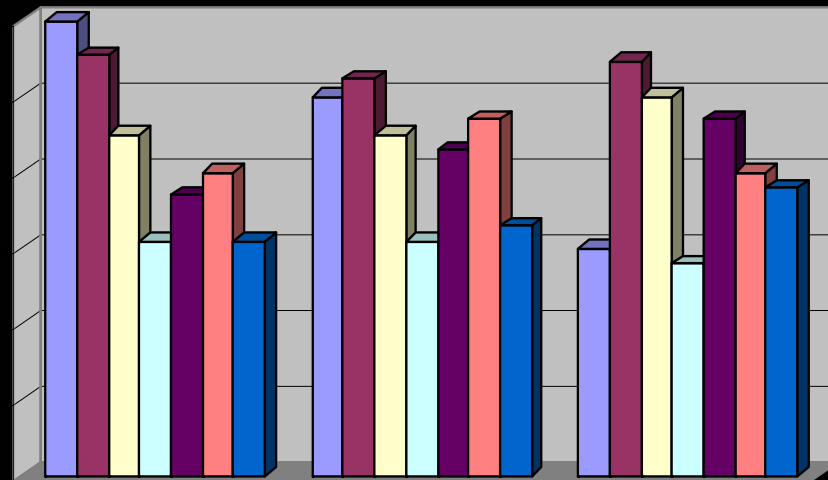
For the Intervention group, the mean score for the GDS is 7.75 (SD = 3.30)

For the Control group, the mean score for the GDS is 5.50 (SD = 2.65)



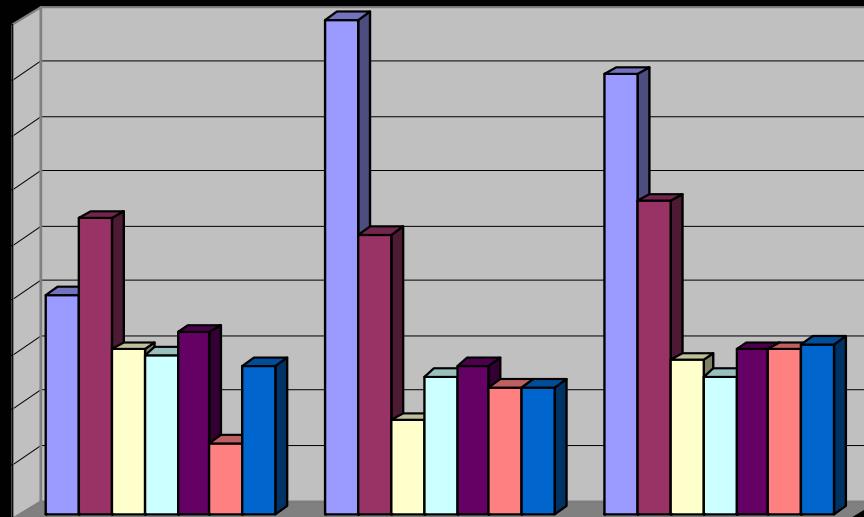
CASE STUDIES

Case Study 1: 72 yr old male, with cardiomyopathy & diabetes



■ Depression ■ Quality of Life ■ Tangible Social Support
■ Emotional Social Support ■ Affectionate Social Support ■ Positive Social Interaction
■ Overall Functional Support

Case Study 2: 67 yr old female, with sciatica & diabetes



■ Depression ■ Quality of Life ■ Tangible Social Support
■ Emotional Social Support ■ Affectionate Social Support ■ Positive Social Interaction
■ Overall Functional Support

QUALITATIVE THEMES

Depression appears to be a reaction to multiple medical problems and decreased mobility
Patients experience a mild to moderate depression and sadness at their restricted life style
Patients express frustration at not being able to do what they like to, due to reduced mobility and make the claim that they would lead normal happy lives if mobile
Patients describe their mood as "flat", "down" "weak" "very bad" and never use the terms "sad" or "depressed"
Living alone with few social supports available results in loneliness and social isolation. Social supports appear to be important in managing depression, yet socializing outside of family life appears to be less important to patients' general well-being.
Patients enjoy being retired and use public transport with no problems around service or accessibility
Patients are dissatisfied or have mixed feelings about their financial situation with the common comment that "it's hard to make ends meet" or "the pension doesn't go very far"
Nutrition appears to be poor with most patients describing themselves as not feeling hungry
Health care staff are generally described as "wonderful", with patients frustrated at lengthy waiting times.
Patients really don't describe any other factors related to their depressive symptoms other than their multiple medical problems
In several cases in both the intervention and control groups carers expressed a degree of burden and described a lack of community support
Feelings of worthlessness and hopelessness are mixed with, 62.5% of the positive screens recruited not feeling worthless, yet 62.5% feeling that their situation is hopeless.

DISCUSSION

The results suggest that those elderly who scored positively on the depression scale expressed their feelings of depression as related to their medical condition, associated reduced mobility and poor quality of life. Social isolation appears to be a contributing factor as well as their individual financial circumstances.

Health professionals need to be educated around "ageist" attitudes and the assumption that depression is a "natural" consequence of ageing. (This study demonstrates that only 20% of the elderly population screened in emergency scored positively on the GDS.) An ageist attitude could impact adversely on the services offered to those elderly who screen positively for depression, yet are not receiving adequate medical and social care.