Today’s Presentation

- Overview of geriatric depression
- Depression Assessment Referral Treatment

- Protocol of D.A.R.T. Training program for:
  - depressed older homebound adults

- D.A.R.T. – for Homecare Agencies
Major Depression is underdiagnosed in older adults?

1. True
2. False

Subthreshold Depression is serious in older adults?

1. True
2. False
In the U.S. the suicide rate is higher in Younger vs Older Adults

1. Yes
2. No

% Older Women--Living Alone

AGE 65 - 74

AGE 75+

Male
Female
Medical Conditions - Risk Factor for Depression

(ranges 3.5% - 13% after new diagnosis)

- Hypertension
- COPD
- Cardiac Disease
- Cancer
- Diabetes
- Arthritis

Mean Number of Physician Visits (yr)
Highest among Person 65+

75% of all homecare patients are 65+

- 85+: 15
- AGE 65-84: 11.4
- 45-64: 7.2
Maj Depression in Older Adults

<table>
<thead>
<tr>
<th>Com</th>
<th>PC</th>
<th>Hhealth</th>
<th>Ast</th>
<th>NHome</th>
<th>Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>9</td>
<td>14</td>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>

- Low
- High

Mental Health Needs of homebound Older Adults

- Priority target for improved access and tx
- Low Screening rates for depression
- Low treatment rates
- Lack of use of EB psychotherapeutic txs
- Sub-optimal doses of medications
Consequences if Untreated

- Impacts overall health status
- Functional decline
- Increased risk of mortality
- Treatment adherence
- Impedes treatment recovery
- Increases use of medical care, ER, & risk of hospitalization

Home Health Sector

- Diverse medically frail pt. population (8 m)
- Frequently isolated & limited care access
- High medical cost group (1.3 b/yr)

- Strategy to reduce costs & access barriers for depressed homecare patients:

D.A.R.T. Training includes Depression Care Treatment
Depression Assessment Referral Treatment (D.A.R.T. Program)

In-Home
Chronic Illness
Communication flow
Brief Psychotherapy
Medication
Sustainability

Integrated Depression Care Manager

Homecare Older Adults

RN-Depression Screen/Referral

PCP Office

DART Training Program: Components

1. Depression Screening
2. Depression Referral
3. Integrated Service with HHC & PCP
4. Deliver EBP PST Tx for Depression
5. Evaluate clinical outcomes
Integrated Model of Depression Tx

*Common Elements*

1) Mental health is co-located in HHC setting
2) Depression care provided by trained therapists (MSW, RN)
3) Communication between PCP & MH
4) Pt. sees MH therapist with rapid referral

---

Depression Training Themes

- prevalence of problem in population
- Depression screening protocol
- provide EB service delivery to an aging population
- Homecare is well-positioned to help depressed older adults
Prevalence of Subthreshold Depressive Symptoms in Later Life

- More prevalent in women than men
- Anhedonia is a risk factor-suicidal ideation

Prevalence of Depression (N=584)

- Major Depression (n=42) 7.2%
- Subthreshold depression) (n=157) 26.9%
- Non-Depressed (n=385) 65.9%
Depression in Older Adults
Impact on Outcomes & QoL

- Adverse Events & Disease Outcomes
  - Fall, Injury, Hospitalization
  - Heart Attack
- Increased Mortality Rates
  - MI
  - Suicide

Depression Risk Factors

- Female gender
- Sleep disturbance
- Disability
- Prior history of depression
- Bereavement. (Recent loss or severe stress)
Other Risk Factors

- Family history of mental illness/suicidal behavior.
- Unexplained somatic symptoms.
- History of self-medicating.
- Chronic/major medical illness.
  - Stroke, heart disease, AIDS, cancer, diabetes, chronic pain

OAs may show signs/symptoms:

- D Depressed Mood
- E Eating behavior changes
- P Physical complaints
- R Rumination
- E Energy loss
- S Suicidal ideation and/or plans
- S Little sleep or too much sleep
- I Isolation (Lack of Social Support)
- O Omission/reduction of pleasurable activities
- N Negativity in relation to self, others, future
Medications that Can Mimic Depression

- Sedatives, sleeping pills, anti-anxiety meds
- Beta blockers and other anti-hypertensives
- Steroids
- Tagamet

Steps in Depression screening:

1) Explain the purpose for DEP screening (OASIS)

2) Administer and score the PHQ-2. If DEP screen is +, complete PHQ-9 diagnostic tool

3) Treatment referral for further assessment to:
   (a) MSW / Psych RN for depression care/PST
   (b) patient’s PCP for antidepressant medication
DART Training for Tx Referral

What to say to patient

What to communicate to PCP

What to communicate to MSW/ Psych RN (handoff)

Approaching the Topic of Depression with the Older Adult

- How are things at home?
- How have you been coping?
- How are you handling things?
- Have you had any stress lately?
Discuss your concerns with patient

✓ It is very common
✓ It is a medical illness
✓ It is very treatable
✓ You can feel better

Depressed Group vs. Non-Depressed Group: PHYSICAL STATUS (p<.05)
DART Training: 
PST-HC Intervention

- integrated depression care model for HC & PCP to reduced depressive sx in medically ill homecare elderly

- Nurses screen all homebound older adults (65 yrs+) for depression using PHQ-9

- referral to RN/MSW → provide six weekly home-based sessions of Problem Solving Therapy in Home Care (PST-HC).

Why PST intervention?

- Empirically tested EBP for depression

- Brief therapy

- Manualized and replicable

- Safe & practical for older persons
Scientific Evidence for PST

- Reviewed literature on PST for depression (Gellis & Kenaley, 2007)
- Randomized Trial Design – Gold Standard
- 23 studies (1989-2006)

Mean Scores for Depression HAM-D (n=241)

![Mean Scores Chart](chart.png)
### Evidence Base
**Depression Treatment Outcomes**

- PST superior to waitlist, UC
- PST v alternative psychosocial treatments
- PST superior to supportive therapy
  - PST superior to reminiscence therapy
  - PST superior to telephone support
  - PST superior to psychoeducation
- Significant effects up to 12 months

### DART Training for PST

- Describe PST treatment for depression
- Develop knowledge / clinical skills
- Practice skills
- Telephone supervision
PST Significance

- PST can treat geriatric depression by:
  - improving ability to cope
  - teaching problem solving skills for recognizing & dealing with daily stressors and life events
  - targeting the behavioral deficits that patients need to work on for daily adaptation to their disability

A.D.A.P.T.
5 Steps in PST Depression Treatment

1) **Adopt** positive **attitude** toward problem to solve

2) **Problem Definition** / Set Realistic Goal

3) Generating **Alternative** Options (Brainstorming)

4) Choose the best possible solution (**predict** the +ve & -ve consequences for each solution)

5) **Try** it out / Evaluate action plan to solve problem
Problem Solving Therapy
Introduction & Rationale

- Socialize and educate older adult
  - The “Problem Solving” model uses a rational approach to solving problems in everyday life

- Introduce the PST session format
- 5 major components

- Stress and coping are related depressive symptoms (Use Depression Education materials-see forms)

Step 1. Problem Solving Orientation
Problem Solving Style

- PST uses therapeutic process & consists of:
  (1) Problem Solving Orientation”
    - Adopting a positive optimistic problem solving attitude

  (2) Problem-solving style”
    - (a) Rational; (b) Impulsivity/Carelessness; (c) Avoidance
Problem Solving Style (example)

(a) Rational
"When making decisions, I think carefully about my options"

(b) Impulsive
“When I’m trying to solve a problem, I often rely on instinct with the first good idea that comes to mind”

(c) Avoidance
“I try to avoid trouble with others in order to keep problems to a minimum”

Step 2a. Define the Problem

- Use Problem List Form
  - Identify current daily living problems
  - Describe in objective terms

- Get the facts (W-5); problem explored, clarified

- Prioritize and choose 1-2 problems
  - connect daily problems to depressive symptoms
Examples of Case Problems

1) **Physical Health**: aches and pains, or specific health condition leading to problems with functioning

2) **Functioning**: can’t “get out”, “get up and around”, do household chores, or do things “I want to do”

3) **Emotional Well-Being**: grief, being “lonely”, memory/thinking problems, worries about personal fate, or boredom

4) **Money/Finances**: paying bills, paying for medications, pension/social security problems or “not having enough money”

---

Examples of Case Problems

5) **Family**: relations, complaints, guilt, worries, or “wanting more” contact

6) **Frustrated with Medical Care**: obtaining care, treatment side effects, and provider interactions

7) **Getting Help**: “dependent on others” or needs more help from others

8) **Frustrated with Housing**: physical surroundings, repairs, housing managers or apartment residents
Step 2b. Set a Realistic Goal

- Goal follows from identified problem; set by client
- Reasonable, realistic, achievable, measurable?
- Describe goal in behavioral / action terms

Step 3. Generate Alternative Solutions

- Find solutions that may work
- Use PST Session Form
- Use Brainstorm technique
  - Generate as many options as possible
  - Quantity is good
  - Withhold judgment
Step 4. Predict the Pros & Cons

- Evaluate all the solution options generated
- Each solution has its advantages & disadvantages
- Examine each solution and mark the Pros & Cons
- Try to predict with the client the consequences of each option

Step 4. Predict the Pros & Cons

NEXT:

- Therapist can use the following Criteria Form (pg.31):
  – “How to Choose the Best Solution”
- Decide which solution(s) to carry out
Step 5. Try The Solution Out

- This will help verify whether the problem is
  - (a) resolved or not
  - (b) need to refine problem solving skills

- Implement the solution and evaluate
  - Client can self-evaluate
  - Evaluate together in next session (homework) (pg 37)

- Focus on the positive consequences
- Reward by self and by therapist for trying out

PST tasks

Components include:

- Choose activities (Behavioral Activation)
- Try out solution, observe & monitor
- Review progress & assess social network
Summary of D.A.R.T. Training Program

- Improves diagnostic skills
- Improves routine care in HHC
  - Screening, referral, depression care treatment
- Provides EB PST intervention
- Educates older adults for better self-care management
- Achieves improved outcomes:
  (cost-related, depression, social functioning, problem solving, satisfaction)

DART Training Team

Bonnie Kenaley, Ph.D.
Jean McGinty, MSN
Linda Tierney, RN
Jean Burton, MSW
Cindy Jordan, MSW
Elizabeth Misener, Ph.D.
Ellen Bardelli, RN
Tom TenHave, PhD*
Zvi D. Gellis, Ph.D.
Thank you

zgellis@upenn.edu

Questions