

Mental health consultations for nursing home residents with dementia and depression

Kate McSweeney and Daniel O'Connor
Aged Mental Health Research Unit
Kingston Centre



MONASH University

Depression prevalence

High rates of depression in NHs

- 10% major depression
- 25% “significant depressive symptoms”

Study limitations

- Mood questionnaires
- Residents with dementia excluded
- Cross-sectional

Depression natural history

- Skilled clinician assessed new residents using Cornell Scale for Depression in Dementia
- 25% DSM-IV major depression at 1 month
- Little change over 6 months
- Poorly targeted antidepressant medications

Antidepressant medications

- Of 166 new NH residents, 30% on antidepressant
- Over 6 months, antidepressants started 6%, switched 2%, stopped 1%
- Similar pattern for antipsychotics
- Lower rates, and higher stop rates, for benzodiazepines

Managing depression

Practical difficulties

- Diagnostic issues
- Limited information
- Uncertain outcome

Likely best approach

- Active listening
- Pleasant events
- Pain relief
- Antidepressant medication

Cornell Scale for Depression in Dementia

Alexopoulos et al., 1988

Clinician-administered ratings of:

- Mood-related signs (e.g. anxiety, sadness)
- Behavioural disturbance (e.g. agitation, retardation)
- Physical signs (e.g. anorexia, anergia)
- Cyclic function (e.g. diurnal variation in mood, insomnia)
- Ideational disturbance (e.g. pessimism, suicide)

Cornell Scale for Depression in Dementia

Alexopoulos et al., 1988

Information collected via:

- Interview with resident
- Interview with staff and family, chart review

Signs rated as absent, mild or intermittent, severe in previous week

Score $\geq 8/38$ suggests significant depressive symptoms

Adequate psychometrics

Questions

What amount of change follows from:

- Multi-disciplinary specialist mental health consultations to residents with both dementia and major depression
- Care delivered by GP and nursing home staff
- Negotiated, individualized psychosocial and/or pharmacological strategies

Intervention study

- 15-week controlled trial of “real world” specialist mental health consultations
- Screened 389 residents in 20 facilities using Cornell Scale for Depression in Dementia
- 44 residents with both dementia and DSM-IV major depression
- Facilities randomized to specialist intervention or usual care

Data gathering

- Cornell Scale for Depression in Dementia
- Rating Anxiety in Dementia (RAID) and BEHAVE-AD
- Psychiatric history, medical history, pain and other nursing assessments, medications
- Personal background, family circumstances, interests and aptitudes,
- → Camberwell Assessment of Unmet Need

Intervention

Psychosocial intervention

- Negotiated “packages” of individualized activities, pleasant events, stress reduction, one-to-one listening

Antidepressants

- Recommended starting or changing antidepressant medication as per protocol

Implementation

Psychosocial interventions

- 16 sets of recommendations
- Implemented: all 37%, one or more 84%

Antidepressants

- 14 recommendations: Start 4, increase dose 3, switch 7
- Implemented: 59% (19% controls)

Groups

	Intervention (n=17)	Control (n=22)	P
Residency (months)	22.1	40.9	0.02
Medical conditions	6.5	7.7	
MMSE	6.7	11.8	0.04
CSDD	14.7	14.8	
RAID	10.5	15.4	0.02
Antidepressant	67%	65%	

Results

	Intervention (n=17)	Control (n=22)	Adjusted P *
CSDD	9.5	14.7	0.03
Diagnosis	24%	50%	

* Co-variates: Pre-intervention CSDD and RAID scores
Partial $\eta^2 = 0.13$

Ways forward

- Nursing “change champions”
- CSDD in ACFI
- Annual pharmacy reviews

Publications

McSweeney K, O'Connor DW. Depression amongst newly admitted Australian nursing home residents. *International Psychogeriatrics* 2008, 20 (4), 724-737.

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McSweeney K, Jeffreys A, Griffith J, Plakiotis C, Kharsas R, O'Connor DW. Specialist mental health consultation for depression in Australian aged care residents with dementia (*submitted for publication*)