



# Depression & Dementia

For Caregivers

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School of Medicine, University of Hawaii

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# Learning Objectives:

At the end of the presentations, the participant will:

- Know the prevalence of depression in older adults with dementia
- Understand the relationship between dementia and depression.
- Be able to look for signs of depression among older adults with dementia.
- Learn how to use Behavioral Activation to help manage depression
- Collaborate with the doctor regarding antidepressant monitoring

# What is Depression?

- ▶ Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.
- ▶ Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed.
- ▶ It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

American Psychiatric Association: [https://psychiatry.org/patients-families/depression/what-is-depression#section\\_1](https://psychiatry.org/patients-families/depression/what-is-depression#section_1)

# How Common is Depression in Older Adults?

- ▶ 6%– 9% of older adults in outpatient clinics
- ▶ 10- 12% of hospitalized older adults
- ▶ 14%–42% of nursing home residents

- Blazer DG. Depression in late life: Review and commentary. *J. Gerontol. A Biol. Sci. Med. Sci.* 2003;58:249–65.
- Djernes JK. Prevalence and predictors of depression in populations of elderly: A review. *Acta Psychiatr. Scand.* 2006;113:372–87.

# How Common is Depression in Persons with Dementia?

May be due in part to:

- Neuronal damage
- Psychological reaction to diagnosis and impairments

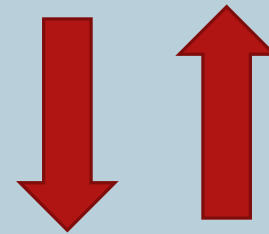
- ▶ Higher prevalence of depression among patients with Dementia (20-40%)
  - ▶ No Dementia (8.6%)
  - ▶ Alzheimer's (20-30%)
  - ▶ Mild Cognitive Impairment (20%)
  - ▶ Diffuse Lewy Body Dementia (30%)
  - ▶ Vascular Dementia (44.1%)
- ▶ Higher prevalence of depression among patients with Parkinson's Disease (15-20%)

- Enache, et al. Depression in Dementia: Epidemiology, Mechanisms, and Treatment. *Curr Opin Psychiatry*. 2011; 24(6):461-472
- Reijnders JS, Ehrt U, Weber WE, Aarsland D, Leentjens AF. A systematic review of prevalence studies of depression in Parkinson's disease. *Mov. Disord*. 2008;23:183-9.

# Which comes first...?

- ▶ A diagnosis of depression may be an early sign of early-stage dementia
- ▶ Mild Cognitive Impairment and mild Dementia should be monitored for progression.

Just as People with Dementia have higher rates of Depression



People with Depression are at higher risk for developing Dementia and progression

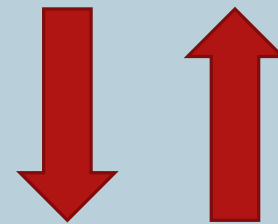
(Richard E, et al. JAMA Neurol 2013)

# Impact of Depression

Disability

People with Disabilities in Cognition, Mobility, Vision, Hearing, and Self Care are more likely to feel depressed.

(Xiang X, et al. Aging Ment Health 2020)



People with persistent elevated depressive symptoms have an increased risk for functional disability (OR 5.27 over 4 years).

(Lenze, et al JAGS 2005)



# Risk Factors for Depression in Older Adults

- Medical
- Lifestyle
- Psychosocial environment

- Medical conditions, such as stroke or cancer
- Genes – people who have a family history of depression may be at higher risk
- Functional limitations that make engaging in activities of daily living difficult
- Stress, including caregiver stress
- Sleep problems
- Lack of exercise or physical activity
- Social isolation and loneliness
- Addiction and/or alcoholism —included in Substance-Induced Depressive Disorder

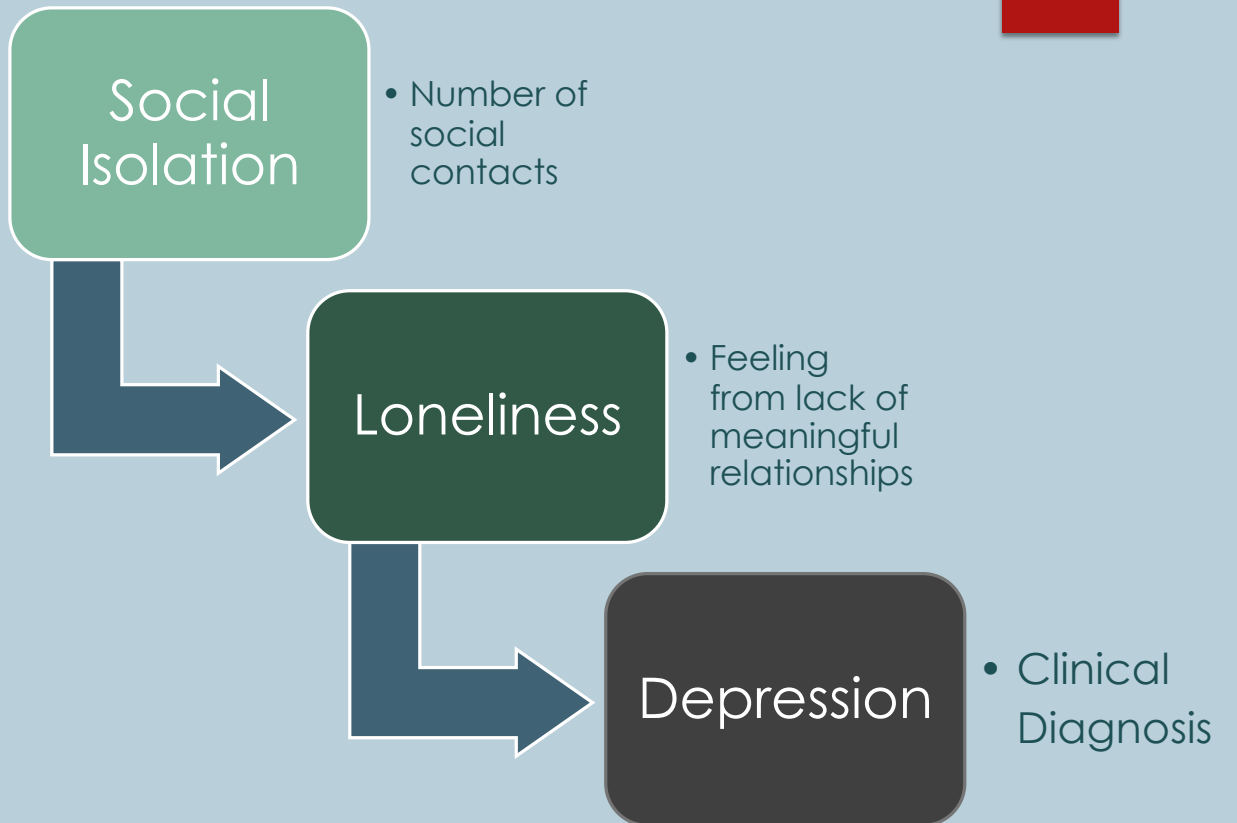
<https://www.nia.nih.gov/health/depression-and-older-adults>

# Other Consequences of Depression

## Morbidity & Mortality

- ▶ People with Depression are more likely to develop Cardiovascular Disease (High Blood Pressure, heart attack, heart failure, stroke) and Diabetes, which lead to higher mortality. (Hare D, et al. Eur Heart J. 2014)
- ▶ Depression increases Suicide risk
  - ▶ One fourth of all suicides occur in persons over 65 years old
  - ▶ Suicide risk is increased among people recently diagnosed with mild cognitive impairment or dementia. (Gunak, MM, et al. JAMA Psychiatry 2021).
  - ▶ Suicide risk is also increased within 3 months of moving to nursing home. (Temkein-Greener, et al. Am J Geriatr Psychiatry. 2020).

# Impact of the COVID-19 Pandemic



# Impact of the COVID-19 Pandemic

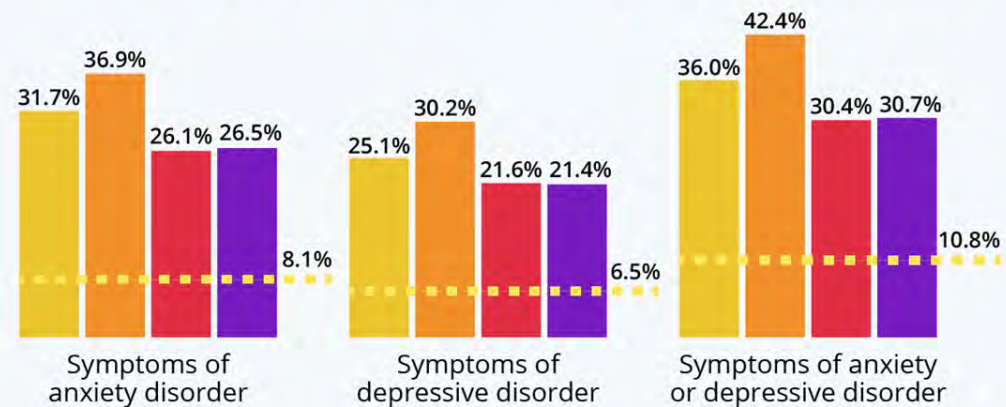
- ▶ About 15-20% increase in Depression Symptoms

Due to Psychosocial situations

## Pandemic Causes Spike in Anxiety & Depression

% of U.S. adults showing symptoms of anxiety and/or depressive disorder\*

2019 Jun 2020 Dec 2020 Jun 2021 Dec 2021



\* Based on self-reported frequency of anxiety and depression symptoms. Derived from responses to Patient Health Questionnaire (PHQ-2) and the Generalized Anxiety Disorder (GAD-2) scale.

Sources: CDC, NCHS, U.S. Census Bureau



statista

# How do we Diagnose Depression?

- ▶ Depression symptoms can vary from mild to severe.
- ▶ Depression is very treatable:
  - ▶ “Talk Therapy”
  - ▶ Anti-depressants

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns     +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).    TOTAL:

5-9 mild  
10-14 moderate  
15-19 mod-severe  
20-27 severe

# Challenges in Dementia

## Self-reporting:

- May not be accurate
- May have trouble describing their feelings

## Depression & Dementia Symptoms Overlap:

- Poor concentration
- Forgetful
- Lack of motivation
- Not doing usual activities they once enjoyed
- Self-neglect
- Slow-moving
- Sleep disturbances

## Medical Illness and medication side effects can also cause:

- Fatigue
- Trouble sleeping
- Decreased appetite

# What about for persons with Dementia?



## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
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add columns: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

(Healthcare professional: For interpretation of TOTAL, TOTAL: \_\_\_\_\_  
please refer to accompanying scoring card).

# Challenges in Older Adults

## Different Presentation:

- Don't talk about emotional pain
- Just more irritable.
- More somatic complaints
  - Aches and Pains
  - Headaches & Dizziness
  - Stomach complaints
- Other Clues:
  - Frequent MD calls or visits
  - Slow rehab

...and often seen as "just getting old"



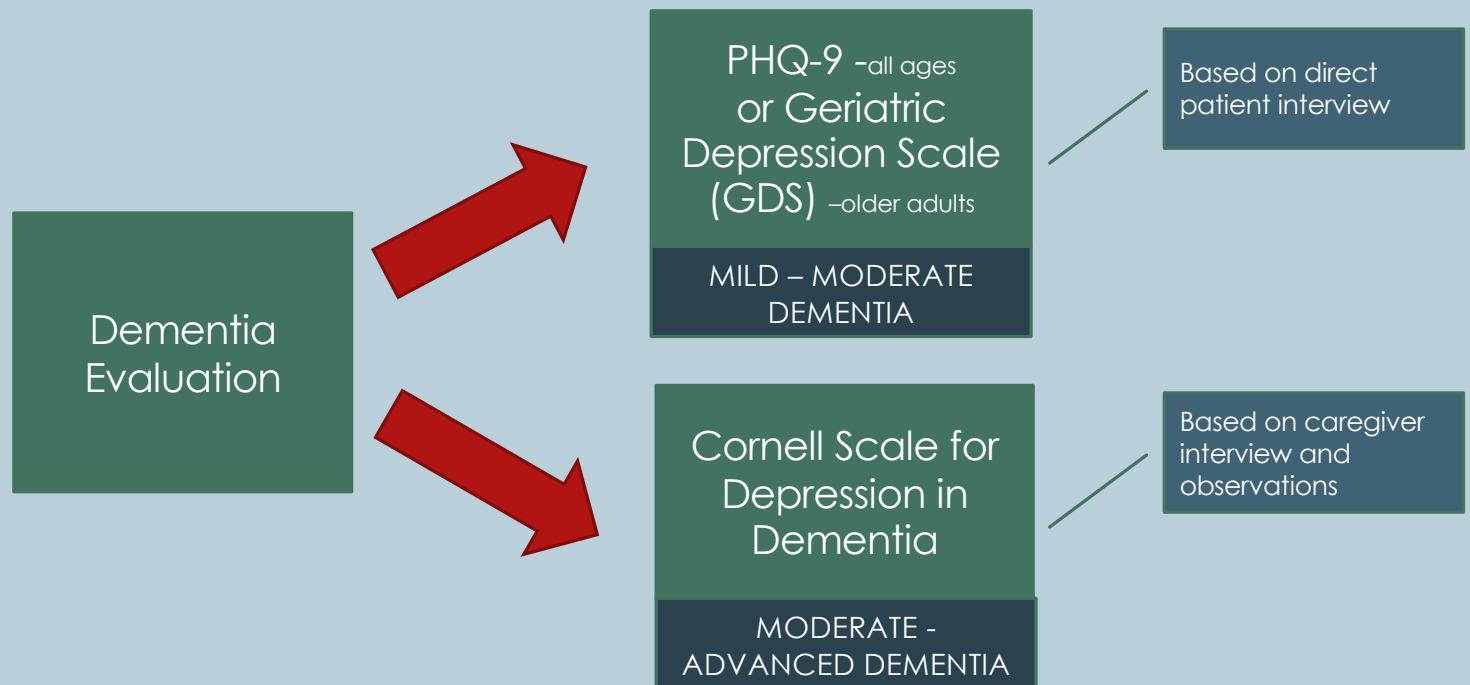
I'm NOT  
depressed



I'm just getting old...



# Screening Strategy :



# Geriatric Depression Scale (GDS)

Simpler, just YES/NO answers

Takes 5 minutes

Asks a lot about different feelings

## Geriatric Depression Scale (Short Form)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Choose the best answer for how you felt over the past week.

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	Yes / No	
2.	Have you dropped many of your activities and interests?	Yes / No	
3.	Do you feel that your life is empty?	Yes / No	
4.	Do you often get bored?	Yes / No	
5.	Are you in good spirits most of the time?	Yes / No	
6.	Are you afraid that something bad is going to happen to you?	Yes / No	
7.	Do you feel happy most of the time?	Yes / No	
8.	Do you often feel helpless?	Yes / No	
9.	Do you prefer to stay at home, rather than going out and doing new things?	Yes / No	
10.	Do you feel you have more problems with memory than most?	Yes / No	
11.	Do you think it is wonderful to be alive?	Yes / No	
12.	Do you feel pretty worthless the way you are now?	Yes / No	
13.	Do you feel full of energy?	Yes / No	
14.	Do you feel that your situation is hopeless?	Yes / No	
15.	Do you think that most people are better off than you are?	Yes / No	
TOTAL			

### Scoring:

Assign one point for each of these answers:

- |        |        |        |         |         |
|--------|--------|--------|---------|---------|
| 1. NO  | 4. YES | 7. NO  | 10. YES | 13. NO  |
| 2. YES | 5. NO  | 8. YES | 11. NO  | 14. YES |
| 3. YES | 6. YES | 9. YES | 12. YES | 15. YES |

A score of 0 to 5 is normal. A score above 5 suggests depression.

### Source:

- Yesavage J.A., Brink T.L., Rose T.L. et al. Development and validation of a geriatric depression screening scale: a preliminary report. J. Psychiatr. Res. 1983; 17:37-49.

The Geriatric Depression Scale (GDS) is a depression screening tool validated for community-dwelling, hospitalized, and institutionalized older adults (Koenig, Meador, Cohen, Blazer, 1988; Leshner, Berryhill, 1994; Sheik, Yesavage, 1986).

# Cornell Scale for Depression in Dementia (CSDD)

Looking more at

- Mood
- Behaviors
- Physical signs
- Sleep
- Negative thoughts

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE \_\_\_\_\_

## Cornell Scale for Depression in Dementia

*Ratings should be based on symptoms and signs occurring during the week before interview. No score should be given if symptoms result from physical disability or illness.*

**SCORING SYSTEM**

a = Unable to evaluate    0 = Absent  
1 = Mild to Intermittent    2 = Severe

**Score greater than 12 = Probable Depression**

**A. MOOD-RELATED SIGNS**

	a	0	1	2
1. Anxiety; anxious expression, rumination, worrying				
2. Sadness; sad expression, sad voice, tearfulness				
3. Lack of reaction to pleasant events				
4. Irritability; annoyed, short tempered				

**B. BEHAVIORAL DISTURBANCE**

	a	0	1	2
5. Agitation; restlessness, hand wringing, hair pulling				
6. Retardation; slow movements, slow speech, slow reactions				
7. Multiple physical complaints (score 0 if gastrointestinal symptoms only)				
8. Loss of interest; less involved in usual activities (score 0 only if change occurred acutely, i.e., in less than one month)				

**C. PHYSICAL SIGNS**

	a	0	1	2
9. Appetite loss; eating less than usual				
10. Weight loss (score 2 if greater than 5 pounds in one month)				
11. Lack of energy; fatigues easily, unable to sustain activities				

**D. CYCLIC FUNCTIONS**

	a	0	1	2
12. Diurnal variation of mood; symptoms worse in the morning				
13. Difficulty falling asleep; later than usual for this individual				
14. Multiple awakenings during sleep				
15. Early morning awakening; earlier than usual for this individual				

**E. IDEATIONAL DISTURBANCE**

	a	0	1	2
16. Suicidal; feels life is not worth living				
17. Poor self-esteem; self-blame, self-depreciation, feelings of failure				
18. Pessimism; anticipation of the worst				
19. Mood congruent delusions; delusions of poverty, illness or loss				

**NOTES/CURRENT MEDICATIONS:**

**ASSESSOR:**

**Score**

**Instruction for use: (Cornell Dementia Depression Assessment Tool)**

1. The same CNA (certified nursing assistant) should conduct the interview each time to assure consistency in the response.
2. The assessment should be based on the patient's normal weekly routine.
3. If uncertain of answers, questioning other caregivers may further define the answer.
4. Answer all questions by placing a check in the column under the appropriate numbered answer. (a=unable to evaluate, 0=absent, 1=mild to intermittent, 2=severe).
5. Add the total score for all numbers checked for each question.
6. Place the total score in the "SCORE" box and record any subjective observations in the "Notes/Current Medications" section.
7. Scores totaling twelve (12) or more indicate probable depression.

**Irritability** is the most common symptom for NH patients

The Cornell Scale for Depression in Dementia is validated to rate depressive symptomatology over the entire range of cognitive impairment (Alexopoulos et al., 1988).



# Treatment approach

BEHAVIORAL ACTIVATION

# What is Behavioral Activation?

A cornerstone for the psychological treatment of Depression. It is a type of Cognitive Behavioral Therapy.

AN “OUTSIDE- IN”  
APPROACH

Typically, the depressed person learns how to break the vicious cycle of negative reinforcement, by monitoring daily activities, planning, problem solving and carrying out activities that boost mood.

Eeyore's tail  
keeps falling  
off...

FEAR,  
EMBARRESSMENT  
INACTIVITY

AVOID ACTIVITIES

ISOLATION, LONELINESS, DEPRESSION



# What is Behavioral Activation?

...SWITCH TO  
POSITIVE  
REINFORCEMENT!

I have a great idea  
to cheer Eeyore  
up!

Great! Let's plan it for  
Saturday afternoon!





# Behavioral Activation

IT'S ALL ABOUT THE  
BEHAVIOR  
THEY DON'T NEED TO "FEEL"  
LIKE DOING IT

...IMPROVED MOOD  
WILL FOLLOW



PLAN ACTIVITIES THAT THEY LIKE!



## PLAN

Ask about pleasurable activities  
Physical activities (take a walk)  
Social interaction (call a friend)  
Pleasant events (listen to music)



## SCHEDULE

Schedule a DAILY pleasant activity  
Include Details: day, time, how long, with whom...  
Identify barriers (feasibility, realistic) and find ways to overcome them.



## EVALUATE

How they spend time- Sleeping?  
Communication- Negative?  
Moaning?  
Other behaviors?  
Appetite?



## IMPROVE

Revise plan based on how they are responding to each activity

# What are the Steps?

Behavioral Activation  
can be adapted for those with  
moderate to advanced dementia



# GRAPES



...INCLUDE A MIX  
OF ACTIVITIES

**GENTLE**- Be gentle to yourself

**RELAXATION**- make time to relax  
(e.g. Namaste, massage, watch  
fish)

**ACCOMPLISHMENT**- accomplish one  
thing (fold laundry, write that  
letter...)

**PLEASURE**- listen to good music,  
taste a sweet fruit, pet an animal



**EXERCISE**- take a walk, stretch,  
move



**SOCIALIZE**- spend time with others

But What if  
they don't  
want to?

**NO!**

- ▶ Try less... “start low and go slow”
- ▶ Meet them where they're at.
- ▶ Ask about their reasons.
- ▶ Start with smallest version of a goal-
  - ▶ Ask: What are you willing to do?
  - ▶ Experiment: Instead of walking for 20 minutes, walk for 5 min, or walk just 15 feet.

# Or try “Tiny Habits”!

- Developed by Stanford behavioral scientist, **BJ Fogg**, PhD
  - “First, you **take any new habit you want**, and you scale it back so that it's **super-tiny**. . .
  - Then you find **where it fits naturally** in your existing routine. Ask yourself, what does this habit come **after**? . . .
  - The third hack, in addition to making it tiny and then using an existing routine to remind you of it, is to hack your brain by calling up a positive emotion, by **celebrating** — whether that's fist pumps, raising your arms, doing a little dance, . . . Whatever it is that it helps you feel successful, that's what will **help wire in the habit**.”
- ▶ ANCHOR → BEHAVIOR → CELEBRATION!

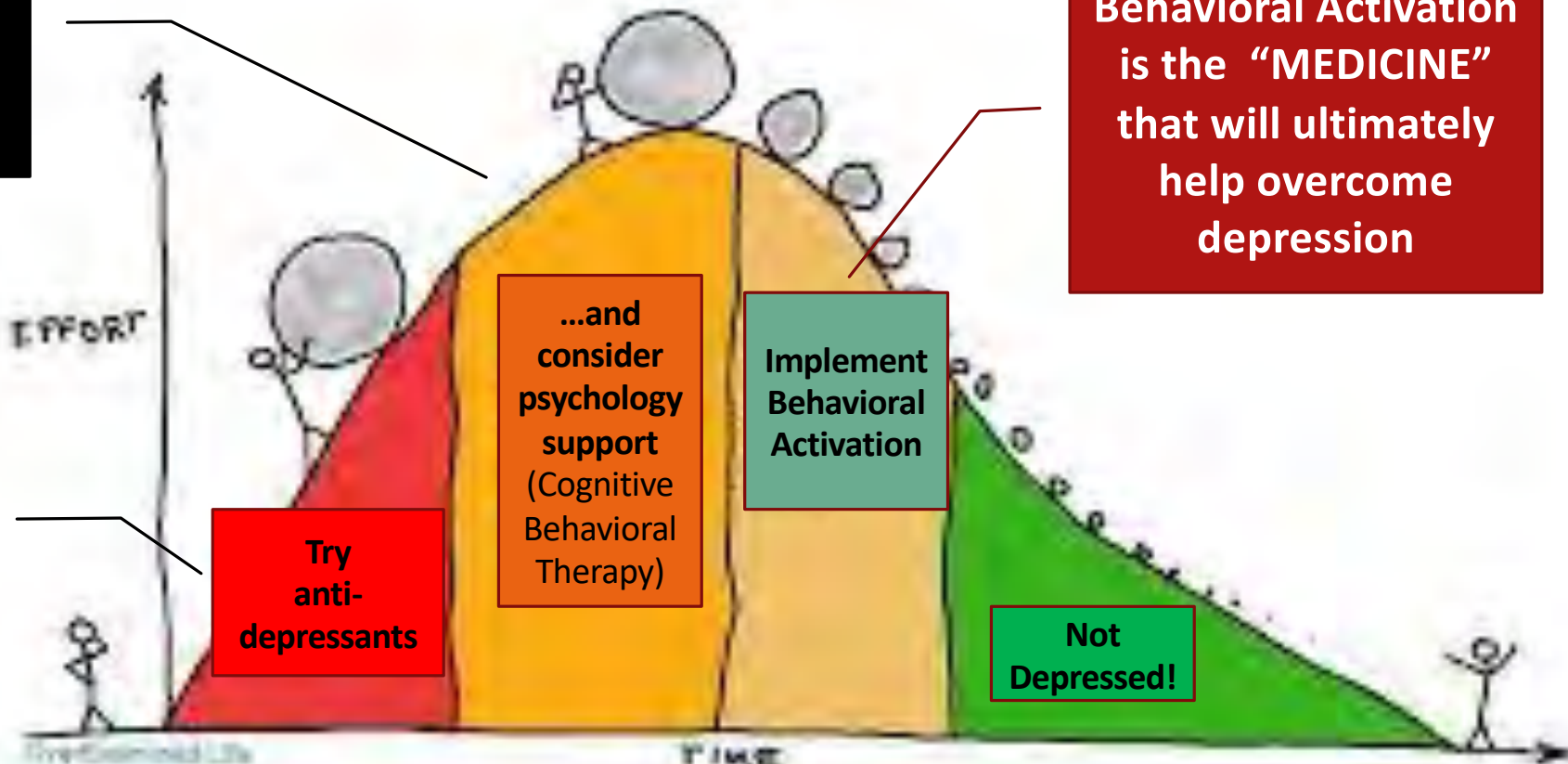
<https://tinyhabits.com/welcome/>

Fogg, B. J. (2019). **Tiny Habits: The Small Changes That Change Everything**. Random House.

# Getting Over Bigger Hurdles

Sometimes a psychologist can help support BA efforts

Medicine can sometimes help BA start to happen (get them out of the rut)



**Remember:**  
**Behavioral Activation**  
is the “**MEDICINE**”  
that will ultimately  
help overcome  
depression



# Treatment approach

MEDICATIONS



## Choices are Individualized

There are many classes of antidepressants

Individualized selection is based on diagnosis, patient characteristics and side effects

To help choose, the MD will want to know about things like:

- sleep
- appetite
- anxiety



## Be Patient...

Antidepressants work *very* slowly.

It may take 4-6 weeks to see a good response

Consider switching or adding antidepressants if no response in 4-8 weeks



...and don't give up!

All medications have side effects and drug interactions. Monitor closely!

- ☐ Sleepy
- ☐ Confused
- ☐ More depression
- ☐ Anxious
- ☐ Agitated
- ☐ Restless
- ☐ Dizziness

The main approach should be more non-medication care!

2001 US Expert Consensus Guidelines  
2006 Canadian Guidelines

## Monitor for side effects

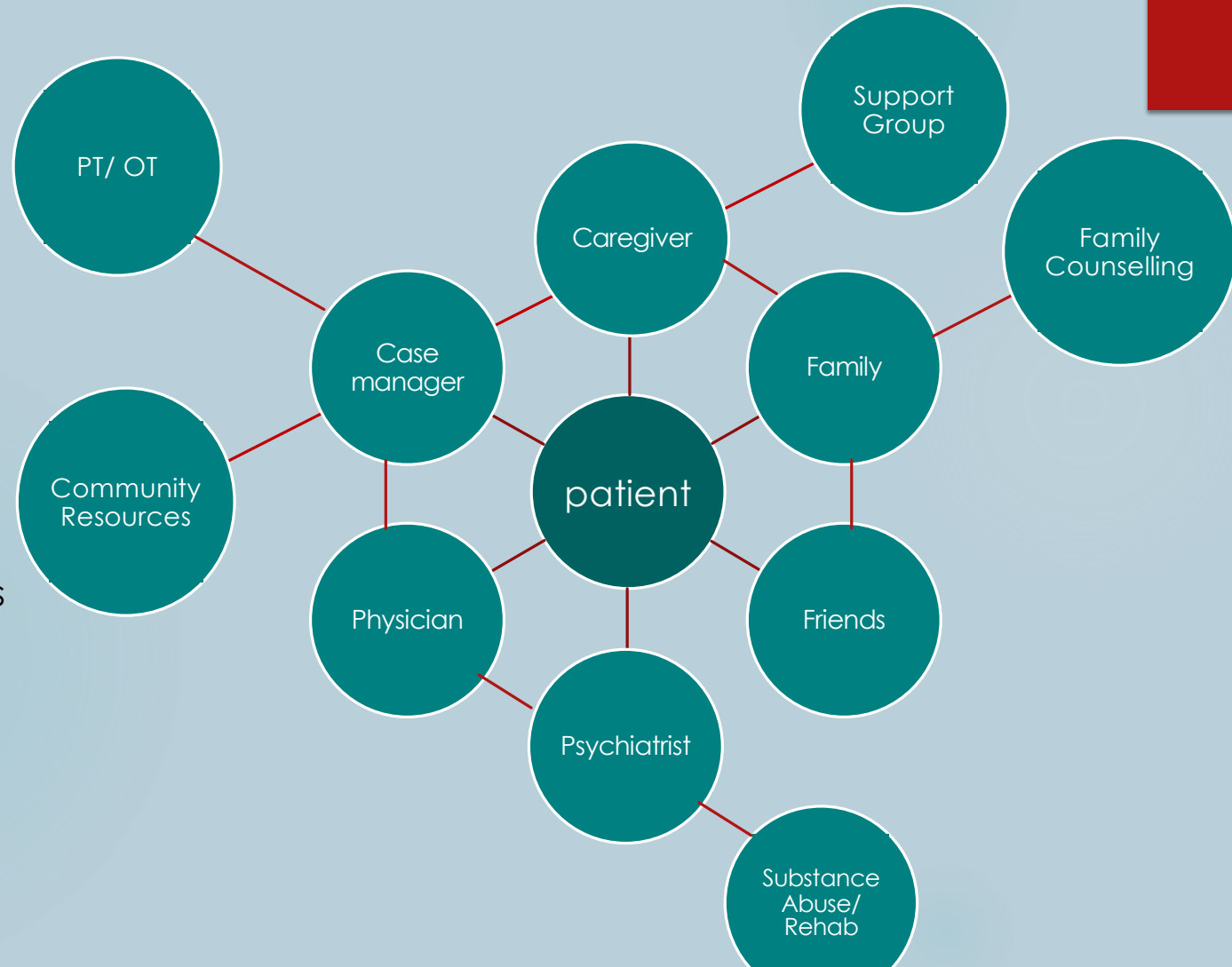


...and let the doctor know



# Work with the entire team!

- ☐ Improve medical status
- ☐ Maximize sensory and functional status
- ☐ Maximize exercise
- ☐ Maximize nutrition
- ☐ Address family issues
- ☐ Address caregiver burnout



# Caregiver Resources

Call: 808-527-4777  
Email: [info@catholiccharitieshawaii.org](mailto:info@catholiccharitieshawaii.org)

For more information, call Catholic Charities Hawaii Senior Intake Line at 527-4777  
Or email [info@catholiccharitieshawaii.org](mailto:info@catholiccharitieshawaii.org)



The Hawaii REACH Community Program in Hawaii is made possible by a grant to Catholic Charities Hawaii from the Administration on Community Living/Administration on Aging for the Alzheimer's Disease Program Initiative

The REACH Community Dementia Caregiving Program  
is now available in Hawaii!

**R**esources for  
**E**nhancing  
**A**lzheimer's  
**C**aregiver  
**H**earth



*Are you a caregiver in the home for someone living with  
Alzheimer's disease, another related dementia or memory loss?*

REACH Community is a highly successful evidence-based  
caregiver training & support program that has been proven to:

- ✿ Improve overall caregiver self-care, confidence, health, and emotional well-being
- ✿ Reduce feelings of stress and burden from caregiving
- ✿ Improve caregiver management of problem behaviors related to dementia
- ✿ Empower the caregiver with self-care and self-efficacy techniques and strategies
- ✿ Ensure the highest quality of care & safety possible for the person with memory loss

The 4- session training is FREE and personalized to your needs.

Sessions are offered on a one-to-one basis by a Certified Hawaii REACH Community Coach in your home, by telephone, or using a telehealth virtual connection – whatever is agreed upon by you and your assigned Coach. You will receive a Caregiver Manual as part of the program. REACH increases caregivers' knowledge of dementia and the caregiving role and teaches them skills to help themselves and their loved one.

# Main Take-Aways:

- Depression is a serious medical illness that has a big impact on the person's life.
- Depression and Dementia often occur together- they should be screened and evaluated for both.
- Non-drug approaches should be tried first. Behavioral activation is something caregivers, families and friends can do together
- Antidepressant medications can help patients with depression
- It is important to have a comprehensive approach- use the entire team!



*Mahalo!*  
*Thanks for Caring!*