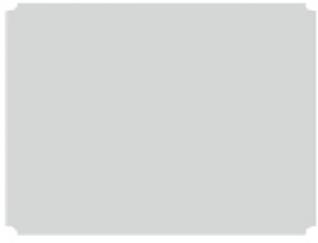
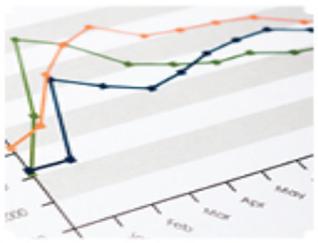


# Depression Screening & MDS changes





## Statistics



- 20% of our precious older adults will suffer from depression
- 1-2% will have major depressive disorder

## Symptoms

- Sleep
- Energy
- Appetite
- Motivation
- Isolation
- Denial

- I am not depressed!





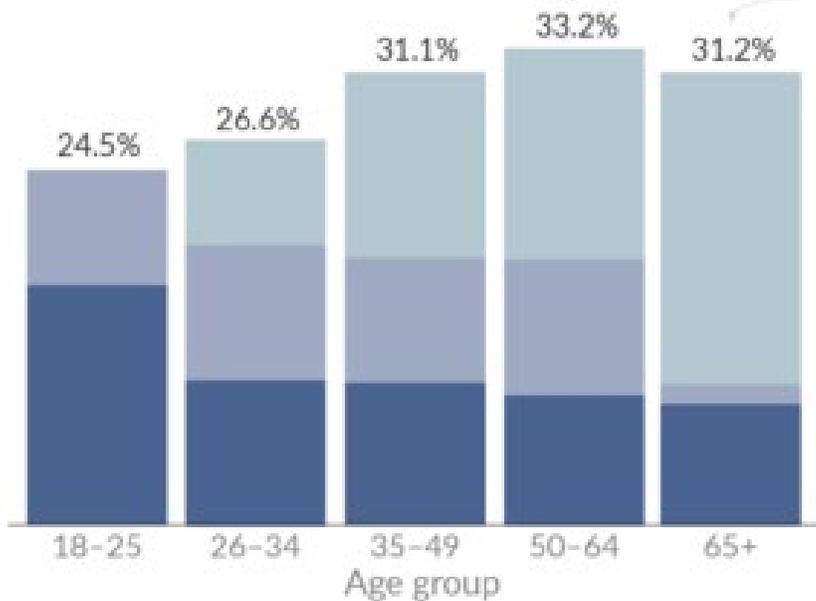
# What share of people have depression in their lifetimes?

It's difficult for people to recall their past symptoms of depression, especially if they are older. This study estimated the share who have an episode of major depression in their lifetimes in the US, based on data of prevalence, incidence and recall error at different ages.

## Women

It's estimated that one in three women have depression by the age of 65.

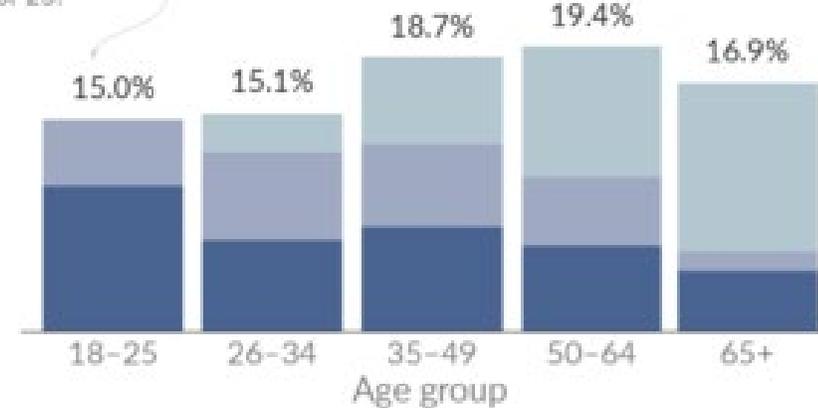
People who have depression are less likely to survive to an old age. As a result, a lower share of older people have had depression.



## Men

Around 15% of men have depression before the age of 25.

Around one in five men have depression by the age of 65.



- Previously reported an episode, but have now forgotten about it
- Previously had an episode and recalled it
- Recalled an episode in the past year

Source: Tam et al. (2020) U.S. Simulation of Lifetime Major Depressive Episode Prevalence and Recall Error. *American Journal of Preventive Medicine*.

OurWorldinData.org - Research and data to make progress against the world's largest problems.

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# Screening

- Patient Health Questionnaire (PHQ-2)
- Patient Health Questionnaire (PHQ-9)

## D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: **“Over the last 2 weeks, have you been bothered by any of the following problems?”**

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

If yes in column 1, then ask the resident: **“About *how often* have you been bothered by this?”**

Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

### 1. Symptom Presence

- 0. **No** (enter 0 in column 2)
- 1. **Yes** (enter 0-3 in column 2)
- 9. **No response** (leave column 2 blank)

### 2. Symptom Frequency

- 0. **Never or 1 day**
- 1. **2-6 days** (several days)
- 2. **7-11 days** (half or more of the days)
- 3. **12-14 days** (nearly every day)

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	

A. *Little interest or pleasure in doing things*

B. *Feeling down, depressed, or hopeless*

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.

C. *Trouble falling or staying asleep, or sleeping too much*

D. *Feeling tired or having little energy*

E. *Poor appetite or overeating*

F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*

G. *Trouble concentrating on things, such as reading the newspaper or watching television*

H. *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*

I. *Thoughts that you would be better off dead, or of hurting yourself in some way*



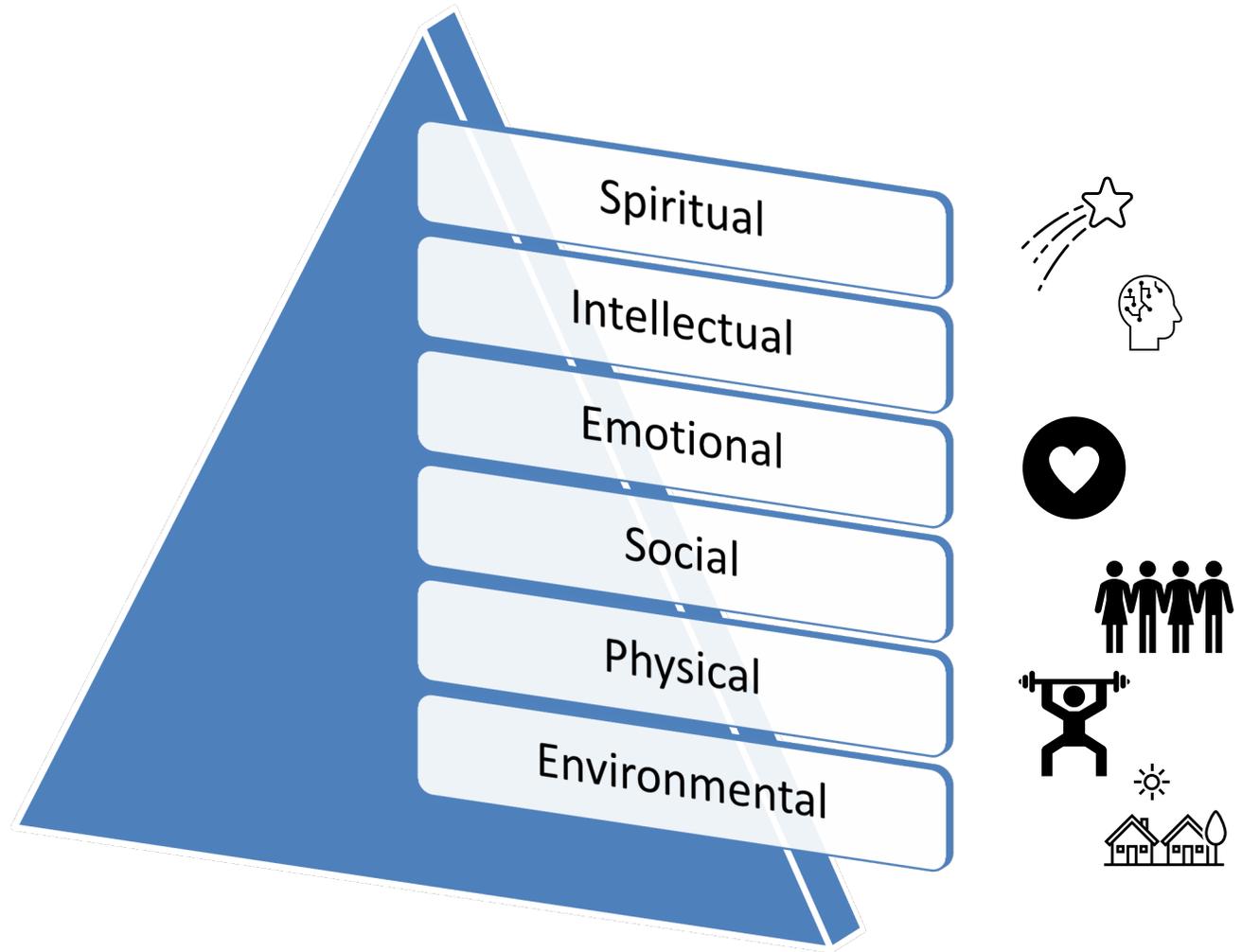
## MDS 'Clinically Complex Category'- Signs and Symptoms of depression

- Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions, otherwise end the PHQ interview.
  - Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate.
  - Resident refusal or unwillingness to participate in the interview would result in Item D0100 being coded 1, Yes, and code 9, No response being entered in Column 1
  - When staff determine the resident is not able to complete the PHQ-2 to 9©interviewable (i.e., D0100 = 0, No), scripted interviews with staff who know the resident well should provide critical information for understanding mood and making care planning decisions
  - Interview staff from all shifts who know the resident best. Conduct the staff interview in a location that protects resident privacy.
- On October 20, 2023, CMS clarified completing the Staff Assessment of Resident Mood interview
    - Symptom Presence
      - 0- No
      - 1- Yes
      - 9- No Response
    - Symptom Frequency
      - 0- Never
      - 1- 2-6 days
      - 2- 7-11 days
      - 3- 12-14 days

<https://www.cms.gov/files/document/mds30raimanualv11811rerratav2october202023.pdf>



# Dimensions of Wellness for our older adults.



<https://hurusa.com/what-are-the-dimensions-of-wellness-for-senior-living/>



# Core Principles to Elevate Older Adult Health & Wellbeing



 **Advance**  
the behavioral health forum on aging

 **Strengthen**  
pathways for age-informed workforce training, development, and support

 **Increase**  
access to integrated health & behavioral healthcare

 **Curate**  
pre-service learning opportunities

 **Raise**  
awareness of how being age inclusive can benefit everyone

 **Develop**  
an age-informed System of Care

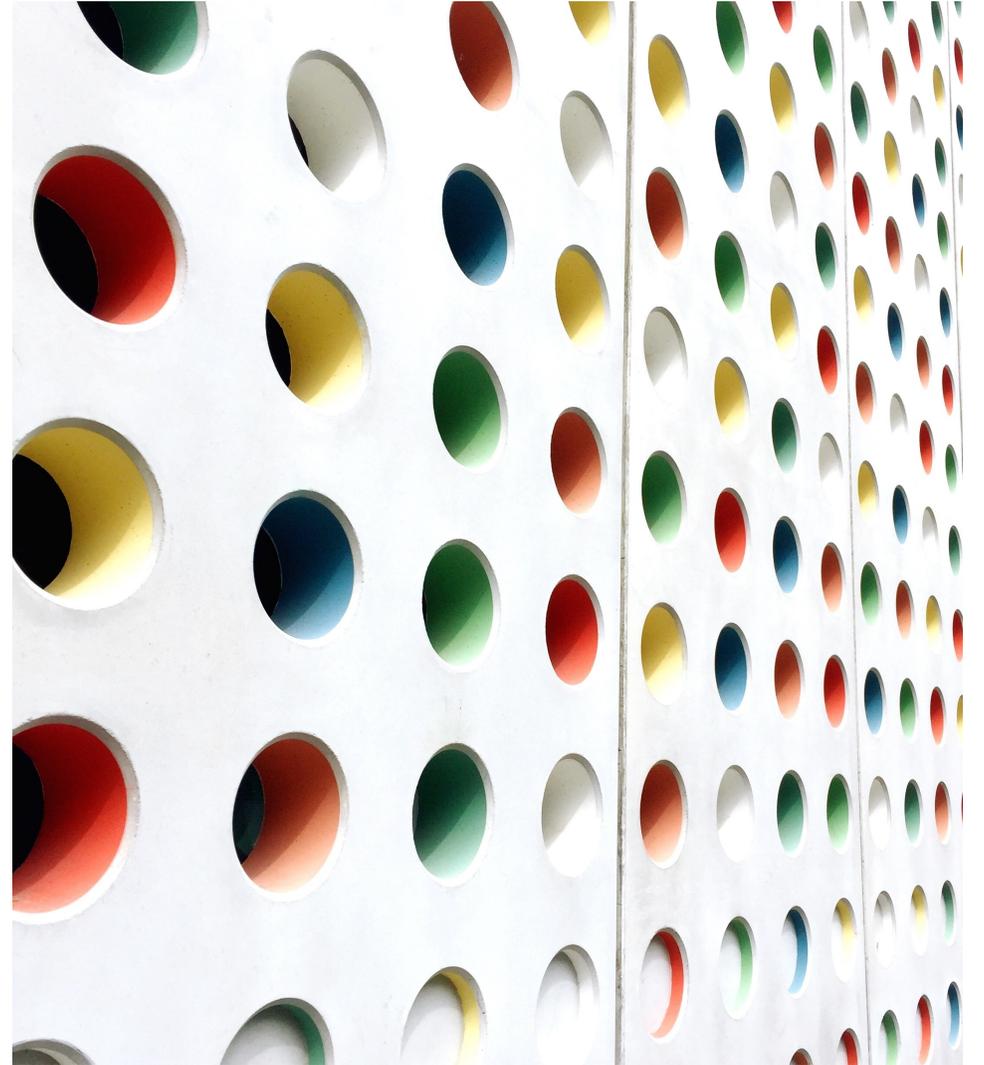


## *Depression can kill more than motivation...*

The Canadian Institute for Health Information reported that the chances of dying are 1.5 to 2 times higher for elderly LTC residents with depression than for those without depression.

## Put some thought behind your Quality Data

- Look at the timeline
- Connect the dots
- Create the Correlations
- Is Depression playing a role in a resident's excessive weight loss?



# Dawn Jelinek

## Age-Friendly Clinics and LTC

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