策劃及捐助 Initiated and Funded by:

計劃伙伴 Project Partner:

Demand on your CARE: Common Mood Issues in Old
- Chapter 1 -

ELDER007

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In this Module…

- We shall take an interactive approach
- You are expected to
  - Read the case of Mr O
  - Think / Suggest what you would do

  (We provide different feedback for your options, please submit the most appropriate choice before you move on.)
- We shall
  - Provide knowledge on the topic
  - Provide further information on Mr O as the case goes on
  - Ask you further questions on what next

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What you expect to understand …

- Mood issue is a continuum from normal emotional response to clinical disorder
- Common mood issues in old and how the same condition differs between older adults and the younger counterpart
- The multi-dimensional aspects on emotion and mood
- Preventive measures
- Common assessment / screening tools
- What you can do if you suspect the elder has mood issue

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Are you ready?

Let’s start

Three, Two, One … Go

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Story of Mr. O (1)

Animation link: https://youtu.be/LFfYSqjbCds

- Mr O, Age = 75
- Known hypertension, on regular drugs
- Lives with wife who has dementia and has progressive worsening of self care over past six years
- His son (Jack) noted Mr O has been more tired and social withdraw, have generalized aches and pain, eating less and poor sleep in past 3 months

You are Jack's friend and is a healthcare worker. Jack is worried about Mr O's condition and is seeking your advice

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(INFORMATION)

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The continuum of mental health

- WHO defines mental health as a state of well being in which the individual
  - realizes his /her own abilities,
  - can cope with the normal stress of life,
  - can work productively and fruitfully,
  - and is able to make contribution to his / her community

- State of mental health is a continuum: a good reference is the Mental Health Continuum model

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Mental health continuum: strive to thrive

	Healthy	Reacting	Injured	Illness
	Normal functioning	Mild and reversible distress	More severe impairment	Clinical illness
Mood	Normal fluctuation	Irritable Nervous	Anger, anxious Hopeless, Sadness	Depressed mood, Numb Excessive anxiety
Physical	Normal sleep Maintain weight	Trouble sleeping Lack of energy Change in eating pattern	Restless disturbed sleep Tiredness /fatigue Weight change	Can't fall or stay asleep Physical illness Constant fatigue
Behavior	Physical and social active	Decreased socialization	Avoidance	Withdrawal Can't perform
Thinking	Can concentrate / focus	Distracted thinking Intrusive thoughts	Negative attitude Cannot focus	Cannot concentrate Loss of memory Suicide thoughts

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Common symptoms of mood issue

- Somatic complaints: headaches, digestive issues, pain, memory complaints
- Low energy state
  - Loss of energy level, or appetite
  - Emotionally flat or loss of pleasure (apathy)
- High energy state
  - Difficulty concentrating, feeling restless, or on edge
  - Increased worry or feeling stressed
  - Anger, irritability or aggressiveness
- Change in sleep
  - Difficulty sleeping or sleeping too much
- Thoughts or behaviors that interfere with work, family, or social life: self-neglect, excessive reassurance seeking
- Warning thoughts
  - Sadness or hopelessness, suicidal thoughts

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Local Data showed

(Lam LCW et al. Soc Psychiatry Psychiatr Epidemiol 2015; 50: 1379-1388)

- Among community older adults (age 65-75) and in preceding one week
  - Any common mental disorder: 11.2%
  - Depressive episode: 4.7%
  - Generalized anxiety disorder: 5.5%
  - Mixed anxiety and depressive disorder: 3.6%
  - Other anxiety disorder: 1.24%

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- Depression and Anxiety are two most common mood disorders in older adults

- However, remember from the "Mental Health Continuum Model"
  - Continuum from healthy to illness
  - Using depressed mood as example, NOT all "depressed mood" = depression"

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- Depression is considered to exist on a continuum from normal sadness (mood symptom) to pathological severe depression (disorder)

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WHY ARE ELDERLY SO PRONE TO HAVE MOOD PROBLEM (INFORMATION)

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Factors affecting psychological health

- Chronic disease
- Physical impairment with functional limitations
- Pain (both physical limitation or the feeling of not so able)
- Psycho-social elements: Grief, loneliness or major life events including relocation (going to old age home), loss of dignity and respect
- Side effects of medications
- Personality, Coping skills and Social Support

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Older adults may have …

- Distress and sense of helplessness from functional impairment / communication challenges
- Adjustment difficulty after retirement: lack of life goal / financial independence
- Social isolation and feelings of out of touch
- Loss of confidence and self-worth
- Sense of loneliness

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Going back to Mr O:
Do you think Mr O has depression?

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Depression (for adults)

- It is a broad and heterogeneous diagnosis
- Distinction should be made between “depressive mood” (symptom) versus “depressive disorder”
- The WHO International Classification of Diagnosis version 10 (ICD-10) or Diagnostic Statistical version V (DSM-V) give reference guidelines to the diagnosis on mood disorders

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Diagnostic reference to Depression

(not diagnostic criteria)

- Depressive Disorder (ICD-10)
  - At least 2 out of 3 (low mood, loss of interests / pleasure, loss of energy) symptoms plus
  - Others (reduced concentration, reduced self-esteem, guilt feeling, pessimistic, idea or act of self harm, disturbed sleep, reduced appetite)
  - Present for at least 2 weeks
  - Severity (mild, moderate, severe) depends on clinical assessment on severity of each and total number of symptoms

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Diagnostic reference to Depression

- DSM-V for Major Depressive Disorder (at least 5/9 for at least 2 weeks)
  - Core Symptoms:
    - Depressed mood AND / OR
    - Reduced interest / pleasure
  - Somatic Symptoms:
    - Change in appetite
    - Change in sleep pattern
    - Reduce energy level
    - Psychomotor agitation / retardation
  - Cognitive Symptoms
    - Poor concentration
    - Inappropriate guilt
    - Tight death, suicide

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Depressive mood versus Depressive disorder

- **Subthreshold depressive symptom**
  - One symptom of depression but with insufficient others symptoms / functional impairment to meet criteria for full diagnosis (of disorder)

- Among community living elders in HK
  - Subsyndromal / Subthreshold depressive symptoms: 12.5 – 37.8%
  - Major depression: 1.54%

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The above description is for adults. Does older adult differ?

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Special features of depression in older adults

- Lesser
  - subjective feelings of low mood / sadness ("depression without sadness")
  - loss of pleasure
- More
  - Loss of energy
  - Psychological symptoms (eg. guilt, suicide ideation, anxiety symptoms)
  - Executive dysfunction
  - Somatization / Hypochondriasis
  - Social withdrawal

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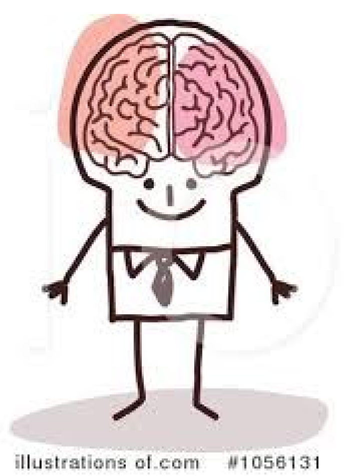
Discussion

- That sounds sophisticated and require expertise in a diagnosis !
- I am not a medical doctor. Can I (as healthcare worker) help? Do we have something simple?

- Yes, you can, and you have !



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You may ask…

(1) Is it likely to be depression?

- Two steps approach
- Preliminary Screening → Detail assessment

(2) Is there anything more serious than depression that needs immediate attention?

- Assess Red-Flag

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Is it likely to be depression?

- Preliminary Screening → Detail assessment

- Preliminary Screening
  - Single question: " Over the past 2 weeks, how often have you felt down, depressed, or hopeless?" (PHQ-2) **Patient Health Questionnaire (PHQ-2)**

  OR

  - Geriatric Depression Scale - 4 question version (GDS-4) **Geriatric Depression Scale (GDS-4)**

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Is it likely to be depression?

- A PHQ-2 score of 3 or more has sensitivity of 84% in detecting depression
- A GDS-4 score of 2 or more has 60-76% sensitivity in detecting depression

- Detailed assessment with PHQ-9 or GDS-15 is recommended if PHQ-2≥3 or GDS-4≥2

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Is it likely to be depression?

- Interpretation of PHQ-9
  Patient Health Questionnaire (PHQ-9)
  - 0-4: Normal
  - 5-9: Mild
  - 10-14: Moderate
  - 15-19: Moderately severe
  - ≥20: Severe

- Interpretation of GDS-15
  Geriatric Depression Scale (GDS-15)
  - ≥8: Suggestive of depression

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Anything more serious?

- Assess Red Flag
  - Self Harm: any thought or planned act
  - Psychosis / Mania: hallucination / false belief

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Summary of Chapter 1

- Mood issue is a continuum from normal emotional response to clinical disorder
  - Depressed mood ≠ Depressive disorder

- Two questions to ask
  - Is it likely depressive mood or depressive disorder?
  - Is there any suggestion that the person may endanger oneself or others?

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Depressive mood versus Depressive disorder

- Two steps approach
  - Preliminary Screening → Detail assessment

- Preliminary Screening
  - Single question: " Over the past 2 weeks, how often have you felt down, depressed, or hopeless?" (PHQ-2) OR
  - Geriatric Depression Scale - 4 question version (GDS-4)

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Depressive mood versus Depressive disorder

- Detailed assessment
  - PHQ-9 or GDS-15 is recommended if PHQ-2 ≥3 or GDS-4 ≥2

- Refer if PHQ-9 ≥ 10, or GDS-15 ≥ 8

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Suggestions of danger

- Red Flag feature
  - Self Harm: any thought or planned act
  - Psychosis / Mania: hallucination / false belief

- Refer if yes

- End of Chapter 1-

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