



Demand on your CARE: Common Mood Issues in Old - Chapter 2 -

ELDER007

Story of Mr O (2a)



Animation link: <https://youtu.be/Rw-Sdo8bU4U>

- You heard the story of Mr O from Jack, and you worried about his mood issue
 - Low energy state (more tired, social withdraw, loss of appetite)
 - Somatic complaints (generalized aches and pain)
 - Poor sleep
 - On and off in past few months but not persistent
- There is no red flag feature

Story of Mr O (2b)



(Q.7) You have also applied GDS-15 and PHQ-9 of which Mr O score 5/15 and 5/30 respectively.

What do you think Mr O is suffering from?

- A) Normal
- B) Mild depressive episode
- C) Major depression



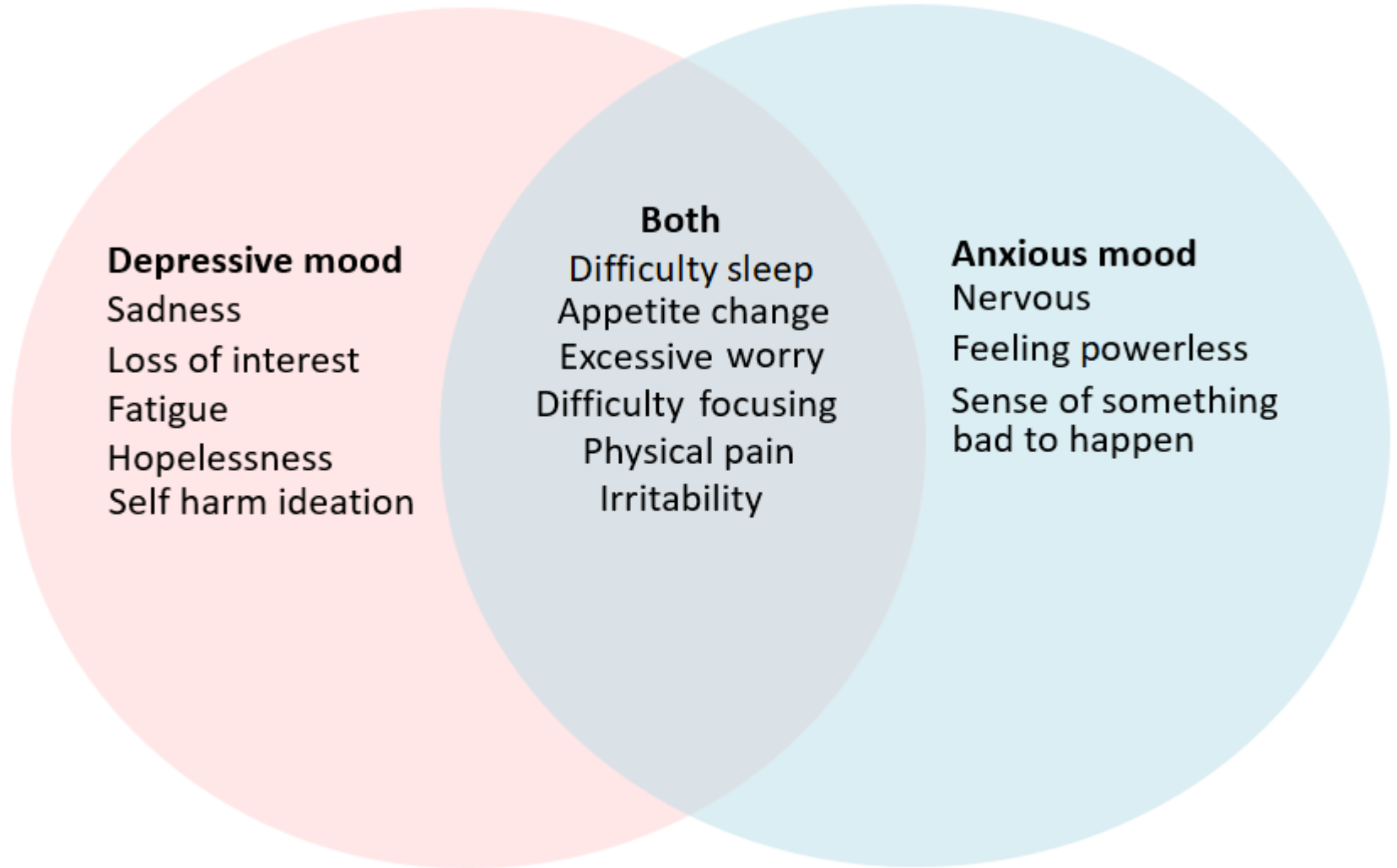
Wait ...

- Mr O has a number of somatic complaints, and anxiety is more common than depressive episode (see chapter 1), can he have anxiety or other medical diseases?

Anxiety Disorder in older adults

- Anxiety, depressive episode and the combinations are the commonest
 - Generalized anxiety disorder (GAD) and mixed anxiety and depressive disorder are the two commonest form
 - 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%
- There are large overlap on manifestations between depressive mood and anxiety as they share common risk factors
 - cross reference:
Chapter 1: Low Mood - Factors affecting psychological health

The overlap between depression and anxiety



Diagnostic reference to GAD in adult (ICD-10)

- **Generalized Anxiety Disorder (GAD)** is characterized by generalized and persistent anxiety (*most days for at least several weeks*) in any environmental circumstances
- Common symptoms
 - Apprehension (worries)
 - Motor tension (eg. Restlessness, tremor)
 - Autonomic overactivity (eg. lightheadness, palpitation, epigastric discomfort)
 - Somatic symptoms from chest (eg. fear of choking, chest discomfort) and abdomen (eg. churning in stomach)

How older person differ?

- Older adults commonly have the following symptoms
 - More somatic symptoms
 - Excessive uncontrollable worry / anxiety
 - Edginess, nervousness or restlessness
 - Chronic fatigue or tiring out easily
 - More irritable or agitated
 - Poor quality of sleep or difficulty falling / stay asleep
 - Tense muscle

How to screen for GAD in older adults?

- The GAD-7 Scale can be used a rough guide for screening
- Scores of 5, 10, 15 are used as cutoff for mild, moderate and severe GAD

在過去兩個星期, 你有多經常受以下問題困擾?				
(請用「√」勾選你的答案)	完全沒有	幾天	一半以上的天數	近乎每天
1. 感到緊張、不安或煩躁	0	1	2	3
2. 無法停止或控制憂慮	0	1	2	3
3. 過份憂慮不同的事情	0	1	2	3
4. 難以放鬆	0	1	2	3
5. 心緒不寧以至坐立不安	0	1	2	3
6. 容易心煩或易怒	0	1	2	3
7. 感到害怕, 就像要發生可怕的事情	0	1	2	3
總分				

Reference source from : Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings - *Module on Common Mental Health Problems in Older Adults 2019*

Story of Mr O (3)



- Let's also recall Mr O had
 - Low energy state (more tired, social withdraw, loss of appetite)
 - Somatic complaints (generalized aches and pain)
 - Poor sleep
 - On and off in past few months but not persistent
- PHQ-9 scored 5/30 and GDS-15 at 5/15
- There is no red flag feature

**A GAD-7 was also performed on Mr.O
of which he scored 4/21**



Story of Mr O (4)



(Q.8) What is / are your advice to Jack?

- A) Bring Mr O to a laboratory to check blood
- B) Address to Mr O on your concern, his recent coping with Mrs O, and if he has any personal concern recently
- C) Bring him to have a health check by a specialist
- D) Tell Mr O that to eat more



Yes .. You need to explore concerns from Mr O.

How to do so?

- You need to
 - Built rapport: you are concerned about him
 - Ask if he has any concern / worry about himself
 - Ask about psycho-social stress:
 - Recent stress and coping strategy
 - Daily functioning
 - Role changes (care-giver strain)
 - Ask about his physical functioning

Story of Mr O *(cont'd)*

Animation link: <https://youtu.be/3MCc0xqE59E>

- Mr O told Jack that he was worried about his wife who had dementia. Her memory was getting worse and she could not control her urination. She repeatedly went out to buy things that she had bought.
- Mr O felt very tired in coping, worried on her deterioration. He understood children were busy at work or needed to care their own families. He worried his own and wife's health. He worried that she (or both) might end up at RCHE that might not offer good care

Story of Mr O (5)



(Q.9) How are you to advise Jack on what to do?

- A) Advise Mr O to see a specialist and to start anti-depression treatment
- B) Arrange Mrs O to RCHE so as to relief stress for Mr O
- C) Just neglect that as Jack can do nothing himself
- D) Acknowledge difficulty in coping with Mrs O, Mr O has tried his best and the family will together find ways out



Discussion

- Mr O is likely to have subthreshold depressive symptom. The main stressor likely from coping with wife who has dementia (care-giver strain)
- A rough guide on management strategy is provided by PHQ-9

PHQ-9	Working frame	Suggested management
5-9	Minimal symptom	Support, psycho-education
10-14	Minor depression → Mild major depression	Support → antidepressant or psychotherapy
15-19	Moderate → severe Major depression	Antidepressant or psychotherapy
>20	Severe major depression	Antidepressant and psychotherapy

Summary of Chapter 2

- About 10% of local older persons have anxiety related issues
- Sleep problem, appetite change, excessive worry, fatigue, physical pain are common symptoms for both anxiety or depressive issue
- The GAD-7 is a useful tool for assessment
- To address anxiety and depressive issue, it is essential to explore and identify the stressors for psychosocial support

-End of Chapter 2-