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Improving Screening for Depression and Fall Risk in Community Dwelling Older Adults

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IMPROVING SCREENING FOR DEPRESSION AND FALL RISK IN COMMUNITY DWELLING OLDER ADULTS

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- Site: Grace Cottage Community Health Team

- I have no conflicts of interest

INTRODUCTION — PROBLEM

- Global Problems:

  - Falls and depressive symptoms are common problems in the older population.

  - ↑ Morbidity & Mortality

- Problem for this Project:

  - Screening for depression and falls in older adults

AVAILABLE KNOWLEDGE

What we know

- Community health nurses are effective in health promotion and disease prevention.

- Depression screens tailored for older adults are more sensitive than depression screens for the general population.

- A common screen used to assess risk for falls is whether the individual has had a fall in the last six months.

What we don't know

- Is it feasible for community health nurses to implement a depression and fall assessment with community dwelling older adults?

- Do the screens result in referrals?

RATIONALE

- Applied to Grace Cottage
    - Rural population
    - High population of older adults
- Falls are common in older adults, approximately 30-40% of older adults fall each year
- 4% of older adults diagnosed with depression. 15% report depressive symptoms.
- GDS-15 is specific to older population, has been used in other studies with success

PURPOSE & AIMS

Implement

Implement an older adult appropriate depression screen: GDS-15 and simple fall risk assessment

Collaborate

Collaborate with the outreach community health nurse

Increase

Increase PCP awareness of depressive symptoms and increased risk for falls with use of fall prevention algorithm.

ETHICAL CONSIDERATIONS

- Project reviewed by University of Vermont's Institutional Review Board; designated "Not Research" in May 2018.

KEEP CALM AND GET IRB APPROVAL

METHODS — CONTEXT

Existing evidence-based screenings for older adults with depression and fall risk were piloted at a community health center.

Implementation instruction for the (GDS-15) was provided.

Implementation of question about falls: "Have you had a fall in the last 6 months?"

Algorithm was created to assist in use of the screening instruction. Primary care providers (PCPs) were provided screening results and appropriate referrals were initiated by the PCP.

STUDY OF THE SCREENING INTERVENTION

- Results of the GDS-15, plus fall history

- Interview done in person with Community Health Team RNs

WHAT DID I LEARN – QUANTITATIVE ANALYSIS

- Thirty depression/fall screens performed

- 9 older adults scored greater than 5, suggestive of depression

- 2 older adults scored greater than 10, almost always indicative of depression.

- 8 older adults had falls in prior 6 months

  - 7 of those individuals scored greater than 5 on GDS-15

- 10 referrals for counseling, 2 referrals for psych np, 7 referrals to PT.

WHAT DID I LEARN?- QUALITATIVE ANALYSIS

- Interview done with CHT nursing staff

  - Tool was easy to use.

  - Felt that receiving clients lived experience

  - Providers often did referrals, but needed extra push at times

  - In general PCPs felt that screening tool was beneficial, just need to encourage referrals to be done.

RESULTS

- During 4-month intervention:
    - Thirty depression/fall screens were completed;
        - 9 individuals (30%) scored suggestive of depression (GDS-15>5)
        - 2 individuals scored (7%) scored indicative of depression (GDS-15 >=10).
        - The intervention resulted in 10 referrals to counseling, 7 referrals to physical therapy and 2 referrals to psychiatric nurse practitioner
    - 8 older adults had falls in prior 6 months
        - 7 of those individuals scored greater than 5 on GDS-15.

DISCUSSION

- The association seen in this population between higher scores on GSD-15 and falls is consistent with research done with similar populations.

- Implementation of the GDS-15 was easy to do and support was received from facility.

- Nurses from a community health outreach team implemented screens that assessed for depression and risk for falls in the older adult population.

- Fall Assessment: Easy to implement and easy to understand

- Referral algorithm was easy to follow.

INTERPRETATION

- There has been much research on correlation between depression and fall risk in the older adult population.

- Increased awareness of depression and falls in the older adult population.

- GDS-15 is age appropriate screen included in the intake with community health nurses

- Formalized an algorithm that is used by the community health team nurses to help guide primary care providers with appropriate referrals

- The GDS-15 only takes about 5 mins to perform. Referrals are generally easy to perform. Because this group is followed by CHT, more likely to follow through with referral

LIMITATIONS

- Implemented on older adults that were establishing with CHT, often individuals that were higher risk with more comorbidities

- The population served was limited to those who sought out care at the Grace Cottage Community Health Center.

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CONCLUSIONS

- CHT nurses felt GDS-15 was sustainable as easy to perform and time efficient, as was risk for fall screening question.

- Ease of screening suggests that screening measures can also take place for individuals in the primary care setting.

- Practice has learned the importance of continuing to screen depression and falls in the older adult population and importance of using age appropriate screening tool.

NEXT STEPS...

- Implementation of GDS-15 on older adults in the primary care setting.

- Tracking of the process and the outcomes of the implementation.

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