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# Depression in the Elderly: Attitudes of Seniors and Practices of Healthcare Providers

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## Introduction

Support & Services at Home (SASH) is a model for independent housing for seniors that was developed in 2009 by a partnership of community providers and Cathedral Square Corporation. Results of a 2010 PHQ-9 screen on depression administered to seniors living at Heineberg Senior Housing, a Cathedral Square community, found that 30% of residents had mild depression, 6% moderate depression, and 6% moderate to severe depression. This topic has been targeted by SASH coordinators so that they may provide more support for their residents. Furthermore, a high prevalence of depression amongst the elderly population has been well-documented and this disease is often under-diagnosed, under-treated, or missed altogether<sup>3</sup>.

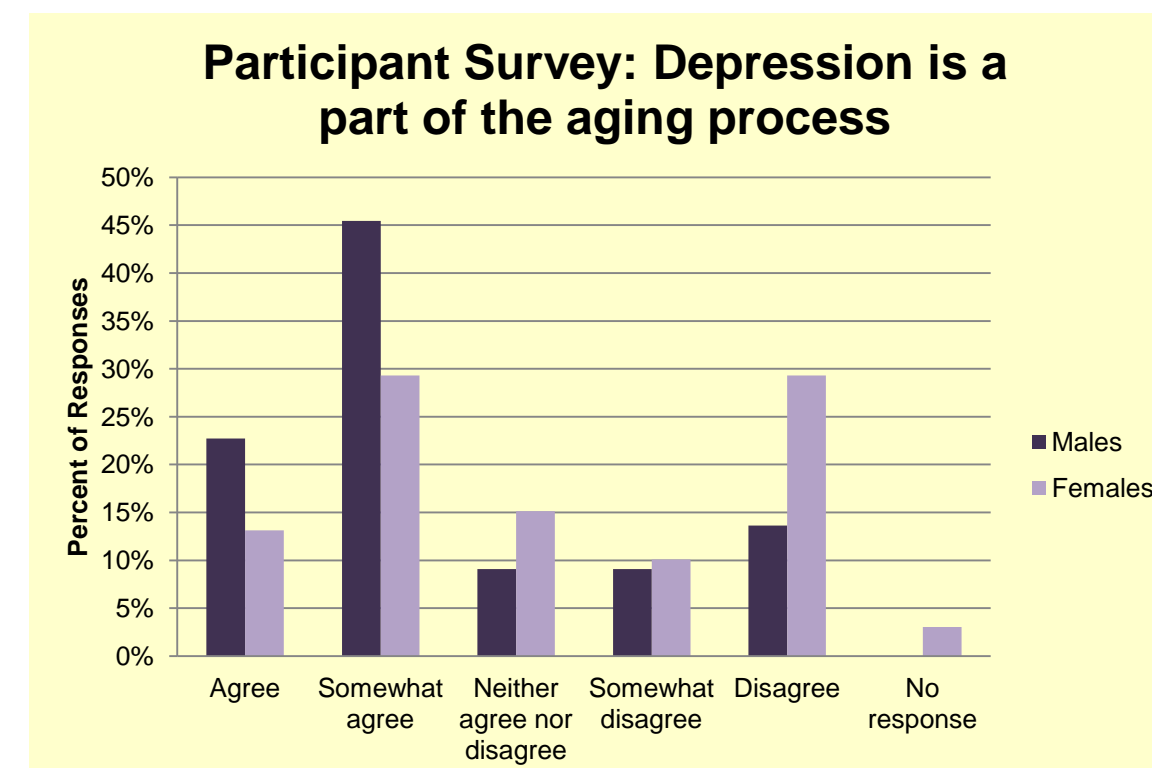
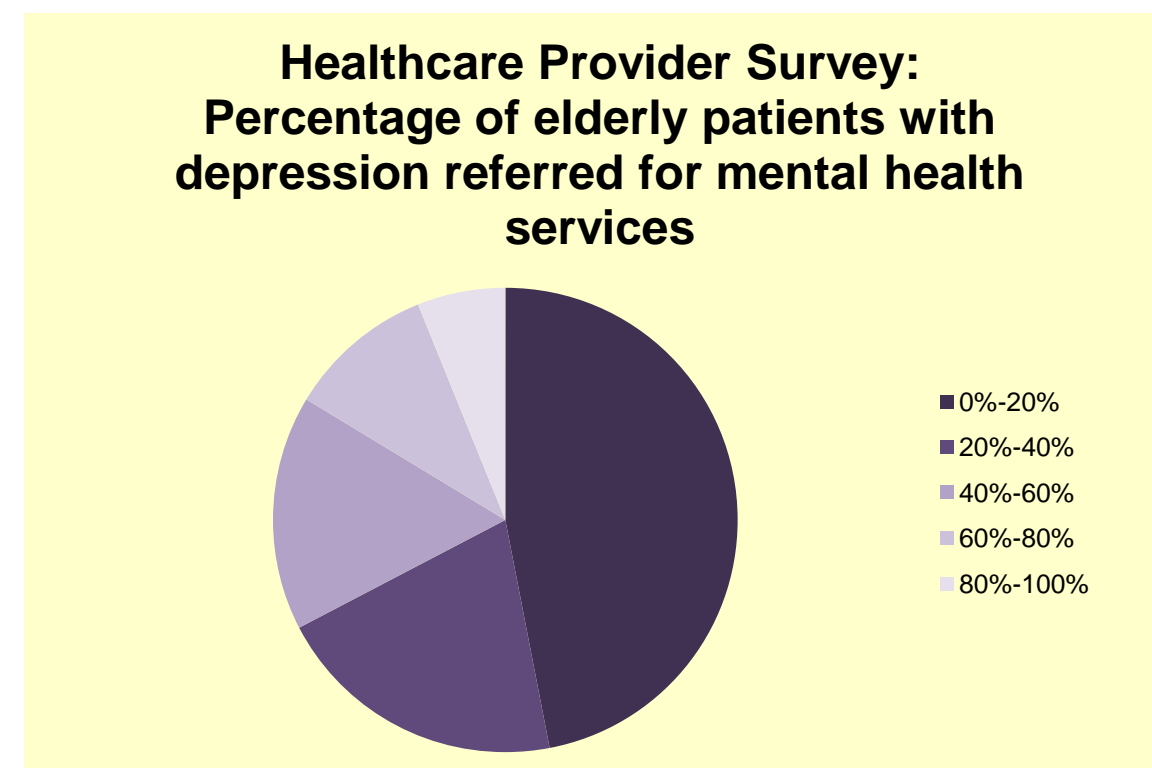
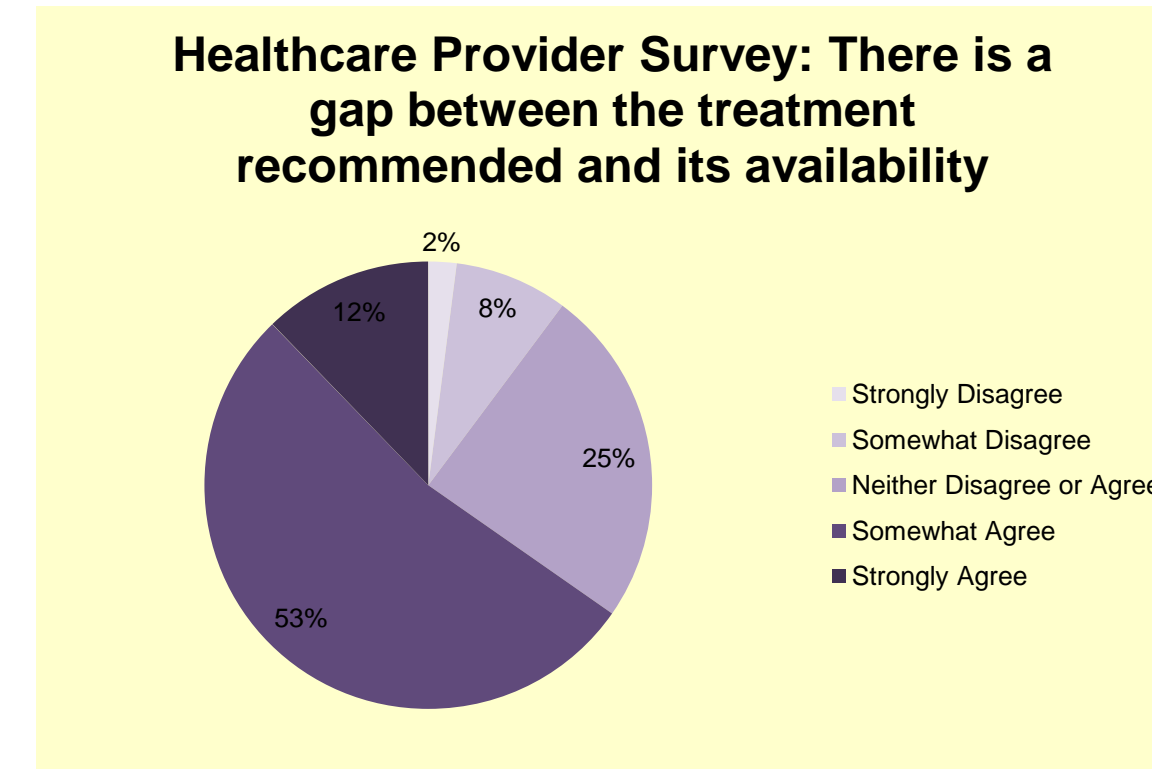
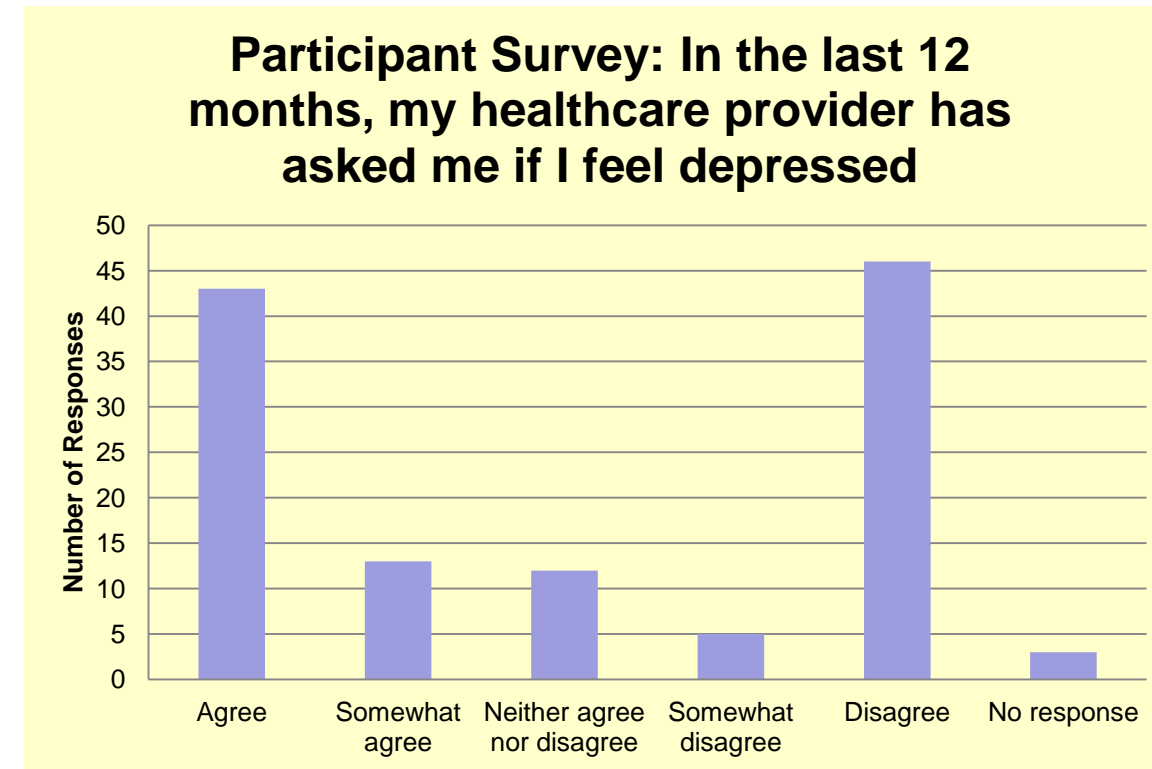
## Project Aim

The goal of our project was to investigate depression in the elderly from the perspective of seniors and local primary care providers who serve this population.



## Objectives

- Senior survey assessing how comfortable they are speaking to their physician about depression, to whom they may turn to for support, and barriers preventing them from seeking help
- Healthcare provider survey assessing their practices in screening and treating seniors for depression



## Methods

In cases where there was a sufficient quantity of responses for testing, Fisher exact tests ( $\alpha = 0.5$ , 2-tailed) were completed; no testing was attempted if the quantity of responses was insufficient.

### Healthcare Provider Survey

**Participants:** Primary care providers affiliated with Fletcher Allen Health Care

**Survey:** An anonymous 16-item questionnaire based on a survey by Glasser, et al.<sup>1</sup> was distributed via email. The response rate was 22.9% (49 out of 214).

### Participant Survey

**Participants:** Individuals currently living in one of the following SASH residences: Cathedral Square Senior Living, McAuley Square Senior Housing, or Heineberg Senior Housing.

**Survey:** An anonymous 15-item survey was delivered to each resident's mailbox. Surveys were returned by the participants to collection boxes at each site and collected after two weeks. The response rate was 49.8% (123 out of 247).

Informal focus groups were held at Cathedral Square and Heineberg to better understand the residents' perspectives on depression and to gather suggestions to improve well-being.

### References:

1. Glasser, M. Gravdal, J. Vogels, L. *Geriatric depression assessment by rural primary care physicians*. Rural Remote Health. 2009 Oct-Dec;9(4):1180.
2. Snowden, M. Steinman, L. Frederick, J. *Treating depression in older adults: Challenges in implementing the recommendations of an expert panel*. Prev Chronic Dis 2008;5(1).
3. Starr, C. *Primary care doctors: Treat or refer depressed patients?* Medscape Business of Medicine. 2011 Sept 6

## Discussion

Healthcare Providers (HCP's) reported varying levels of awareness regarding community resources available for the treatment of depression in the elderly. Nearly half of respondents answered that they use no standardized testing procedure in their evaluation of depression. However, the majority of HCP's responded neutrally or agreed that current treatments for depression in the elderly are effective. A majority also responded that they follow-up with patients referred for mental health treatments either "often" or "always". Finally, a majority of HCP's responded that they consider patient limitations either "often" or "always" when selecting a referral organization for elderly patients.

Of the 123 senior responses, 110 indicated agreement with the statement "If I felt depressed, I would bring up these feelings with my healthcare provider." 83.7% of respondents would turn to their support system if feeling depressed. Other resources cited for support included their HCP (82.9%), a private counselor/psychiatrist (40.7%), and other community health agencies (17.9%). On the majority of variables examined, such as seeking support and resources cited, no associations were found based on respondents' age or gender.

Barriers preventing seniors from seeking help included stigma, feeling of isolation, and time limitations at health appointments.

## Suggestions for Cathedral Square

- Support groups for seniors to discuss depression
- Survey assessing residents' interests to guide activities
- Hotline or nurse to address health concerns more promptly
- Create family-centered events
- Social ambassadors encouraging attendance at events
- Assessing utility of evidence based programs<sup>2</sup> and services

