

Prevalence and Treatment of Depression in the Elderly

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Background and Clinical Question

According to the National Institute of Mental Health (NIMH), approximately 7 million adults aged 65 and older (about 18.4%) in the United States had experienced at least one major depressive episode in 2020. Social and biological factors may contribute to this disparity. (NIMH, 2020). About 20% of older adults experience depression at any given point in their life. About 5% suffer from MDD in their lifetime. The risk factors also include social isolation or loss of loved ones (CDC,2020). Will increased PHQ-9 screening among elderly patients in family practice settings lead to improved adherence to depression diagnosis and treatment?

Purpose Statement

- Implement PHQ-9 screenings for 75% of elderly patients (65+) during family practice visits.
- Provide training and resources to family practice staff.
- Achieve this goal within 6 months of implementation.

Current Evidence

- Recent studies show that PHQ-9 screening significantly improves diagnosis rates in elderly populations, leading to timely and effective treatment interventions, which correlate with improved patient outcomes and quality of life. The PHQ-9 has been shown to be reliable and valid. There was a study done with 109 inpatient or outpatient patients with Major depressive disorder (MDD) diagnosed that completed a PHQ-9. It was shown to be reliable when 54 of them repeated the PHQ-9 after two weeks and the “test-retest reliability coefficient of 0.737 for the total scores” (Sun et al., 2020)

Methodology

Population: Elderly patients (65+) visiting family practice for any reason.
Practice Setting: Family practice clinic with a diverse elderly patient demographic.
Ethical Considerations: Obtain informed consent and ensure participants’ confidentiality. Use IRB-approved protocols to protect patient rights and autonomy.

Cost Analysis

- Implementing PHQ-9 screenings incurs minimal cost primarily for staff training and administrative adjustments. The return on investment includes improved mental health outcomes, reduced emergency visits, and overall healthcare savings through preventive care. The cost of untreated mental illness included about 3.3 million in indirect costs, 708 million in direct health costs, and 185 million in non-healthcare costs in 2019 (Taylor,2023).

Design

Intervention: Mandate PHQ-9 screening for elderly patients during routine family practice visits, integrating it as a standard assessment.
Implementation Process:
•**Key Stakeholders:** Physicians, nurses, administrative staff, and patients.
•**Barriers:** Staff workload, lack of training, and possible resistance to change.
•**Addressing Barriers:** Training sessions, open feedback channels, and pilot testing.
Evaluation:
•**Data Collection:** Track PHQ-9 screenings, diagnosis rates, and treatment adherence, and track the number of patients screened and subsequently diagnosed and treated.
•**Tools:** Patient health records and PHQ-9 data sheets.

Anticipated Results

An increase in PHQ-9 screening is expected to lead to earlier and more accurate depression diagnoses, with improved adherence to treatment among elderly patients. Qualitative data that would be anticipated would be increased satisfaction from patients in ease of completing PHQ-9 and the providers having increased satisfaction with the tool to increase diagnosis rate. A study was done on the diagnostic accuracy of the PHQ-9 in the elderly in primary care and it found that "screening in primary care with referral to a mental health specialist for diagnostic evaluation of depressive symptoms is neither efficient nor practical in most instances....[but using a PHQ-9 is effective because], there is an 84% likelihood that a randomly selected person with depression will have a higher PHQ-9 score than a randomly selected non-depressed person" (Phelan et al., 2010).

Future

Recommendations

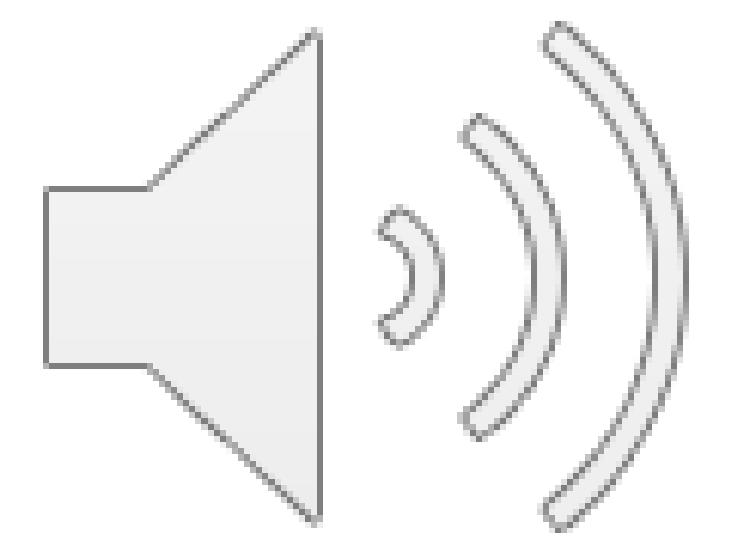
Managing Change: Regularly review screening adherence, provide ongoing training, and update protocols based on patient and staff feedback.
Expansion: Expand PHQ-9 use to other demographics or clinics to evaluate broader applicability and effectiveness.

Clinical Implications

Enhanced PHQ-9 screening can transform routine visits into opportunities for mental health evaluation, positioning nurses and nurse practitioners as key figures in the early identification and management of depression in the elderly, ultimately contributing to holistic patient care.

Conclusion

By enhancing the use of the PHQ-9, we aim to bridge the gap in mental health care for elderly patients in primary care, improving their overall health outcomes and quality of life.



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