Please join us on December 9, 2020 for our Geriatric ECHO Webinar series from 12:00 to 1:00 pm

Depression and Dementia Screening During COVID:
Screening tools via telemed.
by
Brett Lu, MD

Webinars are on the second Wednesday of the month from 12:00 - 1:00 pm
12:00 - 12:30 : Presentation
12:30 - 1:00 : Case Presentations
Q&A session

Faculty Disclosure

None

Brett Lu MD PhD
Associate Professor of Psychiatry, University of Hawaii
Queen's Medical Center
Honolulu, HI USA
brettlu@yahoo.com

Depression and Dementia During COVID: Screen tools via telemed

COVID and mental health

Assessing older patients via telemed

Depression

Dementia

COVID-19 Pandemic on Mental Health

What is the evidence so far:

Increased PTSD (post-traumatic stress symptoms) and Depression among COVID patients

Worsening of symptoms among those already with mental illness

Increased depression/stress/anxiety/insomnia among healthcare workers, unpaid caregivers

Risk factors for worsening symptoms include:
    female, poor health, relatives with covid

Vindegaard 2000

Age-specific Depressive Symptoms

Major depressive disorder: Age-related differences

	Children/adolescents	Adults	Older adults
Prevalence	2% in children; 6% in adolescents	20%	25%
Male-to-female ratio	1:1 in children; 1:2 in adolescents	1:2	1:2
DSM-IV-TR criteria	Similar	Similar	Similar
Clinical features	Irritability, temper tantrums, somatic complaints, hypersomina, weight gain, auditory hallucinations, psychomotor agitation, separation anxiety, social phobia, panic disorder, drug abuse, poor self-esteem	Typical DSM-IV-TR features. Psychomotor retardation, middle and terminal insomnia	Irritability, motor agitation, restlessness, somatic complaints, diarrhea and constipation, decreased libido, cognitive impairment, delusions, anxiety, panic, worsening of medical comorbidities

Manepalli 2011

COVID-19 Pandemic and the Elderly

Elderly most vulnerable for COVID-related severity and mortality

Elderly expected to be most susceptible to mental health problems during the pandemic

PSYCHIATRIC NEWS | ALERT

The Voice of the American Psychiatric Association and the Psychiatric Community

Older Adults May Be More Resilient During Pandemic Than Younger People

Older adults may be more resilient to the anxiety, depression, and stress-related mental disorders that are being reported by younger adults during the COVID-19 pandemic, according to an article in *JAMA*.

COVID-19 Pandemic and the Elderly

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions[¶]	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder[†]	Depressive disorder[†]	Anxiety or depressive disorder[†]	COVID-19–related TSRD[§]			
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Gender								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20.0	30.0	30.0	30.0	10.0	0.0	30.0
Age group (yrs)								
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1

Czeisler 2020, CDC report

Elderly: more coping mechanisms, more resilient, better prevention adherence (PPE, avoid outings), value quality over quantity in social interaction

Vahia 2020

Depression and Dementia During COVID: Screen tools via telemed

COVID and mental health

Assessing older patients via telemed

Depression

Dementia

Assessing Older Patients via Telemedicine

Table 1. National Prevalence of Telemedicine Unreadiness in US Adults Older Than 65 Years in 2018 by Mode of Telemedicine Visit[a]

Reason for unreadiness	No., millions (%)			
	Video visits	Video visits with social support[b]	Telephone visits	Telephone visits with social support[b]
Any unreadiness	13.0 (38)	10.8 (32)	6.7 (20)	5.5 (16)

Lam 2020

Main reasons were:
lack of experience with technology
physical disability (hearing/visual…)

Lack of access worst in oldest group
(>85 yrs): 72%

Assessing Older Patients via Telemedicine

Before interview
	Choose an app that is simple, not requiring downloads
	(Zoom, for example)
	Make sure to allot MUCH time for technical issues

Interview
	Minimize noise/distractions/lighting
	Ensure privacy if needed, aware of need for separate interviews
	Make sure camera angle/lighting appropriate

Sensory Impairment (usually hearing)
	Consider using chat function if able to read
	Headphone
	Have CG/helper ask simple questions for you

Cautions
	Make sure CGs/helpers maintain safe distance

Depression and Dementia During COVID: Screen tools via telemed

COVID and mental health

Assessing older patients via telemed

<u>Depression</u>

Dementia

Depression

Signs in older people, other than telling you that "I am depressed..":

Somatic complaints (headache, bellyache)

Poor attention/eye contact

Making little effort to engage

Irritable/rejecting help angrily

Depression in Dementia

20% in Alzheimer's

20% - 40% in Vascular dementia

>50% in Parkinson's Disease dementia

<u>Irritability</u>, self-pity, rejection sensitivity, loss of interest, isolation, poor effort to engage, poor eye contact

Leads to physical aggression, higher risk of death, and faster memory decline

Alexopoulos 1988, 2002; Kumar 2013, Leonard 2006

Measuring Depression in Older Patients

Screening Instruments:

PHQ-9, Patient Health Questionnaire
   used for different age groups

GDS (15 item short form), Geriatric Depression Scale
   more specific for older individuals

CSDD, Cornell Scale for Depression in Dementia
   for patients with moderate dementia or worse

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

Guide for Interpreting PHQ-9 Scores		
Score	Depression Severity	Action
0 - 4	None-minimal	Patient may not need depression treatment.
5 - 9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
10 - 14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15 - 19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.
20 - 27	Severe	Treat using antidepressants with or without psychotherapy.

GDS:

To be read out loud to the patient

Not valid for moderate or severe dementia

15-Item Geriatric Depression Scale

Choose the best answer for how you have felt over the past week:

Are you basically satisfied with your life?	Yes/**No**
Have you dropped many of your activities and interests?	**Yes**/No
Do you feel that your life is empty?	**Yes**/No
Do you often get bored?	**Yes**/No
Are you in good spirits most of the time?	Yes/**No**
Are you afraid that something bad is going to happen to you?	**Yes**/No
Do you feel happy most of the time?	Yes/**No**
Do you often feel helpless?	**Yes**/No
Do you prefer to stay at home, rather than going out and doing new things?	**Yes**/No
Do you feel you have more problems with memory than most?	**Yes**/No
Do you think it is wonderful to be alive now?	Yes/**No**
Do you feel pretty worthless the way you are now?	**Yes**/No
Do you feel full of energy?	Yes/**No**
Do you feel that your situation is hopeless?	**Yes**/No
Do you think that most people are better off than you are?	**Yes**/No

Scoring: Bolded answers receive 1 point. A score of more than 5 suggests depression that should be further evaluated clinically.

CSDD:

To be done with a caregiver who knows
patient well

for
Moderate or severe dementia

CORNELL SCALE FOR DEPRESSION IN DEMENTIA

Resident Name _____ Age _____ ☐ Male ☐ Female

INSTRUCTIONS: Ratings should be based on symptoms and signs during the week before the interview. No score should be given if symptoms result from physical disability or illness.

SIGNS/SYMPTOMS SCORE:	A	0	1	2
A. MOOD - RELATED SIGNS				
1. Anxiety; anxious expression, rumination, worrying........................				
2. Sadness; sad expression, sad voice, tearfulness.......................				
3. Lack of reaction to pleasant events........................				
4. Irritability; annoyed, short tempered.......................				
B. BEHAVIORAL DISTURBANCE				
5. Agitation; restlessness, hand wringing, hair pulling.......................				
6. Retardation; slow movements, slow speech, slow reactions....................				
7. Multiple physical complaints (*score 0 if gastrointestinal symptoms only*)...............				
8. Loss of interest; less involved in usual activities (*score only if change occurred acutely, i.e., in less than one month*)				
C. PHYSICAL SIGNS				
9. Appetite loss; eating less than usual........................				
10. Weight loss (*score 2 if greater than 5 pounds in one month*)...............				
11. Lack of energy; fatigues easily, unable to sustain activities.................				
D. CYCLIC FUNCTIONS				
12. Daily variation of mood; symptoms worse in the morning..................				
13. Difficulty falling asleep; later than usual for this individual.................				
14. Multiple awakening during sleep........................				
15. Early morning awaking; earlier than usual for this individual..............				
E. IDEATIONAL DISTURBANCE				
16. Suicidal; feels life is not worth living.......................				
17. Poor self-esteem; self-blame, self-depreciation, feelings of failure.............				
18. Pessimism; anticipation of the worst.......................				
19. Mood congruent delusions; delusions of poverty, illness or loss.............				

Notes/Current Medications: _____

_____

_____

_____

_____

SCORING SYSTEM:
A = Unable to Evaluate   0 = Absent
1 = Mild to Intermittent   2 = Severe
Score of greater than 12 = Probable Depression

SCORE: _____

Signature of Assessor _____ Date ___/___/___

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

BRiGGS.   CORNELL SCALE FOR DEPRESSION IN DEMENTIA

Helping those with depression

-offer support/monitoring: video visits

-validate concerns/feelings, empathic listening
(avoid "I know how you feel" or "just get over it"

-contact primary care physicians/behavioral health
   providers. Many offer online therapy sessions

-crisis hotline (24/7)
Oahu 832-3100, neighbor islands 808-753-6879

-emergency room/911

Depression and Dementia During COVID: Screen tools via telemed

COVID and mental health

Assessing older patients via telemed

Depression

Dementia

Memory Decline

Stages:

Mild Cognitive Impairment (MCI):

    cognitive decline, no loss of ADLs (activities of daily living)

    can address reversible risk factors of further decline

Dementia:

cognitive decline AND

loss of ADLs

Figure 1
Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

ADLs
- Eating
- Getting In and Out of Bed
- Bathing
- Getting Around Inside
- Getting Dressed
- Toileting

IADLs
- Housework
- Grocery Shopping
- Money Management
- Laundry
- Getting Around Outside
- Medicine
- Preparing Meals
- Telephone Use
- Going Places Outside of Walking Distance

https://lao.ca.gov/Publications/Report/3509

Asking about memory decline

Questions:

-any depression? any new medications?

-memory loss (loss of recent memory first)

-poorer planning, no longer able to perform previously
learned skills not due to physical disability

-loss ofIADLS,

before basic ADLs

Figure 1

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

ADLs

Eating

Getting In and Out of Bed

Bathing

Getting Around Inside

Toileting

Getting Dressed

IADLs

Housework

Grocery Shopping

Money Management

Laundry

Getting Around Outside

Medicine

Preparing Meals

Going Places Outside of Walking Distance

Telephone Use

https://lao.ca.gov/Publications/Report/3509
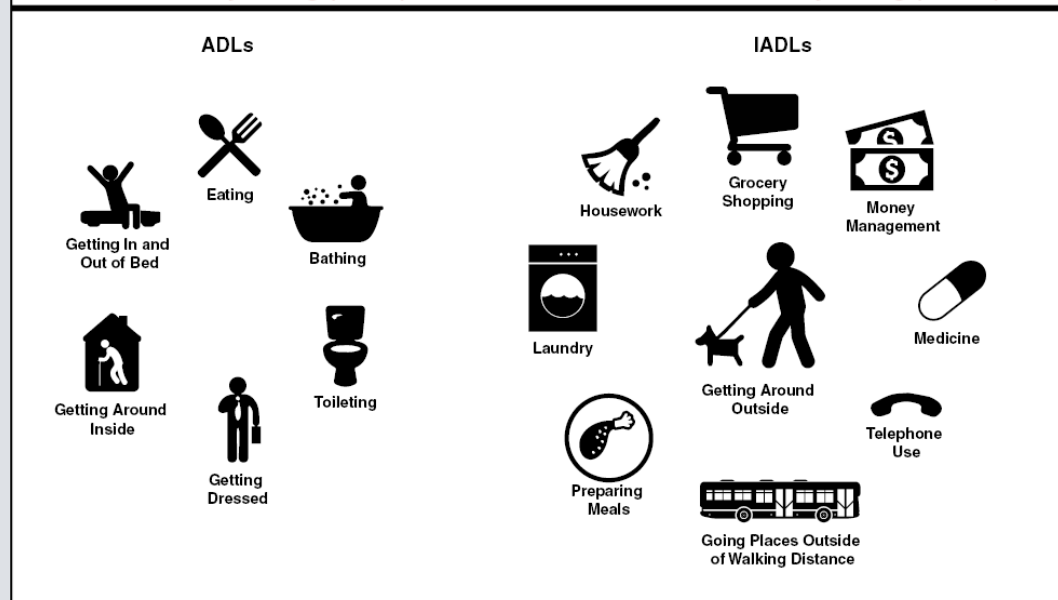
Cognitive Screening Tools

May need a helper to assist if done via video

Screening Instruments:

Mini-Cog
   screen for dementia, short

MMSE (Mini Mental Status Exam)
   screen for dementia, up to 10min

MOCA (Montrell Cognitive Assessment)
   better screen for MCI, up to 15min
   may need to pay to be certified

SLUMS (St. Louis University Mental Status Exam)
   better screen for MCI, up to 10min, pubic domain

-**Mini-Cog (**Borson 2000)

-three word recall and a clock draw

-better than PCPs in detecting early dementia

-can be reliable in those with limited English as long as they understand simple instructions

-not useful for detecting MCI

MINI-COG ™

1) GET THE PATIENT'S ATTENTION, THEN SAY: "I am going to say three words that I want you to remember. The words are

   Banana   Sunrise   Chair.

   Please say them for me now." (Give the patient 3 tries to repeat the words. If unable after 3 tries, go to next item.)
   old this page back at the TWO dotted lines BELOW to make a blank space and cover the memory words. Hand the patient a pencil/pen).

2) SAY ALL THE FOLLOWING PHRASES IN THE ORDER INDICATED: "Please draw a clock in the space below. Start by drawing a large
(F circle." (When this is done, say) "Put all the numbers in the circle." (When done, say) "Now set the hands to show 11:10 (10 past 11)."

----

3) SAY: "What were the three words I asked you to remember?"

_____ -   _____   _____ (Score 1 point for each) 3-Item Recall Score   ☐

Score the clock (see other side for instructions):   Normal clock   2 points   Clock Score   ☐
                                                        Abnormal clock   0 points

Total Score = 3-item recall plus clock score   ☐   0, 1, or 2 possible impairment; 3, 4, or 5 suggests no impairment

MMSE

-more frequently used than Mini-cog

-good for assessing degree of dementia

-not too useful for detecting MCI

MINI MENTAL STATE EXAMINATION (MMSE)
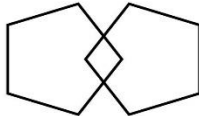
Name:

DOB:

Hospital Number:

One point for each answer

	DATE:			
ORIENTATION Year Season Month Date Time		....../ 5	....../ 5	....../ 5
Country Town District Hospital Ward/Floor		....../ 5	....../ 5	....../ 5
REGISTRATION Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).		....../ 3	....../ 3	....../ 3
ATTENTION AND CALCULATION Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW).		....../ 5	....../ 5	....../ 5
RECALL Ask for the names of the three objects learned earlier.		....../ 3	....../ 3	....../ 3
LANGUAGE Name two objects (e.g. pen, watch).		....../ 2	....../ 2	....../ 2
Repeat "No ifs, ands, or buts".		....../ 1	....../ 1	....../ 1
Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").		....../ 3	....../ 3	....../ 3
Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".		....../ 1	....../ 1	....../ 1
Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.		....../ 1	....../ 1	....../ 1
COPYING: Ask the patient to copy a pair of intersecting pentagons		....../ 1	....../ 1	....../ 1
	TOTAL:	....../ 30	....../ 30	....../ 30
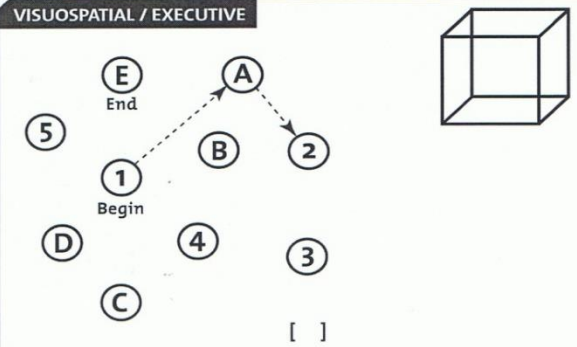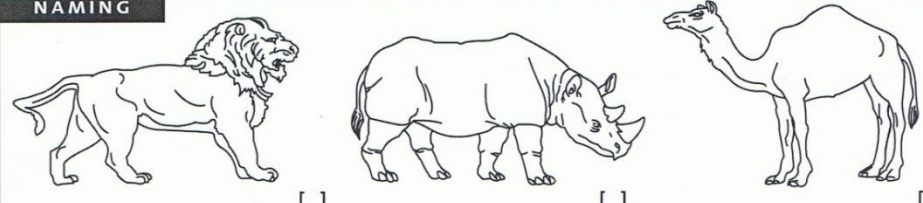
MMSE scoring
24-30: no cognitive impairment
18-23: mild cognitive impairment
0-17: severe cognitive impairment

MOCA

-useful in detecting MCI

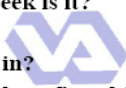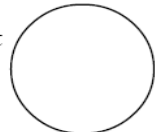-takes longer than other tests

-certification fee

SLUMS

-useful in detecting MCI

-public domain

VAMC SLUMS Examination

Questions about this assessment tool? E-mail aging@slu.edu.

Name _____ Age _____
Is patient alert? _____ Level of education _____

Score		
__/1	❶	1. What day of the week is it?
__/1	❶	2. What is the year?
__/1	❶	3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.
   Apple   Pen   Tie   House   Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
   ❶ How much did you spend?
   ❷ How much do you have left?   __/3

6. Please name as many animals as you can in one minute.   __/3
   ⓪ 0-4 animals   ❶ 5-9 animals   ❷ 10-14 animals   ❸ 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.   __/5

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.   __/2
   ⓪ 87   ❶ 649   ❶ 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
   ❷ Hour markers okay
   ❷ Time correct   __/4

10. ❶ Please place an X in the triangle.   __/2

   ❶ Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.
   Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
   ❷ What was the female's name?   ❷ What work did she do?
   ❷ When did she go back to work?   ❷ What state did she live in?   __/8

_____ TOTAL SCORE

Department of Veterans Affairs

SAINT LOUIS UNIVERSITY

SCORING

HIGH SCHOOL EDUCATION		LESS THAN HIGH SCHOOL EDUCATION
27-30	Normal	25-30
21-26	MNCD*	20-24
1-20	Dementia	1-19

* Mild Neurocognitive Disorder

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for Detecting Mild Cognitive Impairment and Dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. J am Geriatri Psych (in press).

Addressing Memory Decline

Treat any underlying depression

Reversible risk factors
    -medical: blood pressure, cholesterol, fasting glucose
    lifestyle: physical exercise, psychosocial routines

Preparation for next stage
    -family/CG to start to adapt to avoiding confrontation/challenging their reality, unless dangerous
    -surrogacy planning: power of attorney
    -become aware of support resources

Non-Medication Approaches for Dementia Behavior

Paranoia/Hallucinations
Avoid confrontation
Reassurance/validate followed by distraction
Safety (hide harmful objects)

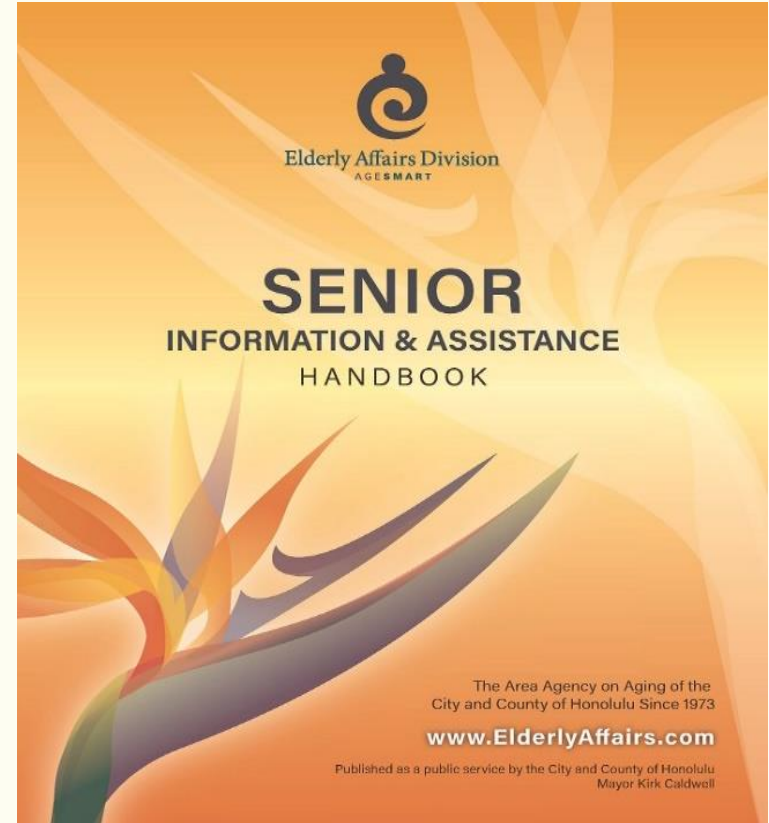Sleep
keep occupied/awake in the day
light early evening activities
hallway/bathroom lights

Depression/Cognitive Decline
physical and mental activities
community resource/day programs

808-768-7700

Non-Medication Approaches for Dementia Behavior

<u>Sensory stimulation:</u>
plants, animals,
massage, aromatherapy
Music (familiar!)

Even more important
With COVID restrictions

Courtesy of Manoa Cottages

*Ballard 2009, Beier 2007,
Dyer 2017, Gerdner 1993,
Kong 2009, Rowe 1999, Ueda 2013*

Questions?