Support & Well-being

Alzheimer's Association

Tips to make Holidays more Enjoyable at a Care Facility

Celebrating at a care facility

If your family member lives in a nursing home or other care facility, try these ideas:

- **Celebrate in the most familiar setting.** Because a change in environment can cause distress, consider holding a small family celebration at the facility. You might participate in holiday activities planned for the residents.
- **Minimize visitor traffic.** Arrange for a few family members to drop in on different days. A large group may be overwhelming

Preparing holiday visitors

To help visitors prepare for holiday time with a person with dementia:

- **Provide an update.** Let guests know ahead of time about any changes in behavior or memory since their last visit. Providing a recent photo can help people prepare for changes in appearance.
- **Offer communication tips.** Suggest ways for guests to listen patiently, such as not criticizing repeated comments, not correcting errors and not interrupting.
- **Suggest activities.** Tell guests ahead of time what activities you have planned or suggest something they might bring, such as a photo album.

Ideas for Holiday Celebrations for Caregivers during COVID

For yourself!

For your facility!

For your resident's families and friends!

https://dementianc.org/12-days-of-holiday-caregiving/

https://www.alz.org/help-support/resources/holidays

SBAR Depression & Medical Treatment

Aida Wen, MD

Associate Professor

Dept of Geriatric Medicine

University of Hawaii

What do we do with PHQ-9 results?

(Score range 0- 27)

MINIMAL	MILD	MODERATE	MOD TO SEVERE
PHQ-9 <5 and does not admit to depression or suicidal thoughts	PHQ-9 5-9 + admits to depression/suicidal	PHQ-9 10-14 or admits to depression/ suicidal	PHQ-9 >14

• Quarterly screening	• Suicide intervention
	• MD Eval, Dx
	  • Consider medications if functional impairment
	• Non-pharmacologic Care Plan:
	  • Cog-Behavioral Therapy
	  • Behavioral Activation
	  • Environment
	  • Activities
		• Suicide intervention
		• MD Eval, Dx
		  • Consider psychiatry consult
		  • Antidepressants
		• Non-pharmacologic:
		  • Cog-Behavioral Therapy
		  • Behavioral Activation
		  • Environment
		  • Activities
			• Suicide intervention
			• MD Eval, Dx
			• Antidepressant
			• Refer to psychiatric MD, nurse, SW, psychologist.
			• Non-pharmacologic:
			  • Cog-Behavioral Therapy
			  • Behavioral Activation
			  • Environment
			  • Activities

Follow-up PHQ-9 scores can help you monitor depression severity

Depression can be Disguised

MEDICAL ILLNESS

DELIRIUM

DEMENTIA

PSYCHOTIC DEPRESSION

DEPRESSION

BEREAVEMENT

BIPOLAR DISORDER

Lack of interest

Lack of appetite

Poor sleep

Fatigue

Failure to Thrive

Poor Rehabilitation

Trouble thinking

Hallucinations, Delusions, and Confusion

Agitation, Aggression

Thoughts of death

What do we tell the Doctor?

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: "*Over the last 2 weeks, have you been bothered by any of the following problems?*"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)
9. **No response** (leave column 2 blank)

2. Symptom Frequency
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *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*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

S-B-A-R

S: Eeyore has a PHQ-9 score of 10.

B: Hx of hypothyroidism, depression and chronic pain. He is on Synthroid 112 mcg/day, Zoloft 25 mg daily.

A: Eeyore has been looking gradually more & more depressed in the past 3 months. However, in the past 2 weeks, he feels down and depressed more than half the days (2), He feels like a failure and let his friends down half or more of the days (2), He has little interest in joining activities (2), and has trouble concentrating half or more of the days (2), and sometimes thinks he would be better off dead (1)

R: I am worried that he may be quite depressed. Would you like to see him soon? We can also meet with SW and Rec Tx to review his activities care plan. Do you want to check labs, adjust his Zoloft, and have the psychiatrist see him again?

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)

2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores In Boxes ↓	
A. *Little interest or pleasure in doing things*	1	2
B. *Feeling down, depressed, or hopeless*	1	2
C. *Trouble falling or staying asleep, or sleeping too much*	0	0
D. *Feeling tired or having little energy*	0	0
E. *Poor appetite or overeating*	0	0
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	1	2
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	1	2
H. *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	0
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	1	1

How common is Suicidal Ideation in nursing homes?

Based on data from MDS 3.0 for all NH patients in the US for 2014-2015, covering 15,600 NH. (PHQ-9 Item I)

Post-Acute Admissions:

- Highest at the time of admission (1.24%). Declines rapidly by the time of discharge (0.50%).

Long-Stay Admissions:

- Highest at the time of admission (1.81%). Declines significantly within 3 months (1.21%), and further decreases by the end of one year (0.98%).

RISK FACTORS: White, Older, Unmarried, Male, Higher cognitive level
OTHER CHARACTERISTICS: PHQ-9>10, mod-severe aggressive behaviors, Higher prevalence of psychiatric conditions, delusions, hallucinations, more comorbidities, use of BH medications, pressure ulcers, and more pain compared to those without SI.

Temkin-Greener, et al. Suicidal Ideation in US Nursing Homes: Association with Individual and Facility Factors. Am J Geriatr Psychiatry. 2020 Mar; 28(3): 288-298. doi: 10.1016/j.jagp.2019.12.011. Epub 2020 Jan 3.

How do we prevent Nursing Home suicides?

Understand Competed Suicides

WHO
Male (61.4%), mean age 76.3, Cognitively functional 75-80%

WHEN
Majority within 12 months (52%).

HOW
Hanging (38%),
Falling from height (38%)
cutting, asphyxiation, drowning, overdose.

WE CAN PREVENT!

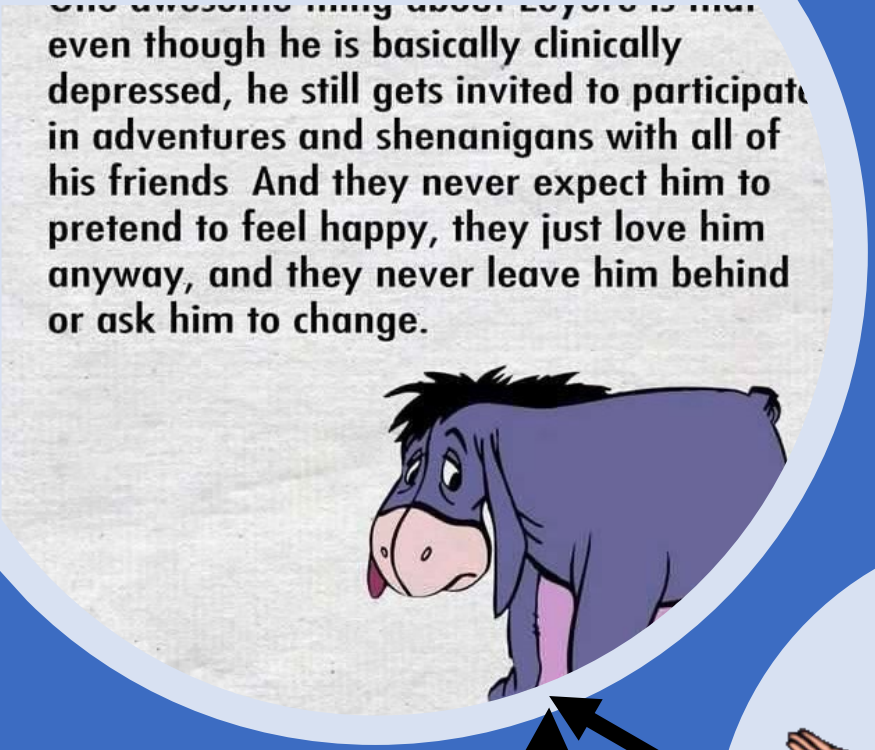
WHAT
Physical Health Declining (50%)
Depression (67%),

DEPRESSION
62.5% of residents dx with depression NOT receiving any pharmacologic treatment at time of death.

Majority had no prior suicidal behaviors/attempts.

B Murphy, et al. Completed Suicide among NHR: A Systematic Review. Int J Geriatr Psychiatry. 2015 Aug (8): 802-14. doi 10.1002/gps.4299

Comprehensive Teamwork



Suicide intervention

MD Evaluation, Diagnosis, Treatment

- Consider psychiatry consult
- Antidepressants

Non-pharmacologic:

- Cog-Behavioral Therapy
- Behavioral Activation
  - Environment
  - Activities

Choices are Individualized

There are many classes of antidepressants…

Individualized selection is based on diagnosis, patient characteristics and side effects

To help choose, the MD will want to know about things like:

- sleep
- appetite
- anxiety

Be Patient…

Antidepressants work *very* slowly.

It may take 4-6 weeks to see a good response

Consider switching or adding antidepressants if no response in 4-8 weeks

…and don’t give up!

2001 US Expert Consensus Guidelines
2006 Canadian Guidelines

Monitor for side effects

All medications have side effects and drug interactions. Monitor closely!

- ☐ Sleepy
- ☐ Confused
- ☐ More depression
- ☐ Anxious
- ☐ Agitated
- ☐ Restless
- ☐ Dizziness

Monitor PHQ-9 monthly to quarterly

...and monitor PHQ-9

2001 US Expert Consensus Guidelines
2006 Canadian Guidelines

What about Behaviors in Residents with Dementia ?

- Resistive to Care
- Combative
- Screaming
- Cursing
- Irritable

These could be Depression in Disguise!

Do NOT jump to give medications to calm them down!
Change your approach first!

What about Behaviors in Residents with Dementia ?

Antidepressants can work!

- If Approach, Environmental Changes, and Activities are not sufficient, medications may be helpful.

- Antidepressants or Antipsychotics?
  - Behavioral Symptoms improve using either antidepressants or antipsychotics with similar efficacy with >85% improving/stable
    - Huang et al. J Am Ger Society 63:1757-1765, Sept 2015

The PHQ-9 can help us follow- up Depression severity

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: "*Over the last 2 weeks, have you been bothered by any of the following problems?*"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)
9. **No response** (leave column 2 blank)

2. Symptom Frequency
0. **Never or 1 day**
1. **2-6 days** (several days)
2. **7-11 days** (half or more of the days)
3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *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*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

PHQ-9 can serve as Feedback

even though he is basically clinically depressed, he still gets invited to participate in adventures and shenanigans with all of his friends And they never expect him to pretend to feel happy, they just love him anyway, and they never leave him behind or ask him to change.

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*

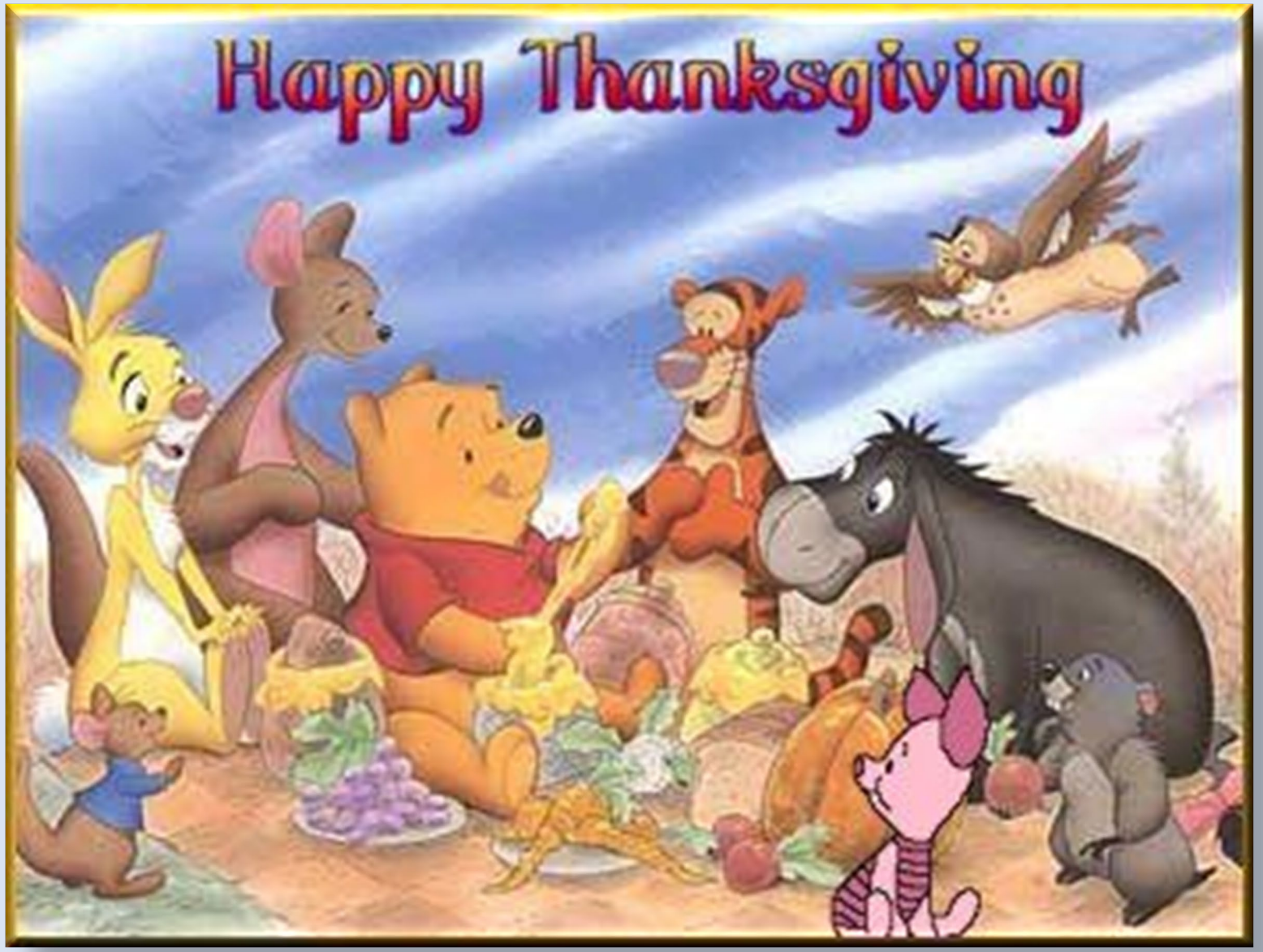
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)

2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	1
B. *Feeling down, depressed, or hopeless*	☐	1
C. *Trouble falling or staying asleep, or sleeping too much*	☐	0
D. *Feeling tired or having little energy*	☐	0
E. *Poor appetite or overeating*	☐	0
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	0
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	1
H. *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*	☐	1
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	0

For the team to modify the care plan



THANKS FOR CARING!

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Mountain-Pacific Quality Health

What about us??

The pandemic has us really stressed out

- So much information-and it changes frequently
- Concern for others' well-being (residents, colleagues, family)
- Long hours
- Death of residents
- Stigma-of getting sick, of asking for help
- Politicization of the pandemic and response
- New mandates
- And on and on and on

Practices that can help us keep our heads…

1. Get enough sleep
2. Do some kind of physical activity
3. Gratitude
4. Talk to a trusted friend, family member, professional
5. Focus on people who lift you up (filter your social media, too)
6. Try a personal PDSA!

Personal PDSA

Most people feel guilty when talking about goals because they set unreasonable or unworkable goals. A goal is workable if it's:

1. Something you can control (i.e., it doesn't depend on others)
2. Manageable (i.e., not overwhelming)
3. Realistic for you (not for someone else)
4. Measurable (i.e., you know whether or not it is done or getting done)

If something goes wrong with your goal, adopt a "what can I learn from this?" attitude (versus a judgmental, "this is why I'm horrible" attitude). Also, be careful when comparing your progress with others. We usually compare our biggest weakness with another person's biggest strength. This is unfair (and usually not accurate anyhow).


MENTAL HEALTH MATTERS
END THE STIGMA

Regulatory & COVID-19 Updates

Healthcare Association of Hawaii