

TNH/*GerIU* Production

DEPRESSION IN DEMENTIA

Script for
Learning Object (LEO) 1
“Prevalence of Depression
in Dementia”

**Slide 1 - Learning Objective 1:
The prevalence of Depression in Dementia (D/D)
in nursing home (NH) population.**

NARRATOR

The purpose of this educational program is designed to educate nurses to work with other members of the interdisciplinary team in recognizing and treating depression in long term care residents with dementia.

FADE IN:

ANIMATION TO APPEAR ON SCREEN:

Animation to present statistics on prevalence - identical line drawings representing NH residents over 65. The number represents proportion of those: 5% of 65+ population (1,814,699) in NH (shade representative portion) about half in NH have dementia (diagonal lines through representative portion); 30% of NH residents have depression (cross hatch representative portion); 40% with D/D (fill in those representing both)

Delay 30 seconds before TEXT APPEARS ON SCREEN:

Florida has one of the highest concentrations of older residents in the country (17.6%). At any one time, 5% are living in a nursing home. Depression is a common complication of dementia.

NARRATOR reads as text is presented

NARRATOR

There are almost 2 million U.S. residents over the age of 65. At any one time, 5% live in a nursing home. Of those who live in nursing homes, 50% have some form of dementia and over 40% of that group are depressed.

Slide 2 - Learning Objective 1 (Cont.):
The prevalence of Depression in Dementia (D/D)
in nursing home (NH) population.

ANIMATION APPEARS ON SCREEN:

Startling words and numbers float across the screen. The number or words under discussion are highlighted and then fade with narration.

TEXT APPEARS ON SCREEN:

- half of all residents with AD are eventually institutionalized.
- 50% become depressed
- higher rates of illness, hospitalization and death
- high cost of care for people with dementia and depression - 100 billion
- increased caregiver burden (crying, psychotic symptoms, aggressiveness, needing more assistance with ADLs)

NARRATOR reads as text is presented:

NARRATOR

Suffering multiplies when persons with dementia are depressed. Residents with dementia and depression are more likely to become ill from other causes, to decline in function beyond what is expected from dementia, suffer disability, to become hospitalized, and to die prematurely. They use more health care services than those with dementia alone and are estimated to have health care costs of 100 billion dollars. The symptoms of depression increase burden for caregivers. Resisting care, crying, psychotic symptoms and aggressive behavior are more likely when the person with dementia is depressed.

Slide 3 - Learning Objective 2:
The relationship of mood and affect to quality of life in dementia.

SETTING: Hospital Living Area
DATE/TIME OF TBD
FILMING: Morning/Afternoon
MATERIALS Tambourine, radio, chairs for actors, scrubs
NEEDED:
ACTORS: (6 or 7)
ACTIVITY LEADER: TBD
NURSING ASST.: TBD
MRS. PETERSON: TBD
3-4 PATIENT EXTRAS:
CAMERA(S) (2) - Operators: James Jones and Rudy Picardo

FADE IN:

INT. HOSPITAL LIVING AREA
CAMERA 01 is focused on the ACTIVITY LEADER, NURSING ASST. and PATIENT EXTRAS (framed slightly to the left) as they are participating in activity. CAMERA 02 is focused on the MRS. PETERSON (framed slightly to the left) is sitting alone with her head in her hands. MRS. PETERSON is not happy. The NURSING ASST walks over to MRS. PETERSON.

NURSING ASST.
Come on, Mrs. Peterson. Just try please?
Your daughter tells me you love music.

MRS. PETERSON turns away from the others in disgust and sighs heavily.

MRS. PETERSON:
Don't bother with me. I can't sing.

FADE TO:

Blurred image of scene as NARRATOR describes consequences of depressed mood to quality of life such as loneliness, lack of interest, and anhedonia.

NARRATOR:
Depressed residents with dementia have poor quality of life. They are more isolated, lethargic, and have difficulty feeling pleasure (even when they are engaged in activities they once enjoyed).

FADE OUT:

Slide 4 - Learning Objective 3: The relationship of mood and affect to quality of life in dementia.

Animation: key terms (mood-related terminology) and their definitions flying onto screen one at a time as narrator discusses the meaning and why terms are important for clear communication among health care providers. After discussing a term, it fades away.

MRS. PETERSON shows different facial expressions body language to point out symptoms. Freeze frame as related symptoms are presented in text.

NARRATOR

The following terms are used to describe depression. Knowing the right word can help you to better describe your patient to other members of the health care team. Better communication results in better care.

The complete glossary for the other definitions is shown on the screen. Each term is hyperlinked to definition (underlined below).

TEXT APPEARS ON SCREEN: Affect; Mood; Depression; Pessimism; Low self-esteem; Self depreciation; Anhedonia; Low energy; Labile; Mood; Mood-congruent delusions; Pessimism; Self-depreciation; Self esteem; Social isolation; Somatic complaints; Tearfulness

Video Case 01 - The Impact of D/D on the Quality of Life

SETTING: Hallway in Nursing Home then resident's room
DATE/TIME OF TBD
FILMING: Morning/Afternoon
MATERIALS Medication cart, medication cup with "pills"
NEEDED: in it, cup of water
Nurse uniform, watch, ID badge
ACTORS: (2)
NURSE: Carolina Valderama
MR. LEVINE: Jerry Lawrence
CAMERA(S) (2) - Operators: Aaron McEntire and Rudy
Picardo

FADE IN:

INT. HALLWAY

CAMERA 01 focused on the NURSE (framed on the left) as she prepares medication at medication cart. NURSE is dressed in a uniform with a name badge identifying her as an LPN. CAMERA 02 focused on the MR.LEVINE (framed slightly to the right) who is sitting in his room. MR. LEVINE is not happy.

CUT TO:

The NURSE walks INTO MR. LEVINE'S room.

CUT TO:

INT. RESIDENT'S ROOM

NURSE takes MR. LEVINE's pills in a cup and brings them to his bedside. MR. LEVINE is dressed with socks, no shoes and lying (back to nurse) on fully made up bed. NURSE is trying to coax him to take his medicine and come to dining room for lunch. NURSE is holding the medications.

NURSE:

Mr. Levine, it's time for your pills and
lunch and (holding medications).

MR. LEVINE doesn't move.

MR. LEVINE:

(*irritably*)
Leave me alone!

NURSE:

Let me help you sit up and put your shoes
on.

NURSE leaves hand on Mr. Levine's shoulder. MR. LEVINE pushes her hands away irritably.

NURSE

I have your pills here. Here is your water.

NURSE hands him the pill cup. MR. LEVINE he does not take it.

NURSE

Please, Mr. Levine?

MR. LEVINE looks at his hands and sighs deeply. There is no expression on his face. NURSE looks at her watch.

NURSE

I'll come back in a few minutes.

NURSE turns and leaves. MR. LEVINE does not speak and lies back down. (Be sure to shoot different angles of this to use in other parts of the DVD)

FADE TO:

Blurred image of scene as NARRATOR describes consequences of depressed mood to cost of care such as increased staff time to care for resident and increased risk of complications of inactivity.

NARRATOR

When a resident has dementia and depression, they spend most of their time in bed or sitting in a chair and require more care. Keeping them active is time consuming and costly.

FADE TO:

Blurred image of scene as NARRATOR describes consequences of depressed mood to increased risk of complications as TEXT APPEARS ON SCREEN:

Residents with dementia and depression are at increased risk of complications of immobility and deconditioning. They are at greater risk of illness, hospitalization and even premature death.

NARRATOR

Residents with dementia and depression are at increased risk of complications of immobility and deconditioning. They are at greater risk of illness, hospitalization and even premature death.

FADE OUT

Video Case 09 - The Impact of D/D on the Quality of Life.

SETTING: Hallway in Nursing Home then resident's room
DATE/TIME OF TBD
FILMING: Morning/Afternoon
MATERIALS Medication cart, medication cup with "pills"
NEEDED: in it, cup of water
Nurse uniform, watch, ID badge
ACTORS: (2)
NURSE: Carolina Valderama
MR. LEVINE: Jerry Lawrence
CAMERA(S) (2) - Operators: Aaron McEntire and Rudy Picardo

FADE IN:

INT. Nursing home hallway
CAMERA 01 is focused on the NURSE (FACING NURSE) as she prepares medication at medication cart. CAMERA 02 focuses on the MR. LEVINE who is sitting in his room. MR. LEVINE is not feeling well. MR. LEVINE is lying (on back) in bed with covers up to his neck. The NURSE enters MR. LEVINE'S room. She takes MR. LEVINE'S pills in a cup and brings them to his bedside.

NURSE:
What's wrong Mr. Levine?

MR. LEVINE is breathing heavy, coughing. His eyes are open and he stares ahead and does not respond. The NURSE puts down the pills and listens to MR. LEVINE'S chest with a stethoscope)

NURSE:
I am going to call your doctor.

MR. LEVINE does not speak and lies back down.

FADE TO:

Blurred image of scene as NARRATOR describes consequences of depressed mood to increased risk of complications.

NARRATOR concludes as text appears:

NARRATOR
Residents with dementia and depression are
at increased risk of complications of
immobility and deconditioning.

FADE OUT

**Video Case 10 - Potential physical & psychological consequences
of unrecognized & untreated Depression in Dementia.**

SETTING: 1) Hallway in Nursing Home
2) Resident's room,
3) Nurse's station in Nursing Home

DATE/TIME OF TBD

FILMING: Morning/Afternoon

MATERIALS Nurse uniform, watch, ID badge

NEEDED: Emergency Medical Technicians (EMT) uniform
(2), stretcher

ACTORS: (4)
NURSE JACKSON: Karina Bonnefil
MR. LEVINE: TBD
EMT 01: TBD
EMT 02: TBD

CAMERA(S) (2) - Operators: Aaron McEntire and Rudy
Picardo

FADE IN:

INT. NURSING HOME HALLWAY
CAMERA 01 is focused on EMT 01 and EMT 02 as they arrive at
nursing home with stretcher to take MR. LEVINE to hospital for
evaluation.

CUT TO:

INT. NURSE'S STATION
CAMERA 01 is focused on the EMT 01 and EMT 02 as they arrive at
nurse's station. NURSE JACKSON is on the telephone.

EMT 01:
Hey, Ms. Jackson (smiling), we are here to
take Mr. Levine to Miami Memorial.

CUT TO:

CAMERA 02 focused on NURSE JACKSON hangs up phone and approaches
EMT 01 and EMT 02.

NURSE JACKSON:
Let me take you to his room.

NURSE JACKSON walks down hallway with EMT's holding paperwork and
chatting (no laughing). Viewer can't hear what nurse is saying
both EMT's are listening.

FADE TO:

Blurred image of scene as NARRATOR describes consequences of depressed mood in terms of increased risk of morbidity and mortality. TEXT APPEARS ON SCREEN:

Residents with dementia and depression are at increased risk of complications of immobility and deconditioning. They are at greater risk of illness, hospitalization and even premature death.

NARRATOR

Residents with dementia and depression are at increased risk of complications of immobility and deconditioning. They are at greater risk of illness, hospitalization and even premature death.

Video Case 02 - MMSE

SETTING: 1) Expert's office
2) Mrs. Peterson's room in Nursing Home

DATE/TIME OF FILMING: TBD

FILMING: Morning/Afternoon

MATERIALS NEEDED: 1) Expert in business attire, desk and chair
2) Nurse uniform, ID badge watch, pencil, clipboard, forms

ACTORS/ACTRESSES: NURSE: Carolina Valderama
MRS. SILVA: Marge Ritter

CAMERA (S) (2) - Operators: Aaron McEntire and Rudy Picardo

FADE TO:

INT. NURSING HOME - MRS. SILVA'S ROOM
CAMERA 01 is focused on NURSE and MRS. SILVA as they sit opposite each other in chairs in MRS. SILVA's room. CAMERA 02 focuses on the form when nurse begins to write.

NARRATOR:

Residents with either depression, dementia, or co-occurring depression and dementia respond to questions in characteristic ways. In the first example, the nurse administers a Mini Mental State Examination to Mrs. Peterson who has depression and dementia. She gives up easily and make self-critical remarks.

NURSE:

(holding a clipboard and pencil)
OK, Mrs. Silva, I am going to ask you some questions and I would like you to answer if you can. OK?

MRS. SILVA

(pauses then hesitantly)
I guess

NURSE:

(pencil in hand ready to write)
What year is it?

MRS. SILVA

(pauses then hesitantly)
2000, I guess.

CAMERA 01 Close-up (CU) of MMSE form as NURSE crosses out year.

CUT TO:

CAMERA 02 focuses on the NURSE and MRS. SILVA

NURSE:
OK. What is the season?

MRS. SILVA
*(irritably, throws hands out, no eye
contact)*
How should I know?

CAMERA 01 CU of MMSE form as NURSE crosses out season on form.

CUT TO:

CAMERA 02 focuses on the NURSE and MRS. SILVA

NURSE:
Alright. What is the date?

MRS. SILVA
(no eye contact, sighs, seems dejected)
That's too hard.

CAMERA 01 CU of MMSE form as NURSE crosses out date on form.

CUT TO:

CAMERA 02 focuses on the NURSE and MRS. SILVA

NURSE:
OK. What day is it?

MRS. SILVA
(looks down at hands, no eye contact)
I'm so stupid!

CAMERA 01 CU of MMSE form as NURSE crosses out day on form.

CUT TO:

CAMERA 02 focuses on the NURSE and MRS. SILVA

NURSE:
What is month is it?

MRS. SILVA shrugs her shoulders and shakes her head. She doesn't answer.

FADE TO:

Blurred image of scene as NARRATOR describes how residents react differently in this situation depending on whether or not they are depressed.

NARRATOR

The person with co-occurring depression and dementia may experience lethargy and seem unmotivated to answer questions. Residents with depression, dementia, or both reveal their symptoms with their reactions to everyday situations.

Video Case 03 - Depression in Dementia in late life.

SETTING: Lunch room in Nursing Home
DATE/TIME OF TBD
FILMING: Noon
MATERIALS Round table with tablecloth and lunch set up.
NEEDED: 3 chairs
Food
ACTORS: (4)
NURSING ASSISTANT: Jason Beaupied
MRS. PETERSON: Judy Forman
MRS. SILVA: Marge Ritter
MR. LEVINE: Jerry Lawrence
CAMERA(S) (2) - Operators: Aaron McEntire and Rudy Picardo

INT. NURSING HOME DINING ROOM

CAMERA 01 is focused on MRS. SILVA, MR. LEVINE and NURSING ASSISTANT as they walk into dining room before lunch. CAMERA 02 focuses on MRS. PETERSON at the table.

FADE IN:

NARRATOR:

Residents with depression, dementia, or both reveal their symptoms with their reactions to everyday situations. In the following example we will observe three residents having lunch in the nursing home setting. In a social situation such as this, it is possible to see patterns that illustrate the characteristic differences between depression, dementia, or co-occurring depression and dementia.

CUT TO:

MRS. SILVA (depressed, no dementia) is complaining to NURSING ASSISTANT as they walk into the dining area.

MRS. SILVA

Well it's about time. Every day it's the same thing. Why do they make us stand around outside and wait? I could have stayed in my room until they were ready. What are we having? Mystery meat? The same thing we had 3 days ago? I am so sick of this food! I wouldn't serve this food to my cat. Who is sitting in my seat? She better move before I get there.

MRS. SILVA walks toward table. NURSING ASSISTANT follows.

NURSING ASSISTANT:
Don't worry, she just needs help finding
her seat.

Sound fades as MRS. SILVA walks towards the table but she is still talking).

CUT TO:

MRS. PETERSON as she sits at lunch table. MRS. PETERSON (depression and dementia) is apathetic or resistant to help. MRS. PETERSON is passively sitting in MRS. SILVA's seat by mistake, making no attempt to speak or eat.

NURSING ASSISTANT:
Come on Mrs. Peterson, let's find your
seat.

NURSING ASSISTANT assists MRS. PETERSON to stand and change seats. MRS. PETERSON resists moving to new seat, starts yelling and strikes out at nursing assistant.

NURSING ASSISTANT:
(speaking quietly)
That's OK. Just sit here.

MRS. PETERSON sits, frowning, not eating even after NURSING ASSISTANT prepares food. She shakes her head when offered food.

CUT TO:

MR. LEVINE (has dementia, but no depression) begins eating immediately when assisted by the NURSING ASSISTANT.

MR. LEVINE:
(cheerful, repeating)
Oh I love hamburgers!

MR. LEVINE turns to *face the* NURSING ASSISTANT

MR. LEVINE:
Do you like hamburgers? I love hamburgers.

MR. LEVINE kisses aide's hand several times.

NURSING ASSISTANT:
(speaking quietly)
Yes, I love hamburgers.

NURSING ASSISTANT prepares food for MR. LEVINE, hands MRS. PETERSON a fork. MR. LEVINE starts eating right way as if she is very hungry.

CUT TO:

Various B-roll of scene as NARRATOR speaks:

NARRATOR

Mrs. Silva is depressed but she is not cognitively impaired. She readily verbalizes her negativity. Mrs. Peterson has co-occurring dementia and depression.

It is difficult for her to express her depressed mood in words but she acts out her negative emotions. Mrs. Taylor has been diagnosed with dementia but she is not depressed. Her behavior reflects positive mood although she clearly displays cognitive limitations.

FADE OUT

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DEPRESSION IN DEMENTIA

Script for
Learning Object (LEO) 2

“Define the problem”

Slide 1 - LEO 2: Define the problem

TEXT APPEARS ON SCREEN:

LEO 2 - Define the problem

Learning Outcome:

The learner will distinguish between depression in dementia and dementia without depression.

NARRATOR

Faced with an accumulation of hardships and losses, it is understandable that residents with dementia would feel sad at least some of the time. What is mental health in a person with dementia?

Mental health would include the ability to experience pleasure and contentment, to enjoy the company of other people and to be able to handle everyday stress. But when does low mood become an illness in need of treatment?

Depression is diagnosed when the resident displays symptoms consistently over time (every day for most of the day). About half of all residents with dementia will develop depression.

Slide 2 - Depression Is An Illness

TEXT APPEARS ON SCREEN (*Each point is highlighted when narrator reads, then it fades into background*):

Key symptoms of depression:

- 1) Depressed mood
- 2) Lack of interest in activities

Other symptoms include

- 1) Inability to experience pleasure
- 2) Weight gain or loss
- 3) Insomnia or hypersomnia
- 4) Agitation or slowing down
- 5) Fatigue, low energy
- 6) Feeling worthless
- 7) Decreased ability to think or make decisions
- 8) Thoughts of death

NARRATOR

As with any illness, depression can be recognized by a specific set of symptoms. The most important symptoms are depressed mood and lack of interest in activities.

Either one or both may be present. Other symptoms may be present including:

Inability to experience pleasure; Weight gain or loss

Insomnia or hypersomnia; Agitation or slowing down; Fatigue, low energy; Feeling worthless; Decreased ability to think or make decisions; and Thoughts of death.

TEXT APPEARS ON SCREEN:

Why is depression considered an illness?

NARRATOR

The depressed resident may seem content to sit alone for long periods of time. Other depressed residents may be very irritable.

Why do some people with dementia seem to find things to enjoy despite their limitations while others seem to "give up"?

Depressed residents may look like they are just not "trying" to help themselves or that they could change their attitude if they really wanted to. The reasons for depression are complicated and include past history of depression, genetic predisposition, painful life events and the overall health of the brain.

TEXT APPEARS ON SCREEN:

Factors affecting resident functioning

- Emotion
- Mood
- Affect

NARRATOR

Some people believe that a person with dementia is too impaired to be depressed. After all, they don't know what's going on...do they? We do know that when residents with dementia are consistently sad, withdrawn, or chronically irritable, they need to be evaluated for depression. Most importantly, when treated for depression, they can improve.

Depression influences everyday functioning in many ways. Depressed residents may refuse to eat or take their medications. They may resist taking a shower, getting dressed, leaving their room or participating in activities. Left to themselves, they may sit in a chair all day or lie in bed, slowly deteriorating in physical health as well as mental health.

Slide 5 - Neuroanatomy/physiology

ANIMATION APPEARS ON SCREEN:

Using picture below as an example (or refer to animation in dementia CD), show how serotonin is necessary to transmit messages between neurons. When an insufficient amount of serotonin is available, negative mood prevails.

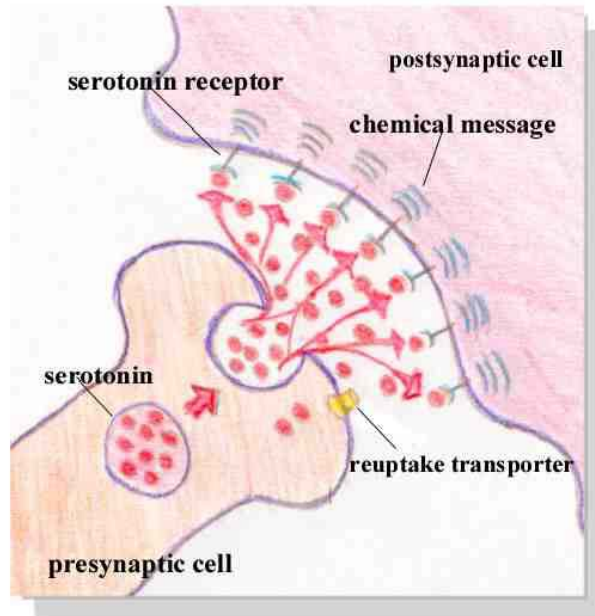


Figure 1

Image by Nancy Schimelpfening

NARRATOR

We know that depressed individuals have changes in their brain functioning. Chemical messengers in the brain such as serotonin, norepinephrine, and dopamine are at less available thus slowing the transfer of information from one brain cell to the next. PET scans show decreased functioning in parts of the brain that regulate emotion. It's as if the person's ability to be happy or interested in living is "turned off".

Slide 6 - Influence of Culture

TEXT APPEARS ON SCREEN:

Culture affects the way a person expresses sadness and depression

Components of culture:

- Country of origin
- Major supports
 - Family
 - Friends
- Decision-making
- Languages/communication
- Religion
- Nutrition
- Economics
- Health beliefs
- Traditions

NARRATOR

Culture includes the beliefs, values and traditions of a group of people. Understanding culture is important to recognizing depression. There are differences in the way persons from different cultures express emotions. Typical ways of expressing depressed mood may be different as well.

Slide 7 - Culture and Depression

VIDEO CLIP PLAYS ON SCREEN:

"Experts" describing how elders from various cultural backgrounds might have characteristic patterns of symptoms or express their distress in a variety of ways.

NARRATOR

In many long-term care settings, nurses and direct care staff are from different cultures and different countries of origin than residents. Many residents are European American, Caucasian, Protestant and English-speaking. If the typical caregiver does not fit this description, misunderstandings may arise and emotions may be misunderstood.

For example, researchers have found differences in the way that Hispanics, non Hispanic Whites, and African Americans express their depressed mood. African Americans were less likely to complain about their symptoms of depression than other groups. Hispanics were more likely than non Hispanic Whites to complain about physical symptoms such as being tired rather than verbalize psychological symptoms like feeling worthless. Hispanic Americans displayed more behavioral symptoms such as agitation than African Americans. African Americans reported more depressive symptoms in early dementia and more aggressive symptoms in later stage dementia.

Slide 8 - Video Case Examples Of Culture and Depression

TEXT APPEARS ON SCREEN:

- Contrasting case examples will be used to illustrate how elders from different cultural groups may express emotion and depression differently.
- They will guide you in identifying the symptoms in each case.

NARRATOR

The following contrasting case examples will be used to illustrate how elders from different cultural groups may express emotion and depression differently. Video presentations will assist the nurse to identify the symptoms in each case.

**Influence of Cultural Beliefs -
Video Case 04 - Elder African American Resident**

SETTING: Hospital Living Area
DATE/TIME OF TBD
FILMING: Morning/Afternoon
MATERIALS
NEEDED:
ACTORS: MR. JONES: George Smith
NURSING ASSISTANT: Kameisha Duncan

CAMERA(S) (2) - Operators: James Jones and Rudy Picardo

FADE IN:

INT. HOSPITAL BEDROOM

CAMERA 01 is focused on the NURSING ASST. MR. (framed slightly to the left) as they are participating in activity. CAMERA 02 is focused on the MR. JONES (framed slightly to the left) is sitting alone. MR. JONES seems very lethargic, he has his chin in hand, and is sitting in chair with slouched posture. The NURSING ASST walks over to MRS. PETERSON.

NARRATOR

Mr. Jones is a married, 87 year old African American man with two children. He was diagnosed with Alzheimer's disease two years ago but his family says his memory problems started years ago. He completed high school education and worked as an airplane mechanic before retirement. He has been living at Silver Manor Nursing Home for 6 months. His wife visits every day at lunchtime. His children live locally and visit about once a week.

NURSING ASST.

You look like you lost your best friend!
What's wrong?

MR. JONES:

(speaking slowly)

Coming out of a daze: Who me? I'm OK.

NURSING ASST.

Come on, Mr. Jones. You have to get ready.
Your wife will be coming soon for lunch

MR. JONES turns away in disgust and sighs heavily.

MR. JONES:

(speaking slowly)

Just leave me alone, I don't want to do anything right now. I'm not hungry.

FADE TO:

Blurred image of scene as NARRATOR describes MR. JONES' psychiatric symptoms.

NARRATOR

Mr. Jones' psychiatric symptoms include, lethargy, loss of interest in all activities he once enjoyed, anhedonia, social isolation, lack of reaction to events, slow speech, poor appetite and weight loss. He denies depression.

FADE OUT:

Questions for audience

What factors are contributing to Mr. Jones' depression?

Which behaviors indicate that Mr. Jones' is depressed?

**Influence of Cultural Beliefs -
Video Case 05 - Elder Latin American/Hispanic Resident**

SETTING: Hospital Living Area/Hallway
DATE/TIME OF FILMING: Morning 9:00 - 12:00 pm
MATERIALS NEEDED:
ACTORS: (2)
NURSING ASST.: Karina Bonefil
MRS. RODRIGUEZ: Delia Gutierrez
CAMERA(S) (2) - Operators: James Jones and Rudy Picardo

FADE IN:

INT. HOSPITAL HALLWAY

CAMERA 01 is focused on the NURSING ASST. (framed slightly to the left) as he/she assists MRS. RODRIGUEZ walking across a hallway or office. CAMERA 02 is focused on the MR. Rodriguez (framed slightly to the left) is using an assistive device and is walking extremely slow. Although the NURSING ASST. is pacing him correctly, MRS. RODRIGUEZ appears very agitated and complains that he is moving too fast.

NARRATOR

Mrs. Rodriguez is a 78-year-old divorced Hispanic female who was admitted to Silver Manor Nursing Home one year ago with a mixed dementia (Alzheimer's disease, alcohol dementia and Vascular dementia). Mrs. Rodriguez has always been a little bit of a loner. She enjoyed her work as an accountant but she had only a few casual friendships. She has no family members who are willing to be responsible for the supervision that she increasingly requires.

MRS. RODRIGUEZ

(irritated)

Slow down. You're going too fast.

NURSING ASST.

We're walking at a good pace, Mr. Rodriguez. We don't want to be late to your friend's party.

MRS. RODRIGUEZ

I'm old. And I'm too slow. My feet hurt.

NURSING ASST.

No you're not, Mr. Rodriguez. Besides, Mr. Peterson walked faster than this. And he's older than you.

MRS. RODRIGUEZ

I don't care. My back still hurts. Where are we going anyway?

FADE TO:

Blurred image of scene as NARRATOR describes MRS. RODRIGUEZ psychiatric symptoms.

NARRATOR

What are the factors that contributed to Mrs. Rodriguez' depressed mood? How do they differ from Mr. Jones?

What are Mrs. Rodriguez' symptoms of depression? How do they differ from Mr. Jones?

FADE OUT:

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DEPRESSION IN DEMENTIA

Script for
Learning Object (LEO) 3
“Assessment”

Slide 1 - LEO 3: Assessment

TEXT APPEARS ON SCREEN:

LEO 3 - Assessment

Learning Outcome:

In a simulated situation, the learner will perform an assessment of a resident with D/D.

Slide 2 - Learning Objective 8

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Objective 8. Collects data, reports, documents risk for and symptoms of depression.

- *Use the information that you have*
 - *Your knowledge of resident's usual behavior*
 - *Compare past behavior patterns to current behavior*
 - *Consider behavior noted on all three shifts*
 - *Consider the last 30 days*
 - *Note changes in behavior*

NARRATOR

Residents with dementia are unlikely to tell you "I am depressed." You will need to analyze information from your own observations of the resident and reports from informants such as nursing assistants. Be sure to check on the resident's behavior during all three shifts.

Because nurses have daily contact with residents, your observations can be extremely valuable in detecting depression.

Educate all staff on the importance of communicating their observations about the resident's mood-related behavior.

For example, does the residents seem increasingly confused over the past few days or week? This change may be a symptom of depression. Your ongoing observations are critical for monitoring depressive symptoms.

Slide 3 - Learning Objective 8

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Objective 8. Collects data, reports, documents risk for and symptoms of depression.

- *Assessing the depressed resident*
 - *Establish rapport to obtain the best data*
 - *Empathize, be supportive*
 - *Engage the resident*
 - *Create presence with nonverbal behavior*
 - *Initiate conversation*

NARRATOR

In order to better assess the resident's mood, assess his or her willingness to engage in conversation. Greet the resident and offer your hand. Ask the resident what name she or he would like you to use.

Does the resident respond to you? If not, use his or her formal name. Does the resident smile? Does the smile seem forced? A smile can mean the resident is genuinely happy to socialize.

A "forced" smile may mean that the resident is trying to be polite but really doesn't feel like socializing.

Slide 4 - Learning Objective 8

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Objective 8. Collects data, reports, documents risk for and symptoms of depression.

- *Observe*
 - *Facial expression*
 - *Posture*
 - *Voice quality*
 - *Dress*
 - *Grooming*
 - *Interactions with others*

NARRATOR

What is the resident's face "saying"?
Observe for emotions. Fear and anxiety may be communicated with wide open or darting eyes. Behaviors to look for indicating self depreciation include eyes downcast and lack of eye contact. A resident's sadness maybe communicated by down-turned corners of the mouth, or holding the chin up with a hand.

Poor hygiene and a disheveled appearance are characteristics of depression. Residents with depression and dementia may be resistant to care may not appear well groomed. Does the resident seem lethargic?
Depressed residents may appear to be sleeping. Depressed residents may avoid eye contact.

Cultural differences may also be a factor:
Asian or Haitian Americans who avoid eye contact may be responding according to cultural rules. Because you represent an authority figure, they may be communicating respect.

Slide 5 - Learning Objective 8

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Objective 8. Collects data, reports, documents risk for and symptoms of depression.

- *Listen*
 - *Does the resident*
 - *Criticize?*
 - *Dwell on the negative?*
 - *Talk about death?*
 - *Complain about physical discomforts?*

NARRATOR

Does the resident engage in conversation?
What is the quality of his or her voice? Is
the voice soft, difficult to hear?

Be aware that cultural differences may
account for a soft voice. Asians often
speak more softly than European Americans
or African Americans. Do you hear anger or
sadness in the voice?

What does the resident talk about?
Does the resident, criticize, dwell on the
negative, talk about death, or complain
about physical discomforts?

Depression may be disguised as hostility or
multiple complaints. Depression can be
difficult to identify when residents have
little to say or their speech is difficult
to understand.

Slide 6 - Learning Objective 8

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Objective 8. Collects data, reports, documents risk for and symptoms of depression.

- Using the MDS to document mood
 - MDS is a screening tool and does not diagnose depression
 - Used to help recognize the need for further assessment for possible depression

NARRATOR

The MDS can be used to record relevant information that will lead to recognition and tracking of depressive symptoms. Tracking such information over time provides feedback on the impact of interventions to manage depression. Providing information that can be used to evaluate the success or failure of interventions is critical to improving care of your residents.

When recording your observations on the MDS, consider the last 30 days of behavior.

Slide 7 - Learning Objective 8

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Objective 8. Collects data, reports, documents risk for and symptoms of depression.

- *Documentation using MDS*
 - *Mood items (verbal)*
 - *Negative statements*
 - *Repetitive questions*
 - *Repetitive calls for help*
 - *Persistent anger or irritability*
 - *Self depreciation*
 - *Unrealistic fears*
 - *Expressions of panic or recurrent statements that something terrible is about to happen*
 - *Repetitive health complaints*
 - *Repetitive anxious complaints (non-health)*

NARRATOR

There are 16 items on the MDS that relate to detection of depression. A careful assessment is used to create a plan to manage depressive symptoms. The information you collect in your daily contact with the resident is critical to management of depression. The accuracy of the information you record will help to determine the effectiveness of the plan.

CUT TO:

NARRATOR speaks ANIMATION APPEARS ON SCREEN:

Show an example with 0, 1 and 2 being recorded on MDS

NARRATOR

Record a "0" for an indicator if the behavior is not observed. Record a "1" if the behavior is observed less than 5 days per week up to 6 or 7 times per week. Enter a "2" if the behavior is noted multiple times daily.

The first 9 items are based on verbal statements made by the resident.

Slide 8 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Negative statements

Examples:

- "Leave me alone".
- "Help someone else".
- "Nothing matters".
- "Take me to the cemetery".
- "Let me die."

NARRATOR

Negative statements include ideas about wanting to die or "passive suicide". When residents make statements such as "Don't bother with me" or "It doesn't matter." they may mean that they see no point in living. Stating "I would rather be dead" is a much stronger example of a negative statement.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Negative Statements" with a box to record number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident tells you to "Go away" on Monday and "Leave me alone" on Wednesday". What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 1 with a check mark on MDS. Pause for discussion.

Slide 9 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Repetitive questions
- Examples:
- "What should I do?"
 - "Where do I go?"
 - "When are we going?"

NARRATOR

For this indicator, notice whether the resident asks questions over and over.

Some examples are:

"What should I do?"

"Where do I go?"

"When are we going?"

Repetitive questions are very difficult for caregivers to respond to. It seems that no matter how many times they answer, the question is repeated soon after.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Repetitive Questions" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident asks you "Where are we going?" and "Where should I go?" several times a day. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 10 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Repetitive calls for help
- Examples:
- "Help! Help!"
 - "God help me."
 - "Help me?"
 - "Please? Please?"

NARRATOR

For this indicator, notice whether the resident calls out for help repeatedly.

Some examples are:

"Help! Help!"
"God help me."
"Help me?"
"Please? Please?"

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Repetitive calls for help" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident calls out "Help! Help!" On one occasion. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 1.

Slide 11 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Persistent anger or irritability
- Examples:
- "This is stupid."
 - "You get out of here."
 - "Leave me alone".
 - "Go away."
 - "I hate you."

NARRATOR

For this indicator, notice whether the resident expresses irritability or anger.

Some examples are:

"This is stupid."
"You get out of here."
"Leave me alone"
"Go away"
"I hate you."

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Persistent anger or irritability" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 persistent anger or irritability is not observed. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 0.

Slide 12 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Self depreciation
- Examples:
- "I'm so stupid."
 - "I'm crazy."
 - "I used to be smart."
 - "I used to be able to remember things."
 - "I'm no good to anyone."

NARRATOR

Notice whether the resident criticizes himself or herself.

Some examples are:

"I'm so stupid"

"I'm crazy"

"I used to be smart"

"I used to be able to remember things"

"I'm no good to anyone."

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Self Depreciation" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident makes remarks such as "I'm so stupid" on a daily basis. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 13 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Unrealistic fears

Examples:

- "Don't leave me."
- "You are trying to poison me."
- "I have no money."
- "They are stealing my things."

NARRATOR

For this indicator, notice whether the resident expresses fears that are unrealistic.

Some examples are:

- "Don't leave me"
- "You are trying to poison me"
- "I have no money"
- "They are stealing my things."

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Self Depreciation" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident makes remarks such as "They are trying to poison me" on a daily basis. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 14 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Expressions of panic or recurrent fear statements that something terrible is about to happen.

Examples:

- "I'm dying" (when this is not true).
- "I can't stay here!"
- "I'm so scared."
- "Get me out of here!"

NARRATOR

For this indicator, notice whether the resident expresses a sense of panic or fear that something terrible is about to happen.

Some examples are:

"I'm dying" (when this is not true)
"I can't stay here!"
"I'm so scared"
"Get me out of here!"

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Expressions of Panic or Recurrent Fears" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident makes remarks such as "I'm so scared" often and on a daily basis. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 15 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Repetitive health complaints

Examples:

- "I have a headache."
- "I feel sick".
- "I'm so tired."
- "Just let me sleep."
- "There is something wrong with me."

NARRATOR

For this indicator, notice whether the resident complains about his or her health.

Some examples are:

"I have a headache"

"I feel sick"

"I'm so tired"

"Just let me sleep"

"There is something wrong with me"

You need not be concerned about whether there is a realistic basis for the complaints. This item is designed to indicate the complaints the resident verbalizes not the causes of the complaints.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Repetitive health complaints" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident makes remarks such as "I feel sick to my stomach" once during the week. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 1.

Slide 16 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (verbal)
 - Repetitive anxious complaints (non-health)

Examples:

"My family doesn't care about me."

"She stole my clothes."

"I don't have any money."

NARRATOR

For this indicator, notice whether the resident complains about concerns other than health. The resident seems to be looking for reassurance about issues such as relationships, schedules, clothing, etc.

Some examples are:

"My family doesn't care about me"

"My roommate stole my clothes"

"I don't have any money."

As in the previous items, the concerns do not have to be realistic.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Repetitive anxious complaints (non-health)" with a box to record number.

NARRATOR continues

NARRATOR

For example, during week 1 the resident tells you to "You stole my money" on Monday and "My family doesn't care about me" on Wednesday". What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 1.

Slide 17 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- *Documentation using MDS*
 - *Mood items (nonverbal)*
 - *Diurnal mood variation*
 - *Sleep disturbance*
 - *Sad, pained, worried facial expressions*
 - *Crying, tearfulness*
 - *Repetitive physical movements*
 - *Withdrawal from activities of interest*
 - *Reduced social interaction*

NARRATOR

The next 7 items are based on residents' nonverbal behavior. You can rely on your own observations, those noted in the resident record by other health care providers, and the reports you receive from family members or direct care staff such as nursing assistants.

Slide 18 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- *Documentation using MDS*
 - *Mood items (verbal)*
 - *Repetitive anxious complaints (non-health)*

Examples:

"My family doesn't care about me."

"She stole my clothes."

"I don't have any money."

NARRATOR

This item concerns whether the resident's mood is worse at one time of day than another. The resident may seem to experience more sadness, fatigue, and or irritability in the morning and get better as the day goes on. Or, the resident may seem most troubled in late afternoon and evening.

The resident may wake up in an unpleasant mood. In depression, mood is often lowest in the morning. Unpleasant mood may be noticed as unwillingness to get out of bed, eat or dress.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Repetitive health complaints" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, the resident wakes up every day feeling fatigued and resists morning care. By noon, she is feeling much better, eats lunch and then participates in a music group. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 19 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (nonverbal)
 - Sleep disturbances

Examples:

- Difficulty falling asleep
- Difficulty staying asleep
- Early morning awakening

NARRATOR

Sleep disturbances can take several forms. The resident may sleep fewer hours than usual, or may have difficulty falling asleep. Another kind of sleep disturbance involves early morning awakening. The resident may fall asleep without difficulty but wake up in the early hours of the morning (for example 3 -5 AM) and be unable fall asleep again. Early morning depends on what the resident's usual time of awakening is. If he resident would normally sleep until 8 AM, then 6 AM may be considered early morning awakening.

The resident may also experience more than 1 type of sleep disturbance. It is sometimes difficult to tell if the resident is sleeping or not. What you may observe is that the resident gets out of bed repeatedly during the night.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Sleep disturbances" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, the resident wakes up every morning around 4 AM. What would you record on the MDS?

ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 20 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (nonverbal)
 - Sad, pained, worried facial expressions
- Examples:
- A furrowed brow or vertical wrinkles between the eyebrows,
 - Down turned eyes (the outer corners of the eyes seem lower than the inner corners)
 - Lack of facial expression when greeted
 - Looking down when spoken to
 - Avoiding eye contact
 - Resident rests his or her chin with the palm of the hand as if the head is just too heavy to hold up on its own.
 - Stooped posture
 - Sad tone of voice
 - Sighing
 - Moaning

NARRATOR

Facial expressions can tell you a great deal about what a resident is feeling. Depression can be expressed nonverbally with:

A furrowed brow or vertical wrinkles between the eyebrows;

Down turned eyes (the outer corners of the eyes seem lower than the inner corners);

Lack of facial expression when greeted;
Looking down when spoken to;

Avoiding eye contact;

Resident rests his or her chin with the palm of the hand as if the head is just too heavy to hold up on its own;

Sighing or Moaning

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Sad, pained, worried facial expressions" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, the resident typically does not respond when greeted. When alone, he often moans loudly. What would you record on the MDS?

NARRATOR speaks ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 21 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (nonverbal)
 - Crying
 - Tearfulness
 - Sobbing without tears

NARRATOR

The resident who cries may or may not cry with tears. Crying without tears is just as significant as crying with tears. Older persons may report they are "beyond tears".

Crying may be silent or may involve sobbing. It may occur infrequently or continuously. Crying may be combined with one of the other indicators such as repetitive calls for help. Be sure to record both the nonverbal behavior (crying) as well as the verbal indicator (calls for help).

Crying is influenced by cultural background. In some cultures (such as European culture) individuals are taught to avoid crying in public. Lifelong habits may persist even when residents have dementia. In American culture it is not acceptable for men to cry in public.

Our own cultural background will influence how we feel about residents crying. How do you feel when a male resident is crying?

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Crying" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, the resident has never been observed crying. What would you record on the MDS?

NARRATOR speaks ANIMATION continues:

Wait 5 seconds, then record 0.

Slide 22 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (nonverbal)
 - Repetitive physical movements
- Examples:
- Pacing
 - Hand wringing
 - Restlessness
 - Fidgeting
 - Picking

NARRATOR:

Repetitive behavior can also be an indicator of depression in dementia. The behavior may occur with various degrees of frequency from occasionally to continuously. Check with staff from all three shifts. Behaviors may include: Pacing, hand wringing, restlessness, fidgeting, and picking

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Repetitive physical movements" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, the resident typically paces in front of the nurses' station every day. What would you record on the MDS?

NARRATOR speaks ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 23 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (nonverbal)
 - Withdrawal from activities of interest

Examples

- Withdraws from family and or friends
- Withdraws from activities once enjoyed
- Less talkative with caregivers

NARRATOR

In order to judge whether a resident has withdrawn from social activities or other activities once enjoyed, we have to know what the resident's usual patterns of behavior are. For this information we have to rely on informants including family, friends or other staff who know the resident.

This behavior does not necessarily mean that the resident shows no interest in activities. If the resident is less interested, the behavior should be noted on the MDS.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Withdrawal from activities of interest" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, over the past month the resident has become less talkative. Once or twice a week, he refuses to participate in activities he once enjoyed. What would you record on the MDS?

NARRATOR speaks ANIMATION continues:

Wait 5 seconds, then record 1.

Slide 24 - Documentation using MDS

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Documentation using MDS
 - Mood items (nonverbal)
 - Reduced social interaction
 - Less talkative
 - Sits with eyes closed
 - Seems uninterested in other residents

NARRATOR

The resident should also be observed for social withdrawal. In order to code this item, you must know something about the residents usual behavior. What was the resident like in the past? Look for information from family, friends and staff from all three shifts.

Residents with dementia who are depressed may spend a considerable amount of time each day sitting in a chair with eyes closed. It may appear that the resident is either unaware of surroundings, lethargic or sleeping. If you initiate a conversation it may be difficult to get the resident's attention. This behavior is coded as social withdrawal.

In order to code this item, initiate a conversation with the resident. Ask the resident about concerns and feelings. "Does the resident seem less talkative than usual? Less involved in social activities?" The behavior should be noted if it lasts 2 week or more and occurs almost every day in that time period.

CUT TO:

ANIMATION APPEARS ON SCREEN:

Show MDS indicator "Reduced social interaction" with a box next to it to record a number.

NARRATOR continues

NARRATOR

For example, over the past month the resident has become less talkative. You are able to coax him to attend activities once or twice a week but he never interacts with others at the activities. What would you record on the MDS?

NARRATOR speaks ANIMATION continues:

Wait 5 seconds, then record 2.

Slide 25 - Recognizing Risk Related to Situational Factors

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Relate your findings to negative life changes
 - Relocation
 - Loss of a loved one
 - Disability

NARRATOR

When considering the possibility of depression, recall the recent events of the resident's life.

Residents who have experienced negative life events are more at risk for depression. Negative life events can include relocation. Room changes may increase depression.

Residents who have been admitted recently (less than 3 months) are at increased risk of depression. Moving from home to long term care settings brings many losses such as pets, possessions, familiar surroundings, neighbors, and personal freedom to do what you want when you want to.

Has the resident lost a relative or friend within the last year? Some relationships bring added risk. Death of a spouse can place the resident at risk for 2-3 years.

Loss of function due to disability can also increase risk for depression. If the resident has recently become disabled or lost the ability to ambulate or care for himself, he or she is vulnerable to depression.

Slide 26 - Recognizing Risk Related to Situational Factors

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Relate your findings to history of mood disorders
 - Depression
 - Bipolar

NARRATOR

Based on their medical history, some residents will be at higher risk for mood disorders such as depression and bipolar disorder. Does the resident have a history of depression? Has the resident taken antidepressants before? Was the resident ever hospitalized for a mood disorder?

Slide 27 - Identifies threat to resident safety posed by suicidal ideation

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Safety is a concern
 - What are the hazards in the environment?
 - Cleaning fluids
 - Sharp objects
 - "Giving up"
For example:
 - Refusing food, medications, and/or ambulation

NARRATOR

Although residents with dementia may have reduced ability to plan and to carry out suicidal intentions, they may still be at risk. Cleaning fluids that are left unattended can provide the opportunity for a resident to take action to end his life. Tools and other sharp objects can also be used on impulse.

Passive suicidal behavior is more common in residents with dementia. Residents who refuse to eat or to take medications needed to manage chronic illnesses such as diabetes may hasten their own death. The resident who refuses to get out of bed will soon develop serious complications such as pneumonia.

Slide 28 - Recognizing Risk Related to Situational Factors

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- Reporting
 - When does a problem become serious enough to report?
 - Report to whom?

NARRATOR

When any number of mood symptoms are present, they should be documented on the MDS. When 3 or more indicators are present, further action is needed.

Slide 29 - Discussion Questions

NARRATOR speaks as TEXT APPEARS ON SCREEN:

- What are the policies in your facility regarding reporting changes in health status?

NARRATOR

What are the policies in your facility
regarding reporting changes in health
status?

CUT TO:

TEXT APPEARS ON SCREEN:

- What are the policies in your facility regarding safety for depressed residents who are preoccupied with thoughts of death?

NARRATOR

What are the policies in your facility
regarding safety for depressed residents
who are preoccupied with thoughts of death?

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DEPRESSION IN DEMENTIA

Script for
Learning Object (LEO) 4:
“Managing Depression in
Dementia”

Slide 1 - LEO 4: Managing Depression in Dementia

TEXT APPEARS ON SCREEN:

LEO 4 - Managing Depression in Dementia

Learning Outcome:

The learner will participate in care planning

Slide 2 - Managing Depression in Dementia

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Managing depression in dementia

- 1. Less than half of cognitively impaired nursing home residents with depression are reported to be recognized as depressed by staff*
- 2. Only 28% received mental health treatment*
- 3. 54% received medication for depression*

Animation: Highlight text as it is discussed.

NARRATOR

There is room for improvement in the identification and treatment of depression in residents with dementia.

(highlight # 1 above)

Depression remains undetected for many residents with dementia. Less than half of cognitively impaired nursing home residents with depression are reported to be recognized as depressed by staff.

(highlight # 2)

For those whose depression is recognized, Less than 1/3 or 28% receive mental health treatment.

(highlight # 3)

Only about half receive medications for depression.

Slide 3 - Options to improve mood

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Options to improve mood

- *Medications*
- *Supportive counseling*
- *Social interaction*
- *Activities*
- *Exercise*

NARRATOR

When depression is recognized, there are several options for treatment including *Medications, Supportive counseling, Social interaction, Activities and Exercise*. Two or more interventions in combination are more effective than one alone.

For example, a combination of an antidepressant medication, supportive counseling, and exercise would be more effective than any one alone.

(highlight each underlined word on screen as it is spoken by narrator)

Slide 4 - Antidepressant Medications

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Antidepressant Medications

- *Most appropriate treatment for depression*
 - *Specifically address the underlying chemical imbalances that are present in depression*
 - *Target the symptoms of depression*

NARRATOR

Although there are many medications that can have a positive effect on mental health in the person with dementia, antidepressant medications are the most appropriate for depression.

When the resident has problems with specific symptoms, such as agitation or insomnia, other medications may be used in addition to antidepressants.

Other medications that may supplement antidepressant therapy include: antianxiety medications and antipsychotics

Slide 5 - Medications Used for Depression

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Medications Used for Depression

Norepinephrine-Dopamine antagonist

Example

Wellbutrin XL (Bupropion)

Actions

- *Affects 2 chemical messengers: dopamine and norepinephrine.*
- *Blocks reuptake of dopamine and norepinephrine*

Side effects

- *Headache, constipation, dry mouth, nausea, dizziness, insomnia, tremor, tinnitus.*

NARRATOR

There are several types of antidepressant medications. The medication that is most appropriate for each resident will be selected by the physician or nurse practitioner according to the resident's symptoms and response to treatment.

One type of antidepressant is called Norepinephrine-Dopamine antagonists work by blocking reuptake of dopamine and norepinephrine. An example of this type would be Wellbutrin XL.

Slide 6 - Antidepressant Medications (SSRI)

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Antidepressant Medications: Selective Serotonin Reuptake Inhibitors (SSRIs)

Examples of SSRIs

Prozac (Fluoxetine)
Zoloft (Sertraline)
Paxil (Paroxetine)
Celexa (Citalopram)

Action

- Affects the level of a chemical messenger (serotonin) in the brain:
 - Blocks reuptake of serotonin
 - More serotonin available to carry messages between neurons

Side effects

Nausea, drowsiness, agitation, dry mouth

NARRATOR

The Selective Serotonin Reuptake Inhibitors or SSRIs work by blocking the reuptake of serotonin. This action results in more serotonin being available to carry messages between neurons in the brain. SSRIs are the most commonly used antidepressant medication for residents with depression and dementia. Examples of this type include:

Prozac (Fluoxetine)
Zoloft (Sertraline)
Paxil (Paroxetine)
Celexa (Citalopram)

Slide 7 - Antidepressant Medications (SNRI)

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Antidepressant Medications: Serotonin and Norepinephrine Reuptake Inhibitor (SNRI)

Examples of SNRIs

Effexor (Venlafaxine)

Desyrel (Trazodone HCL)

Serzone (Nefazodone HCL)

Action

- *Affects the levels of 2 chemical messengers in the brain: serotonin and norepinephrine*
- *Blocks reuptake of serotonin and norepinephrine*
- *Serotonin and norepinephrine more available to carry messages between neurons*

Side effects

constipation, dizziness, dry mouth, insomnia, loss of appetite, nausea, anxiety

NARRATOR

A third type of antidepressant medication is the *Serotonin and Norepinephrine Reuptake Inhibitor*. These drugs work by blocking reuptake of serotonin and norepinephrine. This results in more serotonin and norepinephrine being available to carry messages between neurons in the brain. Examples of this type include:

Effexor (Venlafaxine)
Desyrel (Trazodone HCL)
Serzone (Nefazodone HCL)

Slide 8 - Antidepressant Medications (SARI)

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Antidepressant Medications: Serotonin Agonist Reuptake Inhibitor (SARI)

Example

Remeron (Mirtazapine)

Actions

- *Affects the levels of 2 chemical messengers in the brain: serotonin and norepinephrine*
- *Acts as an antagonist at receptor sites*
- *Result: increased availability of serotonin and norepinephrine to carry chemical messages between neurons*

Side effects

- *Drowsiness*
- *Dry mouth*
- *Increased appetite*
- *Weight gain*
- *Dizziness*

NARRATOR

A fourth type of antidepressant medication is the Serotonin Agonist Reuptake Inhibitor. These drugs act as antagonists at receptor sites leading to increased availability of serotonin and norepinephrine at receptor sites. The result is more serotonin and norepinephrine being available to carry messages between neurons in the brain.

Examples of this type include:

Remeron (Mirtazapine)

Slide 9 - Antidepressant Medications: Tricyclics

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Antidepressant Medications: Tricyclics

Examples of Tricyclics

Amitriptyline (Elavil)

Imipramine (Tofranil)

Nortriptyline (Pamelor)

Usually avoided in older adults with dementia

- *risk of significant side effects including*
 - *Sedation*
 - *Postural hypotension*
 - *May cause falls*
 - *Anticholinergic effects*
 - *May cause delirium*
 - *Cardiac Arrhythmias*

NARRATOR

A fifth type of antidepressant medication is the tricyclic antidepressants. These drugs are avoided because they have a high risk of adverse side effects in older residents with dementia.

Slide 10 - Supportive Counseling Talk therapy

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Supportive Counseling - Talk therapy

Goals include:

- *improve self esteem*
- *reduce isolation*
- *express feelings*

NARRATOR

Although residents with dementia have difficulty expressing their thoughts in words, it is still important to talk about concerns. A patient and sensitive listener can give elders the opportunity to share feelings and to know that someone who cares is listening.

Nurses can listen for reoccurring themes in conversation and summarize what they hear in order to help persons with dementia express their concerns and emotions.

Just taking the time to listen can improve the resident's self esteem.

By engaging the resident in conversation, the nurse can reduce isolation.

Slide 11 - Activities for depressed residents in early and middle stage dementia

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Activities for early and middle stage dementia

Engaging the resident in activities can improve mood. Activities to try include

Group activities

music (sing along)

current events group

Outings (shopping, ice cream, zoo)

NARRATOR

Engaging the resident in pleasant activities has been shown to improve mood.

Activities must be selected to fit the resident's stage of dementia. Activities appropriate for early and middle stages of dementia include:

reminiscence group

music (dancing, sing along)

current events group

Outings (window shopping, ice cream, zoo)

Slide 12 - Activities for depressed residents in late stage dementia

NARRATOR speaks as TEXT APPEARS ON SCREEN:
Activities for late stage stage dementia

Engaging the resident in activities can improve mood. Activities to try include:

- *snack*
- *grooming*
- *music/singing*
- *massage*
- *interaction with pets*
- *outdoor activity (bird watching)*

NARRATOR

Activities appropriate for late stage dementia include:

- snack
- grooming
- supervised walking
- music/singing
- massage
- interaction with pets
- outdoor activities such as feeding birds or bird watching

Slide 13 - Social Interaction

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Social Interaction

Engage the resident in social activities

Examples:

- *Holiday celebrations*
- *Interactions with children*
- *Congregate dining*
- *Dances*

NARRATOR

Residents with dementia may become isolated if caregivers do not provide opportunities for socialization. Isolation can increase feelings of sadness and depression.

Some suggestions for engaging the resident in social activities to reduce feelings of isolation include:

Holiday celebrations
Interactions with children and
Congregate dining

Slide 14 - Exercise

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Residents with depression in dementia

- *often sedentary and spend most of day either sitting or lying in bed*
- *unlikely to initiate physical activity on their own*
- *develop decline in function, disability*

Simple exercises can improve mood

Types of exercise

- *walking program*
- *balance, flexibility*
- *strength building*

NARRATOR

Depression leads to a sedentary lifestyle. When residents who are depressed sit or lie in bed most of the day, they lose muscle strength and may experience complications of immobility such as pneumonia and skin break down. Unless staff intervene, they may lose the ability to walk and to function independently. Residents who are depressed need help to become more active.

Exercises that are appropriate for the resident with dementia include:
walking programs,
balance and flexibility exercises,
and strength building

Slide 15 - Sample exercises

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Sample Exercises

Walking program

- *with assistive device*
- *with or without assistance*
- *indoors on unit or outdoors*

Balance, flexibility

- *Exercise to music, dancing*

Strength building

- *Shallow knee bends*
- *Sit to stand*

NARRATOR

A supervised walking program designed for the resident with dementia should take place in a safe environment either indoors or outdoors. Residents are unlikely to initiate exercise on their own. Assistance can be provided individually or for small groups of residents. Residents should start slowly using assistive devices as needed. Improvements such as increased walking speed and distance walked will be gradual.

Balance and flexibility can be improved with music groups that incorporate moving to the music from a seated or standing position. Dancing with a partner can also improve balance and flexibility.

Maintaining strength is critical to functional independence. An exercise routine to maintain strength can include shallow knee bends with support from a caregiver and standing up from a sitting position.

Slide 16 - Reminiscence

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Reminiscence

Remembering happy times

- *holidays*
- *where residents grew up*
- *events from their era*
- *past roles*

NARRATOR

Elders with dementia often focus on the distant past because they remember earlier times in their lives more clearly than the recent past. Remembering happy times from the past can improve residents' self esteem.

Give residents the opportunity to discuss what they did at the holidays, what it was like to grow up on a farm, in another country, to get married, to be a parent, and so on.

If reminiscence activities take place in a group format, be aware that not all residents have had a happy life. Be sensitive to those who may not have pleasant memories to recall.

Residents with limited verbal abilities will benefit from listening.

Slide 17 - Care of the resident with the interdisciplinary team

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Care of the resident with the interdisciplinary team

Who is a member of the team?

- *Family*
- *Nurse*
- *Physician*
- *Social worker*
- *Dietician*
- *Physical Therapist*
- *Clergy*

NARRATOR

When a resident with dementia is depressed, the entire interdisciplinary team is needed for problem solving.

The nurse should communicate with the family, the physician, social worker, dietician, physical therapist, and clergy. Each can play a part in the resident's treatment.

Depression is a complex condition that affects many aspects of residents' health including medical conditions, appetite, social and physical functioning, and spiritual well-being. Family members know the resident best and can provide information about past behavior and response to treatment.

Slide 18 - What is the role of the nurse as a member of the Interdisciplinary team?

NARRATOR speaks as TEXT APPEARS ON SCREEN:

What is the role of the nurse as a member of the Interdisciplinary team?

- *Provides information regarding resident behavior assessment*
- *Evaluation of treatment plan*

NARRATOR

The nurse's role on the interdisciplinary team is critical. The nurse is often first to notice symptoms of depression. The nurse also:

Communicates to the team about residents' day to day changes and response to treatment;

And facilitates communication between interdisciplinary team members.

Successful management of residents with depression and dementia depends on nurses' knowledge about the problem and ability to participate in the plan of care.

Slide 19 - Evaluation of treatment

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Evaluation of treatment

- *A care plan is established with expected outcomes*
- *Measures of outcomes are determined*
- *The nurse monitors for change and reports back to the team*

NARRATOR

It is not enough to recognize depression and establish a treatment plan. In order to alleviate depression, monitoring the success or failure of the treatment plan is needed.

How will the team know whether treatment is or is not working?

The nurse provides ongoing evaluation using the mood indicators from the MDS. Using the MDS, the nurse can monitor symptoms and response to treatment.

TNH/GeriU Production

DEPRESSION IN DEMENTIA

Script for
Learning Object (LEO) 5:
“Communicating about
Depression in Dementia”

Slide 1 - **LEO 5 - Communicating about Depression in Dementia**

TEXT APPEARS ON SCREEN:

LEO 5 - Communicating about Depression in Dementia

Learning Outcome:

The learner will communicate with the interdisciplinary team.

NARRATOR speaks as TEXT APPEARS ON SCREEN:

NARRATOR

To ensure that depression is recognized and treated appropriately, the nurse must

1. describe resident behavior related to mood, and

2. use appropriate terminology when communicating about depression in dementia

The team members are empowered to help with problem-solving when the nurse accurately communicates information about residents' relevant behavior.

In the following case study, the resident is withdrawn, lethargic and apathetic. This resident is easy to care for and symptoms of depression are easily overlooked. It is important for the team to hear about this resident's behavior as depressed mood can have serious health consequences.

**Video Case 06A - Communicating to the Interdisciplinary Team
about Depression in Dementia**

SETTING: OFFICE

DATE/TIME OF

FILMING:

MATERIALS

NEEDED:

ACTORS:

NURSE: Felicia Lynne

NURSING ASSISTANT: Kameshia Duncan

SOCIAL WORKER: Teri Arch

PHYSICIAN: Doug Williford

FADE IN:

INT. OFFICE

NURSE is talking to her Interdisciplinary team about Depression in Dementia. Team comprises of NURSING ASSISTANT, SOCIAL WORKER, and PYSICIAN.

NARRATOR

The following case study illustrates how the nurse identifies and communicates relevant information to the interdisciplinary team.

NURSE

I think we all need to discuss Mr. Smith. Mr. Smith is a new resident who has been with us for 2 months. The nursing assistants have reported an abrupt change in his behavior. Over the past 2 weeks he has become increasingly withdrawn and lethargic. He has lost interest in activities that he enjoyed when he was first admitted. This is very unusual for him. He has no history of depression or behavioral problems. His family reports that their biggest challenge was his incontinence. They haven't been visiting very often because they live so far away. Ms. Rodriguez (Nursing assistant), please tell us what you have observed.

CUT TO:

NURSING ASSISTANT

He just refused to get out of bed yesterday. When I finally got him up, he just sat in his chair with his eyes closed all morning. I tried getting him his favorite snack and I even brought Sophie the dog in to visit. He always loves to visit with Sophie. He barely looked at her. He just gave us a blank look. He's been acting this way all week. It seems like he has given up.

NURSE

The night charge nurse reports that in the last 2 weeks she has observed early morning awakening. He has been getting up in about 4 AM and can't get back to sleep.

CUT TO:

SOCIAL WORKER

I spoke with Mrs. Smith yesterday. He usually talks to me about his family but this time, I just could not get him to respond.

PHYSICIAN

I examined him yesterday and found no indications of acute illness. Perhaps at this point we need to call in a psychiatrist to evaluate Mr. Smith for the possibility of depression. Antidepressants might help. Thank you (to nurse) for your insights on this change in his behavior. We will work on this new plan of care for Mr. Smith and re-evaluate him in a couple of weeks. Please keep us informed if you notice any changes or if you have other concerns.

FADE OUT:

Slide 2 - LEO 5 - Communicating about Depression in Dementia

TEXT APPEARS ON SCREEN:

**Documentation - Communicating with the interdisciplinary team
about Depression in Dementia**

Documentation of depressed mood must be

- 1. Complete*
- 2. Accurate*
- 3. Use appropriate terminology*

NARRATOR speaks as TEXT APPEARS ON SCREEN:

NARRATOR

What information mentioned by the nurse
could be documented to alert other care
providers about the possibility of
depression in this resident with dementia?

Slide 3 - LEO 5 - Communicating about Depression in Dementia

TEXT APPEARS ON SCREEN:

fade in each item as narrator mentions the item)

- *Recent change in his behavior*
- *Withdrawn and lethargic*
- *Loss of interest in activities he once enjoyed*
- *Flat affect*
- *No history of depression*
- *No history of behavioral problems*
- *Negative life change: Recently relocated to nursing home, family has not been visiting*

NARRATOR

The nurse has noticed a change in Mr. Smith's behavior over the last 2 weeks.

Fade in TEXT "Recent change in his behavior"

NARRATOR

Mr. Smith is increasingly withdrawn, apathetic and lethargic.

Fade in TEXT "Withdrawn and lethargic"

NARRATOR

He does not seem to care about things that used to interest him.

Fade in TEXT "Loss of interest in activities he once enjoyed"

NARRATOR

He has a blank facial expression.

Fade in TEXT "Flat affect"

NARRATOR

He does not have a history of depression.

Fade in TEXT "No history of depression"

NARRATOR

He does not have a history of behavioral problems.

Fade in TEXT "No history of behavioral problems"

NARRATOR

Mr. Smith was admitted to the nursing home
2 months ago and his family has not been
able to visit.

Fade in TEXT "Negative life change: Recently relocated to nursing
home, family has not been visiting"

**Video Case 06B - Communicating to the Interdisciplinary Team
about Depression in Dementia**

SETTING: OFFICE
**DATE/TIME OF
FILMING:**
**MATERIALS
NEEDED:**
ACTORS: NURSE: Felicia Lynne
NURSING ASSISTANT: Kameshia Duncan
SOCIAL WORKER: Teri Arch
PHYSICIAN: Doug Williford

FADE IN:

INT. OFFICE
NURSE is talking to her Interdisciplinary team about Depression in
Dementia. Team comprises of NURSING ASSISTANT, SOCIAL WORKER, and
PYSICIAN.

NARRATOR

The following case study shows an example of
ineffective communication.

NARRATOR speaks as TEXT APPEARS ON SCREEN:

NARRATOR

To ensure that depression is recognized and
treated appropriately, the nurse must

1. describe resident behavior related to
mood, and

2. use appropriate terminology when
communicating about depression in dementia

The team members are empowered to help with
problem-solving when the nurse accurately
communicates information about residents'
relevant behavior. The following case study
illustrates how the nurse identifies and
communicates relevant information to the
interdisciplinary team.

FADE IN:

INT. OFFICE
NURSE is talking to her Interdisciplinary team about Depression
in Dementia. Team comprises of NURSING ASSISTANT, SOCIAL WORKER,
and PYSICIAN.

NARRATOR

The following case study shows an example of *ineffective* communication.

CUT TO:

SOCIAL WORKER

I spoke with Mrs. Smith yesterday. He usually talks to me about his family but I just could not get him to respond yesterday. Mrs. Jackson (nurse), what has he been like in the last couple of weeks?

NURSE

Oh, I don't have any trouble with Mr. Smith. He is never any problem for the nursing assistants. He usually just goes along with whatever is going on. He's a little more quiet than usual, that's all.

CUT TO:

NURSING ASSISTANT

He just refused to get out of bed yesterday. I just came back after a while and he finally got up. You just have to know how to persuade him.

PHYSICIAN

What has his behavior been at night?

CUT TO:

NURSE

The night charge nurse reports that in the last 2 weeks she has noticed that he wakes up early but he is no trouble.

PHYSICIAN

We will continue this current plan of care for Mr. Smith and re-evaluate him in a couple of weeks. Please keep us informed if you have other concerns.

NARRATOR

In the following scene the nurse uses appropriate terminology and clear communication to describe the resident's behavior change.

**Slide 4 - Communicating with the Resident about Depression in
Dementia**

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Outcome:

*The learner will communicate with resident to motivate and to
build self esteem.*

- 1. use active listening skills*
- 2. use respectful language*
- 3. respond to residents' concerns*
- 4. acknowledge residents' emotions*
- 5. recognize self care initiatives*

NARRATOR

To motivate the resident and to build self
esteem, the nurse must

use active listening skills
use respectful language
respond to residents' concerns
acknowledge residents' emotions
recognize self care initiatives

**Video Case 07 - Communicating with the Resident about Depression
in Dementia**

SETTING: PATIENT/RESIDENT ROOM
**DATE/TIME OF
FILMING:**
**MATERIALS
NEEDED:**
ACTORS: NURSE: Felicia Lynne
RESIDENT: Pearl Smith

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning Outcome:

*The learner will communicate with resident to motivate and to
build self esteem.*

- 1. use active listening skills*
- 2. use respectful language*
- 3. respond to residents' concerns*
- 4. acknowledge residents' emotions*
- 5. recognize self care initiatives*

NARRATOR

To motivate the resident and to build self
esteem, the nurse must:
use active listening skills
use respectful language
respond to residents' concerns
acknowledge residents' emotions
recognize self care initiatives

Follow with video clip to start demonstration

FADE IN:

INT. PATIENT/RESIDENT ROOM

NURSE is talking to resident. NURSE is demonstrating active
listening skills: NURSE sits opposite resident at eye level,
leaning into the conversation, making eye contact, using touch as
narrator explains. The conversation can be about anything because
it will be muted. The focus will be on the nonverbal behavior
during conversation.

NARRATOR speaks as TEXT APPEARS ON SCREEN:

When communicating with the depressed resident with dementia, the nurse

- *uses active listening*
(highlight underlined word on screen as it is spoken by narrator)

NARRATOR

When communicating with depressed residents with dementia, the nurse uses active listening to encourage the resident to verbalize. Speaking at eye level, leaning into the conversation, making eye contact, using touch, saying "Uh, huh", and "Go on..." are examples of active listening.

NARRATOR speaks as TEXT APPEARS ON SCREEN:

When communicating with the depressed resident with dementia, the nurse

- *uses respectful language*

NARRATOR

When communicating with depressed residents with dementia, the nurse uses respectful language to promote the resident's self esteem. Speaking to the resident as an equal and using his or her preferred name are examples of respectful language.

Follow with video clip to demonstrate both respectful and disrespectful version of using appropriate language.

Respectful version:

FADE IN:

INT. PATIENT/RESIDENT ROOM

NURSE is talking to RESIDENT, who is sitting with chin in hand and sighs heavily. RESIDENT Looks at a wedding picture on bedside table in his room

RESIDENT

They're all gone.

NURSE

Hello Mrs. Davis. My name is Justin
Burbank. I am your nurse tonight. You look
like you are feeling down. Is that a
picture of your wedding?

FADE OUT:

Disrespectful version:

FADE IN:

INT. PATIENT/RESIDENT ROOM

NURSE is talking to RESIDENT, who is sitting with chin in hand and
sighs heavily. RESIDENT Looks at a wedding picture on bedside table in
his room

RESIDENT

They're all gone.

NURSE

Hello sweetie. How are we feeling tonight?

NARRATOR speaks as TEXT APPEARS ON SCREEN:

*When communicating with the depressed resident with dementia, the
nurse*

- *responds to concerns*
(highlight underlined word on screen as it is spoken
by narrator)

NARRATOR

The nurse responds to concerns by verbally
communicating.

The purpose is to communicate to residents
that their concerns were heard by the nurse
and to convey compassion and empathy when
the resident expresses concerns.

The nurse can let the resident know he or
she was heard by responding in slightly
different words. For example, if a
residents states "Take me to the cemetery."
The nurse might respond by saying using the
same words in a question.

FADE IN:

INT. PATIENT/RESIDENT ROOM

NURSE is talking to RESIDENT, who is sitting with chin in hand and sighs heavily. RESIDENT Looks at a wedding picture on bedside table in his room

RESIDENT

Take me to the cemetery

NURSE

Are you asking me to take you to the cemetery?

RESIDENT

They're all gone.

NURSE

Are you missing your family?

NARRATOR speaks as TEXT APPEARS ON SCREEN:

When communicating with the depressed resident with dementia, the nurse

- *responds to emotions*
 - *acknowledge emotions*
 - *respond with empathy*

NARRATOR

The nurse responds to emotions by verbally or nonverbally communicating. By acknowledging the residents' emotions, the nurse communicates that feelings are noticed and understood. It is important to respond with empathy when residents express negative emotions.

Empathy involves thinking about a situation from the resident's perspective sensing what the resident is feeling in that situation.

Show a video clip of the same nurse responding to emotions appropriately

FADE IN:

INT. PATIENT/RESIDENT ROOM

RESIDENT is sitting with chin in hand and sighs heavily. RESIDENT looks at a wedding picture on bedside table in his room.

RESIDENT

They're all gone.

NURSE (using appropriate nonverbal behavior from active listening skills clip), looks at resident with compassion and places her hand over residents hand on arm of chair.

NURSE
Are you missing your family?

FADE OUT:

NARRATOR speaks as TEXT APPEARS ON SCREEN:

When communicating with the depressed resident with dementia, it is important to avoid common communication errors such as

- *Discouraging the expression of negative emotions*

NARRATOR
When nurses are uncomfortable with depression, they may be quick to discourage the expression of negative emotions. In the following scene, a nurse makes a common error by missing a chance to show compassion and empathy.

Follow with video clip to demonstrate

FADE IN:

INT. PATIENT/RESIDENT ROOM
RESIDENT is sitting with chin in hand and sighs heavily. NURSE is standing in the open doorway to Mr. Smith's room

NURSE
How are you Mr. Smith? You look like you just lost your best friend."

RESIDENT
Take me to the cemetery.

Nurse is continues standing in the doorway.

NURSE
Come on now, you don't really mean that!
You know you have lots of friends here.

FADE OUT:

NARRATOR speaks as TEXT APPEARS ON SCREEN:

When communicating with the depressed resident with dementia, it is important to encourage self care. Nurses can help by

- *Verbally acknowledging self care initiatives*

And by teaching others to communicate in the same way.

NARRATOR

Residents who are depressed may become passive and dependent. This change may begin a process of decline that leads to decreased functional ability and eventually illness and death. It is important for nurses to encourage self care by verbally acknowledging residents' self care initiatives.

Follow with video clip to demonstrate

FADE IN:

INT. PATIENT/RESIDENT ROOM

NURSE is talking to RESIDENT, giving medication. NURSE places pill cup and water cup on the table,

NURSE

Here's your medicine Mr. Smith

RESIDENT hesitates and picks up pills and takes them independently.

NURSE

You took those pills without any help today. It's wonderful to see you doing things for yourself.

Slide 11 - Communicating with the Family about Depression in Dementia

Learning outcome: The learner will obtain relevant information from the family.

NARRATOR speaks as TEXT APPEARS ON SCREEN:

When communicating with the resident's family, it is important to

- *obtain information to better assess the resident*
- *inform the family about the resident's progress*
- *educate the family*

(highlight underlined word on screen as it is spoken by narrator)

NARRATOR

When communicating with the resident's family, it is important to obtain information to better assess the resident, to inform the family about the resident's progress and to educate the family.

Although family members may be having a tough time accepting the resident's decline, it is best to at least try to get them involved in the treatment planning process.

Slide 12 - Communicating with the Family about Depression in Dementia

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Family members are an excellent source of information about

- *resident's past problems*
- *past methods of coping*
- *resident's strengths*
- *current changes in behavior*

(highlight underlined word on screen as it is spoken by narrator)

NARRATOR

When communicating with the resident's family, ask about the residents' past problems and mood in earlier life. Ask about the resident's coping. How did he or she cope with life problems in the past? What helped him or her to manage difficult problems in the past? What were the resident's strengths?

Slide 13 - Communicating with the Family about Depression in Dementia

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning outcome: The learner will share relevant information with the family.

To improve quality of care for the resident with depression in dementia, the nurse informs the family about

- *resident mood*
- *plan of care*
- *response to treatment*

(highlight underlined word on screen as it is spoken by narrator)

NARRATOR

Family members are part of the care team and can be advocates for the resident. It is the nurse's responsibility to engage family members to be partners in caring for the resident.

Slide 14 - Communicating with the Family about Depression in Dementia

NARRATOR speaks as TEXT APPEARS ON SCREEN:

Learning outcome: The learner will share relevant information with the family.

To improve the family member's ability to participate in care of their depressed family member with dementia, the nurse teaches the family about

- *mood and depression*
- *quality of life*

(highlight underlined word on screen as it is spoken by narrator)

NARRATOR

Family members need information about mood and depression to be advocates for the resident. Nurses can teach the family how to recognize changes in behavior that may indicate a change in mood. It is important to let them know that you want their help with monitoring the resident's quality of life. You can help them to look for behaviors that will indicate positive moods.

Conclusion

NARRATOR reads as text appears on screen:

NARRATOR

Although depression occurs frequently in residents with dementia, the problem is often overlooked. The nurse plays a critical role in the recognition and treatment of depression. As a key member of the interdisciplinary team, the nurse can prevent or decrease this serious threat to resident health.