Depression and Activities of Daily Living

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Depression and activities of daily living (ADLs) are addressed separately in the Quality Measures.¹ However, these two issues do not exist independently of each other. In fact, the Depression Facility Assessment Checklist² on policies states that management of depression should include goals such as “optimizing the resident’s ability to perform ADLs and participate in activities”.

Depression has been recognized as an important concern in long term care with reports of 50% of residents experiencing depressive symptoms³ and treatment often absent or inadequate⁴. In response to these concerns, depression has been included in the Enhanced Quality Measures (i.e., more depressed or anxious)¹, Quality Indicators (i.e., symptoms of depression, depression without antidepressant treatment)⁵, and Resident Assessment Protocols (RAPs) (i.e., mood state)⁶. (Table 1) The significant ramifications of depression make this pronounced focus appropriate.

Depression has been found to decrease physical activity that may result in impaired ability to care for self.³ It has been reported that depression causes as much disability as conditions like arthritis and diabetes.⁷ In addition, depression is associated with decreased quality of life, impaired social functioning, increased use of health care services, diminished cognitive, weight loss, increased caregiver burden, and falls.³,⁴,⁸,⁹ All of these effects have the potential to impact activities of daily living.
Treatment of depression does not assure that residents are free from the negative consequences of depression. In fact, it has been found that 50% of patients who improve with antidepressant therapy don’t achieve remission. Persistent problems include apathy, lack of energy, loss of interest, and insomnia which may again produce limitations in ADLs. The presence of residual symptoms is also associated with increased health care utilization and limitations in functioning. This failure to reach remission may be due to not recognizing remission as the goal of treatment, poor methods for identifying persistence of symptoms, patient’s expectations, under-treatment with medications due to concerns for adverse effects and flat dose response curves, and uncertainty as to what treatments to employ if full remission is not initially achieved. Long term care staff can help in this situation by identifying incomplete resolution of depressive symptoms and sharing this information with the attending physician.

It is very important to address the Quality Measures, Quality Indicators, and RAPS that relate to depression. The utility of these tools in addressing depression and response to depression treatment is summarized in Table 1. If the Mood State RAP continues to be triggered after an adequate antidepressant trial, this should bring about careful review of the resident’s status and response to treatment. In addition, Quality Indicator #4 on the prevalence of depression will help recognize the occurrence of depressive symptoms and give the facility a means of identifying new and persistent depression. Quality Indicator #5 identifies residents with depressive symptoms who are not receiving treatment. Perhaps an equally important measure of quality for facilities
would be to examine residents with depressive symptoms who are receiving antidepressant treatment. (This can be determined by subtracting Quality Indicator #5 from Quality Indicator #4.) Finally, the new Enhanced Quality Measure on depression identifies the development or worsening of depression but would not specifically identify residents with stable but persistent depressive symptoms. The Depression: Facility Assessment Checklist does emphasize the need for scheduled follow up evaluation of response to treatment of depression (i.e., care plans, monitoring/re-evaluation of treatment, policies).

In summary, depression can adversely affect residents’ ability to perform their ADLs. Treatment does not assure that this effect will be corrected. Careful monitoring is required to make certain that an adequate response has been achieved. The Mood State RAP and Quality Indicators (QI#4 minus QI#5) can help address this concern. The Depression: Facility Assessment Checklist can be used to identify opportunities for improving evaluation of response to depression treatment. The Quality Measure involving greater depressive symptoms will help to address problems in identification of depression and worsening of the depressive condition. Together these tools can help minimize the negative impact of depression.
References

1. Appendix B: Overview and Changes to the NHQI Quality Measures.
   Accessed April 7, 2004

2. Depression: Facility Assessment Checklists. Available at:
   http://www.medqic.org/content/nationalpriorities/nursinghome/nhTopics.jsp?topicID=413&nhID=1307946&pageFrom=resources.


5. Quality Indicators. Available at:

6. Resident Assessment Protocols at:


Table 1 – Quality Improvement and Depression\textsuperscript{1,5,6}

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Quality Measure</th>
<th>Quality Indicator #4</th>
<th>Quality Indicator #5</th>
<th>RAP Problem Area: Mood State</th>
<th>Proposed measure of treatment adequacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of residents who become more depressed or anxious</td>
<td>% of residents who become more depressed or anxious</td>
<td>Prevalence of residents with symptoms of depression</td>
<td>Prevalence of residents with symptoms of depression and no antidepressant treatment</td>
<td>Resident with one of 17 problems</td>
<td>Prevalence of residents with symptoms of depression and treatment *</td>
</tr>
<tr>
<td>Identifies</td>
<td>Development or worsening of depression or anxiety</td>
<td>All residents with depressive symptoms</td>
<td>Untreated depressive symptoms</td>
<td>Development or persistence of depressive symptoms</td>
<td>Antidepressant treatment with residual symptoms</td>
</tr>
<tr>
<td>Utility in identifying residual symptoms with treatment</td>
<td>Useful only for cases where depression is worsening</td>
<td>Useful but also includes untreated</td>
<td>Not Useful</td>
<td>Useful but also includes untreated</td>
<td>Exact Measure</td>
</tr>
<tr>
<td>Resident Specific or Facility Wide</td>
<td>Facility wide</td>
<td>Facility wide</td>
<td>Facility wide</td>
<td>Resident specific</td>
<td>Facility wide</td>
</tr>
</tbody>
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* This is actually Quality Indicator #4 minus Quality Indicator #5.