

Patients with Depression

FACTS

Everyone is sometimes unhappy. When something bad happens in their lives such as the death of a loved one, or a divorce, or loss of a job, it causes them to feel sad. The sadness and unhappiness over these personal life events may interfere with the person's ability to concentrate, to eat or sleep, or go to work. They may not be able to enjoy much of anything during this time. They are depressed about the event.

No matter how tragic the event might have been, most people are able to return to their routine activities. In a relatively short time, they can go back to work, and are able to enjoy life again. The depression they went through following the tragedy fades.

There are other people who have what is called "clinical depression." They have symptoms of depression lasting longer than a few weeks, and the symptoms are not necessarily related to a particular life event. About 9.5% of adult Americans suffer from clinical depression. Clinical depression is also known as "depressive illness."

There are three major types of clinical depression. They are major depression, dysthymia, and bipolar disorder.

1. **Major depression** is usually the most severe type of depression. The symptoms may be constantly present for weeks or months and usually have a significant effect on normal activities.
2. **Dysthymia** is a less severe type of depression. There are usually periods of depression, but also periods of feeling normal in between. The depression may not disrupt most normal activities.
3. **Bipolar disorder** involves periods of severe depression alternating with periods of extreme energy and activity. The periods of high energy are called "manic" periods. The disorder was called manic depression in the past.

SYMPTOMS OF CLINICAL DEPRESSION

There are many symptoms of depressive illness. Some people will experience a lot of the symptoms and others may have only a few. The severity of the symptoms may also change from person to person. The symptoms of clinical depression include:

- » Feelings of sadness, emptiness, or hopelessness
- » Loss of interest in usual activities
- » Decreased energy, feeling tired all the time
- » Changes in sleeping habits — insomnia with early-morning awakening, or oversleeping
- » Changes in eating habits — overeating or undereating, leading to weight gain or weight loss
- » Difficulty concentrating or making decisions, poor job performance
- » Feelings of worthlessness, helplessness or guilt
- » Frequent thoughts of death or suicide.

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RISK FACTORS FOR DEVELOPING CLINICAL DEPRESSION

The causes of clinical depression are very complicated and there are several factors that contribute to its development. It seems most likely that depression is a result of abnormalities in the levels of certain chemicals in the brain. No one is certain why these abnormalities develop, but research indicates that there are certain factors that play a role. These include:

- **Family history of clinical depression**

Some types of depression seem to run in families. It is not clear exactly why or how this happens. Not everyone who has a strong family history of depression will suffer from it. Likewise, some people suffer from depression even if no one else in the family had it before.

- **Life events**

Some situations including loss, significant change, or persistent stress seem to cause the chemical imbalance. Even happy events can be stressful and cause chemical imbalance. Many people feel depressed after major holidays, and brief depression following childbirth is so common it's called the "baby blues." (There is also a true clinical depression following pregnancy called "postpartum depression" that is more severe and longer lasting.)

- **Basic personality type**

People with certain personality traits seem to develop clinical depression more often than others. These traits include excessive worrying, over-dependence, low self-esteem, and negative thinking.

- **Certain medical conditions**

People with heart disease, stroke, diabetes, cancer, thyroid disease, and Parkinson's Disease have an increased likelihood of becoming clinically depressed.

- **Medications**

Some blood pressure medications, tranquilizers, and sleeping pills, as well as birth control pills can sometimes cause depression.

- **Poor nutrition**

Certain vitamin deficiencies may cause depression.

- **Alcoholism or other substance abuse**

Misuse of alcohol or drugs is commonly found in people with clinical depression. It was once thought that depressed people turned to drugs and alcohol in an attempt to feel better. Research has shown that often the alcoholism or substance abuse actually causes the depression.

- **Female sex**

Women are twice as likely to have clinical depression as men.

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- **Age**

While depression may occur at any age, the elderly are particularly at risk, perhaps because they tend to have more medical conditions and are more likely to have suffered losses.

TREATMENT

There is a variety of treatments for depression. The type of treatment depends upon the individual patient and the severity of the depression. Treatment almost always involves psychotherapy sessions with a mental health professional. Medications are often used along with the psychotherapy. It is important to keep in mind that most of the medications take a while before they work. The patient may not notice any difference for several weeks, so they may be tempted to stop taking the medication(s). Usually patients need to continue taking the medication(s) for several months after they are feeling better.

YOUR ROLE AS A HOME HEALTH AIDE

Caring for patients with depression can be very difficult. They may seem disinterested and lack motivation to do the things they should be doing for their mental and physical health. It is very important that you communicate regularly with the nurse or therapist who is seeing the patient. Some important considerations in caring for patients with depression include:

- **Recognize that depression is a true illness.**

Patients who are depressed are not “faking” in order to get attention. While you should not focus on the depression, you must recognize and accept the effect it has on the patient. He or she cannot just “snap out of it.”

- **Maintain a positive attitude.**

While you should not appear overly happy and cheerful, it is important for you to display a good attitude in front of the patient. Be understanding and helpful.

- **Try to engage the patient in conversation.**

If there are pictures in the patient's room, ask about them. If you know the patient has certain interests or hobbies, try to get her to talk about them.

- **Break up large tasks into small ones and assist the patient with one task at a time.**

Depressed patients may become overwhelmed with large tasks. Focus on helping him bathe and groom before proceeding to getting dressed. To think of taking a bath, brushing his teeth and getting his clothes on within a short period of time may be difficult for the depressed patient.

- **Assist with exercises and activity.**

Follow the assignment sheet and perform or assist with the exercises on the plan. Appropriate physical activity is beneficial for depressed patients.

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- **Listen to the patient.**

Allow the patient to talk freely and do not criticize what she says. It is especially important not to dismiss the conversations with comments such as, "Oh, you know you don't mean that!"

- **Assist with medications as assigned.**

Noncompliance with medications is fairly common among depressed patients. This is especially true in the early stages of treatment.

- **Always be gently reassuring.**

Do not dismiss the patient's feelings of despair, but offer encouragement that, with treatment and time, the patient will improve.

- **Encourage the patient to follow advice from the nurse and physician.**

Report to the supervisor if the patient appears to be drinking alcohol, not taking medications, or not eating.

- **Do not ignore any statements about suicide.**

If the patient talks about being better off dead, or expresses any other suicidal thoughts, you must take them seriously. Report such comments to the supervisor as soon as possible.

KEY POINTS TO KEEP IN MIND:

- » Depressed patients tend to isolate themselves from others. It may be a real chore for them even to get out of bed. Gently encourage them, but do not push them to undertake too many things at once.
- » Almost all patients with depression will improve. Keep reassuring the patient that, with time and help, he or she will get better.
- » Talk about death and suicide must always be taken very seriously. Depressed patients are at much higher risk of suicide than others. You must immediately report to the supervisor if the patient speaks of suicide or seems preoccupied with death.
- » Mental health is just as important as physical health. Pay attention to the mental health needs of depressed patients as well as their physical needs.
- » Notify the supervisor if you feel that a patient has several of the symptoms of depression.

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CASE STUDY: THE PATIENT WHO IS DEPRESSED

Arlene is assigned to Mrs. Dubiscek, an 84-year-old patient. Mrs. Dubiscek has many medical problems including diabetes, arthritis, hypertension and severe heart disease. Arlene finds caring for Mrs. Dubiscek to be challenging because Mrs. Dubiscek does not seem interested in much of anything. She does not respond much to conversation. Arlene visits three times a week and often finds that Mrs. Dubiscek has not changed her clothing between the visits. When Arlene asks Mrs. Dubiscek to decide simple things like what she wants to wear, Mrs. Dubiscek is likely to answer, "Doesn't matter." She seems indifferent to food, and often Arlene finds unopened meals that were delivered by a local meal program. Her mail and newspapers lie unopened on her table.

In the past Mrs. Dubiscek was known as the best quilter in town. Her quilts were colorful and artistic, and she had more orders for them than she could fill. Now her quilting frame sits idle, surrounded by pieces of fabric and thread. Mrs. Dubiscek hasn't worked on her quilts for months. When Mrs. Dubiscek talks, it's often to complain that nobody cares anything about her. Once she even said, "I don't know why I have to keep on living. I'm not worth anything to anybody, not even to myself."

Arlene attended a case conference with the nurse and the other aides who visit Mrs. Dubiscek. During the conference, the nurse gave some history on Mrs. Dubiscek. She and her husband had escaped from Hungary during the 1956 revolution, leaving all of their family members behind. The escape was a frightening one. Mrs. Dubiscek had a great deal of difficulty adjusting to life in the United States and she relied heavily on Mr. Dubiscek for support. Although she had many medical problems, she seemed to be doing fairly well until Mr. Dubiscek died six months ago after a lingering illness. After his death, Mrs. Dubiscek seemed to lose interest in all the things she previously enjoyed. The nurse, who is a behavioral health specialist, outlined some of the plans they would follow in trying to help Mrs. Dubiscek.

THINK ABOUT IT

- » What are the symptoms of clinical depression that Arlene has observed in Mrs. Dubiscek?
- » Mrs. Dubiscek has in her life several of the factors that contribute to the development of depression. Which factors can you identify?
- » Think of some of the patients you have had who were depressed. How were they different? How were they similar?

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DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following does not seem to be a factor contributing to the development of clinical depression?
 - a. Being elderly
 - b. Having lived certain stressful life events
 - c. Having a family history of cancer
 - d. Taking certain medications

2. How can you help patients with depression?
 - a. By telling them about other patients much worse off than they are
 - b. By allowing them to talk freely
 - c. By telling them you know just how they feel
 - d. By ignoring their feelings of despair

3. Mrs. Ford is supposedly depressed, but she seems to be eating all the time. Which of the following statements is true?
 - a. Mrs. Ford's overeating can be a symptom of depression.
 - b. Mrs. Ford has a good appetite so she cannot really be depressed.
 - c. Everyone who is depressed will overeat.
 - d. Overweight people are always depressed.

4. What is an important role for the home health aide when a patient talks about suicide?
 - a. Pretend not to hear the remarks.
 - b. Tell the patient that suicide is a mortal sin.
 - c. Report the information to the supervisor as soon as possible.
 - d. Tell the patient not to talk about that.

5. Which of the following is not likely to be a symptom of depression?
 - a. Feelings of sadness and hopelessness
 - b. Urinary incontinence
 - c. Decreased energy
 - d. Changes in sleeping habits

6. There is a type of clinical depression that may not disrupt most of the patient's normal activities.
 - a. True
 - b. False

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7. Which of the following is not true about clinical depression?
- a. Not everyone who has a family history of depression will suffer from it.
 - b. People with certain personality types seem to develop depression more often than others.
 - c. Sometimes medications can cause depression.
 - d. Men are twice as likely as women to have clinical depression.
8. Which of the following statements is true about clinical depression?
- a. Depressed patients tend to isolate themselves from others.
 - b. Depressed patients are at a greater risk of suicide than others.
 - c. Most patients with clinical depression will improve.
 - d. All of the above are true.
9. Major depression is usually the most severe type of depression.
- a. True
 - b. False
10. Which of the following statements is not true about clinical depression?
- a. All patients with clinical depression will have the same symptoms.
 - b. There is a variety of treatments for clinical depression.
 - c. Most medications used for treating clinical depression take a while before they work.
 - d. Psychotherapy sessions are usually a part of treatment for clinical depression.

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