

## Screening for depression risk utilising the Geriatric Depression Scale (GDS) in an older community dwelling outpatient population

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### BACKGROUND

- Around one in every eight older people living in the community will have clinically significant depressive symptoms (Baldwin, 2002)
- Depression is frequently under diagnosed in the elderly and is associated with decreased quality of life and functional impairment (Nguyen, 2006; Williams, 2004)
- Physical illness is one of the strongest risk factors for depression and is often associated with age (Baldwin, 2008; Clarke, 2009)
- Caulfield Community Health Centre provides services to people living in the community with long-term physical illnesses who therefore may be at risk of depression
- Depression screening is one method of identifying undiagnosed depression in older adults
- Currently, there is no standard protocol for screening depression risk within CCHS

### AIMS

- To identify the proportion of community based clients who screened positive for depression using the 15-item Geriatric Depression Scale (GDS)
- To identify the relationship between depression screening, demographics and health/ medical conditions
- To determine the level of follow up/interventions, three months after screening as a result of positive depression screening

### METHODOLOGY

- Community based CCHS podiatry clients aged 65 years and older completed the self-administered 15-item GDS
- Following the results of the GDS, a letter was sent to the clients GP with the results
- For clients who screened positive, a phone call was made 3 months after screening to see if they received follow up services/interventions

Variables collected included:

- GDS score
- Demographics
- Health/Medical
- GP contact details
- Follow services / interventions

### RESULTS

- A total of 98 CCHS podiatry clients were included in the study
- 16.3% of clients screened positive for depressive symptoms with a GDS score greater than six

**Table 1 Demographics**

Characteristics	Total n = 98	GDS ≤5 n = 82	GDS ≥6 n = 16	p-value
Age – Median (IQR)	78.5 (71-83.3)	78 (71-83.3)	80.5 (75.3-83.3)	0.482
Gender (Female)	51.0%	52.4%	43.8%	0.525
Language (English speaking)	93.9%	95.1%	87.5%	0.253
Pension	79.6%	80.5%	75.0%	0.618
Meals on Wheels	1.0%	1.2%	0.0%	0.657
RDNS	4.1%	4.9%	0.0%	0.367
Council Support	36.7%	35.4%	43.8%	0.525

- Demographic characteristics of the total group and GDS groups is shown in table 1. There were no significant differences between these groups.

### RESULTS

**Table 2 Health / Medical**

Characteristics	Total n = 98	GDS ≤5 n = 82	GDS ≥6 n = 16	p-value
Polypharmacy	75.5%	73.2%	87.5%	0.223
History of Depression	32.7%	26.8%	62.5%	0.005
Current Depression	15.3%	11.0%	37.5%	0.007
History of Foot Ulcer / Amputation	41.8%	41.5%	43.8%	0.865
Current Foot Ulcer / Amputation	15.3%	13.4%	25.0%	0.239
History of Substance Abuse	3.1%	2.4%	6.2%	0.418
History of Chronic Pain	31.6%	29.3%	43.8%	0.255
Current Chronic Pain	25.5%	24.4%	31.2%	0.565

- Table 2 shows the health and medical history of the total group and GDS groups. Apart from current and history of depression, there were no significant differences in clinical characteristics between groups.

### Follow up / interventions

- 87.5% of clients who screened positive, did not receive any follow up or interventions that they were not already receiving

### RECOMMENDATIONS

- Administering a depression screening tool requires time and resources and this study found little or no benefit to community clients. Therefore:
- We would be cautious in implementing a depression screening tool within Caulfield Community Health Service
- Further work is required to ensure follow up by external services in patients identified at risk of depression