

In the Know, Inc. Inservice Club presents A Disease Process Module: **Understanding Depression**

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession.

After finishing this inservice, you will be able to:

- Explain the difference between being depressed and having depression.
- Describe at least five symptoms of unipolar depression.
- Discuss the signs of depression in children.
- Discuss how depression can affect the elderly.
- Describe at least five ways that you can help clients who suffer from depression.

Instructions for the Learner

If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask
_____.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least six correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to
_____ no later than
_____.
- Show your Inservice Club Membership Card to
_____ so that it can be initialed.

THANK YOU!



In the Know

The Inservice Club for Nursing Assistants

What is Depression?

Depression is a disease—not just a way of feeling. Everyone feels “blue” now and again, but those feelings of sadness go away. Depression is different. It is an illness that comes from a chemical imbalance in the brain. People who are diagnosed with depression have an illness that affects their whole body, including their:

- Thoughts
- Feelings
- Behavior
- Physical health
- Appearance
- Daily activities

Depression can affect someone’s life as much as chronic heart

disease, but it is often overlooked by doctors. Would it surprise you to



Depression is an illness, just like diabetes or cancer.

know that depression is the most common illness in America? One out of every five people experiences an episode of major depression at some point in their lives. Depression affects people of *all ages*, from little children in elementary school to ninety-year-old residents of nursing homes. The bottom line: Anyone can suffer from depression.

Depression is not:

- A blue mood that lasts a few days and then goes away.
- Something people can “shake off” if they put their minds to it.
- A normal part of getting older.
- An excuse to be lazy.
- A choice people make because they just can’t get their lives together.
- Something to be ashamed of.
- A sign that someone is “crazy”.
- Something that should be ignored.

What Do These Famous People Have In Common?

Judy Garland
Winston Churchill
John Denver
Audrey Hepburn
John Lennon
Marilyn Monroe
Princess Diana
Tammy Wynette
Cole Porter
Ernest Hemingway
Richard Nixon

They were treated for depression at some point in their lives. And they’re not alone. Eighteen million adults in the United States suffer from depression every year.

© 1999 In the Know, Inc.

May be copied within each physical location that purchases membership in the Inservice Club. All other copying or distribution is strictly prohibited.

Different Kinds of Depression

Did you know that there are different kinds of depression? They include:

Dysthymia

- This is a fancy name for mild depression. People with dysthymia can usually function in their daily lives in spite of feeling depressed.

Seasonal Affective Disorder (SAD)

- People who suffer from SAD become depressed during times when there is less sunlight, such as wintertime.

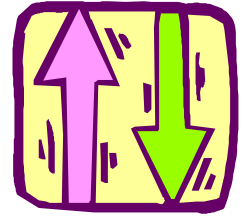
Unipolar Depression

- People with unipolar depression have periods when they feel “normal” and periods when they feel depressed. During the episodes of depression, they find it very difficult to go about their daily lives. People may have periods of

unipolar depression on and off throughout their lifetime.

Bipolar Depression

- People with this disease (also called Manic Depressive Disease) have times when they feel “high”—excited, happy, hyperactive—and times when they feel very “low”. For people with this disease, there is hardly any “middle”—just extreme highs and extreme lows.



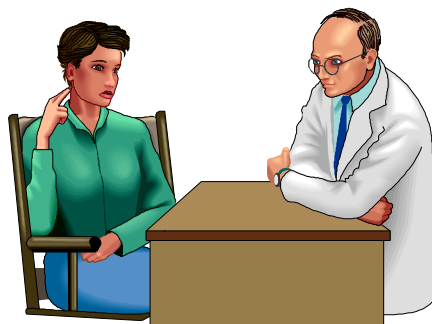
The information in this inservice focuses mainly on unipolar depression.

Symptoms of Depression

In order for a doctor to make a diagnosis of depression, someone must have a feeling of continuing sadness and hopelessness that lasts for at least two weeks. He or she must also have **at least four** of the following symptoms:

- Weight loss (from a poor appetite and not caring about food).
- Weight gain (from eating too much because of feeling depressed).
- Problems with sleeping (either too much or too little).
- Extreme fatigue and irritability.
- Withdrawal from friends and family.
- Lack of interest in activities that used to be fun.

- Loss of sex drive.
- Poor self-image (not caring about getting dressed or washing their hair).
- Difficulty in concentrating.
- Having ideas about suicide.



Depression can be a tricky disease to diagnose, since its symptoms could be from some other medical problem such as kidney failure, other brain diseases, thyroid problems, diabetes, or even not getting enough vitamins.

Risk Factors for Depression

People are at a greater risk for depression if they are:

- *Female.*
- *A hyperactive child.*
- *A teenager.*
- *A senior citizen.*

Or if they have:

- *A strong family history of depression.*
- *Migraine headaches.*
- *Chronic pain.*
- *Had a recent heart attack.*
- *A history of ulcers.*
- *Lots of stress.*

What Causes Depression?

The exact cause of depression is not totally understood. Doctors do know that something causes the chemicals in the brain to become unbalanced. There are certain life events that might trigger depression, such as the death of a spouse or a build-up of extreme stress. But, depression can hit people “out of the blue”, too—just when they think things are fine in their lives. Depression can also be a side effect of medications such as blood pressure drugs, anti-TB meds, cancer drugs and hormone replacements.



When you think about depression, keep this in mind...

People with depression need a balance of chemicals in their brains just like diabetics need a balance of insulin in their blood. For people with depression, certain events—like having too much stress or being diagnosed with a terminal illness—can cause the brain chemicals to be out of balance. For diabetics, certain events—like eating too many sweets or fighting off a fever—can cause the insulin to be out of balance. **Remember, depression is not just a feeling. Like diabetes, depression is an illness.**

Can Depression Be Treated?

There are a number of ways to treat depression. Some people are treated with psychotherapy (also called “talk” therapy). Some are treated with antidepressant medications. And some people, especially if their depression is severe, need both drugs and therapy to help them with their illness.

A depressed person who is treated with medications might get that prescription from a family doctor or a psychiatrist. Someone who is treated with psychotherapy may have

counseling sessions with a psychiatrist or a psychologist. Sometimes, a social worker, a clergy person or a support group may also be involved in the counseling.



Another form of treatment that is used for some seriously depressed people is electric shock therapy. Electricity is sent carefully into the brain to try to get it back in balance.

Hospitalization may be necessary if people with depression are suicidal.

Facts About Depression

- Treatment for depression lasts at least six months and often longer.
- Different antidepressant medications that you might have heard of include: Zoloft, Prozac, Lithium, Elavil, Sinequan, Wellbutrin, Nardil, or Desyrel. Some doctors even recommend herbal supplements like St. John's wort to treat depression.
- Many depressed people don't stay on their antidepressant medications long enough for them to be effective. Sometimes, people feel a little better and so they figure they don't need the medication anymore. Or, there may be side effects that make the drug unpleasant to take. *(You can help by reminding and/or encouraging your clients to take their antidepressants as ordered. Be sure to report any client who is noncompliant with a medication.)*
- Depression is the fourth most common reason that people visit the doctor—but only *half* the people who have symptoms of depression go to the doctor.
- Some antidepressant medications increase the risk for falls in elderly people. *(Watch your elderly clients carefully and report any signs of unsteady gait, dizziness or falls.)*



treat depression. Your client may be able to take a different one that doesn't cause dizziness.)

- Antidepressant medications take two to four weeks to provide full relief from the symptoms of depression.
- Doctors say that it is important for people to get treated for depression *as quickly as possible* because the longer the disease settles in the brain, the harder it may be to treat.

- Depression costs the United States about \$50 billion every year!

- Too much stress can make depression worse—just like too much sugar makes diabetes worse. *(Be sure to help your clients avoid stress. Stick to a simple, daily routine and encourage your clients to express their feelings and worries.)*



- Without treatment, 10 to 15% of people who suffer with depression end up committing suicide. With treatment, 80 to 90% of these people would recover.

- The average age of people with depression is about 35, but an increasing number of elderly people are suffering from the disease.

- Depression hits people of all races. However, there are cultural differences in how people *react* to depression. For example, the most common symptoms of depression in African Americans are change of appetite and weight gain, and many African Americans believe that prayer is the best treatment for depression.



- Younger people who are depressed usually sleep too much, while elderly people with depression often find themselves tossing and turning all night.

- Some elderly people stop taking their antidepressant medication because they are afraid of falling.

(This needs to be reported right away. There are nineteen different medications being used to

Depression in Children

Depression affects people of all ages, including children. In fact, some infants are born with a depressive illness. It can be difficult for doctors to diagnose depression in children because:

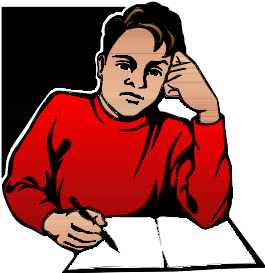
- Young children have a hard time putting their feelings into words.
- Their symptoms may seem more like disciplinary issues than medical problems.
- Most teenagers experience a “moody”, emotional period as they go through adolescence.

*Signs that **infants** or **toddlers** suffer from depression may include:*

- Giving no response when they are touched or held.
- Never smiling or crying (or crying all the time).
- Failing to gain weight (for no other medical reason).
- Being oversensitive to noise or touch.
- Doing self-destructive things, like banging their heads against the wall or scratching themselves.



*Signs that **children** suffer from depression may include:*



- Disobeying frequently.
- Running away.
- Being unable to pay attention.
- Being afraid of school or of being away from parents.
- Saying they hate themselves and everything around them.
- Being sick frequently (since depression makes it harder to fight off disease).
- Talking about suicide.

*Signs that **teenagers** suffer from depression may include:*

- Having lots of physical complaints, like dizziness or headaches.
- Being continually unhappy, worried and irritable.
- Showing uncontrollable anger.
- Talking down about themselves and not caring how they look.
- Being unable to concentrate or make a decision.
- Refusing to do school work or to care about their grades.
- Abusing drugs or alcohol as a way to try and feel better.
- Being preoccupied with death in books, music, and drawings.
- Behaving recklessly like driving too fast, having unprotected sex or getting into trouble with the law.
- Talking about suicide.



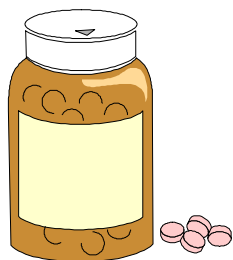
Depression in the Elderly

- The most important thing to remember about depression and the elderly is that being depressed is **not** a normal part of getting older! However, depression is a common illness in the older population.



Sometimes, these medications have side effects that make the depression worse.

- Up to 25% of people over age 65 have symptoms of depression. However, only 10% of these people get the treatment they need.
- One study of elderly people found that having depression caused people over 70 to lose the ability to walk, stand, rise and sit 55% faster than elderly people without depression.
- Doctors say that depression in the elderly increases the risk of heart disease and death from a heart attack. Depression also affects how the blood clots, so people with



depression may develop dangerous blood clots after surgery.

- Elderly people often have one or more chronic illnesses. Sometimes, these illnesses *hide* the symptoms of depression.

So, doctors end up paying attention to the medical illnesses while the depression goes untreated.

- People over 65 are more likely to be taking a number of different medications.

- Studies have shown that up to 70% of elderly people who take antidepressant drugs skip their prescribed doses frequently.

- In an elderly person, depression sometimes shows up as confusion. This might cause a doctor to diagnose dementia instead of depression!
- Elderly people are very likely to have their depression come back again. So, if your older clients have completed their treatment for depression, they need to be watched closely for returning symptoms.
- The risk factors that make an elderly person more likely to suffer from depression include:
 - » Being female.
 - » Living alone.
 - » Having few friends.
 - » Being a widow.
 - » Having a chronic illness.
 - » Having a recent death in the family.
 - » Having a family history of depression.

- In addition, there has been an increase in the number of nursing home residents who suffer from depression.

Communicating with Depressed Clients

- When you are talking to a client who has depression, keep in mind that your client suffers from an *illness*, not just a bad mood.
- For example, you wouldn't say to a client with diabetes, *"If you would only smile more, your diabetes would go away."* That's ridiculous. We know that smiling does not cure diabetes. Well, smiling doesn't cure depression either.
- Or, if your client has cancer, you wouldn't say, *"You have it so good! Why aren't you happy?"* It's the same with depression. It's an illness, not a choice that someone makes to be unhappy.
- Don't try to "fix" your clients who are depressed. You can't take on their problems or become their therapist. However, you can try to understand them and provide comfort with your presence and your words.
- Avoid being *extra* cheerful around depressed people. But, don't take on their sad mood either. Just be yourself, and remain pleasantly professional at all times.



Some things that might be helpful to say to a depressed client include:

"I care about you."

"You are not alone."

"Do you want a hug?"

"I'm sorry you are in so much pain."

"Only you can really understand what you are feeling, but I am here with you."

"You are important to me."

Some things that might **not** be very helpful to say to a depressed client include:

"What's your problem?"



"It's all in your mind."

"Why don't you count your blessings instead of whining."

"I've got more problems than you do!"

"Stop feeling so sorry for yourself."

"Cheer up!"

"Everybody has a bad day now and then."

"Just don't think about it."

"Believe me. I know how you feel. I was depressed once for a few days."

"Get some fresh air and you'll feel better."



Working with Depressed Clients

Here are some tips to help you give quality care to clients with depression:

- Keep in mind that many of your clients may feel depressed occasionally. It's normal to feel "blue" at times, especially during times of sickness or after surgery. This does not mean that they have a depressive disease. Remember that to diagnose depression, doctors look at the whole picture: Have the feelings of sadness been overwhelming? Are there problems with sleeping and eating? Does the client feel hopeless and helpless? Have the symptoms lasted at least two weeks? Just because a client is sad does not mean that he or she has depression. But, never *ignore* clients who show signs of depression. Be on the lookout for changes in their daily activities, as well as their moods, and report any changes immediately.



- When clients suffer from depression their daily lives are affected. Even ordinary activities like bathing, dressing, mouth care and ambulating can be a challenge. You may find that your depressed clients are unwilling to do anything for themselves, so you end up taking a more active role in their personal care. Be **patient**, but continue to encourage your clients to participate in their care. For example, you might say, "Mrs. Brown, if you put on your blouse, I'll help you put on this pretty blue sweater." or "Mr. Young, I'll help you shave and then you can brush your hair. You'll look so nice!" or "Susan, why don't we work together?...you can wash your back while I wash your feet."



- If your clients suffer from depression, you'll probably be asked to weigh them regularly. Be sure to report any weight gains or losses. (Remember, both gaining and losing weight can be a sign of depression.)



- Many depressed people tolerate eating breakfast more than lunch and dinner. (As the day goes on, they often feel less and less like eating.) Be sure to encourage your clients to eat a good breakfast. Helping them with mouth care before breakfast may motivate them to eat more.

Working with Depressed Clients, *continued*

- Depressed clients tend to focus on their physical complaints. They may talk about every ache or pain, and their complaints may be exaggerated. While this might seem like whining to you, remember that it is part of the disease. Listen to what they are telling you and be sure to report any new or changed problems.



- People with depression often sit or lay around a lot. They feel like they have no energy for their regular activities. This tends to cause constipation. Encourage your depressed clients to drink lots of fluids. Watch out for changes in their bowel habits, and report any signs of constipation.



- Being inactive can cause a lot of other problems, too, like weakness, and dizziness. When your clients do get up to ambulate, be sure they have a steady gait. And remember that clients who take antidepressant medications may be at a higher risk for falls. Guard your clients' safety!
- Be sure to report any new confusion or a change in a client's vital signs—especially if the client takes a lot of different medications. Being inactive can change the way the body absorbs medications. This means that a normal dose of a particular drug may become a *poisonous* dose to a client with depression!
- Regular exercise is important. It may keep depression from coming back, and it helps reduce the symptoms of depression. For example, clients who have insomnia because of their depression may sleep a little better if they get some regular exercise. Help your clients move around as much as possible.
- Be prepared to hear your depressed clients say, "Leave me alone." or "I don't want your help today." They may refuse to have a bath, or to get dressed or to participate in an activity. Remember that clients have the right to refuse treatment. However, you need to report to your supervisor if you are unable to complete any client's care as ordered.
- Be sure to report if your depressed clients are sleeping and eating better, showing interest in activities, and enjoying friends and family. They may be getting better!



Information About Suicide

- At least 2000 children commit suicide every year. Many more children than that *try* to kill themselves. While suicide is uncommon before puberty, it does happen.
- The suicide rate for teenagers has increased more than 200% in the last ten years. Many of the teenagers who kill themselves do so because they suffer from depression.
- One fourth of all suicides in the United States are elderly people. The highest suicide rate of all is for white men over the age of 75.
- People who attempt suicide may be making a “cry for help”. Any attempt at self-destructive behavior should be taken seriously.



Events That Might Trigger Suicidal Behavior

- Losing a close relationship.
 - Knowing someone else who recently committed suicide.
- Getting divorced.
- Being diagnosed with an illness.
- Experiencing the anniversary of a loved one’s death or suicide.
- Going through a big change such as retiring from a job or moving to a nursing home.

What Can You Do?

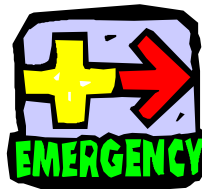
- Trust your instincts! Take action if you suspect that a client is suicidal. It’s better to be wrong than to wait until it’s too late!
- There is an increased risk of suicidal behavior when a client first starts taking antidepressant medication. Does that seem backwards to you? Well, consider this example: *John suffers from depression, but he hasn’t seen a doctor about it. He is so depressed that he has thought about killing himself. He even has a plan for doing it, but his depression makes him so tired that he can’t find the strength to get out of bed. Then, John sees a doctor and begins taking an antidepressant medication. In the first week or two of taking the pills, John still feels really depressed, but he has more energy—enough energy to carry out his plan for suicide.* Be sure to

Some Early Warning Signs of Possible Suicide

- All the symptoms of depression.
- Frequent angry outbursts.
- Drug abuse.
- Talking negatively about the future.
- Being preoccupied with death.

Some Late Warning Signs of Possible Suicide

- Talking about suicide, especially about having a plan to commit suicide.
- Wanting to be alone all the time.
- Saying life is meaningless.
- Talking about “giving up”.
- Being in a sudden good mood. (People who make up their minds to end their lives sometimes feel “happy” because they see an end to their pain.)
- Putting one’s life in order.
- Giving away possessions.



report any suspicions you have about your clients, especially if they talk about having a plan to kill themselves. You might save a life or prevent an emergency. Make your report according to the policy in your workplace. (If you are unsure of that policy, check with your supervisor.)

Are You "In the Know" About Depression?

Circle the best choice and then check your answers with your supervisor!

1. True or False

Anyone who is depressed for longer than two weeks needs to take antidepressant drugs.

2. If a twelve year old girl has depression, she will probably:

- A. Have no trouble sleeping.
- B. Try harder to do well in school.
- C. Spend time with friends to try to cheer herself up.
- D. Have trouble paying attention.

3. True or False

Depression is an uncommon disease, especially in the elderly.

4. True or False

It's easy for doctors to overlook depression in adolescents and in elderly people.

5. If you are caring for a 70 year old man with depression, you should:

- A. Encourage him to lie down as much as possible.
- B. Remind him to take his antidepressant medication on schedule.
- C. Offer him frequent high fat snacks to give him energy.
- D. Remind him that all elderly people get depressed.

6. One way to help a client with depression is to:

- A. Ask if she feels hopeless and suicidal.
- B. Let her rest while you do all her personal care.
- C. Encourage her to get some regular exercise.
- D. Suggest to her that she stop whining about her problems.

7. True or False

A client who has just started taking antidepressants is at risk for suicide.

EMPLOYEE NAME _____

DATE _____

I understand the information presented in this inservice. I have completed this inservice and answered at least six of the test questions correctly.

Employee Signature _____

Inservice Credit: 60 minutes

Supervisor Signature _____

Self Study _____

File completed test in employee's personnel file.

Group Study _____