Evidence-Based Practice Case Management: A Program to Identify and Treat Elderly Depression  
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Problem: Depression is a major health problem as it relates to the care of elders. Severe depression impairs elders’ lives more than serious physical illnesses. Depression is a widely recognized and under treated medical illness that often occurs with other serious illnesses. The National Institute of Mental Health reports that of the nearly 35 million Americans aged 65 and older, an estimated 2 million have a depressive illness. The U.S. Preventive Services Task Force reports that screening patients for depression decreases their clinical morbidity.

Evidence: A university Evidence-Based Practice Task Force completed a thorough review of the available evidence to include the U.S. Preventive Services Task Force Recommendations for depression screening to identify best practice in the identification of depression.

Strategy: The evidence for early identification and treatment of depression was evaluated by the task force using The Ace Star Model. The evidence was organized and guidelines were developed and individualized to meet the needs of this case management practice.

Practice Change: The patient assessment process was modified to include the assessment of each elder at specific intervals as designated in the guideline’s major recommendations. The PHQ2 pre-screening tool was adopted as the assessment tool. Guidelines for referral of the elder for treatment of depression were developed and patient outcomes and patient monitoring procedures were developed.

Evaluation: Decreased number of patients with untreated depression taken from quality improvement data.

Results: 93% decrease in the number of patients with untreated depression.

Recommendations: All community-based practices caring for elders need to develop evidence-based guidelines to guide practice of early identification and treatment of depression.

Bibliography:
