

Depression and the Hospice Patient

What Does Depression Mean?

- Depression has been described by some experts as “anger turned inward”
- Sad feelings so intense they interfere with daily life—painful
- Medical illness
- Feelings one may experience after the loss of a loved one, disaster or other major changes that create overwhelming stress

Clinical Course of Chronic Illness

Diagnosis (Depression)

Remission

Beginning Treatment

Recurrence ((Depression))

Treatment Failure

Disease Progression

Terminal Illness (((Depression)))

End of Life

Death

Prevalence of Depression

- 1 out of 4 palliative care patients have depression
- 80% of cancer patients have depression that is not even recognized, therefore not treated
- More common in women than men
- Persons 45-64 years old
- People unable to work or unemployed
- People without health insurance

Minor depression

- May impair a person's functioning and quality of life
- Serious risk factor for major depression
- May be treated by their primary doctor
- Symptoms are the same as those of major depression
- Affects about 7.5 million Americans during their life time

Persistent depressive disorder

- It is chronic depression but symptoms are less severe than major depressive disorder
- Symptoms last for at least two years in adults
- Symptoms last for at least one year in children & adolescents
- May precede a major depression

Major depression

- Also called Clinical Depression
- More severe form of depression
- Not the same as situational depression
- Interferes with a person being able carry out their basic responsibilities such as
 - Work
 - Sleep
 - Appetite
 - Concentrate on a subject
 - Enjoying life

Psychotic depression

- Severe depression and loss of touch with reality
- Patients may hear voices
- Strange ideas- may be paranoid
- Anger without any apparent reason
- May sleep in the day and stay awake at night
- Isolate from others

Situational depression

- May be called adjustment disorder or reactive depression
- Response to external events or circumstances
- Most often follows a loss of some type
- Generally subsides with adjustment to the situation

What causes Depression?

- May be a combination of different factors such as:
 - Genetics
 - Biological
 - Psychological
 - Environmental
 - Trauma
 - Loss of loved one or other losses

Is it grief or depression?

- Grief after a major loss is a normal reaction. People usually can work through their grief without professional assistance
- Preparatory grief is necessary for the terminal patient to prepare themselves for separation from this world
- Feelings of guilt, hopelessness, worthlessness, and suicidal ideation are the key factors that differentiate grief from depression

http://www.eperc.mcw.edu/fastFact/ff_43.htm

Grief and Depression Manifestations

- Intense sadness
- Fatigue
- Change in sleep patterns
- Appetite disturbances
- Low energy
- Loss of pleasure
- Difficulty concentrating

Key Factors that Separate Grief from Depression

- **A grieving person**
 - Usually stays connected to others
 - Experiences pleasure intermittently
 - Continues to function
- **A depressed person**
 - Constantly disconnect from others
 - Does not experience pleasure
 - Is unable to function normally

Exercise

- Today as you are caring for your hospice patient he tells you that sometimes he has episodes of just wanting to cry and feeling so heart-broken. He further states that once he has a "good cry" he starts to feel better."
- Would you describe this as grief or depression?
- Why?

Common Manifestations of Depression

- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness, and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, and making decisions

Common Manifestations of Depression

- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating or appetite loss
- Thoughts of suicide or suicide attempts
- Persistent aches or pains, headaches, cramps, or digestive problems that do not get better even with treatment
- Withdrawn
- Crying

Diseases that are Frequently Seen with Depression

- Post traumatic stress disorder
- Parkinson's disease
- HIV/AIDS
- Anxiety disorders
- Alcohol and substance abuse
- Stroke
- Diabetes
- Heart Disease
- Cancer

Effects of Depression on Older Adults

- Sadness (prolonged)
- Withdrawn
- Loss of appetite
- Weight loss
- Fatigue, lack of energy
- Uninterested in activities that once enjoyed
- May sleep a lot or have difficulty sleeping

Facts About Older Adults & Depression

- Depression is not a normal part of aging
- Some medications have side effects that may contribute to depressive symptoms
- Patients may be depressed and not realize it

Depression in the Hospice Patient

- It is important to remember that some symptoms of depression are the same symptoms of the advanced cancer patient and other terminal conditions
- For example: Weight loss, poor appetite, fatigue, loss of concentration
- Depression is the constant feelings of hopelessness, worthlessness and suicidal ideation
- They seldom have periods of being happy

Depression in the Hospice Patient

- The main source of depression in the patient who is dying is pain that is unmanaged
- If the patient has been depressed before their terminal illness then, they are more apt to have a reoccurrence of depression
- The depression may be a result of the previously prescribed medications or medical treatment

Exercise

- Upon your arrival today at Mr. Jones' house you find him, lying in bed, the room dark and the cover over his head. This is very unusual for Mr. Jones who you usually see upbeat and positive, even though he has end stage liver cancer.
- How do you respond to this?

Remember

- Depression, even the most severe cases, can be effectively treated. The earlier that treatment can begin, the more effective it is.

Interventions

- Offer emotional support, understanding, patience, and encouragement
- Talk to him or her, and listen carefully
- Never dismiss feelings, but point out realities and offer hope
- Never ignore comments about suicide, and report them to your supervisor
- Encourage them to be active and attend social outings
- Remind patients that with time and treatment, the depression can get better

An Effective Intervention: Listening

- Encourage your patient to talk about whatever is depressing them. --Listen
- They may just need someone to listen
- Talking sometimes relieves depressed feelings
- Patients who are dying grieve many losses and talking about them can help
- Someone to listen is priceless!

Suicidal Thoughts

- It is not uncommon for the patient who is dying to have thoughts of suicide because:
 - Burden to family
 - Using up financial resources
 - Chronic pain that is unrelieved
 - Unworthy of care being rendered
 - No quality to life
 - Loss of control-no independence left

Caregivers and Depression

- A caregiver is anyone who provides help to another person in need. The patient needs help with basic daily tasks
- Informal caregivers are usually family members
- Caregivers are likely to have symptoms of depression

Symptoms of Caregiver Stress

- Overwhelmed
- Sleeping pattern changes
- Weight loss or gaining
- Tired most of the time
- Loss of interest in activities they once enjoyed

Caregiver stress- continued

- Irritable and angry
- Worry about something all the time
- Sad
- Physical problems—aches and pain
- Increase use of alcohol or drugs, including prescription drugs

Caregivers are Likely to

- Have health problems of their own
- Neglect their own care/health
- Feel isolated from society
- Be isolated from society
- To have chronic conditions themselves
- Have little to no support/help

Respite is for Caregivers

- Respite care is available when a patient is receiving hospice
- Respite care is short-term inpatient care provided to the patient only when necessary to relieve the caregiver or other persons caring for the patient at home

Exercise

- Today your patient's spouse walks outside with you as you are leaving and tells you how tired she is and she hasn't had a good night's sleep in two weeks. You notice her voice is weak and her gait is unsteady.
- What would be your response to the caregiver?
- What would you do with this information?

In Summary

- Depression remains unrecognized in many hospice patients, therefore not treated
- Knowing the manifestations of depression can help with recognition
- If detected early, treatment is more effective
- Depression in patients at the end of life has same symptoms as some terminal disease processes

Summary

- Caregivers are prone to depression, just as hospice patients are prone to depression
- Hospice can provide respite for the caregiver
- Listening is important to the depressed patient and the caregiver
- Observe, report and record your findings
