

Geriatrics Session 2: Psychosis - 9/10/12 – Dr. Stall’s CPM-II students – session notes

1. Who did you decide to interview? In person/phone/skype? Submitted first assignment.
 - a. HW for next time: Items 2 on the [senior health assessment chart](#)
2. Six item screener is faster than the mini-mental state exam, great for a quick screen of your patient
 - a. Website/app has a shorter version of Geriatric Depression scale because it is faster, and requires less dialogue
3. [Gain Revolving Door Commercial](#)
4. Assigned Video
 - a. A lot of depression goes undiagnosed
 - b. Pearl of Diagnosing Depression: It’s a real downer being around someone who is depressed, “wow, this person is making me feel depressed, anxious, afraid”
 - i. Depression goes hand in hand with pseudo-dementia
 - ii. Symptoms: poor sleep, aches and pain, lack of concentration, “out of it,” not necessarily developing dementia—just not in the mood
5. Cases → [Geriatric Depression Scale](#) (usually 30 items) and [Mini-Mental Exam](#)
 - a. Patient 1: age 86, female, lives in skilled nursing facility, diagnoses include stroke, hypertension, diabetes
 - i. MM: 6:00;25 GDS: 8:00;18
 - ii. Mild to Severe Depression: Because with the stroke, she knows what she wants to say, but cannot speak it
 - iii. Diabetes/HTN gives her symptoms that makes her feel bad
 - iv. In age 85 or older, 50% have some bit of dementia
 - v. Incontinence is a huge burden for families when taking care of a loved one
 - vi. Only 5% of people 65 or older live in nursing homes
 - b. Patient 2: age 82, female, recently admitted to a subacute care facility for rehabilitation following hip fracture surgery. Fell at her own home, lives there with husband, history of frequent falls at home, depression, insomnia, hypertension
 - i. MM: 5:00, 27 GDS: 5:00, 29
 - ii. If she was already depressed at home, she would be much more depressed at home
 - iii. Depression was interfering with mental state a little bit
 - iv. “I scored high, but I have reasons to be depressed.” – Depression is not a normal part of aging or something related to lots of things going on. We should try and target some of the things that may be causing you to be depressed. Sometimes there are medicines that can help you because of certain chemical things that are happening in your brain. Some people are more predisposed to depression than other people.
 - c. Patient 3: age 90, male, lives in senior apartment complex, goes to dining room for dinner, uses wheeled walker
 - i. MM: 5:30, 25.5; GDS: 5:15, 11
 - ii. Decreased mobility can cause some mildly depressive symptoms
 - iii. Can get bored on your own
 - iv. Deficits in mini-mental exam: following instructions, date and where you are, county
 - v. When you do the Mini-Mental exam, you have to take into account education
 - d. Patient 4: age 84, male, lives in assisted living facility, moved there six months ago after family felt he couldn’t live at home safely
 - i. MM: 5:30, 16; GDS: 3:30, 12
 - ii. If patient “closes their eyes” but doesn’t open them after, you have to wonder if there is some cognitive impairment there
 - iii. Want to encourage the care-giver to stay in the room while the exam is happening
 - e. Patient 5: age 76, female, lives in own home with husband, drives, plays tennis six days a week
 - i. MM: 5:00, 29;GDS: 8:00, 2
6. Be careful not to make assumptions about depression status or mental status because of someone’s age.