

Unit 2 Assignment Introduction

Depressed older adults experience difficulty in many physiological and functional ways. For example, they may have difficulty eating and sleeping, or they may be troubled by feelings of hopelessness.

An individual may find it difficult to be happy and social if, for example, he or she has lost a spouse or a child, or if he or she has many friends in poor health.

Clinical depression may be chronic or may have a shorter duration.

Clinical depression is not the same thing as having a “bad day” or feeling unhappy.

Nurse practitioners are in an ideal role to assess depression utilizing valid and reliable tools like the Geriatric Depression Scale (1983).

This week you get an opportunity to utilize the Geriatric Depression Scale (1983) and feel very comfortable with it.

An added benefit of utilizing the Geriatric Depression Scale (1983) is that nurse practitioners have valid and reliable patient data to distinguish between dementia, depression, and delirium, which is helpful when making critical decisions regarding patient safety and independent living and residential needs or transitional living arrangements.

Many factors contribute to depression in frail elderly patient populations, and depression is linked to disorientation, shortened attention spans, emotional outbursts and difficulty with intellectual functioning.

The nurse practitioner needs to be able to gather and assess potential for depression and develop a plan of care to foster and promote optimal mental health in the frail elderly populations.