Questionnaire Tops Other Mood Evaluations

BY HEIDI SPLETE
Senior Writer

WASHINGTON — A nine-item questionnaire of self-reported symp-
toms was more reliable and efficient than widely used Geriatric De-
pression Scale and the Minimum Data Set 2.0 scale at assessing mood
problems in nursing home patients, according to a study in 71 facilities
across eight states.

Accurate detection of mood disor-
ders in the long-term care population
remains a constant challenge, said Dr. Debra Saliba, who is a geriatrician
at the University of California, Los Angeles, and the director of the
Borun Center for Gerontological Re-
search there. She re-
ported the results at the annual meeting of the American Ger-
iatrics Society.

Identifying depres-
sion in nursing home patients is important, she emphasized, be-
cause the condition is associated with poor functional status; in-
creased rates of pain; stress; suicide; and increased need for medical ser-
Vices. “In fact, a disproportionate number of successful suicides occur
in people over the age of 65,” said Dr. Saliba.

Treating depression can be effec-
tive in reducing poor outcomes in long-term care residents, but de-
pression often goes unnoticed in this population. There are several screen-
ing tools for mood disorders in use, but they have not been compared
with one another or to any validated psy-
chiatric-assessment tool, Dr. Saliba explained.

The new study compared the ef-
fectiveness of the nine-item Patient
Health Questionnaire (PHQ-9), the
Geriatric Depression Scale (GDS),
Minimum Data Set version 2.0 (MDS
2.0) assessment by staff, and one of two validated tools for identifying
mood disorders in a long-term care
population.

The GDS was designed for older adults and has become a geriatric stan-
dard—that this study used the newer
version of the test, which is made up of
15 yes/no questions—but other studies have suggested that the test
may be overly influenced by somat-
ic symptoms when individuals an-
swer questions such as, “Have you
stopped many things you enjoy doing because of your activities and
interests?” without being able to
elaborate.

By contrast, PHQ-9 questions
focus on more homogeneous topics to topproblems including sleep problems, feeling
bad about oneself, and having trouble
concentrating. The tool may be ad-
mistered either as a self-reported
survey or as part of an interview. The
MDS 2.0 observer-rated scale avoids an interview or self-report.

“Some people have said that the PHQ-9 is too symptom driven or too
complicated,” Dr. Saliba said, leading to questions of the survey’s validity
for assessing mood disorders in frail
old people.

She and her associates selected 418
nursing home residents who were
scheduled to receive mandatory
MDS 2.0 assessments. Nearly half of
the study participants were older than 85 years.

In addition to the MDS 2.0 assess-
ment for each resident, one nurse ad-
ministered the PHQ-9 and GDS, and a second nurse administered ei-
ther the modified Schedule for Affective Disorders and Schizo-
phrenia (mSADS) or the Cornell Scale for De-
pression. The Cornell tool was used for residents whose cognition was
too low to allow assess-
ment by mSADS, but both of these tests are validated, standard
tools, said Dr. Saliba.

About 80% of study participants
were assessed by at least one of the
screening tools as well as one of the
validated tools. Overall, the GDS
screen found 41% of residents with probable depression, PHQ-9 found
42%, and MDS 2.0 found 17%.

When the investigators used a mea-
sure of agreement adjusted for
chance (kappa scores), the PHQ-9 had significantly higher agreement
with the validated standard than either the GDS or the MDS 2.0 did. In fact, the
MDS 2.0 assessment was less accurate
than if the results had happened by chance, Dr. Saliba said.

“Contrary to the expectations of many, the PHQ-9 did not lead to more
classification with depression,” Dr. Saliba said.

Not only was the PHQ-9 tool more
accurate than the GDS screen, but it
also took less time to complete:
4.9 minutes for the PHQ-9 vs.
11.4 minutes for the GDS.

Depression Tied to High Vitamin D, Low Parathyroid Hormone Levels

BY MARY ANN MOON
Contributing Writer

Both the presence and severity of depre-
sion are associated with decreased serum levels of 25-hydroxyvitamin D and increased levels of parathyroid hormone in older pa-
tients, researchers reported.

It is not yet known whether abnormal lev-
els of 25(OH)D and PTH precede depression or are a consequence of it, they noted.

“Our findings may be of clinical relevance because the prevalence of minor depression in older persons is high (13%), and both de-
screased serum 25(OH)D levels and increased serum PTH levels can, in theory, be treated with higher dietary intake of vitamin D or
calcium and increased exposure to daylight,” said Dr. Witte J.G. Hoogendijk and his asso-
ciates at the Free University Medical Center, Amsterdam.

The investigators examined the relation-
ship between depression and these serum markers using data from the Longitudinal Ag-
ning Study Amsterdam, an ongoing popula-
tion-based study of changes in mood, au-
tonomy, and well-being among older Dutch
men and women.

In a subset of 1,282 of these subjects who
were aged 65-95 years, 26 were found to have
major depressive disorder and 169 were found to have minor depression.

Levels of 25(OH)D were 14% lower in peo-
ple with minor depression and in people with major depression than in nondepressed peo-
ple. PTH levels were 5% higher in people with minor depression and 7% higher in people
with major depression than in nondepressed people, Dr. Hoogendijk and associates said

These associations remained robust after
the data were adjusted to account for several potential confounders such as gender, body
mass index, smoking status, and coexisting chronic conditions. They also were not at-
ttributable to seasonal differences regarding when the assessments were done (and thus the
amount of sunlight to which subjects had been recently exposed), to levels of physical activity, or to the use of antipsychotics.

The importance of these results is under-
scored by the finding that 39% of men and
57% of women in this community-based co-
hort were obtaining insufficient vitamin D from their diets, including 5% of men and 7% of
women who were frankly deficient in vi-
tamin D. Only 1% of subjects were taking vi-
tamin D or calcium supplements.

The study was supported by the Nether-
lands Organisation for Scientific Research.

‘Use it or Lose it’ Strategy Can Prevent Cognitive Decline

BY AMY ROTHMAN SCHONFELD
Contributing Writer

CHICAGO — Older adults with normal
WHO engagement in a mental fitness
program for 1 hour a day, 5 days a week for
8 weeks demonstrated significant improve-
ments in memory and nonmemory tasks, ac-

cording to data presented at the annual meet-
ing of the American Academy of Neurology.

Gains were documented in standard neu-
ropsychological tests that measured auditory memory, digit processing, letter-number se-
quencing, learning, delayed recall, and list
memory, according to Dr. Kristine Yaffe, pro-
fessor of psychiatry, neurology, and epi-
demiology and biostatistics at the University
of California, San Francisco.

The randomized, double-blind trial, known as IMPACT, included 417 adults with a mean age of 73 years and Mini-Mental State Ex-
amination scores of 26 or higher. Of the to-
total number of participants, 215 were assigned to the Brain Fitness Program, a cognitive training program designed to augment brain
plasticity (Post Science Corp., San Francisco), and 222 were assigned to an active control
group that engaged in a more standard com-
puter-based educational program.

Each group underwent about 40 hours of training.

In the primary outcome measure—the Re-
peatability Battery for the Assessment of Neu-
ropsychological Status (RBANS) Global Au-
ditory Memory score—those in the exper-
imental group demonstrated an average im-
provement of 3.66 points, compared with 1.30 points for those in the control group (P = .01).

The training did not improve scores on the vi-

sual memory component of the RBANS.

In addition to the performance demon-
strated on the objective test, the mental fit-
ness buffs reported that their cognition had
improved on a self-report questionnaire.

“Use it or lose it’ makes a lot of sense, but there (are) not a lot of data,” said Dr. Yaffe,
who is also chief of geriatric psychiatry and
director of the memory disorders clinic at
the San Francisco VA Medical Center.

She categorized the risk factors for de-
mentia and cognitive decline according to
whether or not they can be modified. Al-
though age and family history are un-
changeable, for example, cardiovascular dis-
ase, obesity, metabolic dysregulation,
depression, and physical and intellectual in-
activity are risk factors that are amenable to intervention and modification, she noted.

With these risk factors in mind, Dr. Yaffe
suggested the following strategies to prevent
cognitive decline and dementia:

► Screen for depression and institute effective treatment promptly.
► Reduce cardiovascular risk factors, such as hypertension, metabolic syndrome, hyper-
cholesterolemia, diabetes, and obesity, espe-
cially during middle life.
► Prevent head trauma.
► Promote mental activity, including lifelong education.

The study was supported by the National Institute on Aging.