

KnowledgeBITE

PSYCHOGERIATRIC NEWS AND INFORMATION FOR PRIMARY CARE PRACTITIONERS



Editor's remarks: This is the twelfth issue of the PRC-PC Newsletter, providing quick tips and useful information to fit your fast-paced work environment and to help you in the care of patients with dementia. This issue focuses on depression and dementia. Depression is the most common mental illness in older people; however it is also frequently misdiagnosed and undertreated. Depression often masks dementia and dementia often masks depression (Harrison & Arseneau, 2009). Approximately 20-25% of patients with dementia suffer from depression (Rivard & Shea, 2009 Behavioral and Psychological Symptoms of dementia A Handbook for Family Physicians, OCFP & PIECES Canada.16). In this issue we will discuss the differences between depression and dementia and the ways to differentiate them (Einat Danielli – OT.Reg. Ont; PRC-PC).

GOOD TO KNOW ABOUT

The Community Outreach Programs of Addictions (COPA) has integrated with Reconnect Mental Health Services. For more information and to obtain a referral form please contact number: **416-248-6557**.

TIP OF THE MONTH

- Because symptoms of dementia and depression overlap, when a patient is complaining about cognitive challenges or short term memory problems, consider screening for both physical cause and depression.
- When a patient has apathy (loss of the ability/urge to initiate activities) consider the possibility of either or both cognitive decline and depression. Other symptoms of dementia such as loss of appetite; sleep disturbances and agitation may also overlap and contribute to the challenge of dx'.

OUR DEMENTIA 'TOOLBOX'

- 3D chart to demonstrate differences between dementia and depression – [Link](#)
- NICE & CCSMH toolkit for Ax' & management of depression including pharmacological Tx' - [Link](#)
- Cornell Dementia and Depression Scale – [Link](#)
- Other resources from the PRC-PC toolkit – [link](#)
- GiiC toolkit for family physicians – [Link](#)

WORKSHOPS, CONFERENCES AND ARTICLES OF INTEREST:

Depression vs. Dementia How Do We Assess?

(Thorpe L., 2009) - [Link](#)

Registration for the 2015 Ontario Gerontology Association Annual Conference is now open – [link](#)

STORIES FROM THE PRC-PC CONSULT LINE

Situation: A patient turns to her family physician complaining about memory problems and reports feeling sadness due to not being as active during the past winter. She scores 22 on her MOCA test.

Background: Patient is a widowed woman in her late 70's. She lives alone and has one son who lives abroad. She is very socially involved and enjoys volunteering and doing community walks. She has a long standing history of depression and B12 deficiency that was resolved a few years ago.

Physician and nurse's main concern: What are the next steps in clarifying the clinical conditions underlying the patients concerns?

Knowledge To Practice Assessment: Things to consider:

- Conduct a physical screen to rule out physical causes including B12 levels and thyroid function tests.
- Consider the effect of depression on memory and thinking and the overlap vs differences between dementia and depression i.e. rapid vs gradual onset; insight into challenges vs lack of insight; etc.
- Gather collateral information with consent from a close relative or friend regarding patient's level of cognitive functioning.
- Collect information regarding patient's level of function at home in daily activities.

Recommendations:

- Look for signs that differentiate depression and dementia; refer to [3D'S Chart](#).
- Screen for depression using [SIG E CAPS](#) and the [Geriatric Depression Scale](#) (GDS). If findings are positive, address treatment of depression first and then reassess cognition (refer to NICE & CCSMH toolkit for Ax' & management of depression including pharmacological Treatment guideline - [Link](#))
- Use the [AD8 Dementia Interview](#) to collect collateral information regarding patient's level of cognitive function.
- Assess function using the Lawton Brody Assessment or refer to an OT assessment through [CCAC](#) to assess level of function at home.
- Consider referring to [CNAP](#) or [CCAC](#) for social worker services to support patients' social needs and problem solve through potential challenges to avoid isolation and enable participation in meaningful activities.

Outcome

Physician and nurse felt more confident in assessing the patient and gained clarity about the patient's situation and steps to be followed.

For additional information, support, resources or case-based consultation, please contact your PRC-PC directly at: 416-586-4800 ext. 5251 or edanieli@mtsinaison.ca or visit our website at www.mountsinai.ca/reitman/prc-pc