Depression: Diagnosis

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Week 1

Educational Objectives:

1. Identify when screening for depression is useful and effective
2. Recognize how depression may present in the elderly
3. Understand how to screen for evidence of depression in the elderly and, if found, how to distinguish between normal reactions to stressors (e.g., grief) and depression
4. Identify medical disorders and medications that can mimic symptoms of depression

CASE ONE:

Ms. Downs is a 35-year-old woman with no significant past medical history who presents for a physical exam. You haven't seen her for a couple of years. She takes no medicines. She is married and a former nurse. She is currently a stay-at-home mom caring for three children, ranging in age from 2 to 8 years. She has no complaints.

Questions:

1. **Would you screen her for depression? Why or why not? Which patients are at especially high risk for depression?**

CASE ONE CONTINUED:

In the course of giving you her history, Ms. Downs tells you that her husband has recently lost his job, and she feels panicked about the loss of income and the possible (future) loss of their home. You decide to screen her for depression (if you didn't already).

2. **Which screening tool will you use to evaluate her depression? Why choose that test?**

CASE ONE CONTINUED:

The patient admits that she has felt down and depressed for the past three months since her husband lost his job, but thinks it might have started even before that. She also feels anxious and worried all the time.

3. **Now what would you do?**

4. **The patient scores 5 on the SIGECAPS. Now what?**

CASE TWO:

Faye Tigue, a 72-year-old woman presents to your office complaining of insomnia. She has a history of hypertension for which she takes verapamil. She has also been diagnosed with CAD, based on an abnormal EKG which showed evidence of a clinically silent MI in the past, and she takes an aspirin, metoprolol, and atorvastatin. She says she's not particularly sad, just tired. She is obese (BMI 30) with a flattened affect and appears tired, but her exam is otherwise unremarkable.

5. **How would you approach this patient? Is she depressed?**

CASE TWO CONTINUED:

She scores one out of four on the SALSA scale. You screen her for substance abuse and sleep apnea which she doesn't appear to have. You change her from the verapamil and metoprolol – two medications linked to depressive symptoms and start HCTZ. You checked her TSH and Vitamin B12 level which are normal. She comes back a month later, after you've changed her medications but continues to complain of fatigue and interrupted sleep. She tells you that her symptoms started after the death of one of her grandchildren in a car accident several months ago.

6. **Could this simply be grief?**

Primary References:

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Lisa Sanders received her M.D. from Yale School of Medicine and completed her training at Yale's Primary Care Internal Medicine Residency Program. Her clinical and academic interests include clinical reasoning and diagnostic errors, as well as obesity, and nutrition. She writes a monthly column on diagnosis for The New York Times Magazine and most recently is the author of "Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis." She also wrote "The Perfect Fit Diet: How to Lose Weight, Keep it Off and Still Eat the Foods You Love." Before entering medical school, Sanders was a producer for CBS News, where she covered medicine and health.