**Screening for Depression with Older Adults**

**What:** Geriatric Depression Scale (GDS). The Short Form GDS consists of 15 questions. It takes 5-7 minutes to complete.

**Who:** GDS may be used older adults 65 and older. The GDS Short Form is more easily used by physically ill and mildly to moderately demented patients who have short attention spans and/or feel easily fatigued.

**Why:** Identifying depression in older adults is especially relevant since it may be comorbid with other illnesses, exacerbate existing physical symptoms or may actually be responsible for the symptoms that a patient is experiencing. Older are more likely to seek and accept services in primary care.

**When:**

* Once per year or with a new patient
* Every two weeks if patient is started on an antidepressant and until the patient is in remission (under a score of 5)
* Every 6 months for patients with a history of depression

**Scoring:** Of the 15 items, items 10 items indicate the presence of depression when answered **positively**, while the rest of the items indicate depression when answered **negatively**. Questions are answered either “yes” or “no”.

One point for every “**yes**”

* Questions 2,3,4,6,8,9,10,12,14,15

One point for every “**no**”

* Questions 1, 5, 7, 11, 13.

|  |  |  |
| --- | --- | --- |
| **GDS Score** | **Level of Severity** | **Intervention** |
| 0-4 | Considered Normal | No intervention or self-management support (exercise, stress management) |
| 5-8 | Mild Depression | Diagnostic assessment and self-management support |
| 9-11 | Moderate Depression | Comprehensive behavioral health assessment (include suicide assessment), referral, treatment, psychotherapy, or follow-up |
| 12-15 | Severe Depression | Comprehensive behavioral health assessment (include suicide assessment), referral, treatment, psychotherapy, or follow-up—Consider intensive inpatient and/or intensive outpatient treatment and monitoring |

*The Stanford/VA/NIA Aging Clinical Resource Center (ACRC) website. Retrieved July 11,2018, from http://www.stanford.edu/~yesavage/ACRC.html. Information on the GDS.*

Additional Resources:

<https://www.cgakit.com/p-4-depression>

<https://store.samhsa.gov/shin/content/SMA11-4631CD-DVD/SMA11-4631CD-DVD-Selecting.pdf> <https://store.samhsa.gov/shin/content/SMA11-4631CD-DVD/SMA11-4631CD-DVD-KeyIssues.pdf><https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1065&context=nursing_dnp_capstone>

The Geriatric Depression Scale (GDS)

**Choose the best answer for how you have felt over the past week:**

|  |  |
| --- | --- |
| 1. Are you basically satisfied with your life?
 | **YES / NO** |
| 2. Have you dropped many of your activities and interests? | **YES** / NO  |
| 3. Do you feel that your life is empty? | **YES** / NO  |
| 4. Do you often get bored? | **YES** / NO  |
| 5. Are you in good spirits most of the time? | YES / **NO**  |
| 6. Are you afraid that something bad is going to happen to you? | **YES** / NO  |
| 7. Do you feel happy most of the time? | YES / **NO**  |
| 8. Do you often feel helpless? | **YES** / NO  |
| 9. Do you prefer to stay at home, rather than going out and doing new things? | **YES** / NO  |
| 10. Do you feel you have more problems with memory than most? | **YES** / NO  |
| 11. Do you think it is wonderful to be alive now? | YES / **NO**  |
| 12. Do you feel pretty worthless the way you are now? | **YES** / NO  |
| 13. Do you feel full of energy? | YES / **NO**  |
| 14. Do you feel that your situation is hopeless? | **YES** / NO  |
| 15. Do you think that most people are better off than you are? | **YES** / NO |

Source: <http://www.stanford.edu/~yesavage/GDS.html> This scale is in the public domain.