Prevalence of Depression and Predictive Factors within Geriatric Hip Fracture Population

CoxHEALTH

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Introduction

Depression in the elderly community is a serious and hidden issue where approximately 18.5% of American elderly people are affected, but only a 20% estimation of total cases are identified and treated. The prognosis for untreated depression is poor, where patients with depressive symptoms have diminished functioning, slower rehabilitation, decreased quality of life, and increased risk for mortality compared to non-depressed patients. Currently, estimates show this condition is underdiagnosed and underestimated in severity. Given the dramatic impact mental health disorders have on quality of life and recovery, it is imperative to find the best route for early diagnosis and treatment in this patient population.

Objectives

Though potential risk factors such as decreased mobility have been proposed, predictors for the onset of depression remain unclear. The goal is to identify predictors for depression onset following hip fractures in the geriatric population. Seeking to understand the potential relationship between traumatic injury and depression is one of the most wide-reaching issues that can be observed in trauma care today, as far as patient quality of life. This study was undertaken with the goal of better understanding the role of depression on patient outcomes.

Design

In a retrospective chart audit of our International Geriatric Fracture Society (IGFS) population from January 1, 2019 to December 31, 2019 (n=218), 30% of patients (n=71) were found to have sought treatment for depression after hip fracture. Several variables were considered for having a contribution but there was found no significant correlation between physical factors including Activity Measure for Post-Acute Care (AM-PAC) score and pain identification. However, 43% of patients (n=23) who lived alone following the fracture sought medical treatment for depression 2 to 16 months later. Exclusion criteria included prior history of depression or usage of Parkinson's medication.

Results

With a p-value of <0.05 it was identified that the primary predictor for depression onset following hip fractures in the facility's geriatric population was lack of familial support. Of the individuals who lived alone at home, 57% claimed a lack of familial presence. These data indicate psychosocial factors, such as the presence of a support system, may play a large role in onset of depression in the geriatric hip fracture population. The retrospective data show that evaluating risk factors may help preemptively identify patients who are at risk for depression. Clear predictors like these can be utilized to build and establish programs to improve elderly psychosocial factors, decreasing their risk of depression, and improving their quality of life. Current literature supports that early diagnosis (ideally no more than 2 weeks post-fracture) is associated with more favorable patient outcomes.

Patient Name:_____ Date of Birth:_____

Instructions: Below is a list of difficulties people sometimes have after stressful life events. Please check "yes" or "no" if you have or are currently experiencing any of these difficulties and turn this form in to the nurse.

○ Yes ○ No   Are you experiencing repeated, distressing memories, or dreams?

○ Yes ○ No   Are you acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)?

○ Yes ○ No   Are you avoiding thoughts, feelings, or conversations about it?

○ Yes ○ No   Are you troubled with sleeping problems?

○ Yes ○ No   Are you irritable or have outbursts of anger?

○ Yes ○ No   Are you having problems with concentrating?

Conclusion

This and other studies demonstrate a significant link between traumatic hip fracture and subsequent depressive symptoms. Using this knowledge base, additional screening protocols are being implemented, such as an in-hospital screening questionnaire, prompt referrals for follow-up psychological supportive care, and the addition of a Psychologist to the team to ensure the best possible outcomes for patients who experience depressive symptoms following hip fracture. These changes are currently being sustained through comprehensive nursing, nurse clinician, and support staff training on the issues related to depression in the facility's geriatric population and the importance of early diagnosis on patient outcomes. The depression screening questionnaire is done for each patient and prompt referrals are made for patients that show potential for depression via their Depression Screening Score. The addition of a Psychologist to the trauma team aids in the ability to get patients the supportive psychological care they need in a timely manner and contributes to better interdepartmental continuity of care. Future directions include evaluating the impact of adding a Clinical Psychologist on patient outcomes at the same timeframes as depressive symptoms were observed in this study and others, as well as evaluating support options outside of the clinical setting.

References

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