



## Screening and Assessment Help to Identify Depression in Hospitalized Patients With Chronic HF

Written by Rita Buckley

Heart failure (HF) is the most common cause for hospitalization in adults aged >65 years. Greater symptom burden, decreased motivation for self-care treatment, functional impairment, increased medical costs, and higher risk of morbidity and mortality are all associated with comorbid depression [Katon WJ. *Dialogues Clin Neurosci.* 2011]. In patients with HF, depression is common and is associated with adverse outcomes [Gelbrich G et al. *Eur J Heart Fail.* 2014]. One study showed that as symptoms of depression worsened, there was a poorer prognosis in patients with HF [Sherwood A et al. *J Am Coll Cardiol.* 2011].

Patricia A. Thompson, DNP, RN, University of Maryland Upper Chesapeake Health, Bel Air, Maryland, USA, presented a poster on the use of screening to identify depression in hospitalized patients with congestive heart failure (CHF). At Upper Chesapeake Health, routine screening and assessment rarely occurred in practice; no validated, evidence-based tool was in place to perform these tasks. To address this clinical shortfall, nursing staff implemented screening of patients with HF from September 2013 to January 2014 on 2 telemetry floors as part of a capstone project for the Doctorate of Nursing Practice. They used the Patient Health Questionnaire-9 (PHQ-9), an evidence-based screening tool. Physicians were called in for patients identified with moderate-to-major depression. The attending physician determined the need for psychiatric consultation.

Objectives of the protocol were to determine if screening increases identification of patients with CHF who have depression, to meet the needs of positive-score patients by initiating care to address depression, and to find opportunities for improvement within the 3 sites of the Upper Chesapeake Health hospital system.

The project took place at 2 rural community hospitals (Bel Air and Havre de Grace) in Maryland, 23 miles apart and both part of the Upper Chesapeake Health system. The former has 32 beds on its telemetry floor and the latter has 25. The PHQ-9 questionnaire was used to screen a sample size of 130 patients.

Analysis of data showed that 27% of the patients scored positive for depression. Six were in the suicidal range, and 85% of those with a positive score were not in treatment. As a result of these findings, psychiatric consultations were arranged for all patients with positive depression screens.

Study staff shared results with the nursing leadership, physicians, and the Medical Executive Board of the hospital system. Based on the findings, they asked them to consider implementation of the screening tool for patients with HF and others with chronic conditions that frequently have concurrent depression. As a result, the Medical Board voted to screen patients with CHF for depression.

Recently, the hospital system implemented depression screening on the 2 study telemetry floors using the PHQ-9 questionnaire. Each patient with a positive depression score now receives psychiatric treatment. Identifying and treating depression in patients with CHF is a cost-effective way to improve care and alleviate human suffering.

## Experts Rate Importance of Issues to Parents After Child's Suicide Attempt

Written by Toni Rizzo

Suicide is the third-leading cause of death among people aged 10 to 24 years, resulting in 4600 lives lost each year [Centers for Disease Control and Prevention. *Suicide Prevention: Youth Suicide.* 2014]. Deaths from suicide are only a part of the problem. The rate of attempted suicides in young people is higher than completed suicides. Youth suicide attempts not only affect the child but also harm family, peers, and communities [Cross WF et al. *J Prim Prev.* 2011]. To date, little research has sought to understand the experience of parents of adolescents who have made nonlethal suicide attempts. An understanding of this experience has implications for creating acceptable and useful interventions for preventing youth suicide.

Kari Hickey, PhD, RN, Jeanette Rossetti, EdD, RN, Jan Strom, PhD, RN, Northern Illinois University, DeKalb, Illinois, USA, and Kelly Bryant, RN, MS, Linden Oaks at Edward Behavioral Health, Naperville, Illinois, USA, presented the results of this pilot study aimed at understanding the problem of adolescent suicide and the importance of understanding the parents of children who make a nonlethal suicide attempt. Another objective of the investigators was to become familiar with the Delphi technique and how it can be used to survey experts in adolescent psychiatric services. The study also was designed to identify important questions for uncovering issues most important to parents of children who attempt suicide.

The researchers employed the social-ecological model as a framework to better understand the problem of adolescent suicide. The Delphi technique of idea