



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

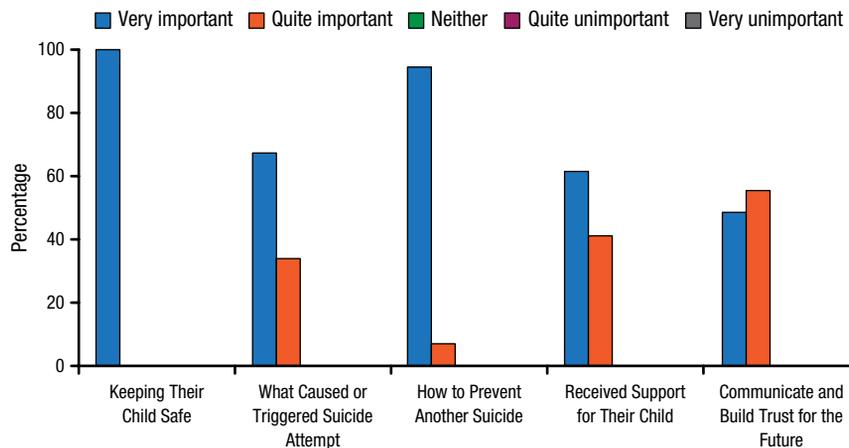
Written by Toni Rizzo

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

Figure 1. What Matters Most for Parents Whose Child Has Made a Nonlethal Suicide Attempt?



"Neither," "quite unimportant," and "very unimportant": 0% across factors.
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generation was used to survey an interdisciplinary panel of experts on adolescent mental health about the pertinent family, community, and societal factors involved in attempted youth suicide. The process consisted of 2 rounds of surveys given to the expert panel. Panelists chosen for the study were employed in the adolescent mental health unit at Midwestern Behavioral Health Hospital. They included social workers, clinical therapists, nurses, psychologists, and psychiatrists. A total of 31 experts were surveyed in round 1, and 16 were surveyed in round 2.

The experts were asked the following 5 questions designed to uncover issues most important to parents of children who attempt suicide: What matters most for parents whose child has made a nonlethal suicide attempt? What are the needs of parents whose child has made a nonlethal suicide attempt? What are current treatment interventions for parents whose child has made a nonlethal suicide attempt? What is the best method to recruit parents into a study examining their experiences after a child's suicide attempt? The last item asked experts what other fields of experts in adolescent suicide prevention to include in a larger Delphi study.

Each question had 3 to 6 answers, which the experts were asked to rate as "very important," "quite important," "neither," "quite unimportant," and "very unimportant." The results for the first question are shown in Figure 1.

The presenters concluded that an advanced understanding of the parents' experience has implications for creating acceptable and useful interventions and communication strategies aimed at preventing youth suicide.

Exercise Increases Self-Efficacy and Improves Depression

Written by Rita Buckley

Exercise therapy improves both mental and physical health in patients with major depression. Although several characteristics of the disease (eg, loss of interest or lack of pleasure) interfere with participation, motivational strategies incorporated into exercise interventions can promote adherence [Knapen J et al. *Disabil Rehabil.* 2014].

Kirk Bergmark, APN, PMHCNS-BC, Palos Medical Group, Palos Heights, Illinois, USA, addressed how exercise can be successfully integrated into the treatment plans of patients with depression using evidence-based recommendations and connections with health and fitness facilities.

Mr Bergmark reports that exercise increases levels of the same neurotransmitters targeted by antidepressants: norepinephrine, dopamine, and serotonin. Optimal levels of norepinephrine stimulate a sense of well-being. Dopamine is associated with the reward system of the brain, and serotonin is associated with regulating mood, appetite, and sleep.

Improved transmission of dopamine and norepinephrine together strengthens compliance with prescribed physical activity in patients with depression and residual fatigue [Stenman E, Lilja A. *Med Hypotheses.* 2013]. Exercise may also benefit the brain by enhancing neural plasticity [Silverman MN, Deuster PA. *Interface Focus.*