

Table 4: Risk Factors and Signs of Depression

PREDISPOSING AND PRECIPITATING RISK FACTORS	SIGNS AND SYMPTOMS
<ul style="list-style-type: none"> ■ Cognitive decline or dementia ■ Social isolation ■ Medical diagnosis or diagnoses associated with a high risk of depression (e.g., neurodegenerative disease, cerebrovascular disease) ■ Chronic physical health problem with associated functional impairment ■ Personal or family history of depression or mood disorder ■ History of attempted suicide or psychiatric hospitalization ■ Current use of a medication associated with a high risk of depression ■ Alcohol or substance misuse (may include chronic benzodiazepine use*) ■ Institutional placement (admission to long-term care or in-patient setting) ■ New stressful losses, including loss of autonomy, loss of privacy, loss of functional status, loss of body part ■ Financial difficulties* ■ Bereavement ■ Domestic abuse or violence 	<p>SIGECAPS:</p> <ul style="list-style-type: none"> Sleep Disorder (increased or decreased) Interest deficit (anhedonia) Guilt (worthlessness, hopelessness, regret) Energy deficit Concentration deficit Appetite disorder (increased or decreased) Psychomotor retardation or agitation Suicidality <p>Additional symptoms: chronic pain, constipation and musculoskeletal disorders</p>

Sources: AMDA, 2011; NICE, 2011; O'Connor et al., 2009; Trangle et al., 2016. Sources: Jenike, 1989, as cited in RNAO, 2010b; Trangle et al., 2016.

Note: Content added by the expert panel is indicated with an asterisk (*).

Assessing for Depression

A detailed assessment for depression should occur when risk factors are present or when depression is suspected (Conn et al., 2014; NICE, 2009; Trangle et al., 2016). Health-care providers should use standardized tools that are appropriate to the setting (NICE, 2009; RNAO, 2010a; Trangle et al., 2016) and to the abilities of the older adult (e.g., taking into account cognitive impairment) (Conn et al., 2014). A variety of tools and approaches have been validated for depression screening and assessment in older adults—for example, depression scales for older adults, scales for self-report and proxy report, tools for assessing depression in people with dementia, tools for those with significant language or communication difficulties, and tools for assessing suicide. For a list of tools, see [Appendix H](#), Screening and Assessment Tools.