

**Table 4: Risk Factors and Signs of Depression**

PREDISPOSING AND PRECIPITATING RISK FACTORS	SIGNS AND SYMPTOMS
<ul style="list-style-type: none"> <li>■ Cognitive decline or dementia</li> <li>■ Social isolation</li> <li>■ Medical diagnosis or diagnoses associated with a high risk of depression (e.g., neurodegenerative disease, cerebrovascular disease)</li> <li>■ Chronic physical health problem with associated functional impairment</li> <li>■ Personal or family history of depression or mood disorder</li> <li>■ History of attempted suicide or psychiatric hospitalization</li> <li>■ Current use of a medication associated with a high risk of depression</li> <li>■ Alcohol or substance misuse (may include chronic benzodiazepine use*)</li> <li>■ Institutional placement (admission to long-term care or in-patient setting)</li> <li>■ New stressful losses, including loss of autonomy, loss of privacy, loss of functional status, loss of body part</li> <li>■ Financial difficulties*</li> <li>■ Bereavement</li> <li>■ Domestic abuse or violence</li> </ul>	<p><b>SIGECAPS:</b></p> <ul style="list-style-type: none"> <li><b>S</b>leep Disorder (increased or decreased)</li> <li><b>I</b>nterest deficit (anhedonia)</li> <li><b>G</b>uilt (worthlessness, hopelessness, regret)</li> <li><b>E</b>nergy deficit</li> <li><b>C</b>oncentration deficit</li> <li><b>A</b>ppetite disorder (increased or decreased)</li> <li><b>P</b>sychomotor retardation or agitation</li> <li><b>S</b>uicidality</li> </ul> <p><b>Additional symptoms:</b> 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.