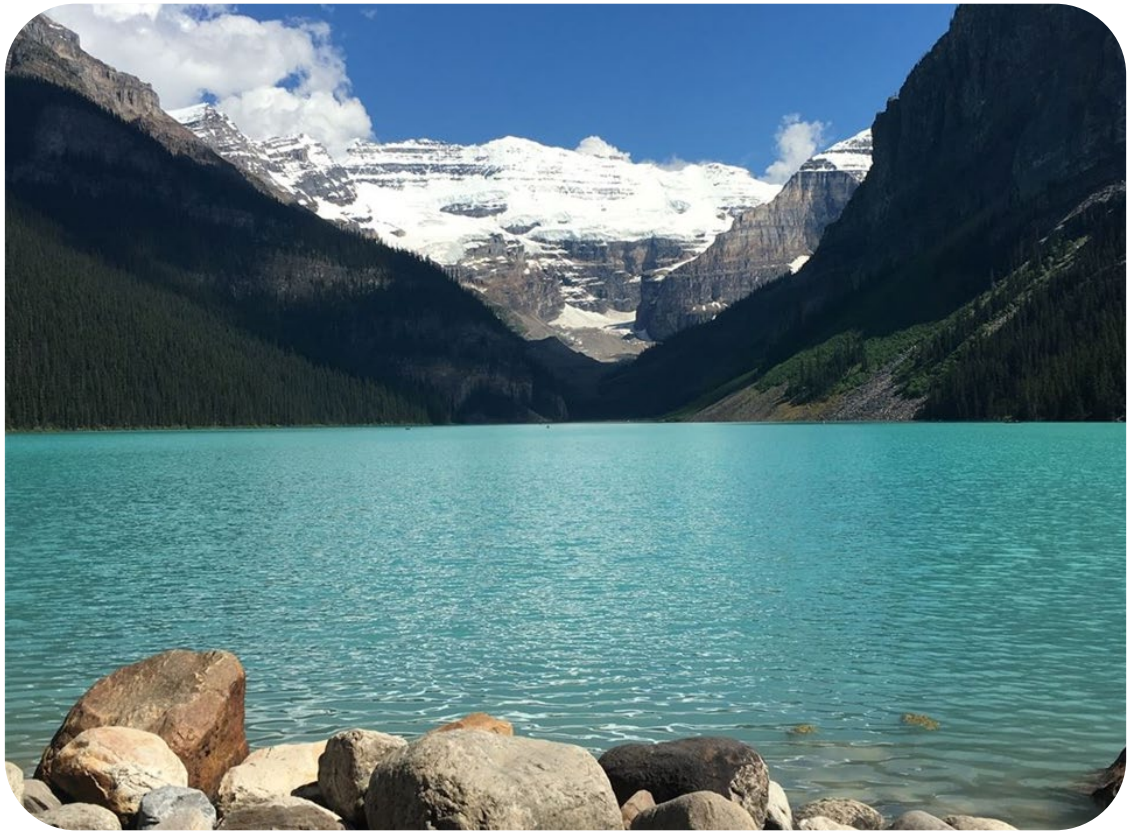
Mood Distress Module

June 7, 2022

Seniors Health & Continuing Care

Indigenous Acknowledgement



Provincial Seniors Health and Continuing Care would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8 and the homeland of the Métis.

Mood Distress Module Outline

- Success stories
- Contributors to Mood distress
- Recognize & assess
- Intervention strategies
- Evaluate

The Good Daughter: Harmony's Story

https://www.youtube.com/watch?v=ZbuAV-xLvSY

When Do You Assess Distress?

- Admission assessment, care plan
- Interdisciplinary team meetings
- Quarterly assessment, care plan
- Restraint review
- Annual conference
- Physician rounds

Success Story: Father Lacombe

Carol's starting point:

Upset and crying most of the time

Anxious phone calls

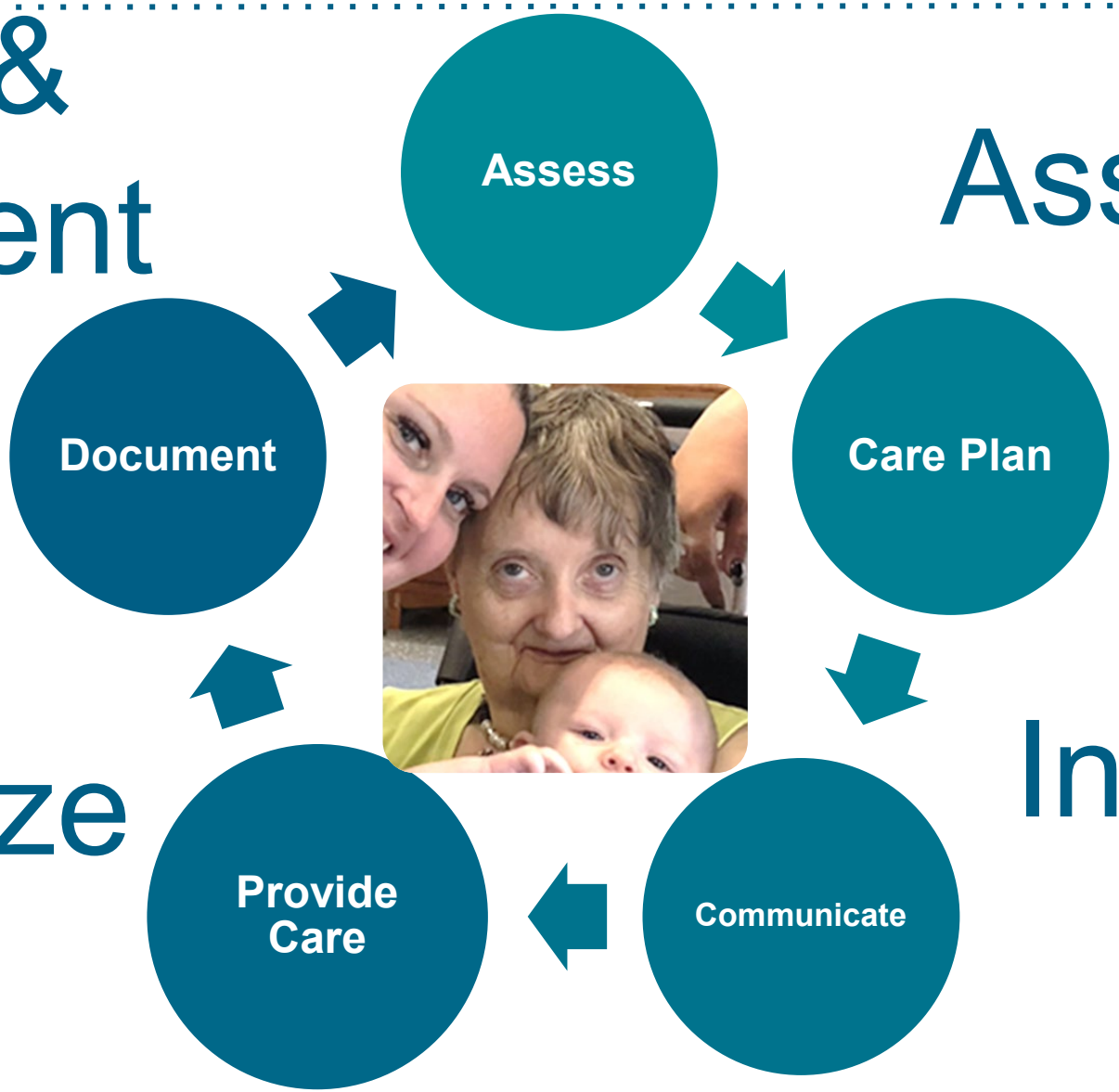
Interrupted sleep

Person-centered care plan

Assess	Intervention	Reassess	Evaluation
• Cries all day, every day. • Calls family 30 times/day. Awake 6 nights/week. • Worse at start of month. • DRS = 10/14	• Assign consistent HCA. • Individual bedtime routine. • Medication for sleep.	• Crying and anxious calls 4 days per week. • Anxiety greater in evening, night. • Medication did not help much to fall asleep. • DRS = 5/14	• Individualized support has decreased distress. • Assess nighttime needs.

Report & Document

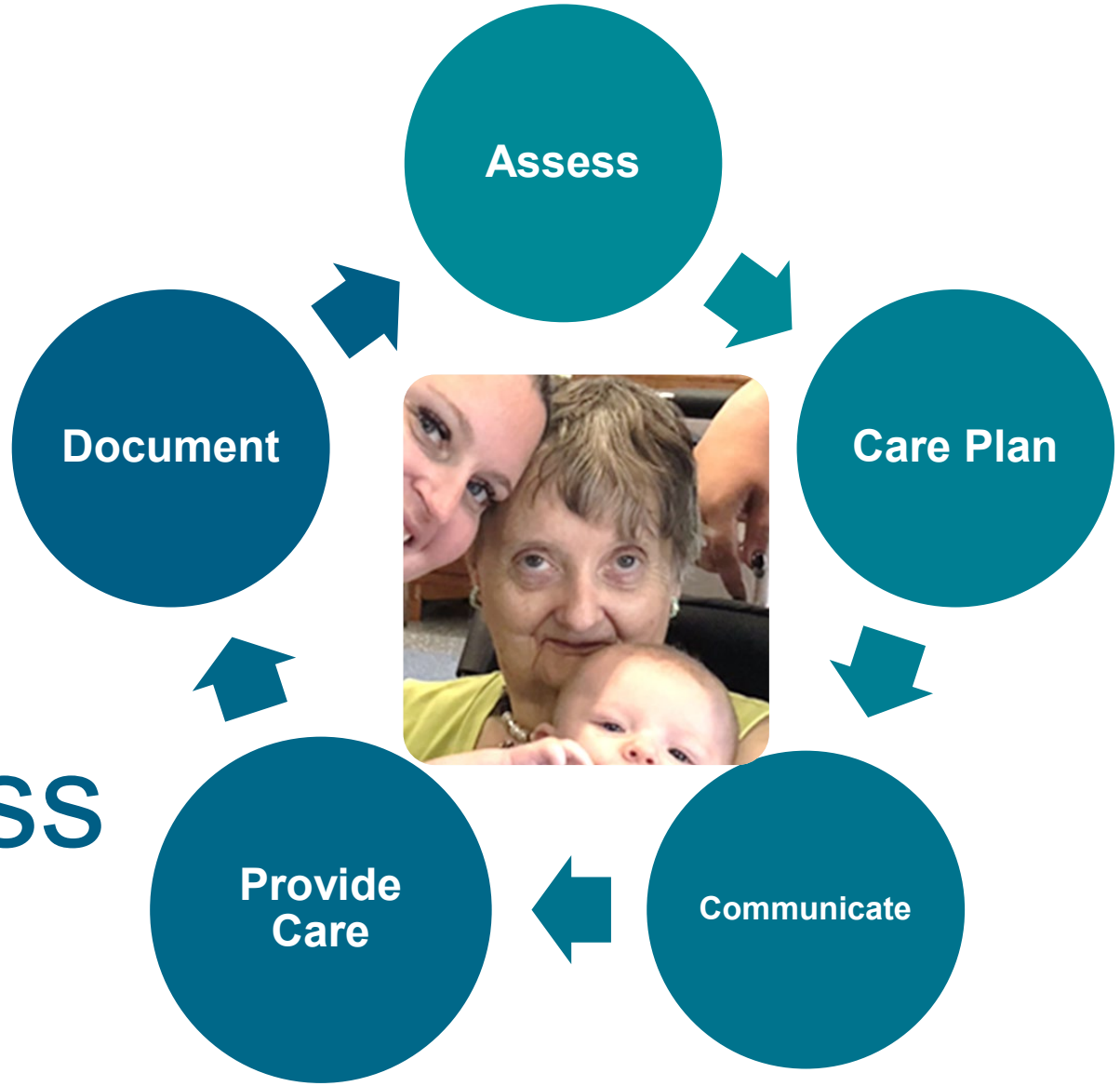
Assess



Intervention

Recognize

Reassess



Person-centered care plan

Assess	Intervention	Reassess	Evaluation

• Awake 3 nights/week.
• Tells family she's not comfortable.
• PT assess:
  • Hip arthritis
  • Mobility
  • Foot edema
• DRS=5/14
	• Positioning pillows in bed.
	• New wheelchair cushion,
	• Changed sling,
	• Lay down in afternoon.
	• Trial analgesic.
	• Family provided warm socks.
		• Reduced crying, calls by 50%.
		• Awake one evening/week; repositioning pillows results in sleep.
		• Only calls family during day.
		• DRS = 2/14
			• Physical discomfort was source of night distress.
			• Reassess during day.

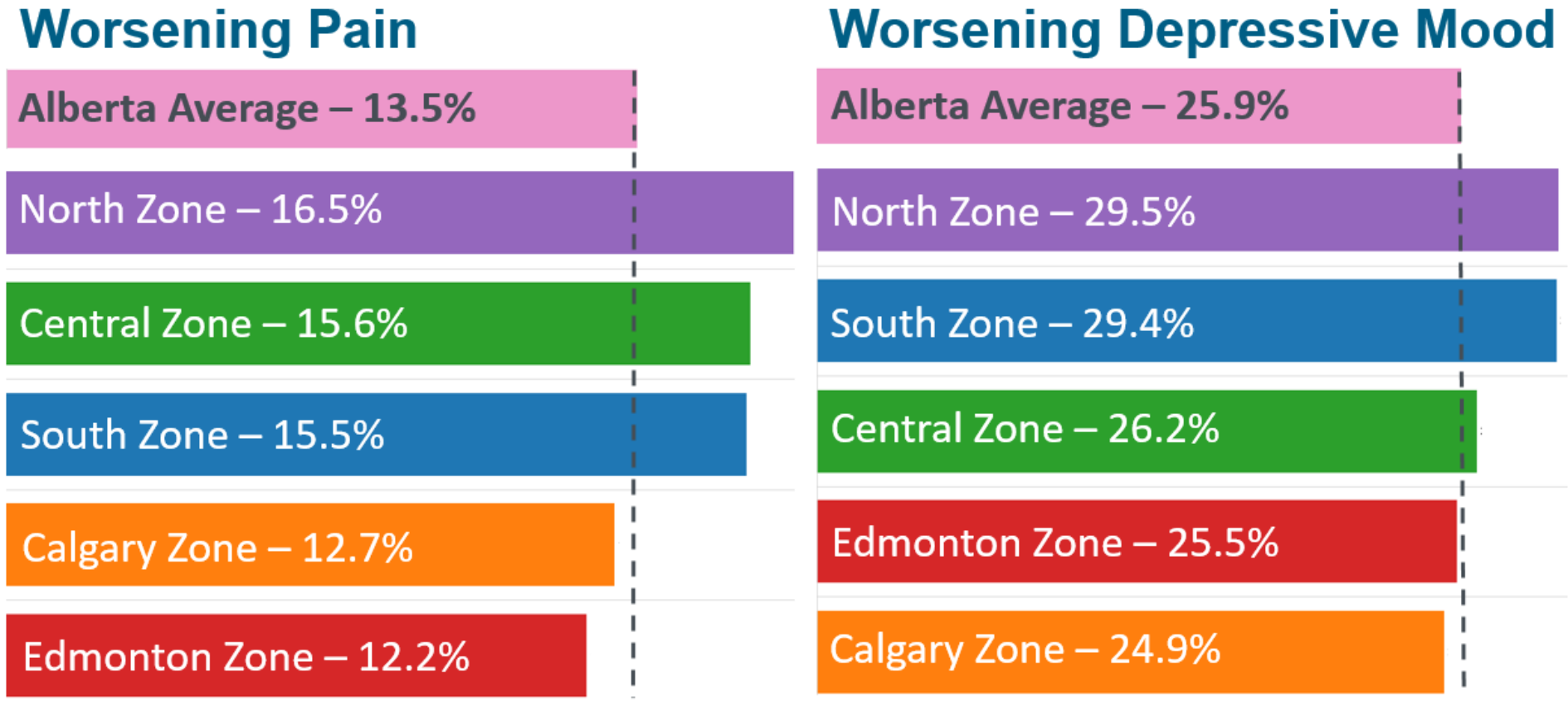
Person-centered care plan

Assess	Intervention	Reassess	Evaluation

• Calls family once/day,
• in afternoon, no specific issue, anxious.
• Rec T History: singer.
• DRS = 2/14
	• Schedule daily afternoon music.
	• Choice of:
	  • 1:1 singing
	  • watch music recording
	  • join music group
		• Called family once a week, no anxiety.
		• Accepts invitation for all activities .
		• DRS = 1/14
			• Music effective, with anxiety significantly reduced.
			• Only calls family to confirm next visit.

Goal has been met!

Alberta's Quality Indicators

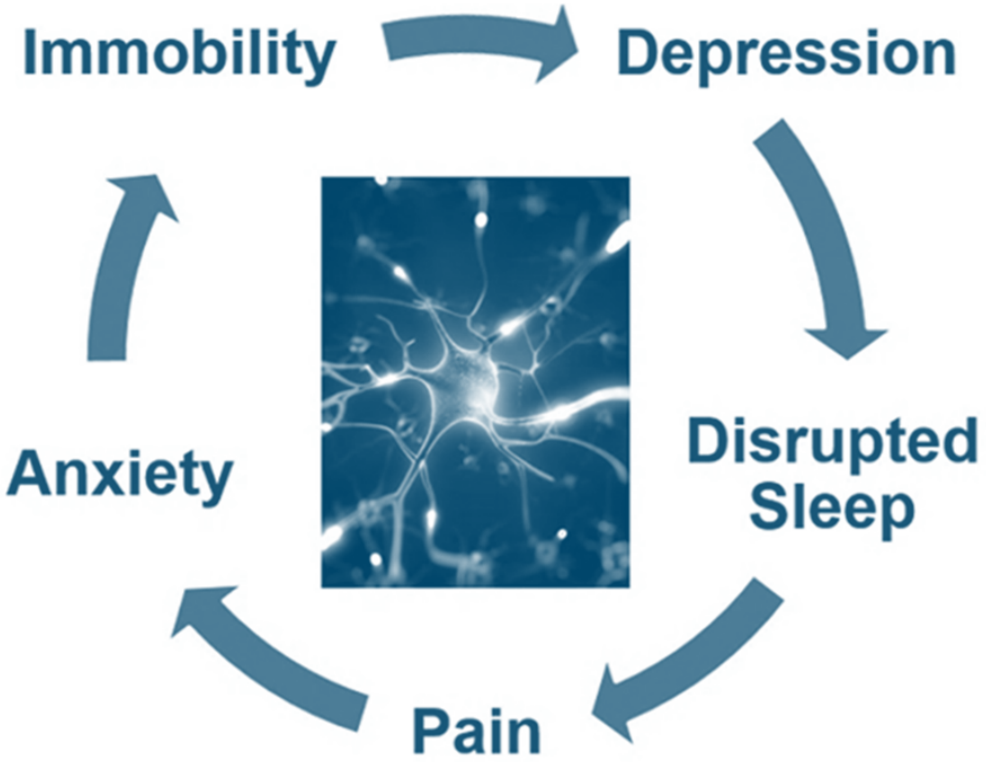


Screening tool: Depression Rating Scale

Tracked Indicator	Pain Verbal	Pain Non-verbal
Sad, pained, worried facial expressions	✖	✖
Repetitive health complaints	✖	
Resident makes negative statements		
Crying, tearfulness	✖	✖
Persistent anger with self or others		
Repetitive non-health complaints	✖	
Expressions of unrealistic fears	✖	

Contributors to Mood Distress

- Unmet physical needs e.g., pain
- Medication side effects, delirium
- Unmet emotional needs



Physical Needs

Recognize & look for causes

- Sleep pattern and appetite
- Immobility
- Bowel and bladder

Intervention strategies

- Mobilization plan
- Uninterrupted sleep
- Nutrition and hydration
- Optimize analgesia
- Increase independence & choice

Medications, side effects, delirium

Recognize & look for causes

- Confusion, change in consciousness
- More than 3 medications or high-risk medication e.g., benzodiazepines
- Difficulty swallowing
- Falls, constipation, urinary retention

Intervention strategies

- Medication review; de-prescribe
- Re-assess e.g., opioid, gabapentin
- Nutrition and hydration
- Mobilization plan

Emotional Needs

Recognize & look for causes

- Transfer trauma, social isolation
- Sleep: e.g., difficulty sleeping/ sleeping more than usual
- Sensory aides not used

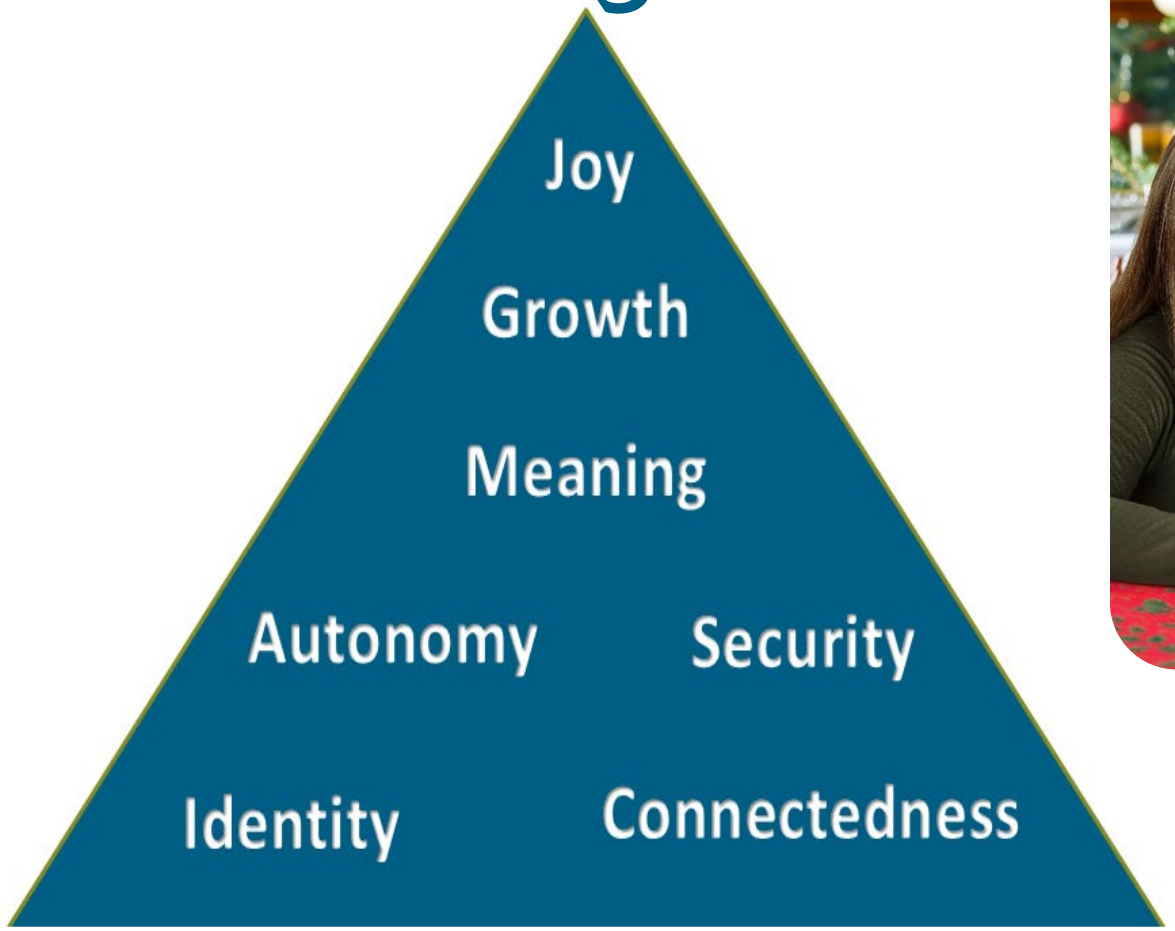
Intervention strategies

- Consistent staff or contacts
- Planned social interactions
- Sensory aides
- Support sleep and well-being

https://procedures.lww.com/lnp/view.do?pId=4183109&s=p

https://myhealth.alberta.ca/Alberta/Pages/Transfer-trauma-when-moving-to-a-facility.aspx

Wellbeing


Joy
Growth
Meaning
Autonomy
Security
Identity
Connectedness

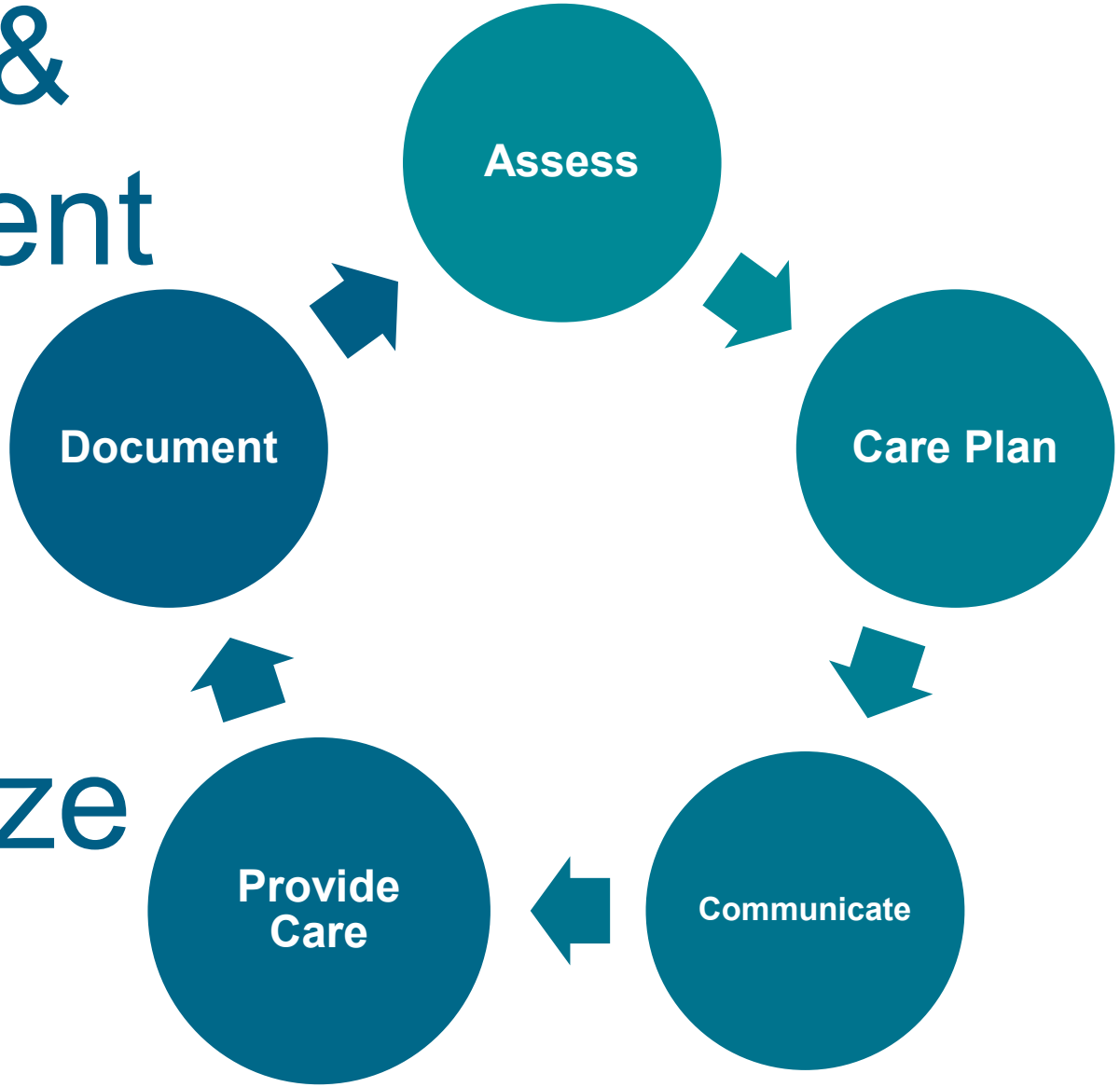
Person-centered care plan

Assess	Intervention	Reassess	Evaluation
• Frustration, anger, sadness, 12x/day. • Sleeps 2 hours. • Consult psychiatrist. • Social Worker: recent move, loss, diagnosis. • GDS = 8/15 • DRS = 8/14	• Adjust mood stabilizer medication. • Schedule time for painting and interaction. • Schedule sleep. • Choices offered for room.	• One period sadness/day. • 75% less verbal aggression. • Paints 6 days/week. • Follows sleep schedule 5 days/week. • Social worker 1 hour/week. • DRS = 2/14	• Art, medication and daily routine effective.

Goal has been met!

When does healing occur?

Report & Document

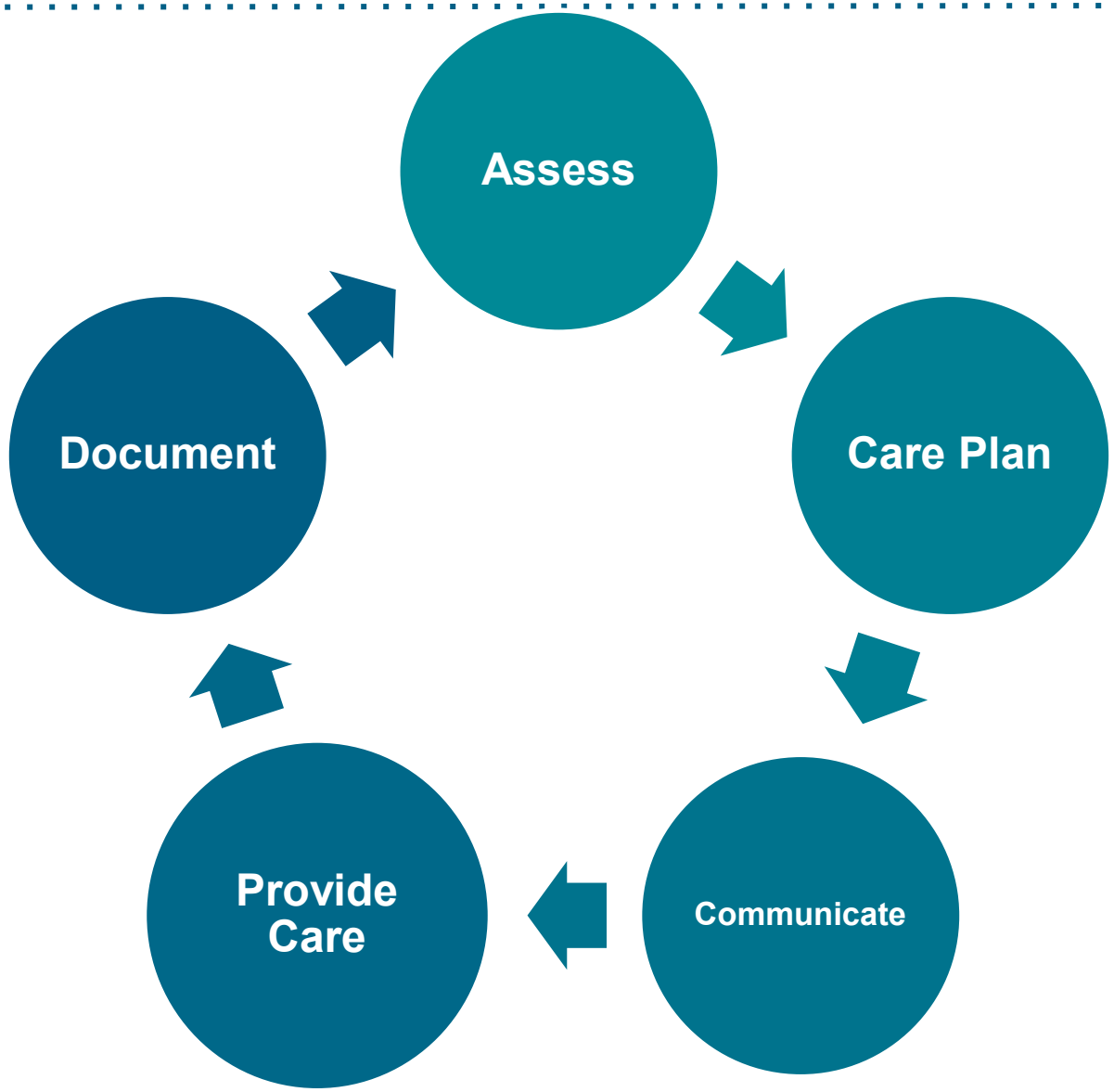


Recognize

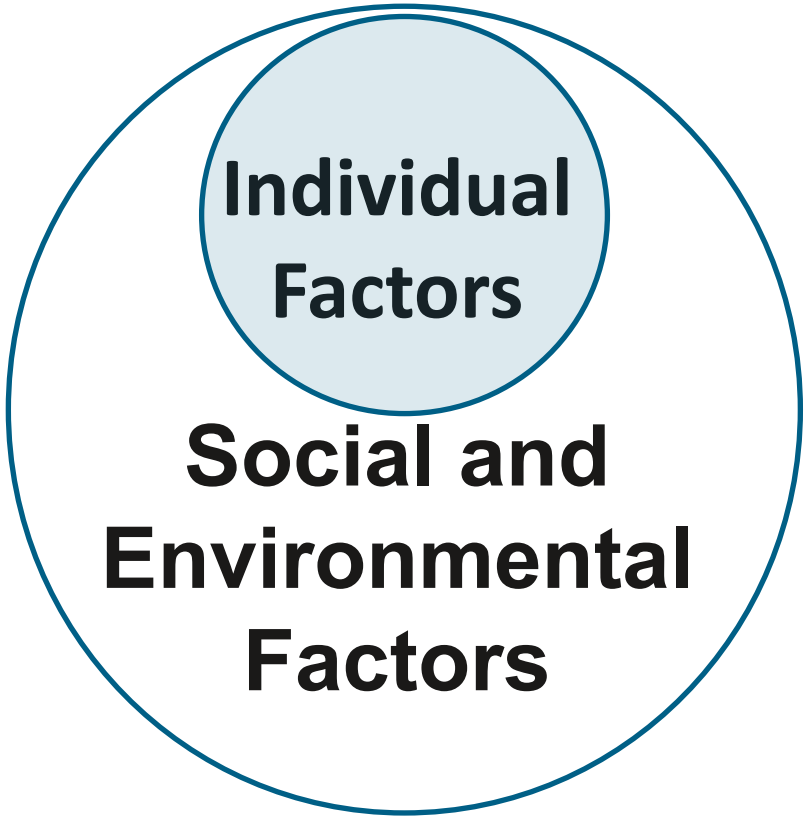
Report and Document

Label	Describe
Manipulative	Resident asks for belongings from home; calls friend for this when staff say no
Demanding	Client has several steps to prepare for bed; becomes tearful when not followed
Needy	Calls family 30 times per day
Sundowning	Anxious statements during bedtime routine and lasting for 3 hours.

Assess



Interdisciplinary Assessment



Metzger et. al., 2008., Hawes et. al., 2008.

Standardized Assessment

- Behaviour Mapping
  (e.g., AHS Form 19895)
- Geriatric Depression Scale (GDS)
- Cornell Scale for Depression in Dementia (CSDD)

Date (yyyy-Mon-dd)	2020/Sep/09		2020/Sep/10		2020/Sep/11	
Time	Obs.	Init	Obs.	Init	Obs.	Init
00:00			R	RS	R	RS
01:00			R	RS	R	RS
02:00			S	RS	S	RS
03:00			S	RS	S	RS
04:00			S	RS	S	RS
05:00	R	RS	S	RS	S	RS
06:00	R	RS	R	RS	R	RS
07:00	A	TL	A	TL	A	MN
08:00	AG	TL	A	TL	AG	MN

https://www.albertahealthservices.ca/frm-19895.pdf; Tourigny-Rivard 2006

Identify: Possible Interventions

- What would help?
- Which team member can provide this?
- Resident/client and legal decision maker
- Benefits and risks?
- How long to test?

Pieper et. Al., 2011; Watt, et. Al, 2019; Song et. Al., 2020; https://myhealth.alberta.ca/Alberta/Pages/Depression-anxiety-mood-related-meds.aspx

Communicate and Implement

- Care Plan
- Medication Administration Record
- Bedside Care Plan
- Report
- Team Huddle

Reassess and Evaluate

- Was the intervention implemented?
- Reassess using the same measurements
- Any functional changes?

Date (yyyy-Mon-dd)	2020/Sep/09		2020/Sep/10		2020/Sep/11	
Time	Obs.	Init	Obs.	Init	Obs.	Init
00:00			R	RS	R	RS
01:00			R	RS	R	RS
02:00			S	RS	S	RS
03:00			S	RS	S	RS
04:00			S	RS	S	RS
05:00	R	RS	S	RS	S	RS

What can you try next?

IDT Assessment: pain, unmet needs, sources of mood distress, medication effectiveness and side-effects

Therapeutic Interventions

Meaningful Activities

Reduce medications with more harms than benefits.

Consider trial of analgesic / adjust dose and frequency

Assess and Evaluate: pain, mood and/or behaviour tracking, resident reporting, IDT reassessment

Consult other HCPs: for chronic illness follow up, limited success or urgent issues

Assess	Intervention	Reassess	Evaluation

- Review the Pain & Mood modules
- Invite the ID Team to review the modules
- Start with 1 resident who expresses distress
- Keep learning; involve more residents
- Consider common contributors to distress, implement a unit-wide improvement

Success Story: Newport Harbour

Unit QI Better Mornings:

- Functioning lift equipment
- Efficient shift report
- Review preferences - Pajamas allowed!
- Reschedule baths
- Self-reflection on approach

Success Story: Newport Harbour

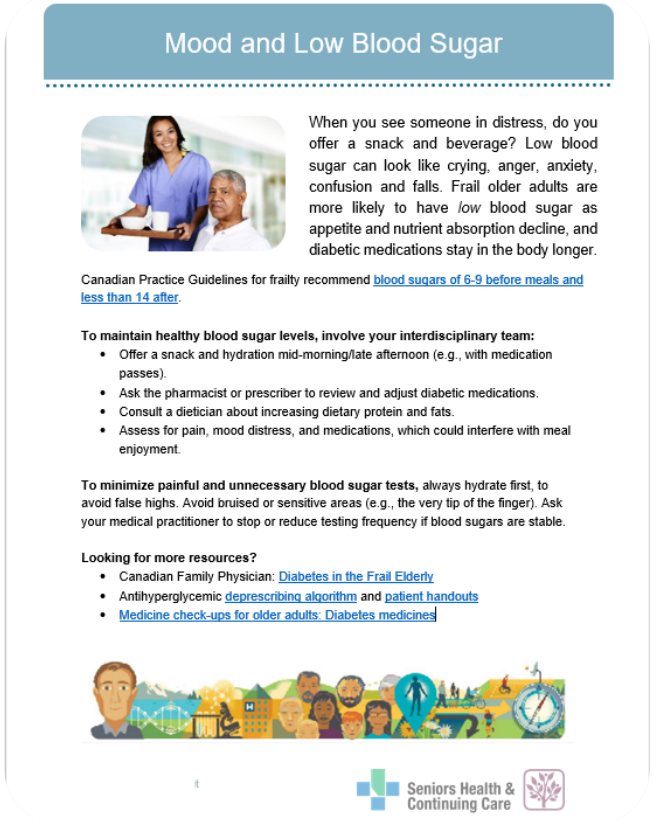
Decreased distress:

- 16% reduction worsening pain
- 42% reduction worsening depressive mood
- 67% decrease in reported incidences of violence

Pain Mood Toolkit: www.ahs.ca

Resources for

- Quality Boards
- Enhancing resident assessment
- Sparking quality improvement discussions



Mood and Low Blood Sugar

When you see someone in distress, do you offer a snack and beverage? Low blood sugar can look like crying, anger, anxiety, confusion and falls. Frail older adults are more likely to have *low* blood sugar as appetite and nutrient absorption decline, and diabetic medications stay in the body longer.

Canadian Practice Guidelines for frailty recommend blood sugars of 6-9 before meals and less than 14 after.

To maintain healthy blood sugar levels, involve your interdisciplinary team:

- Offer a snack and hydration mid-morning/late afternoon (e.g., with medication passes).
- Ask the pharmacist or prescriber to review and adjust diabetic medications.
- Consult a dietician about increasing dietary protein and fats.
- Assess for pain, mood distress, and medications, which could interfere with meal enjoyment.

To minimize painful and unnecessary blood sugar tests, always hydrate first, to avoid false highs. Avoid bruised or sensitive areas (e.g., the very tip of the finger). Ask your medical practitioner to stop or reduce testing frequency if blood sugars are stable.

Looking for more resources?

- Canadian Family Physician: Diabetes in the Frail Elderly
- Antihyperglycemic deprescribing algorithm and patient handouts
- Medicine check-ups for older adults: Diabetes medicines

Seniors Health & Continuing Care

Pain Mood Toolkit: www.ahs.ca

Digital Stories for

- Staff meetings
- Resident and family council meetings
- Sparking quality improvement discussions

And more…




Image References

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