

Abstract

Caring for patients with dementia is a global challenge as life expectancy increases and the prevalence of dementia doubles every five years from the age of 65. A substantial proportion of the elderly with dementia will eventually require residential care, and the mental health needs of these patients are expected to be extensive and complex. The coexistence of dementia and depression poses unique diagnostic challenges driven by the overlap in symptoms and the difficulties that dementia patients have in expressing themselves. As a result, depression becomes difficult to recognise, which makes the under-detection and under-treatment of depression in dementia common. Little is known about the prevalence of co-existing clinically significant depressive symptoms in the elderly with dementia in Hong Kong. To devise an effective strategy that meets the needs of the elderly with dementia living in residential care homes in Hong Kong, local data on the correlates and prevalence of clinically significant depressive symptoms in the elderly with dementia are imperative.

The aim of this study was to determine the correlates and prevalence of clinically significant depressive symptoms in the elderly with dementia living in residential care homes for the elderly (RCHE).

This was a cross-sectional study using a two-stage sampling. The first stage was a stratified-cluster sampling, followed by random sampling from each sampling unit. Two hundred and forty-four elderly participants from six RCHE were recruited for screening using the Mini Mental State Examination (MMSE). Of these, 180 elderly participants with dementia were enrolled in the study. Participants were assessed on a number of clinical characteristics, including the presence of clinically significant depressive symptoms in dementia, by the Cornell Scale for Depression in

Dementia (CSDD). The severity of the dementia was assessed using the Clinical Dementia Rating (CDR). The functional level was assessed by the Modified Barthel Index–Chinese. The burden of physical illness and pain severity were assessed by the Modified Cumulative Illness Rating Scale (CIRS) and the Numeric Rating Scale (NRS), respectively. A logistic regression was conducted to identify independent correlates for clinically significant depressive symptoms.

The overall prevalence of clinically significant depressive symptoms in the elderly with dementia living in RCHE was 28.9%. Of the participants in this study, 21.5% (17/79) with Alzheimer's dementia and 43.1% (25/58) with vascular dementia had clinically significant depressive symptoms. Three independent correlates of clinically significant depressive symptoms were identified: female gender ($OR = 2.62$, 95% CI 1.01, 6.79), dementia in moderate severity ($OR = 5.76$, 95% CI 1.85, 17.93), and pain (NRS score 3-4 ($OR = 17.18$, 95% CI 2.90, 101.80) and NRS score ≥ 5 ($OR = 9.60$, 95% CI 3.41, 27.04)). Clinically significant depressive symptoms were prevalent among the elderly with dementia living in RCHE. Elderly women, elderly with moderate dementia and elderly with moderate to severe pain appeared to be at higher risk of co-morbid clinically significant depressive symptoms. The results of this study highlight the importance of adequate pain detection and control in this subgroup. It is hoped that these preliminary results can shed light on the extent of the mental health needs of the elderly with dementia living in RCHE so that intervention strategies can be devised to improve the detection and treatment of depression in dementia patients.

Keywords: elderly, depressive symptoms, dementia, residential care home, prevalence, correlates