

# In-person Visits to Decrease Depressive Symptoms in Older Adults



DNP Student: Monica H Litos BSN, RN Chair: Ying-Yu Chao PhD, RN, GNP-BC  
Team member: Peijia Zha, Ph.D.

## Introduction

- ☐ COVID-19 Pandemic
  - ☐ Challenges to deliver care
- ☐ Telehealth
  - ☐ Cost-effective, convenient, lacks human touch
- ☐ Medical Day Care Program
  - ☐ Provided platform where older adults can receive Nursing care, social networking, and socialization
- ☐ New Jersey guidelines
  - ☐ Closure on MDCs provided guidelines to provide telehealth to manage physical but was unclear how to manage psychological needs
- ☐ Intensified Depressive Symptoms
  - ☐ When Older adults live alone or have weak social network
- ☐ In-person visits
  - ☐ Provide the opportunity for meaningful interactions.



## Aim and Objectives

- ☐ **Aim:** to assess depressive symptoms and implement in-person visits with meaningful interaction with clients that have been sheltered in place since the State of NJ ordered MDCs to provide services via telehealth due to the COVID-19 pandemic.
- ☐ **Objectives**
  - ☐ To Implement 4-weekly telehealth outreach
  - ☐ To implement 4-weekly in-person visits
  - ☐ Administer CES-D-10 at 1<sup>st</sup>, 5<sup>th</sup>, and 8<sup>th</sup> week

## Methods and Design

**Design:** is a quality improvement project that will use an evaluation study with repeated measurement design.

**Population:** The participants are minority adults 55 to 99 years old who attended MDC and were sheltered at homes during the pandemic

- ☐ **Inclusion:** English and Spanish-speaking men and women, 55 to 99 years old, diagnosed with depression.
- ☐ **Exclusion:** Established dementia and cognitive delay reported in their medical history.

**Intervention:**  
During the telehealth and in person visits, the Investigator explored issues of depression with the patients, guided by four questions:

- (1) levels of connectivity with family or friends
- (2) topics addressed during those connections
- (3) social support when they feel depressed
- (4) the reflection on their future

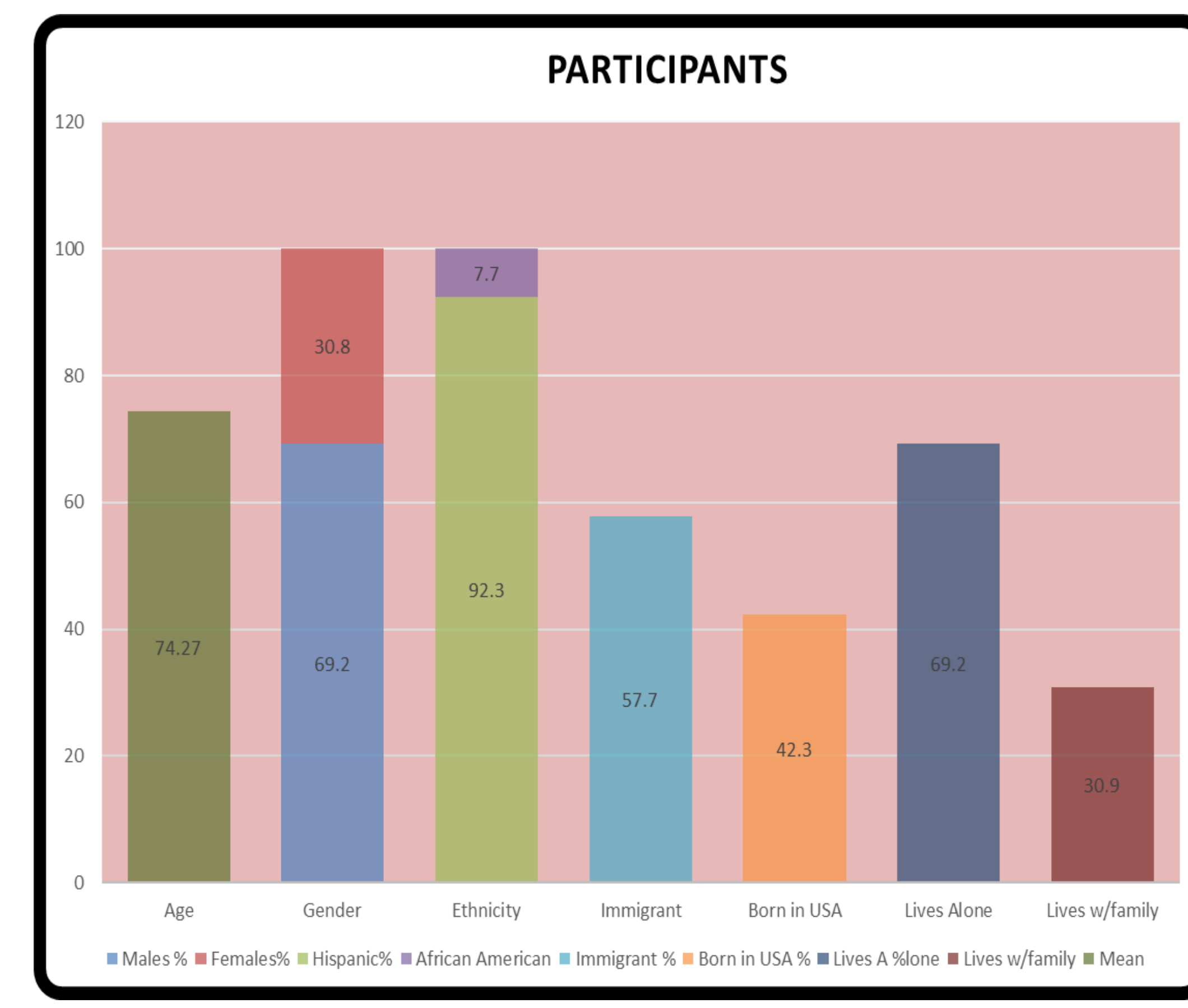
“Gratitude Diary” was used to increase resilience and self-reflection during the pandemic

### Method of measurement

The instrument used to evaluate the outcomes is the Center for Epidemiology Studies Depression Scale (CES-D-10).

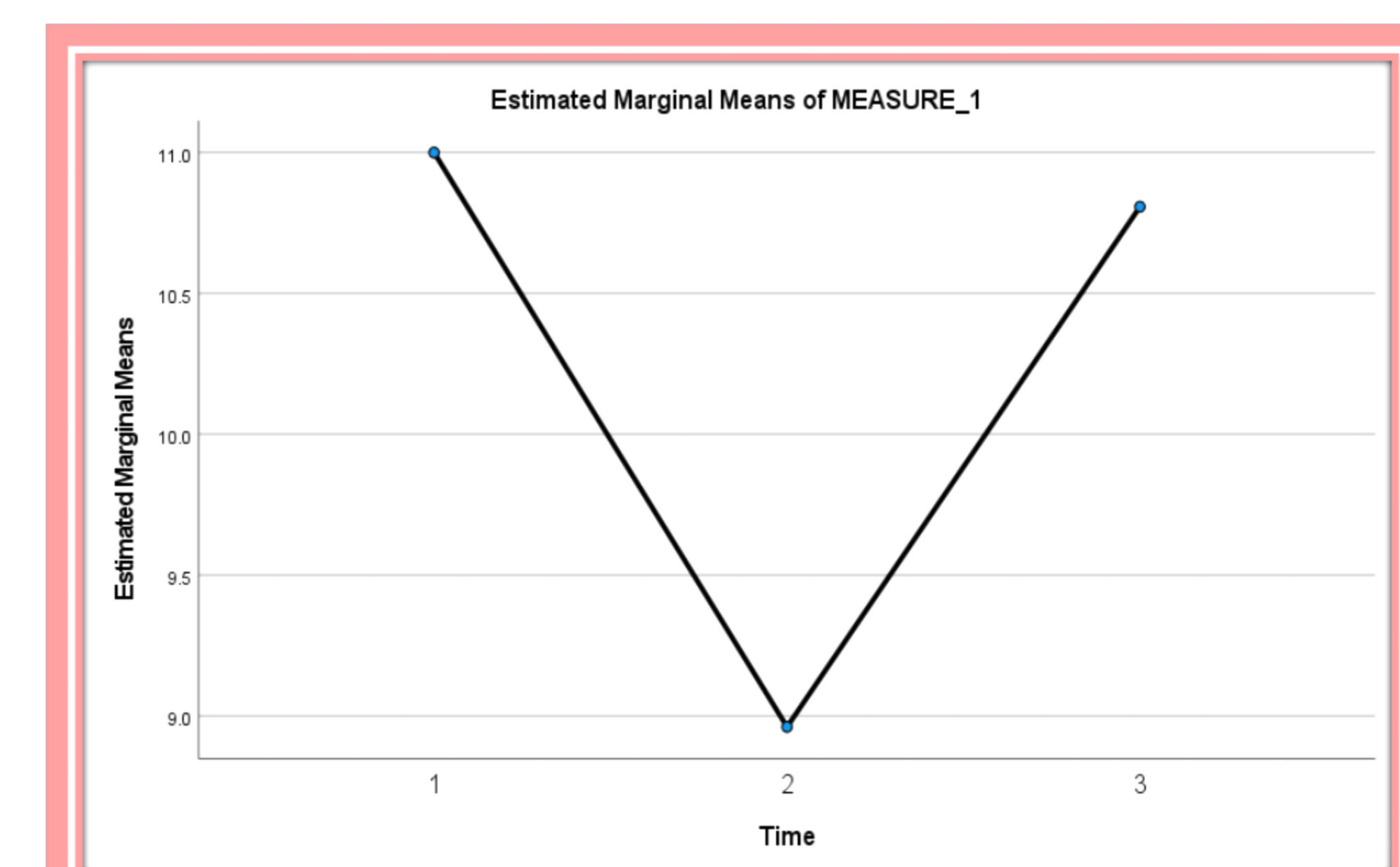
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I could not "get going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Results



(n=26)

- ☐ The CESD-10 scores were analyzed using 2 Wilcoxon Signed Rank tests.
- ☐ The Results revealed that CESD-10 decreased from 11 ± SD 6.40 at pre-telehealth to 8.96 ± 5.36 at pre-in-person visits (p>.05).
- ☐ CESD-10 increased from 8.96 ± SD 5.36 at pre-in-person visits to 10.81 ± 5.58 at post-in-person visits (p > .05).
- ☐ However, the results also demonstrated that there was no worsening of depressive symptoms in response to the intervention.



## Conclusion

- ☐ COVID-19 pandemic has brought uncountable losses; however, the older population 55 to 99 years of age has had added adversities to overcome, such as being sheltered in place and separated from family and friends.
- ☐ This project investigated how the personal touch can make a difference to reduce the risk for depressive symptoms brought up by the uncertainties of being sheltered at home.
- ☐ The importance of attending to psychiatric diagnoses and the prompt interventions to mitigate its complications should be further investigated to minimize the risks.



<https://images.app.goo.gl/2fNjvBACsRvhLahN6>

## REFERENCES

Appendixes and forms used in the project



## CONTACTS

Monica Litos RN-BSN (Project Coordinator)  
Work: (908) 241-9393 Cell: (908) 403-7029