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DETECTING DEPRESSION IN DEMENTIA

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Depression in Dementia Care: Challenges for Detection and Care Pathways

A co-designed training programme to support recognition of depression in dementia

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- This short training programme may help carers recognise and respond to depression in people living with dementia.
- Improving awareness and confidence could help carers notice changes earlier, raise concerns sooner, and support people to access help.
- Training alone is not enough: carers also need clear referral pathways, accessible healthcare services, and supportive workplace systems.

INTRODUCTION

Background

Depression is common in people living with dementia, yet many cases go undetected and untreated.

Given that depression can worsen dementia prognosis, there is a need for strategies to raise awareness to support early identification and intervention.

Aims

1. **Co-design** and deliver a brief training programme based on evidence-based resources (CSDD[1] and mhGAP[2])
2. **Assess** the impact of the training on carer's awareness of and confidence in identifying depression in dementia
3. Gather **feedback** about the feasibility of the training and possible barriers to implementation

Co-design

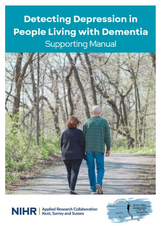
Training materials were co-designed through two workshops with 9 people with lived experience of dementia and 6 professional stakeholders.

METHODS

Training materials

Topics included the main symptoms of depression, how they can be recognised in dementia, and what support is available.

- One-hour training webinar
- Animated case study activity
- Supporting manual and leaflet



Mixed-methods feasibility study

Participants: 29 professional carers from community dementia services

Data collection:

- Pre-post questionnaire (awareness and confidence)
- Feedback questionnaire (acceptability and feasibility)
- Qualitative interviews (n = 10)

RESULTS

Training was feasible & acceptable

Carers viewed the training as relevant to their work, easy to understand, and realistic within busy care roles.

Awareness increased (d=1.15)

Carers described a *"lightbulb moment"*, realising that symptoms they previously thought were dementia-related may be depression.

> *"I've spoken to my manager about two people that we support. Now I can say 'Listen, I recognise something in that'"*

Confidence increased (d=.91)

Carers reported greater confidence in noticing signs and raising concerns, with the training validating instincts.

> *"It's that confidence to flag some things up. It's better to flag things even if you're wrong"*

Importance of knowing the person

Understanding personality, preferences, and behaviours facilitates noticing subtle changes.

BARRIERS TO RECOGNITION AND RESPONSE

Barriers to recognition & response

- **Limited time and infrequent visits with clients:** *"I would recommend it to people who are able to spend time with their clients. Would I recommend it to carers on 15-minute visits… I think that would be quite frustrating"*
- **Multiple carers supporting the same person:** *"We have some clients who certainly have depression and they've got five or six carers working with them across the week, and I don't think anything ever gets achieved"*
- **Difficulties accessing healthcare services:** *"You go to the doctor, and you don't get an appointment for another month and then you get put on the system"*
- **Unclear referral pathways:** *"It's not so much how to recognise it, as it is what to do. You've identified it, now what?"*
- **Overlapping symptoms:** *"It's a very fine line between dementia and depression. You can't be too quick to assume"*

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CONCLUSIONS

This study provides support for the acceptability and feasibility of the training programme, with preliminary evidence of improvements in awareness of and confidence in recognising symptoms of depression in people living with dementia.

Further development and evaluation of the training programme include:

- Longer-term outcomes
- Patient-level outcomes
- Adaptation for informal carers

REFERENCES

[1] Alexopoulos et al. Cornell scale for depression in dementia. Biological psychiatry. 1988;23(3):271-84.

[2] World Health Organisation. MhGAP Intervention Guide for Mental Neurological and Substance-use Disorders in non-specialized Health Settings Mental health Gap Action Programme (mhGAP). Version 2.0: Geneva:World Health Organisation; 2016.

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