

PEARLS* – Addressing Depression in Older Adults

June 12, 2008

Pamela Piering, Director

Mary Pat O'Leary, RN, BSN, CMP Supervisor

Aging and Disability Services

Seattle Human Services Department

Washington Assoc. of Area Agencies on Aging

***Program to Encourage Active Rewarding Lives for Seniors**



Presentation Outline

- Background, PEARLS research and findings
- PEARLS intervention
- Incorporating PEARLS into practice
- Educating Community and Policymakers
- Implementing program, expansion, new partners and providers
- Challenges and opportunities ahead

Background

- Aging and Disability Services (ADS)- Area Agency on Aging for Seattle-King County
- Sponsored by City, County and United Way
- Close partnership with University of Washington, Health Promotion Research Center
- Annual budget approx \$50 million
- Health promotion a strong interest (also provide/fund case management, family caregiving, nutrition, Project Enhance and new chronic care project)



PEARLS First Community Partners

- ❑ UW, Health Promotion Research Center
- ❑ Senior Services of Seattle-King County
- ❑ Seattle Mayor's Council for African American Elders
- ❑ Seattle Grandparents Reparenting group

Why Seniors? Late Life Depression

- Clinically significant depression affects 15-20% of older adults



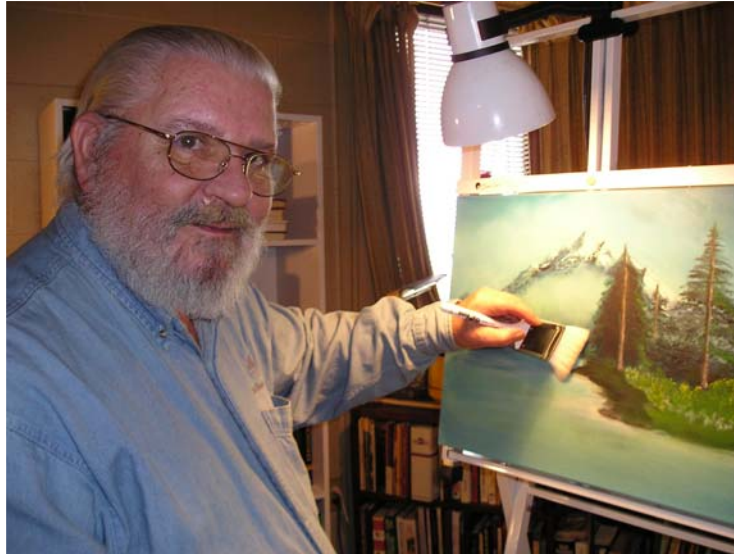
- Late life depression is associated with:
 - Lower physical functioning
 - Poorer adaptation to medical illness
 - Lower quality of life
 - Higher health care costs
 - Increased mortality from suicide and illness



PEARLS research model

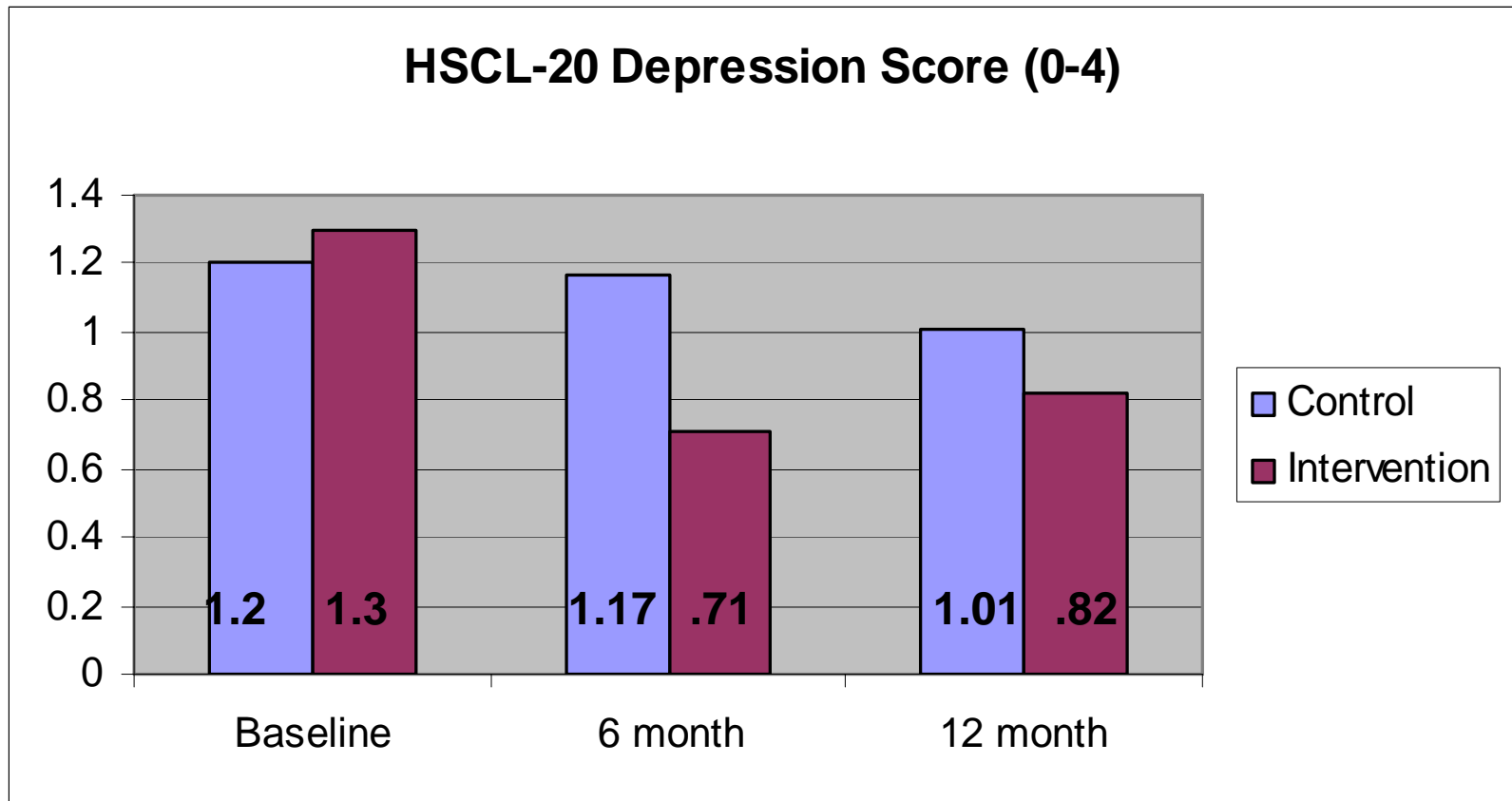
- Age 60+
- Diagnosis of minor depression
- Receiving services from ADS (long term care Medicaid case management) or from Senior Services
- ADS clients received intervention in-home
- PEARLS interventionist separate from case manager
- 8 sessions over 19 weeks, follow-up phone calls for 6 mos.

Findings

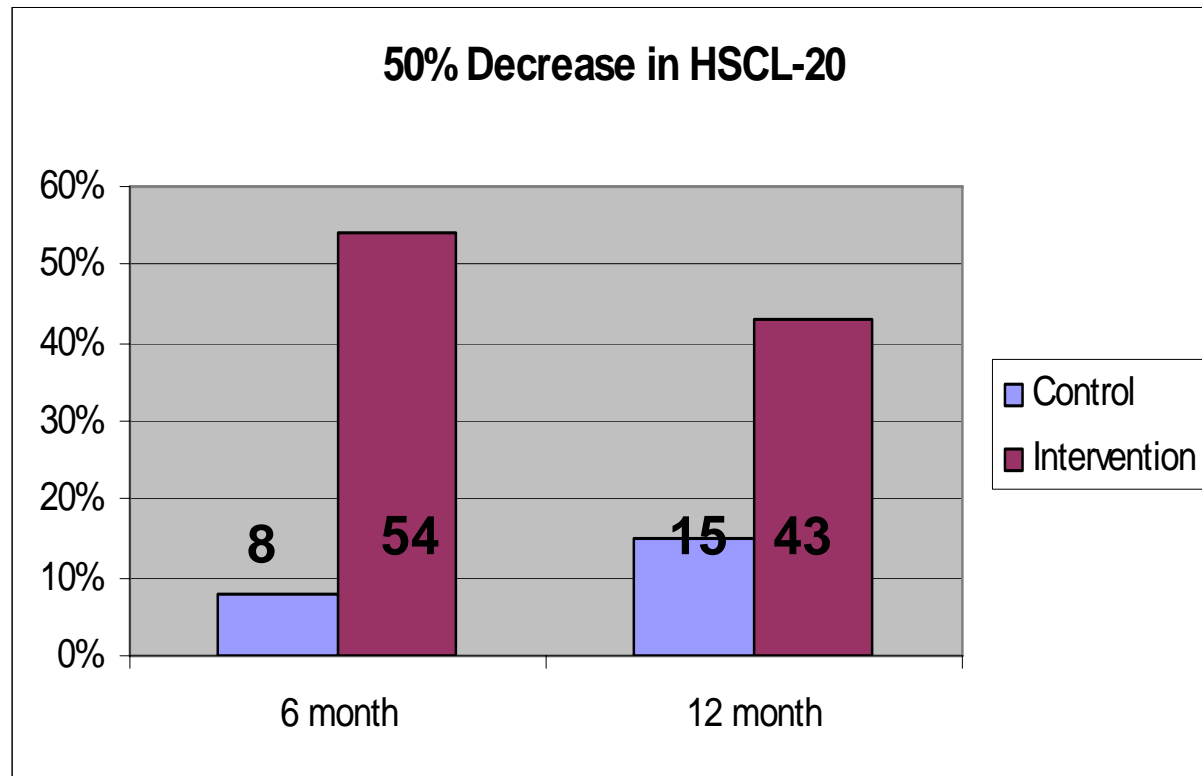


The PEARLS intervention resulted in lower severity and greater remission of depression among intervention participants as compared to usual care.

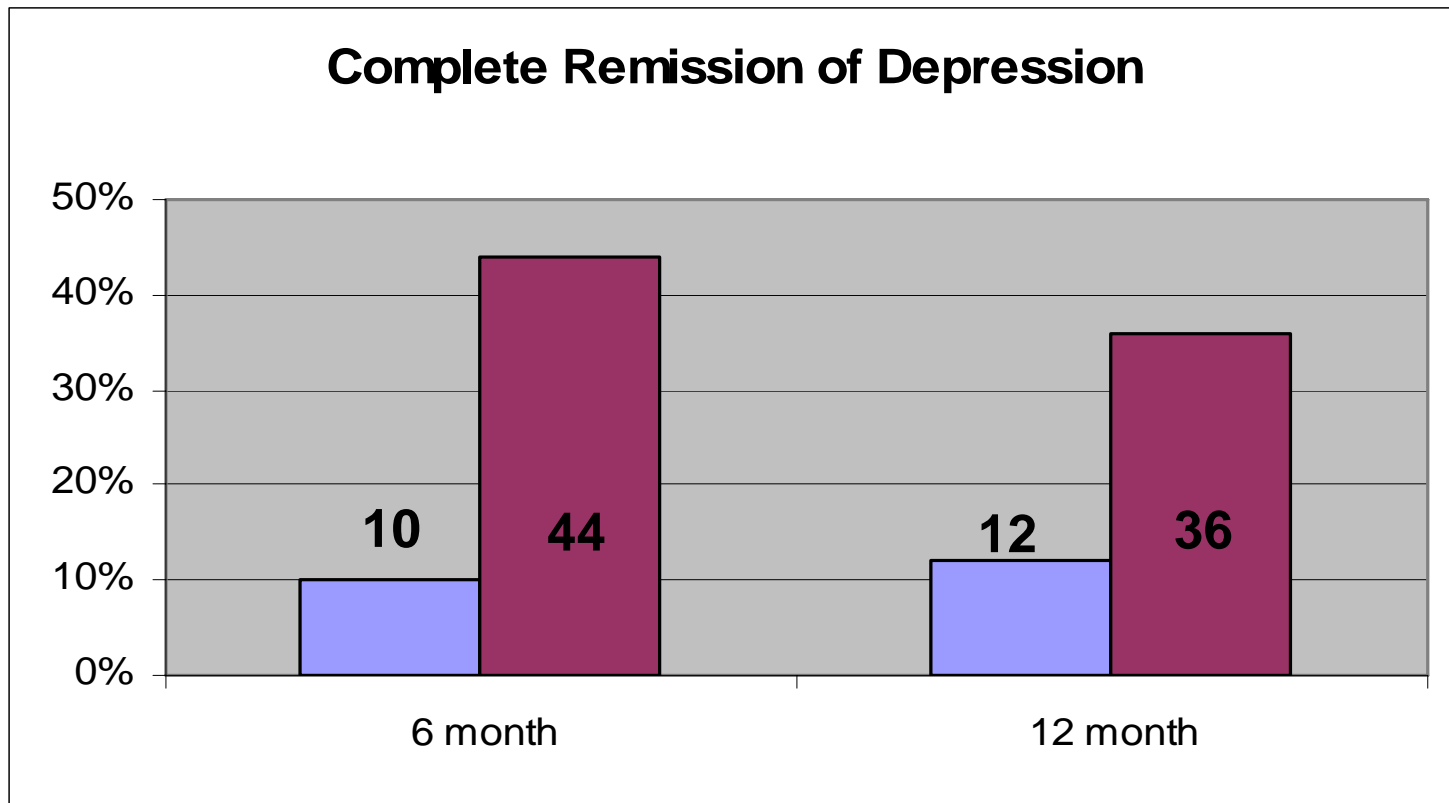
Depression Outcomes



Depression Outcomes



Depression Outcomes



Quality of Life

There was significant improvement in quality of life areas related to **functional well-being** and **emotional well-being**.

“It made me think through my problem, before I didn’t. I used to stay indoors all the time doing nothing. Now, I listen to my tapes; go for walks with a friend. I’ve gone to parties now, before I didn’t. So, I think the program was good for me after all.”

PEARLS Intervention

- ❑ Symptoms/Indicators of depression
- ❑ Problem-solving treatment (1)
- ❑ Social and physical activation (2)
- ❑ Pleasant events scheduling (3)
- ❑ Clinical supervision by a psychiatrist
- ❑ If necessary, recommendations for med management via phone with MD or patient
- ❑ Conducted in the home of individual
- ❑ Eight sessions over 19 weeks
- ❑ Follow up phone calls (1/month, for six months)

Depressive Symptoms – DSM IV

- ❑ Depressed mood
- ❑ Loss of interest and pleasure
- ❑ Change in sleep
- ❑ Change in appetite/weight
- ❑ Low energy, fatigue
- ❑ Psychomotor agitation/slowing
- ❑ Poor concentration
- ❑ Low self-esteem or guilt
- ❑ Thoughts of suicide or death



PHQ-9 Questions: Over the last two weeks ... bothered by:

- Having little interest or pleasure in doing things?
- Feeling down, sad or hopeless?
- Trouble falling or staying asleep, or sleeping too much?
- Feeling tired or having little energy?
- Having poor appetite or overeating?
- Feeling bad about yourself or that you are a failure or have let yourself or family down?
- Trouble concentration?
- Moving slowly or being fidgety or restless?
- Thoughts that you would be better off dead or hurting yourself in some way?



Problem Solving Treatment

- ❑ Helps participant understand the link between problems in life and symptoms of depression
- ❑ Decreases depressive symptoms if problems are dealt with effectively
- ❑ Is a skill building method
- ❑ Helps define and clarify problems
- ❑ Provides a structured, realistic and achievable approach to solve problems.



Six PST Steps

- 1. Clarify and define the problem
 - Write the problem succinctly
 - Break down large problems into smaller parts
- 2. Set a realistic goal
 - How will things be different when solved?
 - State goal in measurable terms.
 - Long term and short term goals
- 3. Generate possible solutions, be creative!

Six PST Steps, cont.

- 4. Evaluate and compare solutions
 - Advantages, disadvantages; pros/cons
- 5. Choose a solution
 - The solution most feasible to implement
 - The solution that is most likely to succeed
- 6. Steps to implement the solution
 - Create an Action Plan
 - Identify potential barriers

PST In Action

- Problem: *“Since my knee replacement, I’m unable to use the stairs to the front door without much pain.”*
- Goals
 - To go up/down the stairs with minimal pain
 - To go out of the house 4 times a week
- Solution options
 - Do stretch exercises taught in physical therapy before using the stairs
 - Go out the back door then down the front stairs
 - More willingly ask children for help walking up or down
 - Take a pain pill before I go out

PST in Action, cont.

- Evaluate the Solutions
 - Advantages, disadvantages; pros/cons
- Choose a solution
 - Go out the back door
 - Ask children for help
- Steps to implement
 - Ask grandson about new carpet
 - Go in the morning when a child can help





PST Recap

- Establish rapport at each session
- PHQ-9 questionnaire administered at each session
- Review last PST intervention step(s) to be taken by client
- Discuss a new problem
- Identify a Pleasant Activity to do

Role of Psychiatrist

- Clinical Supervisor for case staffing
- Contacts primary care provider if PH9 score shows lack of improvement making recommendations to initiate or adjust antidepressant medication.
- Follow evidenced-based chronic care model using stepped-care targeted communication between specialists and primary care physicians

Moving From Research to Practice

- Find funding to implement PEARLS
- AAA Advisory Council
 - .5 FTE discretionary funding 2004, now 1.0 (Older Americans Act)
- Adjust present psychiatrist role to provide PEARLS consultation
- Advocate for State resources: new AAA pilot, Spokane WA



Research to Practice, adaptations

- ❑ Now serving age 50+ with new funding
- ❑ Phone follow up calls completed in 3 months
- ❑ Initiated food voucher/food card
- ❑ Sessions may run from 4 – 6 in number
- ❑ Initiated 30 day in-home visits when team Supervisor determines client meets PEARLS criteria
- ❑ Multiple referral sources instead of a primary screener.



Educating Policymakers

- JAMA article, April 2004
- ADSA funded “PEARLS Toolkit” now downloadable from UW web site
- Bring information, results to ADS Advisory Council and Sponsors, Seattle, United Way and King County
- Education of local funder: King County Veterans and Human Services Levy

PEARLS expansion

- CDC new research study with University of Washington brings .5 FTE Implementation Manager to study best referral flow
- King County Veterans and Human Services Levy brings \$220,000 in 2008, renewable six years. Two new subcontractors:
 - African American Elders Project
 - IDIC Filipino elders “drop-in” center
- New ADS internal pilot: Chinese elders
 - Three clients currently enrolled. Learning pros/cons of using this approach work for this community



Challenges and Opportunities

- Training now through new UW center: CHAMMP
 - Next offered: September 24-26 2008, Seattle
- Consider adding new mental health provider for PEARLS through Medicaid funding
- Document results from expansion projects, seek to extend funding statewide
- Link to overall health promotion work in the community



Challenges and Opportunities

- ❑ Identifying appropriate clients, and flow
- ❑ Referral process
- ❑ Encouraging Medicaid LTC clients with wellness focus
- ❑ Use of incentives
- ❑ New easy-to-use data system needed, show outcomes, fidelity to original
- ❑ PEARLS counselors have many expectations in addition to client services: training, education, “championing”, handling inquiries, etc

-
- *“Prior to participating in the PEARLS program I lacked motivation, was severely depressed, and suffering from chronic pain. Having completed the program, I am happy to say that I have successfully overcome these difficulties, thanks to my counselor and the tools and exercises he presented.”*



HAVE YOU BEEN FEELING DOWN OR BLUE? HAVE YOU LOST INTEREST IN THINGS LATELY?

If you answered “yes” to one of these questions, and are 50 or older, there may be something I can do to help! The City of Seattle, Aging and Disability Services is offering a no cost in-home counseling program called PEARLS.

I’m a counselor for the new PEARLS Program which stands for Program to Encourage Active Rewarding Lives for Seniors. I can meet with you individually and help you identify and solve problems that are linked to making you feel the way you do, as well as find ways to become more physically and socially active.

Often the losses we endure as we age (for example, loss of loved ones, independence, physical health, or social isolation) can lead to feelings of loneliness, sadness, frustration, irritability, anxiousness, or restlessness. Gone unattended, these feeling can lead to a common medical condition known as depression. Depression, even minor depression interferes with how well we function, how active we are and how we interact with others. In short, it greatly affects our quality of life.

The PEARLS program teaches skills to manage these unpleasant feelings and therefore improve your quality of life

If you want to learn more about PEARLS, contact your ADS case manager or call me, Carl Kaiser at 386-0039 or Sarah Choi at 615-1945.

PEARLS: Program to Encourage Active Rewarding Lives for Seniors

Resources

- www.cdc.gov/prc/stories-prevention-research/stories/pearls.htm
- jama.ama-assn.org/cgi/content/full/291/13/1569
- depts.washington.edu/pearlspr/
- www.agingkingcounty.org
- www.chammp.org