

Can telemedicine improve geriatric depression?

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Studies have shown a high rate of depression among elderly homebound individuals, and few patients receive adequate treatment, if any. To address this issue, researchers at Rhode Island Hospital and other organizations have developed a telemedicine-based depression care protocol in home health care. The early findings from their pilot study will be presented at the 29th Annual Meeting and Exposition of the National Association for Home Care and Hospice on October 3.

Thomas Sheeran, PhD, ME, clinical psychologist in the department of psychiatry at Rhode Island Hospital, led the study. Sheeran explains, "Using telemedicine in home care to provide disease management for geriatric [depression](#) is timely for several reasons. The home care industry is already using telemedicine to provide chronic disease management for many medical illnesses, such as [heart disease](#). However, guideline-based depression care often is not included in these monitoring programs. Also, research suggests that telemedicine can be successfully used to address mental health needs of the elderly in community settings." Sheeran adds, "Finally, work by the Cornell Homecare Research Partnership and others has shown that community health nurses - who typically are the telehealth disease managers in home care- can identify and successfully provide this service for their elderly home care patients."

Through the pilot study, Sheeran reports that overall, feasibility and patient satisfaction ratings were very high. He notes that a majority of the elderly participants reported they were satisfied or very satisfied with

the protocol, that they quickly became comfortable using the telehealth equipment and there were few technical problems. More importantly, they felt it improved their care and that they would be willing to use it again. The researchers also found that telehealth nurses reported that with the majority of their patients, the Depression TeleCare Protocol was easy to implement, there were few technical problems, that it improved care and improved depression outcomes. Both patients and nurses believed that confidentiality was maintained.

Sheeran also comments, "At the start of the study, 19 of these patients met full diagnostic criteria for Major Depression, with a mean depression severity score in the 'Markedly Severe' range. We were very pleased to find that at follow-up, the average depression severity scores were in the 'Mild' range, indicating significant improvement in depression severity through the use of this protocol. While these findings need to be replicated in a more rigorously controlled randomized trial, we believe these results offer great encouragement for reaching this population who can experience a better quality of life from this program."

The project began at the Cornell Homecare Research Project at Weill Cornell Medical College and was completed at Rhode Island Hospital, in collaboration with the University of Vermont's Telemedicine Program. In addition to the three academic centers, the project partnered with three home health agencies in New York, Vermont and Florida to integrate and pilot evidence-based depression care into existing telehealth programs.

In his presentation, Sheeran, who is also an assistant professor at The Warren Alpert Medical School of Brown University, will provide a description of the clinical protocol, implementation challenges and more information on the preliminary findings of the pilot work.

Provided by Lifespan

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