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# Depression

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

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**I. The client/caregiver can define depression.**

- A. It is a mood state that is characterized by low mood, sadness, and hopelessness that persists beyond a few weeks.
- B. It may be caused by a life event (reactive depression) or occur independent of any life event (major or unipolar depression).
- C. It can be chronic or short term.
- D. The exact cause of depression is not known. Two neurotransmitters (serotonin and norepinephrine) that allow brain cells to communicate may be implicated.

**II. The client/caregiver can list factors that increase risk of depression.**

- A. National Institute for Mental Health states that 3 to 4 million men are affected by depression. Depression affects twice as many women.
- B. People who are separated, divorced, and widowed are more at risk.
- C. People who use drugs or alcohol are more at risk.
- D. Parents whose children recently left home are more susceptible.
- E. People with chronic debilitation and chronic or terminal illnesses are vulnerable.
- F. People who think negatively are more at risk.
- G. People with a family history of depression are more vulnerable.

**III. The client/caregiver can recognize signs and symptoms of depression.**

- A. Sad mood
- B. Appetite changes (increase or decrease)
- C. Sleep changes (insomnia or hypersomnia)
- D. Inability to concentrate
- E. Marked decrease in pleasure
- F. Apathy (including lack of interest in sex)
- G. Guilty feelings
- H. Energy changes (restlessness or inactivity)
- I. Suicidal thoughts

NRS  
DATE INITIAL

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**IV. The client/caregiver can list results of depression.**

- A. Poor work performance
- B. Poor relationships with others
- C. Disruption of families
- D. Suicide

**V. The client/caregiver can list some treatment options for depression.**

- A. Psychotherapy
- B. Medication therapy
- C. Electroconvulsive therapy

**VI. The caregiver can list measures to assist client in dealing with depression.**

- A. Encourage client to stay with treatment.
- B. If needed, monitor the client's compliance with appointments and use of medication.
- C. Encourage client to follow treatment plan and avoid use of alcohol or any substance abuse.
- D. Other emotional support includes the following:
  - 1. Recognize and praise even minor accomplishments.
  - 2. Encourage client to verbalize emotions.
  - 3. Be honest and consistent. Do not criticize.
  - 4. Do not accuse client of "faking" or being "lazy."
  - 5. Do not ignore remarks about suicide.
- E. Encourage client to make decisions for himself or herself.
- F. Encourage client to become involved in interests and activities.
- G. Encourage independence.
- H. Obtain medical attention for prolonged signs of depression.

**VII. The client can list self-help measures to cope with depression.**

- A. Eat a well-balanced diet.
- B. Use vitamin and mineral supplements approved by physician.

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NRS  
DATE INITIAL

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- C. Take medications and keep appointments for therapy.
- D. Set realistic goals in consideration of new diagnosis of depression.
- E. Break large task into small ones, and do what you can.
- F. Try to be with other people. Have someone to confide in. Avoid keeping yourself isolated and alone.
- G. Participate in activities that you enjoy or that make you feel better.
- H. Do mild exercise or participate in activity.
- I. Expect your mood to improve gradually, not instantly.
- J. Postpone important decisions until depression has improved.
- K. Try to replace negative thinking with positive thinking.
- L. Allow family and friends to help you.

**VIII. The caregiver can list measures to prevent suicide.**

- A. Ask the client whether he or she has ever considered suicide.
- B. Remove any dangerous objects (i.e., knives, guns, and stockpiling pills).
- C. Arrange for hospitalization if client is threatening suicide.
- D. Assist client to identify one or more alternatives to suicide.

**RESOURCES**

SAMHSA's National Mental Health Information Center  
<http://mentalhealth.samhsa.gov/publications/allpubs/ken98-0049/default.asp>

Depression and Bipolar Support Alliance (formerly National Depressive and Manic-Depressive Association)  
800-826-3632  
[www.dbsalliance.org](http://www.dbsalliance.org)

Healthy People 2010  
[www.healthypeople.gov/Document/HTML/Volume2/18Mental.htm](http://www.healthypeople.gov/Document/HTML/Volume2/18Mental.htm)

Psychological counseling

Spiritual counseling

Crisis intervention hot line

Support groups

**REFERENCES**

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Varcarolis, E. M. (2006). *Manual of psychiatric nursing care plans*. St. Louis: Saunders Elsevier.