

TIP SHEET

MDS INDICATORS OF DEPRESSION CODING



DEFINITION: According to the RAI Manual “Feelings of distress may be expressed directly by the resident who is depressed, anxious, or sad. However, statements such as “I’m so depressed” are rare in the older nursing facility population.” It is important to note that coding the presence of indicators in Section E does not automatically mean that the resident has a diagnosis of depression or anxiety. It is simply recording the presence or absence of specific indicators or behaviors. It’s important that facility staff recognize these clinical indicators and consider them when developing the resident’s **care plan**. (RAI manual page 3-61)

EXPRESSIONS OF DISTRESS:

a. Resident made negative statements	i. Repetitive anxious complaints/concerns (non-health related)
b. Repetitive questions	j. Unpleasant mood in the morning
c. Repetitive verbalizations	k. Insomnia/change in usual sleep pattern
d. Persistent anger with self or others	l. Sad, pained, worried facial expressions
e. Self-deprecation	m. Crying, tearfulness
f. Expressions of what appear to be unrealistic fears	n. Repetitive physical movements
g. Recurrent statements that something terrible is about to happen	o. Withdrawal from activities of interest
h. Repetitive health complaints	p. Reduced social interaction

CODING:

E1: To record the frequency of indicators observed in the last 30 days, **irrespective of the assumed cause of the indicator (behavior)**

E2: To identify if one or more indicators of the indicators were not easily altered by attempts to “cheer Up” console, or reassure the resident over the last seven days

PROCESS:

1. Speak to the resident
2. Observe the resident
3. Consult with direct care staff over all shifts
4. Review the resident’s record

CLARIFICATION:

1. Use the “rule out” method for easier coding. If it didn’t occur at all, then code “0”. If the behavior occurs almost daily, then code 2. If 0 or 2 do not reflect the resident’s status, but the behavior occurred at least once, code “1”.

DOCUMENTATION:

1. Documentation of signs and symptoms of depression, anxiety, sad mood, and of behavioral symptoms, is a matter of good clinical practice. It is up to the facility to determine the form and format of such documentation. (RAI Manual 3-63). This being said, as the RAI coordinator, you may have to do a summary note of your discussions with staff and the resident if it is not documented elsewhere in the chart.

EXAMPLES:

1. Mrs. S. has recently moved to the nursing home. She is always crabby in the morning upon being awakened at 6 AM, yelling at the staff and cursing them. This happens at least 5 times a week. During the most recent week, the CNA’s began not getting her up until 8 AM and she exhibited angry episodes only 3 times that week. Code “1” for d (persistent anger with self or others) and j (unpleasant mood in the morning); all the rest would be 0. Code E2 as a “1” (easily altered).