

Appendix D: Depression Screening Tools

Depression Screening Tools	Brief Description or Comments
Screening tools for persons with minor cognitive loss or early stage dementia	
S ² IGECAPS	 Sadness Sleep disturbance Loss of Interest Inappropriate or excessive feelings of Guilt Decreased Energy and increased fatigue Diminished ability to think or Concentrate Appetite change Psychomotor agitation or retardation Suicidal ideation
	See BC Guidelines, Major Depressive Disorder in Adults: Diagnosis & Management.
Geriatric Depression Scale (short form)	 See Associated Document: Geriatric Depression Scale (short form). Score Range is 0-15. A score of > 5 points is suggestive of depression and warrants a follow-up interview. Scores > 10 are almost always depression. Link to downloads of the Geriatric Depression Scale in English and other languages: www.stanford.edu/~yesavage/GDS.html. Link to scoring information for the Geriatric Depression Scale: www.stanford.edu/~yesavage/GDS.english.short.score.html.
Patient Health Questionnaire (PHQ)-9	 Link to BC Guidelines Major Depressive Disorder in Adults: Diagnosis & Management Associated Document: PHQ-9: www.bcguidelines.ca/pdf/depression_patient_health_questionnaire.pdf. Score Range is 0-27. A score of > 5 is suggestive of a potential major depressive disorder.
Screening tools for persons with advanced cognitive impairment	
Cornell Assessment Scale for Depression in Dementia	 Link to informant-based tool: img.medscape.com/pi/emed/ckb/psychiatry/ 285911-1335300-1356106-1392041.pdf. Score Range is 0-38. A score > 10 indicates a potential major depressive episode, while a score > 18 is definite for major depressive episode.
RAI-2.0 Depression Rating Scale (Outcome Score)	 This scale can be used as a clinical screen for depression. Score Range is 0-14. A score of three or more may indicate a potential or actual problem with depression.

Note: Choose a depression screening tool based on the remaining cognitive abilities of the person to be screened. Any positive screen should be followed up by a medical assessment and appropriate interventions.

Reference (adapted from): Developed by and shared with permission of the Clinical Review Working Group for the Provincial Best Practice Algorithm for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia www.bcbpsd.ca.