Communication: Communicating with Patients who are Depressed

What is Involved in Communicating with Patients who are Depressed?
› Communicating with a patient involves providing information, but it also requires that the nurse listen carefully, identify knowledge deficits, discern what information is most important and useful to the patient, and provide that information in a manner the patient can readily understand. This paper will discuss interventions appropriate when communicating with patients who are depressed; for information on communicating with patients with other conditions that might interfere with communication, see the related series of Nursing Practice & Skill papers

• What: Depression can interfere with the patient’s ability to communicate and understand the information being provided, as well as participate in his/her own care. Communicating with patients who are depressed typically requires the use of communication techniques appropriate to the patient’s level of tolerance, as well as interventions designed to reduce the depression (e.g., administering medication)

• How: Communicating with patients who are depressed involves the use of therapeutic communication techniques (e.g., speaking slowly and clearly, providing only small amounts of information at one time) during face-to-face contact with patients and/or their family members; verbal and nonverbal communication (e.g., tone of voice, body language, facial expressions) should be tailored to promote a therapeutic nurse-patient relationship (i.e., a relationship in which the nurse and patient/family collaborate to meet the patient’s mental, physical, and emotional health care needs). The specific communication techniques and intervention used should be incorporated into the patient’s plan of care to promote communication with the entire healthcare team

• Where: Communicating with patients who are depressed can occur in any inpatient or outpatient setting, as well as in the home

• Who: Any appropriately trained clinician or assistive healthcare staff member can communicate effectively with patients who are depressed. It is appropriate for family members and other nonprofessional caregivers to be present

What is the Desired Outcome of Communicating with a Patient who is Depressed?
› The desired outcome of communicating with a patient who is depressed is to promote patient understanding of the information being communicated and the development of a therapeutic nurse-patient relationship

Why is Communicating with Patients who are Depressed Important?
› Effective communication between the nurse and the patient who is depressed can promote good quality patient care and positive clinical outcomes by
• helping the nurse clearly understand the patient’s needs
• promoting the patient’s sense of trust in the nurse
• encouraging effective patient teaching/learning and making it more likely that the patient will voice concerns and questions regarding nursing care and his/her diagnosis and treatment
• improving patient adherence to the prescribed treatment regimen

**Facts and Figures**

› Major depressive disorder (MDD; also called major depression) is among the most common mental health disorders in the United States
  • In 2015, an estimated 16.1 million adults, or 6.7% of the adult population of the U.S., had at least one episode of MDD (National Institute of Mental Health, n.d.)
  • In the U.S., the lifetime prevalence of MDD is 20% in women and 12% in men; rates of MDD are highest between the ages of 25 and 44 years in both men and women (Halverson et al., 2016)
  
› In a study of 23 women with perinatal depression, investigators found that a variety of cues from interactions with clinicians strongly influenced their response to clinical encounters; the four most important criteria women used to determine whether they believed a clinician could help them were feeling heard, trusting the clinician, believing that the clinician was competent, and believing that the chosen treatment option was effectively explained (Henshaw et al., 2011)

› Depression affects up to 30% of patients with end-stage renal disease (ESRD). Investigators in a study of 90 Hispanic patients with ESRD found evidence that depression affects communication between patients and their physicians; patients with depression were significantly less likely than those without depression to ask for clarification of information, to be engaged in the conversation, and to be forthcoming with the clinician (Gonzalez et al., 2013)

› Researchers in a study of 202 older adults in Brazil reported that facial expression might indicate depression in this patient population; depression was detected in 13% of patients who were smiling, 51% of those who had a neutral facial expression, and 95% of those who appeared sad (Scoralick et al., 2012)

› Researchers who analyzed 63 audio-recorded interactions between primary care physicians and patients newly diagnosed with depression observed that clinician empathy and use of motivational interviewing-adherent statements, was well as patient use of “change talk” (i.e., patient language that expresses motivation to change an unhealthy behavior), were associated with increased likelihood of the patient filling an initial prescription for antidepressants (Kaplan et al., 2013)

**What You Need to Know Before Communicating with Patients who are Depressed**

› Clinical depression is different from transient depression, which is a short-term condition characterized by the development of depression in reaction to a specific situation (for more information regarding types of depression, see Quick Lesson About … Depression: an Overview)

› The three most common types of clinical depression are as follows:
  • MDD is a mood disorder that is diagnosed when a person has a 2-week history of at least five of the following symptoms: depressed mood (or irritable mood in children/adolescents) most of the day, nearly every day; anhedonia (i.e., decreased pleasure from previously enjoyed activities); significant unintentional change in body weight (e.g., 5% up or down in a month) or decreased appetite nearly every day; daily hypersomnia or insomnia; fatigue or loss of energy; feelings of worthlessness or excessive or inappropriate guilt; psychomotor retardation or agitation observed by others; impaired cognition; and recurrent thoughts of suicide and death. At least one of the symptoms must be depressed mood or anhedonia. The symptoms must cause significant distress or impairment in social, occupational, or other important areas of functioning, and must not be due to the effects of a substance (e.g., a medication or drug of abuse) or a general medical condition (e.g., hypothyroidism), or better accounted for by bereavement. (For more information on MDD, see Quick Lesson About … Depression: Major Depressive Disorder)
  
› Persistent depressive disorder (also called dysthymic disorder and dysthymia) involves less severe manifestations of depression compared with those of MDD. It is characterized by depressed mood that occurs for most of the day on most days for at least 2 years. During periods of depressed mood, the patient has at last two of the following six symptoms: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness. Although not as disabling as MDD, dysthyemic disorder can prevent the person from functioning optimally or feeling well. (For more information on dysthymic disorder, see Quick Lesson About … Depression: an Overview)

› Bipolar disorder (also called bipolar depression and manic depressive disorder) is a chronic psychiatric disorder characterized by recurrent, alternating episodes of depression and mania (i.e., an excessively elevated or irritable mood) alternating with depression; some individuals with bipolar disorder have periods of normal mood between periods of mania and depression. Left untreated, mania can progress to psychosis in some patients. (For more information on bipolar disorder, see Quick Lesson About … Bipolar Disorder)
Individuals who are diagnosed with a depressive disorder can usually be successfully treated with a combination of medication and psychotherapy. Without treatment, however, depression can last for months or years and can severely affect daily functioning and reduce quality of life.

Depression often coexists with other illnesses, including anxiety disorders, substance abuse disorders, and severe medical conditions such as heart disease, cancer, and stroke.

Using therapeutic communication techniques can help the nurse develop a therapeutic working relationship with patients who are depressed. A therapeutic working relationship is one in which the nurse communicates clearly and easily with the patient/family members about their needs, and feelings related to the patient’s illness and care. The nurse uses gathered information to plan patient care that effectively meets the patient’s/family’s medical needs (for general information on establishing therapeutic communication with patients, see Nursing Practice & Skill … Communication: Establishing a Nurse-Patient Relationship).

- Therapeutic communication techniques include the following:
  - Using open-ended questions to encourage the patient/family to share information
  - Showing respect for the patient and family members
  - Recognizing that communication includes not only verbal exchanges but involves nonverbal expressions such as tone of voice, body language, and facial expression
  - Acknowledging the needs of the patient/family
  - Using silence at appropriate points in conversations to encourage the patient/family to verbalize thoughts and feelings

When assessing a patient with depression, the nurse might note the following characteristics and behaviors that are commonly associated with depression:

- Flat affect
- Listlessness
- Poor eye contact
- Poor grooming
- Reduced or increased appetite
- Changes in sleep patterns
- Difficulty concentrating
- Reduced ability to remember information
- Social isolation
- Slowed mental and physical abilities

When communicating with patients who are depressed, it is important to consider the following:

- The presence of supportive family members and friends might help decrease the patient’s anxiety
- Individuals who are depressed often have difficulty thinking clearly, might have difficulty concentrating, and might have slowed reasoning and verbal responses
- Similar to patients with other psychiatric conditions, patients who are depressed might experience prejudice and rejection because of the manifestations related to depression. Showing respect, kindness, and compassion and treating the patient with dignity conveys that the nurse is supportive and nonjudgmental; this can help the patient feel more relaxed and less anxious and promote patient/family feelings of trust toward the nurse
- The depressed patient’s apparent apathy and slowed mental and physical abilities can interfere with patient care, which can cause a sense of frustration on the part of the nurse and other caretakers. The following are examples of nonsupportive statements that can reflect the nurse’s feelings of frustration; each nonsupportive statement is paired with a positive, more appropriate statement that can be used to convey compassion and support of the patient.

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- I think you need to pull yourself together
- I’m sorry this is happening to you
- It sounds like that is really difficult/scary/overwhelming for you

- I know how you feel
- A lot of people feel sad
- I agree with you

- I don’t have time for this
- What can I do to help you while you are here?
- These are some of your options today...

- You are causing your own problems
- Is there anything I can do or arrange for you to make things easier for you today?

- Nothing is worth killing yourself over
- It sounds like you made a good decision in coming here

- Depressed patients might not always want to talk, which can interfere with the provision of nursing care
  › Preliminary steps that should be performed before communicating with a patient who is depressed including the following:
    • Review facility/unit-specific protocol regarding communication with patients who are depressed, if one is available
    • Review the treating clinician’s orders, if available
    • Review the patient’s medical history/medical record for comorbid medical conditions (e.g., cancer) or medications (e.g., corticosteroids) that can cause or contribute to depression
      – If the patient is taking medications that are known to cause depression or increase the intensity of depression as an adverse effect, ask the treating clinician if an alternative medication can be ordered to potentially help reduce or alleviate the patient’s depression
    • Gather supplies prior to approaching the patient, which can include the following:
      • Personal protective equipment (PPE; e.g., gloves) if contact with body fluids is anticipated; however, communicating with patients who are depressed typically does not involve the use of PPE
      • Written teaching materials to reinforce verbal teaching of the patient and family

**How to Communicate with Patients who are Depressed**
  › Perform hand hygiene and don PPE if appropriate
  › Identify the patient according to facility protocol
  › Establish privacy by closing the door to the patient’s room and/or drawing the curtain surrounding the patient’s bed
  › Introduce yourself to the patient and family member(s), if present; explain your clinical role; assess the coping ability of the patient and family and for knowledge deficits and anxiety regarding treatment the patient is receiving or will receive
• Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
  – Use professional certified medical interpreters, either in person or via telephone, when language barriers exist
• Answer any questions and provide emotional support as needed
  › Ask the patient/family to identify what considerations (e.g., limiting visitors), if any, should be instituted to promote patient comfort
  › If the patient has no visitors, offer to contact supportive friends or family members identified by the patient, and call to encourage them to come to the healthcare facility if the patient desires visitors
• In order to help the patient understand and remember education and other information related to care and his/her diagnosis, it is important to
  • present care instructions and other information in simple, short sentences to avoid overwhelming the patient
  • allow time for the patient to process information between short periods of education because patients who are depressed typically require additional time to process information
  • repeat information, as needed
  › Show respect, kindness, and compassion, treat the patient with dignity, and convey a supportive and nonjudgmental demeanor (for details of specific nursing interventions that can convey respect, kindness, and compassion to the patient, see Nursing Practice & Skill … Communication: Establishing a Nurse-Patient Relationship)  
  › Avoid expressing frustration if the patient displays apathy and slowed mental and physical abilities because doing so might reduce the patient’s/family’s sense of trust in nurses and other caretakers and undermine the therapeutic working relationship. Use supportive rather than unsupportive statements
  › Assess for suicide ideation (for details, see Red Flags, below)
  • Report patient status regarding suicide risk to the treating clinician and other members of the healthcare team
  • Follow facility protocols as appropriate to promote patient safety
  › If the patient does not want to talk, explain that it is not as important for the patient to respond to your presence and conversation as it is for the patient to understand that you are supportive and interested in his/her wellbeing. Be respectful of the patient’s wish for avoiding talking, and speak softly and kindly if it is necessary to communicate verbally to convey a sense of empathy and support
  › Remove PPE, if used, discard appropriately, and perform hand hygiene
  › Update the patient’s plan of care, if appropriate, and document communicating with the patient in the patient’s medical record, including the following information:
    • Date and time of the patient encounter
    • An objective description of the patient’s behavior, including writing key patient statements verbatim using quotation marks around exact verbiage
    • Interventions that were initiated and patient response
    • Any unexpected patient events or outcomes, interventions performed, whether or not the treating clinician was notified
    • Patient/family member education, including topics presented, response to education provided, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Communicating with Patients who are Depressed
  › Other members of the healthcare team should be notified of the patient’s depression, factors such as medical conditions and/or medications that might be contributing to the depression, and communication interventions that have been identified as effective

What to Expect After Communicating with Patients who are Depressed
  › The patient has an accurate understanding of his or her status and condition
  › The patient is willing to cooperate with the care he or she will receive according to the prescribed treatment regimen
  › All members of the patient’s healthcare team are aware of interventions that have been effective in establishing communication with the patient

Red Flags
  › Thoughts of death are among the most serious symptoms of depression. Many depressed individuals want to die or feel they are so worthless that they should die. As many as 15% of untreated persons who are depressed end their life by suicide. All
patients who are depressed should be evaluated for suicidal ideation. The only method to evaluate this is to ask the patient directly whether he or she is planning suicide or has had thoughts of suicide. Risk factors for suicide among persons who are depressed include the following:

- A previous suicide attempt
- Current thoughts of suicide
- A history of substance abuse
- Male sex and 65 years of age or older
- Lack of social support
- Impulsivity
- Uncontrolled pain
- Advanced physical disease

A suicide threat is a medical emergency. Immediately report this information to the treating clinician because the patient might require psychiatric inpatient care for observation and treatment. When psychiatric treatment is initiated (e.g., antidepressant agents are prescribed; counseling/talk therapy begins), patients often become more active mentally and physically but remain depressed. Some patients are at increased risk for suicide for a period of time after they begin receiving antidepressive agents.

What Do I Need to Tell the Patient/Patient’s Family?

- Educate the patient/family about what to expect during and after the care that will be performed, and what outcome to expect
- If laboratory testing or other diagnostic procedures are ordered, explain how these procedures are performed and when the results will likely become available
- If the patient is cared for at home or will be discharged to home, explain how the family can contact the treating clinician if questions or problems arise
- Educate the patient/family to monitor for signs and symptoms of worsening depression and seek immediate medical attention if they develop. Signs and symptoms of worsening depression include irritability, agitation, suicidal ideation, mania, and/or changes in the patient’s normal pattern of sleeping or eating
- Explain the importance of adhering to the prescribed treatment regimen and keeping follow-up medical appointments to allow continued medical surveillance of the patient’s condition

Note

- Recent review of the literature has found no updated research evidence on this topic since previous publication on June 3, 2016

References