

# Care pathway for Older Persons living in Long Term Care (COPE-LTC)

Care Pathway Development & Barriers/Facilitators to  
Implementation

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# Prevalence of Depression

## Older Adults

Over 75 yo 4.6-9.3% have Major Depression

4.5-37.4% have depressive symptoms

## Long-Term Care

44% have a diagnosis or symptoms of Depression

## Persons with Dementia

Major Depressive Disorder 15.9%

OR for Depression 2.64 (95% CI: 2.43, 2.86)

Higher in Vascular Disease

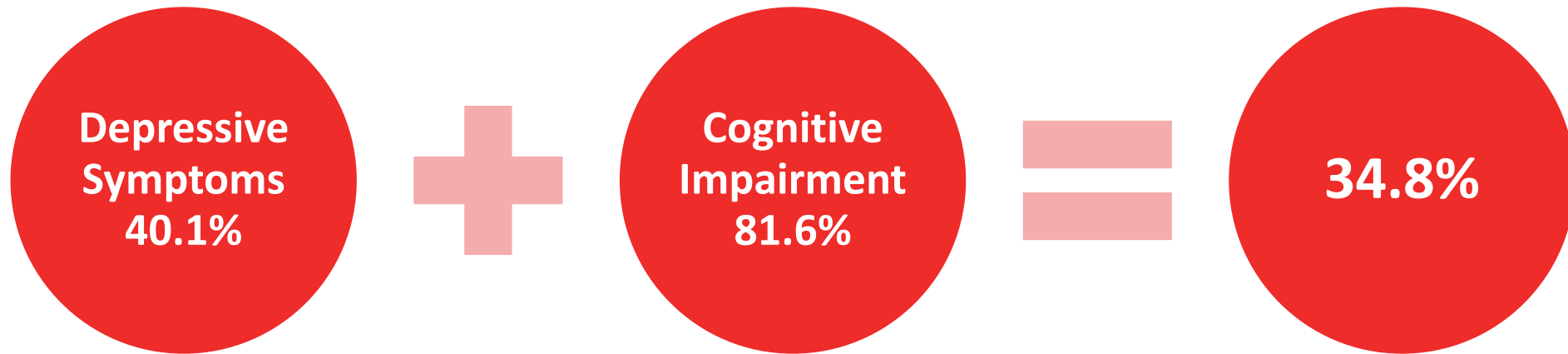


Approx. 20% of  
older adults  
have depression

<https://ccsmh.ca/areas-of-focus/depression/>



# What is the prevalence of depression in AB LTC?



When controlling for covariates in LTC cognitive impairment remained associated with an increased odds of depressive symptoms.

**Adj. OR 1.91 (95% CI 1.68,2.17)**

Persons with dementia are  
2.64x more likely to experience  
depression

Snowden MB, Atkins DC, Steinman LE, Bell JF, Bryant LL, Copeland C, Fitzpatrick AL. Longitudinal Association of Dementia and Depression. Am J Geriatr Psychiatry. 2015 Sep;23(9):897-905.

Rodda J, Walker Z, Carter J. Depression in older adults. BMJ. 2011 Sep 28;343:d5219.

Asmer MS, Kirkham J, Newton H, Ismail Z, Elbayoumi H, Leung RH, Seitz DP. Meta-Analysis of the Prevalence of Major Depressive Disorder Among Older Adults With Dementia. J Clin Psychiatry. 2018 Jul 31;79(5).

[https://secure.cihi.ca/free\\_products/ccrs\\_depression\\_among\\_seniors\\_e.pdf](https://secure.cihi.ca/free_products/ccrs_depression_among_seniors_e.pdf)

# Mood Syndromes Lead to Poor Outcomes

**Reduced Quality of Life**

**Worsened Memory**

**Worsened Function**

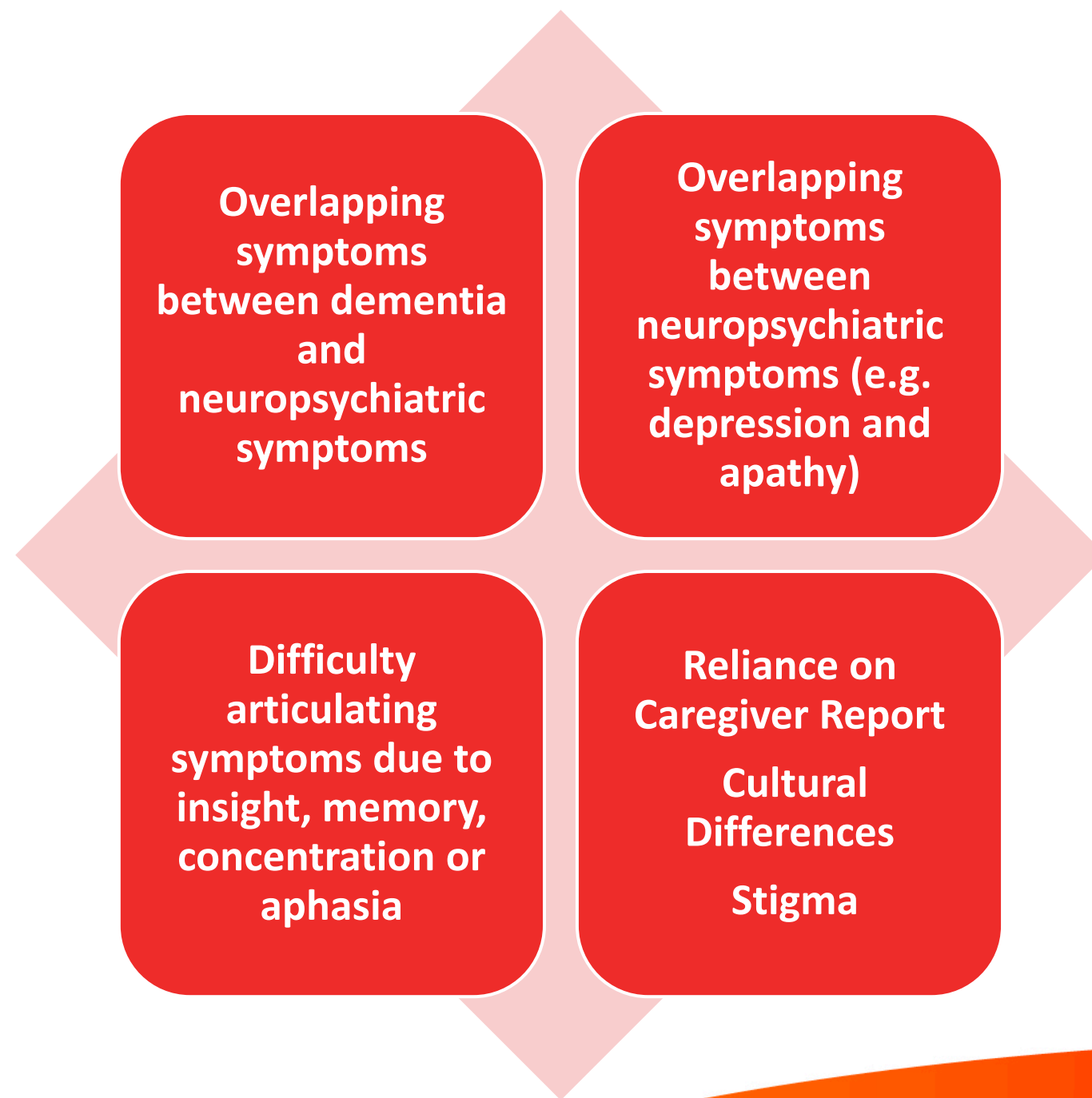
**Increased Mortality**

**Increased Caregiver Burden & Depression**



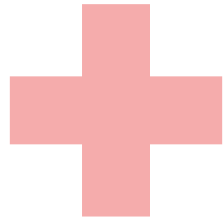
**Timely Accurate  
Diagnosis**

**Scarce Mental  
Health Resources**

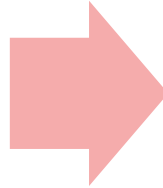




About 44% of  
residents of  
long-term care  
(LTC) suffer from  
depression<sup>1,2</sup>



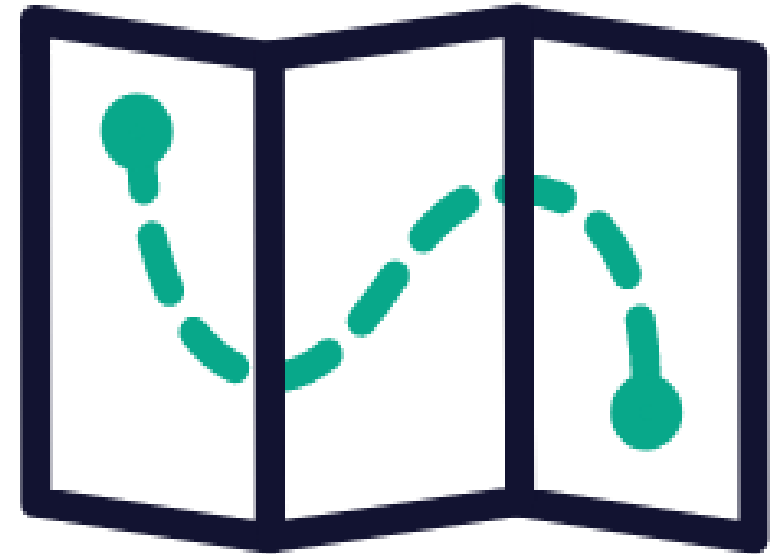
Depression  
often goes  
undetected and  
untreated in  
residents<sup>3,4</sup>



There is a need for  
healthcare providers  
in LTC to have a clear,  
evidence-informed  
approach to detect,  
diagnose, and  
manage depression in  
residents

# Our Goal

- To develop a clinical care pathway focused on the detection, diagnosis, and management of depression in LTC.
  - Standardize care for depression in LTC<sup>5</sup>
  - Improve quality of care<sup>6-8</sup>



# Part 1.

# Care pathway development

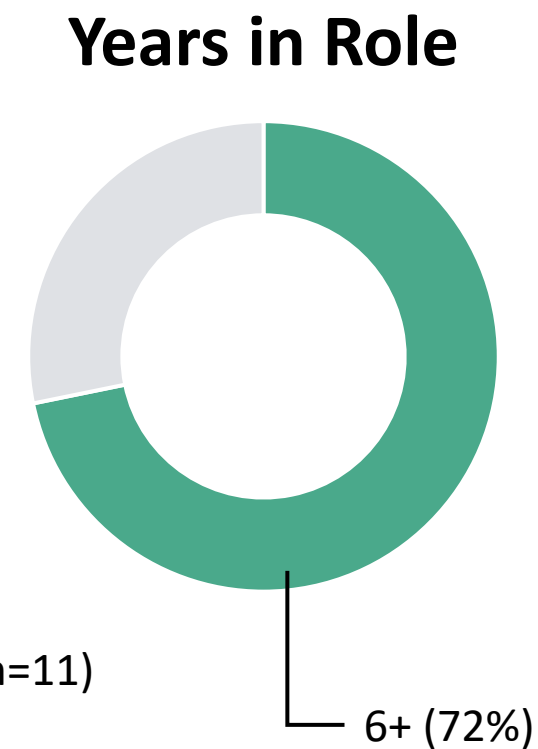
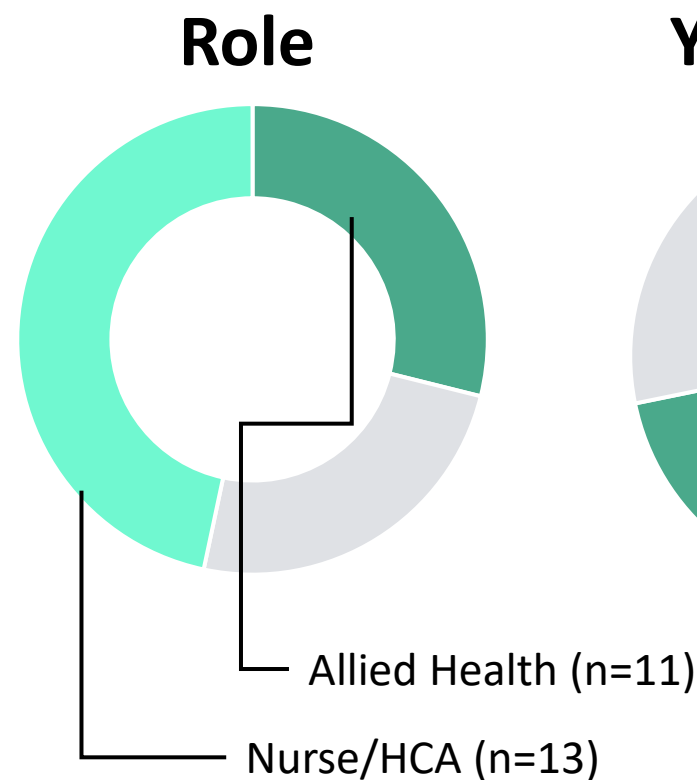
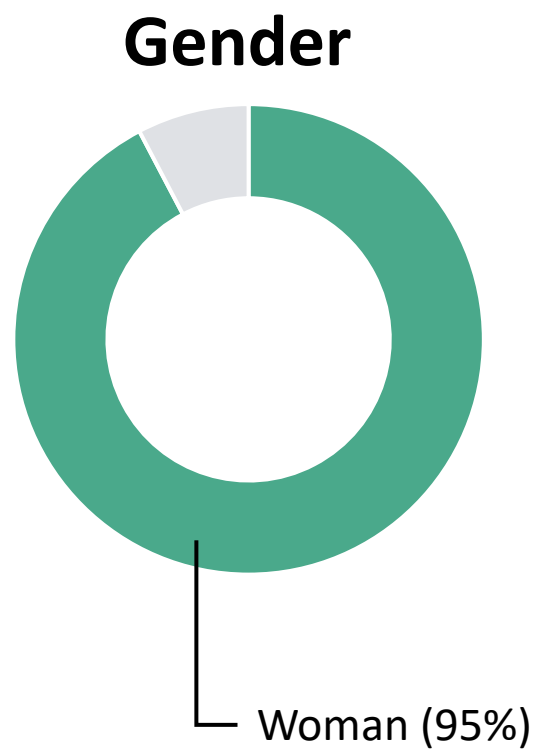
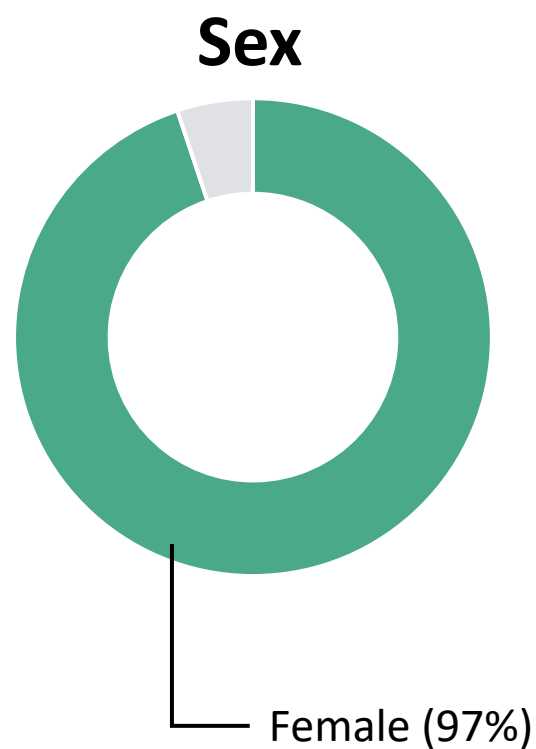
# How did we develop the care pathway?

- What did we do?
  - Delphi survey<sup>9,10</sup>
- Who was involved?
  - Research team of national collaborators
  - Topic experts: healthcare providers, friend/family caregivers, residents
- How did we do it?
  - Two rounds of an online survey



# Participants

- Total of 39 participants



# Key Findings



# Detecting Depression

- There is a need for **education on depression for all staff** providing care to residents in LTC, inclusive of Health Care Aides.
- An initial assessment should be completed **when the resident is admitted to LTC** to assess for baseline depressive symptoms.
- Symptoms of **depression should be reassessed** to ensure follow-up for those with symptoms or detect the new onset of symptoms.



# Identifying Resident Needs & Contributors

- It is important **to differentiate between chronic and/or recurrent depression versus new-onset depression** as it impacts treatment approaches.
- If depression is detected, the most responsible provider, in conjunction with the resident and friend or family caregiver, should assess for **common contributors to depression specific to the resident.**





# Management

- A collaborative and **resident-centered care plan, that focuses on symptom management** supporting independence and function, should be developed after an assessment of depression.
- Regardless of depression severity, within the scope of the resident's abilities, **non-pharmacologic treatments should be offered.**



## Coordinate Care

- If available, **directed involvement based on the required area of expertise** of Geriatric Medicine, Geriatric Healthcare Teams, Palliative Care, and/or Care of the Elderly Teams to aid in the management of depression complicated by **frailty, pain, symptoms of other chronic conditions** (e.g., shortness of breath), or **polypharmacy** is recommended.



# Considerations

- All clinical actions in setting of resident / relevant consenting party
- Interventions should be person-centered
- Steps highlight what is being done well in current practice and point to areas where change is required
- Certain steps may require additional resources

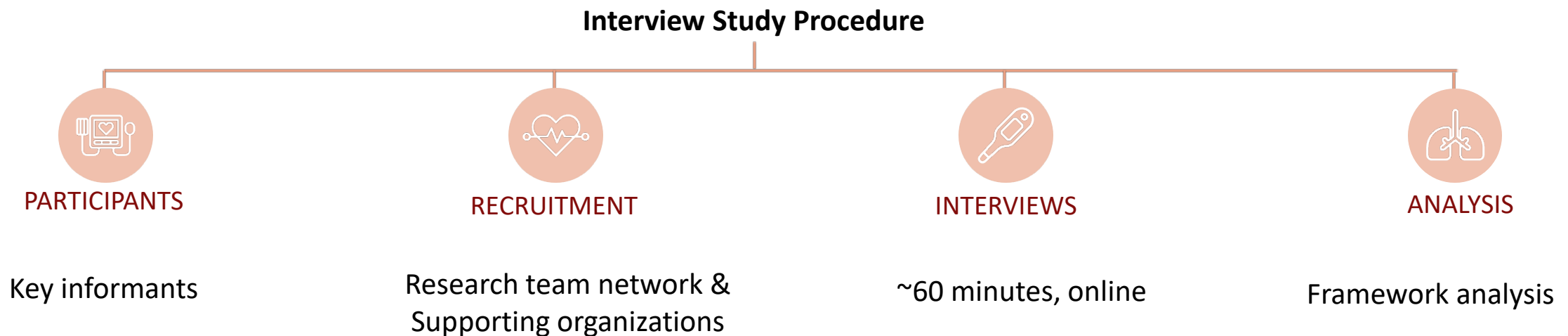


# Part 2.

## Interviews to understand barriers/facilitators

# Interview Procedure

- Semi-structured interviews
  - Focused on the barriers and facilitators to care for depression (detection, diagnosis, management)



# Participants



Residents  
(n=6)

Physicians  
(n=7)

Registered  
nurses  
(n=6)

Healthcare  
aides (n=6)

Allied  
health  
(n=6)

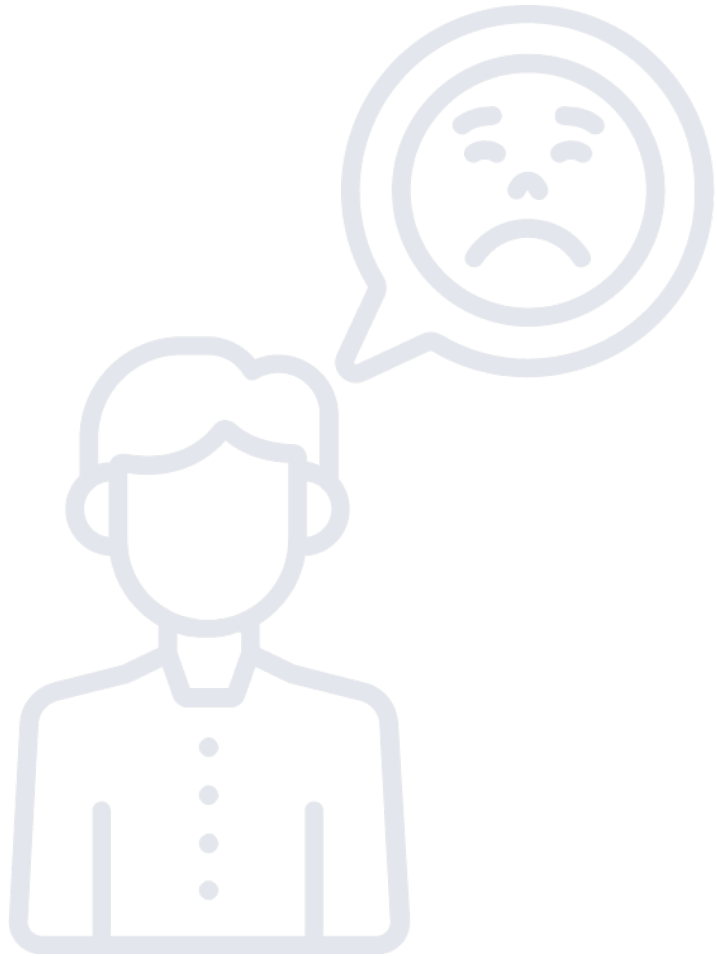
Care  
partners  
(n=9)

# Overarching Findings





# Depression in Residents



- **Lack of knowledge** on how depression presents and how to treat it amongst all roles.
- **Individualized approach** to depression care required (detection and treatment)
- Depression “**normalized**” in long-term care

# Role of Staff and Care-Partners



- Staff and care partner mental health and **burnout**
- Training required on **how to identify** depression
- **Limited resources** and staffing issues make depression care difficult

# Care for Depression



- **Fear of using medications** to manage depression
- **Non-drug treatments and specialized services not available** or under utilized
- Interventions to **reduce social isolation**, create a sense of community, and respect for residents' individual spaces

# Key Takeaways

- Need to provide **individualized care for depression, including detection and treatment**
- Staff require **time to deliver non-drug interventions** to residents
- Need to **prioritize and educate** on importance of mental health to improve resident, healthcare provider, and care partner quality of life

## Next Steps

- We will develop an implementation strategy for the clinical care pathway
  - Develop targeted behavioural interventions to address these barriers
  - Implement clinical care pathway in long-term care sites



# Let's hear from you!

- Thoughts on clinical care pathway?
- How can we implement...
  - Tools to assess for depression
  - Management strategies
  - Non-drug treatments



# Thank you for attending!

We welcome any questions

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