

## **The Geriatric Depression Scale (GDS)**

*By: Lenore Kurlowicz, PhD, RN, CS*

**WHY:** Depression is common in late life, effecting nearly five million of the 31 million Americans aged 65 and older. Both major and minor depression are reported in 13% of community dwelling older adults, 24% of older medical outpatients and 43% of both acute care and nursing home dwelling older adults. Contrary to popular belief, depression is not a natural part of aging. Depression is often reversible with prompt and appropriate treatment. However, if left untreated, depression may result in the onset of physical, cognitive and social impairment as well as delayed recovery from medical illness and surgery, increased health care utilization and suicide.

**BEST TOOL:** While there are many instruments available to measure depression, the Geriatric Depression Scale (GDS), first created by Yesavage et al., has been tested and used extensively with the older population. It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering yes or no in reference to how they felt on the day of administration. Scores of 0 - 9 are considered normal, 10 - 19 indicate mild depression and 20 - 30 indicate severe depression.

**TARGET POPULATION:** The GDS may be used with healthy, medically ill and mild to moderately cognitively impaired older adults. It has been extensively used in community, acute and long-term care settings.

**VALIDITY/RELIABILITY:** The GDS was found to have a 92% sensitivity and a 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research.

**STRENGTHS AND LIMITATIONS:** The GDS is not a substitute for a diagnostic interview by mental health professionals. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores.

### **MORE ON THE TOPIC:**

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NIH Consensus Development Panel. (1992). Diagnosis and Treatment of Depression in Late Life. *JAMA*, 268, 1018-1024.

Sheikh, R.L. & Yesavage, J.A. (1986). Geriatric Depression Scale (GDS). Recent Evidence and Development of a Shorter Version. *Clinical Gerontologist*, 5, 165-173.

Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O. Huang, V., Adey, M., Leirer, V.O. (1983). Development and Validation of a Geriatric Depression Screening Scale: A Preliminary Report. *Journal of Psychiatric Research*, 17, 37-49.

# Geriatric Depression Scale

Patient \_\_\_\_\_ Examiner \_\_\_\_\_ Date \_\_\_\_\_

**Directions to Patient:** Please choose the best answer for how you have felt over the past week.


**Directions to Examiner:** Present questions VERBALLY. Circle answer given by patient. Do not show to patient.

1. Are you basically satisfied with your life? ..... **yes** (1) **no** (1)
2. Have you dropped many of your activities and interests? ..... **yes** (1) **no**
3. Do you feel that your life is empty? ..... **yes** (1) **no**
4. Do you often get bored? ..... **yes** (1) **no**
5. Are you hopeful about the future? ..... **yes** (1) **no** (1)
6. Are you bothered by thoughts you can't get out of your head? ..... **yes** (1) **no**
7. Are you in good spirits most of the time? ..... **yes** (1) **no** (1)
8. Are you afraid that something bad is going to happen to you? ..... **yes** (1) **no**
9. Do you feel happy most of the time? ..... **yes** (1) **no** (1)
10. Do you often feel helpless? ..... **yes** (1) **no**
11. Do you often get restless and fidgety? ..... **yes** (1) **no**
12. Do you prefer to stay at home rather than go out and do things? ..... **yes** (1) **no**
13. Do you frequently worry about the future? ..... **yes** (1) **no**
14. Do you feel you have more problems with memory than most? ..... **yes** (1) **no**
15. Do you think it is wonderful to be alive now? ..... **yes** (1) **no** (1)
16. Do you feel downhearted and blue? ..... **yes** (1) **no**
17. Do you feel pretty worthless the way you are now? ..... **yes** (1) **no**
18. Do you worry a lot about the past? ..... **yes** (1) **no**
19. Do you find life very exciting? ..... **yes** (1) **no** (1)
20. Is it hard for you to get started on new projects? ..... **yes** (1) **no**
21. Do you feel full of energy? ..... **yes** (1) **no** (1)
22. Do you feel that your situation is hopeless? ..... **yes** (1) **no**
23. Do you think that most people are better off than you are? ..... **yes** (1) **no**
24. Do you frequently get upset over little things? ..... **yes** (1) **no**
25. Do you frequently feel like crying? ..... **yes** (1) **no**
26. Do you have trouble concentrating? ..... **yes** (1) **no**
27. Do you enjoy getting up in the morning? ..... **yes** (1) **no** (1)
28. Do you prefer to avoid social occasions? ..... **yes** (1) **no**
29. Is it easy for you to make decisions? ..... **yes** (1) **no** (1)
30. Is your mind as clear as it used to be? ..... **yes** (1) **no** (1)

**TOTAL:** Please sum all bolded answers (worth one point) for a total score. \_\_\_\_\_

Scores: 0 - 9 Normal 10 - 19 Mild Depressive 20 - 30 Severe Depressive

Source: [www.stanford.edu/~yesavage](http://www.stanford.edu/~yesavage)

	<p>Best Practices in Nursing Care to Older Adults</p>	<p>A series provided by The Hartford Institute for Geriatric Nursing (<a href="mailto:hartford.ign@nyu.edu">hartford.ign@nyu.edu</a>) <a href="http://www.hartfordign.org">www.hartfordign.org</a></p>
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