

Statement of the Problem

Depression can be a barrier to good asthma control by interfering with the client's ability and energy to practice self-management. Therefore, it is important to recognize and treat depression as a step toward controlling asthma.

Background

- Clinical depression is more than feeling sad or blue for a few days. Depression interferes with daily life, normal function and causes pain for both the person with the disorder and those who care about him or her. It is a common but serious illness and most people need treatment to get better.
- There is no single cause of depression. It results from a combination of genetic, biochemical, environmental and psychological factors.
- Depression strikes children as well as adults.
- Depression is a highly treatable disorder, most commonly treated with medication and psychotherapy. The first step to getting appropriate treatment is to visit a doctor for evaluation and examination to make a diagnosis of depression or to see if other medical conditions are causing the symptoms.

ASSESSMENT

Part of diagnosing depression is getting a measurement of some indicators of depression such as: decreased level of pleasure in various activities, feelings of hopelessness, difficulty sleeping, decline in appetite or overeating, trouble concentrating, feeling tired or having low energy, thoughts of suicide. Various standardized and reliable scales have been developed to measure depression and its severity.

Educational Messages

- Depression can often accompany chronic illnesses such as asthma.
- Depression can make it harder to take the steps needed to control asthma like getting rid of triggers and taking medication as prescribed.
- Depression is treatable.
- Depression is not a personal failure, but rather a clinical disease that generally requires treatment to alleviate its symptoms.

Actions

CHW ACTIONS	CAREGIVER ACTIONS
<ul style="list-style-type: none"> • Ask the client how he/she is coping with dealing with asthma. • Ask if he/she has felt down or depressed about dealing with asthma or other life issues. If yes, ask how long the client has felt down or depressed. • Ask if he/she has talked about feeling down or depressed with the doctor. If yes, ask what the doctor advised. • Ask provider to call client with client's permission if client has not or does not want to call themselves. • Send note in encounter form for issue to be addressed in next visit. • Ask if the client would be willing to complete a brief survey (PHQ9P) to see how he/she is feeling now. If the client agrees to complete the survey, bring the completed survey back to the project nurse. • Tell the client you will follow-up with him/her when the survey answers have been reviewed. 	<ul style="list-style-type: none"> • Contact your provider as needed to discuss depression and treatment options.

Follow-up Visits

- Encourage the participant to contact his/her provider if depression is present.

Supplies

Education Handouts

Referrals