Dartford and Gravesham NHS
NHS Trust

# Local Induction Pack for Non-consultant Doctors

Department of Ageing and Health
Darent Valley Hospital

*August 2020*

# DEPARTMENT OF AGEING AND HEALTH

The Department of Ageing and Health forms the largest medical specialty at Darent Valley Hospital. We provide acute inpatient and outpatient medical services to the Dartford and Gravesham region and outpatient services in Bexley at Queen Mary's Hospital.

Our consultant geriatricians have a wide range of subspecialty interests enabling us to meet the complex needs of older people.

**The service comprises:**

**Inpatient wards:**

Ebony (Stroke Unit)

Linden

Spruce

Maple (Orthogeriatrics)

**Evergreen Unit:**

Multidisciplinary clinics (e.g. falls), nurse-led clinics, infusions and transfusions

**Staff members**

| Consultant | Secretary | Ext. |
|---|---|---|
| Dr Rupinder Gill (Clinical Lead) | Natalie Salmon | 8360 |
| Dr Mathias Toth | Sukvinder Rai | 8747 |
| Dr Prasanna Aghoram | Margaret Gibbard | 4782 |
| Dr Colin Weekes | Sukvinder Rai | 8747 |
| Dr Praphull Shukla | Natalie Salmon | 8360 |
| Dr Imran Ashraf | Natalie Salmon | 8360 |
| Dr Saeedur Rahman | Margaret Gibbard | 4782 |
| Dr Sanmuganathan | | |
| Dr Kevin Kelleher (QMH) | | |

| Matron | |
|---|---|
| Carole Dudley | blp 107 |

| Specialist Registrars / Middle Grades | |
|---|---|
| Clare Hunt | blp 585 |
| Soumitra Roy | blp 354 |
| Sohail Siddique | |

| Clinical Nurse Specialists and supporting staff | | Bleep |
|---|---|---|
| Dementia CNS | Angela Brown | 414 |
| Dementia Buddy Coordinator | Lindsey Nash | 503 |
| Dementia Administrator | Shelley Gialanze | |
| Older Persons' CNS, Frailty Lead | Arlita Daio | 870 |
| Frailty CNS | Kelly Toy | 412 |
| Frailty CNS | Lalaine Cautivar | 412 |
| Osteoporosis CNS | | |
| Parkinson's Disease CNS | Drinda Harrington | 938 |
| Stroke and TIA CNS | Tari Shanganya | 182 |

| Ward Managers | |
|---|---|
| Spruce Ward | Sara |
| Linden Ward | Laura Wickes |
| Ebony Ward | TBC |
| Maple Ward | Suzanne Law |

Consultant and secretarial offices are located on the 4th floor.

**Departmental meetings/teaching schedule (PFEC = Philip Farrant Education Centre)**

| | | |
|---|---|---|
| Monday | 1pm - 2pm | Departmental teaching (mostly PFEC) |
| Tuesday | 1pm – 2pm | CMT teaching (PFEC) |
| Tuesday | 1pm – 3pm | F2 teaching (PFEC) |
| Tuesday | 1215pm – 1pm | Spruce ward MDM |
| Wednesday | 1pm – 3pm | F1 teaching (PFEC) |

| | | |
|---|---|---|
| Wednesday | 2pm – 3.30pm | Ebony (Stroke) MDM |
| Wednesday | 2pm – 4pm | GP teaching (rotational) |
| Thursday | 2pm – 3pm | Neuroradiology meeting (X-ray dept.) |
| Thursday | 12.30pm - 2pm | Grand Round (PFEC) |
| Thursday | 2pm – 3.30pm | Maple ward MDM |

PACES teaching will be held twice monthly – notification by email from the Education Centre

There is a rota for presentations at the CME meeting: all juniors will be allocated a date to present. Presentation at this meeting is mandatory. You will be provided with this rota at local induction or shortly afterwards. If you cannot present on the allocated date you must swap with a colleague. You are welcome to swap your date to present with a colleague. If you have an alternative topic on which you would like to present (and which is pertinent to geriatric medicine) then please discuss with your consultant. Regular clinical governance meetings are also held in this time slot.

**Audit and Education**

Every non-consultant grade doctor (whether in training or not in training) will be allocated a clinical and educational supervisor when they begin their post. In line with the various curricula, it is your responsibility to organise a time and date for the necessary meetings with your supervisor. During the four-month attachment some juniors will rotate within the department after two months and therefore the clinical supervisor will change. Those individuals will therefore have two clinical supervisors who will correspond with each other when completing any clinical supervisor report.

Each junior is expected to start and complete an audit project during their Ageing and Health attachment. A project might be shared between two or more juniors if there is a lot of work involved. Please discuss topics with your supervisor. The department participates in several national audits which you are welcome to assist us with – please ask!

There are regular (monthly) medical audit meetings at which you are encouraged to present. We also hold regular clinical governance meetings (in one of the CME Monday lunchtime slots) at which all staff are expected to attend.

# WARDS AND CLINICS

**Ebony Ward**

Ebony is the Acute Stroke Unit at DVH. Patients are shared between **Dr Aghoram, Dr Ashraf, Dr Rahman, and Dr Sanmuganathan.** New patients to the ward are seen every weekday morning by a consultant. There is a multidisciplinary board round at 9am every weekday morning. The consultants partake in a shared 24/7 thrombolysis rota across North West Kent.

DVH is a thrombolysis centre and juniors will have the opportunity to manage patients on the ward following administration of fibrinolytics. Day-to-day work involves working closely with the large multidisciplinary team during rehabilitation, investigation of the aetiology of the stroke/TIA, optimising risk factors for future stroke and managing post-stroke medical complications. *There is a separate, more detailed induction document which you will be given when starting on Ebony.*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| **AM** | **Dr Ashraf**<br>**Dr Sanmuganathan**<br>**Dr Rastegar** | **Dr Aghoram**<br>**Dr Rahman** | **Various** | **Dr Ashraf**<br>**Dr Sanmuganathan** | **Dr Aghoram**<br>**Dr Rahman** |

Multidisciplinary team meeting: Wednesday 2pm

**Linden Ward (x8683)**

This is an acute admissions ward specialising in the treatment of frail older medical admissions. Most of these patients will have been assessed the frailty nurses and have been identified as patients who would benefit from a comprehensive geriatric assessment. Patients are shared between **Dr Toth** and **Dr Urruela**. Board round is at 9am every morning. There is daily consultant review of patients who are new to the ward.

This ward was established to respond to the more acute medical needs of older patients which are often substantially different from those of younger patients. Many older patients are admitted with acute or sub-acute medical illness, which often presents in a non-specific manner, and may be accompanied by cognitive or functional deterioration.

Many older patients have multiple co-morbidities, polypharmacy and complex social care needs. These complex older patients have been shown to have a more favourable outcome when managed with a "Comprehensive Geriatric Assessment" methodology compared to a general medical ward. *Linden ward's 'buddy' surgical ward is Cherry.*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| **AM** | **Dr Toth / Dr Urruela** | **Dr Urruela** | **Dr Toth** | | **Dr Uruella** |
| **PM** | | | | | **Dr Toth** |

**Spruce Ward (x 8676)**

Spruce is a general and acute ward for older people. Patients are looked after by **Dr Gill** and **Dr Shukla**. The ward manager is **Sara.** There is a particular focus on management and support of patients with dementia, along with common syndromes in older people such as falls, delirium, frailty and functional decline. The range of acute medical problems is broad, and the interaction of these with the underlying cognitive, functional and frailty state of the older person makes their day-to-day management challenging yet rewarding. Spruce ward does not have a 'buddy' ward.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| **AM** | **Dr Gill / Dr Shukla** WR & New | **Dr Gill WR** New | **Dr Shukla WR** New | **Dr Gill** | **Dr Shukla WR** |

Multidisciplinary team meetings: Board round daily Mon-Fri 9am-9.30am; MDM Tuesday 12.15-13.30.

**Maple Ward (8684)**

Maple is the trauma and orthopaedics ward at DVH. The majority of patients here are frail older people, most commonly following hip fracture. Following surgery, **Dr Weekes** looks after those patients with post-operative complications (e.g. delirium, infection, difficult discharge decisions and ethical issues). Medical support is also given to the orthopaedic teams in managing non hip-fracture patients. The focus is, in addition, on falls prevention and bone health assessment. The ward is supported by a dedicated Trauma Nurse for Older People (Michelle Yeadon). New hip fractures are seen daily by ST3+ or consultant (see timetable below) – not all will require orthogeriatric care.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| **AM** | **Dr Weekes** WR & New hips | **Dr Weekes** New hips | | **Dr Weekes** WR & New hips | |
| **PM** | | | | | **Dr Weekes** New hips |

Multidisciplinary team meeting: Thurs 2pm

**Evergreen Unit, Outpatient Clinics and Tilt-table testing**

The majority of Ageing and Health clinics are held in Evergreen including falls, daily review of 'high-score' TIAs, stroke prevention, Parkinson's disease and Urgent Access

Clinic (UAC). Juniors are encouraged to attend as often as possible when workload on the ward allows. Other clinics are held in main outpatients adjacent to Evergreen.

In addition the unit performs intravenous infusions of drugs such as zoledronate, Ferinject and infliximab. Evergreen provides semi-elective transfusion services to other specialties. There is physiotherapy and occupational therapy support in the multidisciplinary assessment of older people. Tilt-table testing is carried out twice weekly in the Heart Centre by Dr Toth and Dr Gill On Tuesday and Thursday afternoons. Juniors are welcome to attend.

**Evergreen Clinic timetable**

| | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **AM** | **Parkinson's Nurse**<br><br>**TIA**<br>Dr Aghoram<br><br>**Stroke Clinic**<br>Dr Rahman | **Parkinson's**<br>Dr Toth<br><br>**TIA**<br>Dr Ashraf | **TIA**<br>CNS Tari<br><br>**Osteoporosis Nurse** | **General**<br>Dr Aghoram<br><br>**Parkinson's Nurse**<br><br>**TIA**<br>Dr Toth/<br>Dr Rahman | **Parkinson's Nurse**<br><br>**General**<br>Dr Toth<br><br>**TIA**<br>Dr Ashraf |
| **PM** | **UAC**<br>Dr Shukla<br><br>**Stroke**<br>Dr Aghoram | **General**<br>Dr Ashraf | **UAC**<br>Dr Weekes<br><br>**General**<br>Dr Shukla | **UAC**<br>Dr Gill | **Parkinson's**<br>Dr Shukla |

***Urgent Access Clinics (UAC)*** *occur most afternoons and* ***urgent ('high score') TIA clinics*** *every morning in Evergreen.*

**Main Outpatients Clinics / Tilt testing / Acute Frailty timetable**

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| **AM** | | | **Falls & Bone Health**<br>Dr Gill<br>**Acute Frailty**<br>Dr Weekes | **Acute Frailty**<br>Dr Shukla | **General**<br>Dr Weekes |
| **PM** | **General**<br>*Dr Kelleher (QM)*<br>**General**<br>Dr Gill<br>**Acute Frailty**<br>SpR | **Tilt Testing**<br>Dr Gill | **Acute Frailty**<br>SpR | **Tilt Testing**<br>Dr Toth | **Acute Frailty**<br>SpR |

# PHARMACY SERVICE

## (Within Department of Ageing and Health)

**Ward Pharmacists**

Ward pharmacists are responsible for ensuring that medicines are prescribed, supplied, stored, prepared and administered correctly.

- Clinically screen charts for interactions, appropriate therapy and dosage
- Provide prescribing advice and guidance to the medical team
- Assistance with EDN medication and validate EDNs
- Check the choice of antimicrobial, route and duration, ensuring compliance with Trust guidelines.
- Monitor blood results and give clinical advice on medication accordingly
- Provide help, advice and reminder charts to patients
- Counsel patients on newly prescribed medicines
- Carry out medicine reconciliation as soon as possible after admission
- Provide advice on switching formulations if a patient is NBM or has difficulty in swallowing
- The team should aim to get EDNs written in advance as patients will generally have well planned discharges due to care packages and input from MDT.

**Evergreen**

In Evergreen, pharmacists support the specialist osteoporosis service by validating prescriptions for zoledronic acid and denosumab, and advising nursing staff on administration of infusion therapy.

To contact the pharmacy team during working hours please bleep 450

**Pharmacy Technicians**

Pharmacy technicians undertake drug histories (from 2 sources) and document it on the drug chart. They highlight any high risk medications or any discrepancies between the inpatient chart and the drug history to the ward pharmacist.

Technicians are also able to provide counselling to patients on their medications, they liaise with Community Pharmacies, G.P Surgeries and nursing/residential homes at admission and discharge to ensure continuity of care for the patient.

**Medicine Information (MI) Department**

MI pharmacists are available to provide up to date information and advice on any aspects of drugs and their use, supported by a wide range of information facilities. The MI extension number is 8525.

**Pharmacy Opening times and out of hours Service:**

Opening hours:

| | |
|---|---|
| Monday to Friday: | 9am – 5.30pm |
| Saturday: | 10am - 1pm |
| Sunday: | 11am - 1pm |
| Bank Holidays: | 10am - 1pm |

There is an out-of-hours service: a pharmacist will be able to provide advice and emergency supply 24 hours a day. Contact switchboard and ask for the 'out of hours pharmacist'.

**An awareness of the following Trust medication policies will assist you during your time in the Department of Ageing and Health** (All available on ADAGIO):

- Antibiotic Guidelines (Antibiotics of Choice)
- Parenteral Iron Therapy Administration of Ferric Carboxymaltose (Ferinject®) for Total Dose Infusion
- Medicines Policy

- Heparin Intravenous Infusion Guidelines – Monitoring and Dose Adjustment
- Patients on Warfarin and Other Coumarin Anticoagulants Management Guidelines
- Suspected Anticoagulant Associated Intracerebral Haemorrhage in the A&E Department Management (Stroke Services)
- Antiplatelet Therapy for Acute Stroke Admit all Stroke Patients To Stroke Unit
- Warfarin Associated Intracerebral Haemorrhage Pathway Management in Accident and Emergency (A&E)
- Appropriate Prescribing of New Oral Anticoagulants and Management of Haemorrhage and Surgical Patients Protocol
- Delirium Management Guidelines
- Parkinson's Acute Management Guidelines
- Stroke Services - Alteplase Chart
- Critical medicines - where timeliness of administration is crucial
- NPSA Compliance with Safer Prescribing of Oral Methotrexate Policy
- Drug Administration Guidelines for the Treatment of Acute Hyperkalaemia in Adults

# GENERAL GUIDANCE

**Electronic Discharge Notification (EDN)**

This is a crucial document and it is expected that the content will accurately reflect events during the patient stay. For example, for a patient being discharged after a month in hospital, "Pneumonia, treated with antibiotics" would be an unacceptably brief narrative. We suggest that the EDN is updated regularly during the patient's stay to facilitate good documentation in line with best practice. Remember that the patient's general practitioner will have the EDN as the sole source of information about the patient's stay (and will also use it to judge the quality of care we are providing their patient!)

Where discharge is predictable, EDNs need to be completed *the day before* discharge to enable medications to be organised on time.

**Consultant cover**

On Spruce, Ebony and Linden, consultant cover is provided by the partner consultant on that ward. For example, if Dr Shukla is on annual leave, his patients will be covered by Dr Gill.

On Maple, cover is arranged as and when required.

We have found this to be a robust system. Needless to say *all of our consultants* are available to help if you encounter any difficulties. Please come and find us in Evergreen in the consultant office on the 4th floor. *Do not hesitate* to call us on our mobile phones if you need help.

**Out of hours**

After 5pm on weekdays and throughout the weekends, the Ageing and Health wards are covered by the medical ward-cover doctors. Incomplete tasks should be handed over to the ward cover doctor at the end of the day. There is now a computerised system (using Patient Centre) for making handovers of patients to be reviewed at the weekend.

**Annual leave**

Annual leave needs to be sanctioned by two people in order to be approved:

1. Your supervising consultant on the ward
2. The junior doctor rota manager within the medical directorate (currently Emmanuel Muzoora)

**Please liaise with colleagues on your ward when considering when to take annual leave.** Common sense prevails and obviously leave cannot be allowed if resulting staffing levels fall below that which is safe for patient care.

**Study Leave**

Study leave forms need to be signed by:

1. Your educational supervisor
2. Your supervising consultant
3. Junior Doctor Rota Manager

They will then be passed on to the Medical Education Department.

**Absence reporting**

In the event of sick leave, it is essential that you inform the following:

1. Your ward or clinical area (i.e. call the ward or let a member of your team know).
2. Your supervising consultant's secretary (see numbers above)
3. Adult Medicine Rota Manager: Emmanuel (x8386 or 01322 428386). You must also follow up this phone conversation with an email to Emmanuel detailing when you think you will be able to return to work.

The Trust's "Sickness Absence Policy" is available on Adagio.

**Multidisciplinary approach**

Whilst it is tempting to think that the doctor is in charge of the care of the older patient, the complex nature of managing many unwell older people means that a 'whole-person' approach is needed. Hence the opinions and skills of ward nursing staff, nursing assistants, clinical nurse specialists, physiotherapists, occupational therapists, dieticians, pharmacists, speech & language therapists and ward volunteers are crucial in ensuring a good outcome for our patients. Hence we encourage you to become knowledgeable about their work, and seek advice when you are unsure about the next step in a patient's management

**Department ethos**

We pride ourselves on being an approachable, supportive and friendly team. If you have any problems at work we want to hear about them. In addition if you have ideas about how we might improve the way we do things then we are all ears!

**Bullying, undermining and harassment**

This organisation is responsible for ensuring that we provide supportive working environments free from bullying and harassment. The trust has an information booklet, available on Adagio at http://www.dvh.nhs.uk/adagio/directorates-and-departments/human-resources/harassment-and-bullying/

Health Education KSS (HEKSS) has informative guidance on bullying and harassment available online at http://kss.hee.nhs.uk/education-and-training/trainee-support/trainees/buh-guidance/

**Useful tests**

The following pages contain templates for tests which you may be asked to perform on patients.

# MINI-MENTAL STATE EXAMINATION (MMSE)

**ORIENTATION**

**Score**

5 _____ What is the (year) (season) (date) (day) (month)?

5 _____ Where are we (country) (town or city) (borough) (hospital) (floor or ward)?

**REGISTRATION**

3 _____ Name 3 common objects (eg, "apple," "table," "penny").

Take 1 second to say each. Then ask the patient to repeat all 3. Give 1 point for each correct answer.

Then repeat them until he/she learns all 3. Count trials and record. Trials: _____

**ATTENTION AND CALCULATION**

5 _____ Ask the patient to begin with 100 and count backwards by 7. Stop after 5 subtractions (93, 86, 79, 72, 65).

Alternatively, spell "WORLD" backwards.
The score is the number of letters in correct order (D_____ L_____ R_____ O_____W_____).

**RECALL**

3 _____ Ask for the 3 common objects named during registration above. Give 1 point for each correct answer. [Note: recall cannot be tested if all 3 objects were not remembered during registration.]

**LANGUAGE**

2 _____ Name a "pencil" and "watch." (2 points)

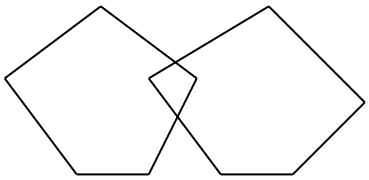
1 _____ Repeat the following: "No ifs, ands, or buts." (1 point)

3 _____ Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (3 points)

1 _____ Read and obey the following: CLOSE YOUR EYES (1 point)

1 _____ Write a sentence in the space below. (1 point)

1 _____ Copy the following design: (1 point)



**Total Score Score /30**

# MONTREAL COGNITIVE ASSESSMENT (MOCA)

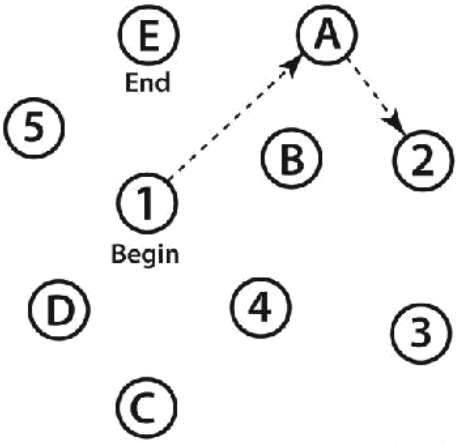
Version 7.1 Original Version

NAME :

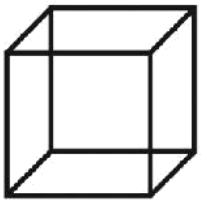
Education : Date of birth :

Sex : DATE :

## VISUOSPATIAL / EXECUTIVE




[ ]



Copy cube

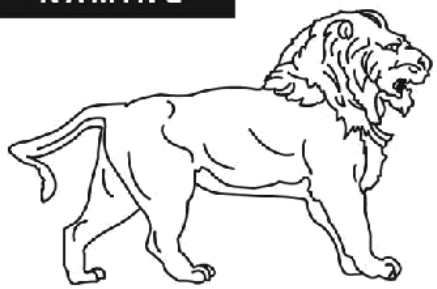
[ ]

Draw CLOCK (Ten past eleven)
( 3 points )

[ ] Contour [ ] Numbers [ ] Hands

POINTS ___/5

## NAMING



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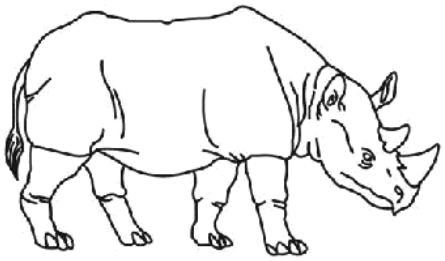

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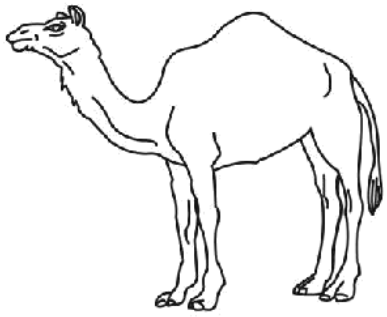

[ ]

___/3

## MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

| | FACE | VELVET | CHURCH | DAISY | RED |
|---|---|---|---|---|---|
| 1st trial | | | | | |
| 2nd trial | | | | | |

No points

## ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

___/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

___/3

## LANGUAGE

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

___/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)

___/1

## ABSTRACTION

Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler

___/2

## DELAYED RECALL

| | Has to recall words WITH NO CUE | FACE [ ] | VELVET [ ] | CHURCH [ ] | DAISY [ ] | RED [ ] | Points for UNCUED recall only |
|---|---|---|---|---|---|---|---|
| **Optional** | Category cue | | | | | | |
| | Multiple choice cue | | | | | | |

___/5

## ORIENTATION

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

___/6



www.mocatest.org

Normal ≥ 26 / 30

TOTAL ___/30

Add 1 point if ≤ 12 yr edu

Administered by: _____

## ABBREVIATED MENTAL TEST SCORE (AMT)

| | |
|---|---|
| 1. | Age |
| 2. | Time (to nearest hour) |
| 3. | Address for recall at end of test: e.g. 42 West Street. (Ask patient to repeat the address to ensure it has been heard correctly) |
| 4. | Year |
| 5. | Name of hospital |
| 6. | Recognition of two persons (e.g. doctor, nurse) |
| 7. | Date of birth |
| 8. | Year of start of first world war (or any famous event) |
| 9. | Name of monarch |
| 10. | Count backwards from 20 to 1 |

Each point scores one

## 4AT TEST FOR DELIRIUM

**Delirium Assessment - 4AT**

| **1. ALERTNESS** | |
|---|---|
| Normal (fully alert, not agitated throughout assessment) | **0** |
| Mild sleepiness for < 10s after interaction, then normal | **0** |
| Clearly abnormal | **4** |
| **2. AMT4** (AGE - DOB - PLACE - YEAR) | |
| No mistakes | **0** |
| One mistake | **1** |
| ≥ 2 mistakes / untestable | **2** |
| **3. ATTENTION** (months of the year in backwards order) | |
| Achieves 7 months or more correctly | **0** |
| Starts but scores < 7 months | **1** |
| Untestable | **2** |
| **4. ACUTE CHANGE OR FLUCTUATING COURSE** (Significant change or fluctuation in alertness or cognition arising over the last 2 weeks & still evident in last 24hrs) | |
| No | **0** |
| Yes | **4** |

**TOTAL SCORE**

**4 OR ABOVE**: Possible delirium +/- cognitive impairment

**1 – 3**: Possible cognitive impairment

**If 4AT abnormal:**

perform AMT on discharge, record score, and complete FAIR section on EDN

# GERIATRIC DEPRESSION SCALE (GDS)

| | | |
|---|---|---|
| 1 | Are you basically satisfied with your life? | Yes/**No** |
| 2 | Have you dropped many of your activities or interests? | **Yes**/No |
| 3 | Do you feel that your life is empty? | **Yes**/No |
| 4 | Do you often feel bored? | **Yes**/No |
| 5 | Are you in good spirits most of the time? | Yes/**No** |
| 6 | Are you afraid that something bad is going to happen to you? | **Yes**/No |
| 7 | Do you feel happy most of the time? | Yes/**No** |
| 8 | Do you often feel helpless? | Yes/**No** |
| 9 | Do you prefer to stay at home, rather than going out and doing new things? | **Yes/**No |
| 10 | Do you feel you have more problems with your memory than most? | **Yes/**No |
| 11 | Do you think it is wonderful to be alive now? | Yes/**No** |
| 12 | Do you feel pretty well worthless the way you are now? | **Yes/**No |
| 13 | Do you feel full of energy? | Yes/**No** |
| 14 | Do you feel your situation is hopeless? | **Yes**/No |
| 15 | Do you think that most people are better off than you are? | **Yes/**No |
| > 5 problems indicates probable depression | | **TOTAL** |

1. The GDS short form (15 questions) has been derived from the 30 question version. It has been designed for the assessment of depressive symptomatology in older people and excludes any questions relating to the physical symptoms of depression common in old age.

2. The GDS is a screening device and should not be used as a diagnostic tool. It can be used to monitor the patient's emotional state in relation to treatment or change in physical health. The questionnaire can guide further clinical interviews and when used this way has been found very acceptable to patients.

3. **The questions are read out** and the patient is asked how they have felt over the past week using a Yes/No response format. No further explanation or interpretation should be given to the questions.

4. Each answer indicating depression counts one point. Scores greater than 5 are indicative of probable depression.