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Navigating Depression in Older Adults

1. Which symptom is NOT commonly associated with depression in older adults?

- A. Persistent sadness
- B. Decreased appetite
- C. Enhanced cognitive function
- D. Difficulty concentrating

2. Which factor is most likely to increase the risk of depression in seniors?

- A. Frequent physical activity
- B. Life transitions such as relocation
- C. Strong social support networks
- D. Participation in community events

3. Which form of depression is characterized by improved mood in response to positive events?

- A. Major depressive disorder
- B. Atypical depression
- C. Persistent depressive disorder
- D. Seasonal affective disorder

4. When considering medication for depression in older adults, which approach is NOT recommended?

- A. Monitoring for potential side effects
- B. Ignoring other health conditions
- C. Regularly reviewing the medication efficacy
- D. Collaborating with healthcare providers

5. Which non-medical intervention might benefit a resident who struggles with depression due to social isolation?

- A. Medication adjustment
- B. Deep breathing exercises
- C. Art therapy
- D. Increasing caloric intake

6. When recognizing signs of depression in older adults, why is active listening crucial for staff?

- A. It allows staff to document every spoken word of the resident.
- B. It ensures that staff feel included in the resident's daily routine.
- C. It helps staff accurately gauge residents' emotional states and build trust.
- D. It provides a platform for staff to offer personal anecdotes.

7. Which factor is crucial to consider when choosing appropriate medication for depression in older adults?

- A. The medication's packaging and label aesthetics.
- B. The potential side effects and interactions of the medication.
- C. The preferred brand of medication by other residents.
- D. The color of the medication tablets or capsules.

8. What is a common barrier to depression treatment among older adults from diverse cultural backgrounds?

- A. A universal understanding of mental health across all cultures.
- B. The consistency in the expression of mental health symptoms across cultures.
- C. Cultural stigma associated with mental health issues in some communities.
- D. The widespread accessibility of language services for mental health discussions.

9. How do theme-based activity programs benefit residents with depression?

- A. They highlight the differences among residents.
- B. They require minimal interaction, focusing on solitary activities.
- C. They foster excitement, social interaction, and cultural appreciation.
- D. They restrict residents' choices to a single type of activity each day.

10. In the case study of Mrs. Marjorie Smith, what was the key factor that led to her gradual recovery from depression?

- A. The consistent use of pharmacological interventions alongside therapy.
- B. The proactive physical rehabilitation plan preventing any social interactions.
- C. The supportive environment that emphasized social connections and allowed limited autonomy.
- D. The exclusive focus on her physical health without attention to mental well-being.

11. What key symptoms might indicate depression in older adults, as observed in Mr. Jacobson's case?

- A. Enthusiasm for social activities
- B. Improved sleep patterns

- C. Withdrawal from social activities
- D. Increased motivation

12. Which of the following factors could increase the risk of depression in seniors like Mr. Jacobson?

- A. Regular participation in group activities
- B. Physical limitations and cognitive changes
- C. Having a supportive social network
- D. Consistent engagement with hobbies

13. In managing depression among older adults, when might the use of medication be most appropriate as seen in the case of Mr. Jacobson?

- A. When lifestyle modifications are ineffective
- B. When medications interact negatively with other treatments
- C. When emotional support alone improves all symptoms
- D. When non-medical interventions are sufficient

14. What aspects of Sarah's wellness programs for residents could effectively alleviate depression symptoms?

- A. Rigid schedules for activities
- B. Limited exercise options
- C. Social engagement and mindfulness
- D. Isolated activities without interaction

15. What essential role does a pharmacist play in preventing medication-induced depression, as illustrated by Mr. Thomas's situation?

- A. Prescribing new medications without consultation
- B. Ignoring potential drug interactions
- C. Monitoring side effects and advising on alternatives
- D. Discontinuing medications abruptly

16. What symptom combination is most indicative of depression in older adults with dementia, often leading to it being overlooked, as seen in Martha's case study?

- A. Memory loss and disorientation
- B. Irritability and increased social engagement
- C. Withdrawal from social interactions and decreased interest in activities
- D. Increased appetite and improved sleep quality

17. Which factor could potentially increase the risk of depression among seniors during the winter months, as demonstrated in the SAD case study?

- A. Increased physical activity
- B. Decreased sunlight exposure and social withdrawal
- C. Abundance of social gatherings
- D. Improved connections with family members

18. In the context of evaluating depression treatment in older adults, what should a nursing home prioritize to ensure the effective use of medications?

- A. Focusing solely on medication adherence
- B. Monitoring potential side effects and drug interactions
- C. Increasing the dosage of all medications
- D. Discontinuing all medications for anxiety

19. Which non-medical intervention was utilized to address Seasonal Affective Disorder in the nursing home residents and shows effectiveness by improving mood and engagement?

- A. Increased exposure to artificially heated environments
- B. Use of light therapy boxes
- C. Complete isolation from external stimuli
- D. Excessive caffeine intake

20. What strategy should an interdisciplinary team use to effectively integrate depression care into a resident's overall care plan, as suggested in the QAPI program?

- A. Relying solely on physician recommendations without team input
- B. Implementing data-driven decision-making from various sources
- C. Focusing exclusively on resident autonomy with no data consideration
- D. Ignoring feedback from nursing staff

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