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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

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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

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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

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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

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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

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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.

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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.

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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.

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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.

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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.

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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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