Cornell Scale for Depression in Dementia

The scale is designed as a screening tool and is not diagnostic

2 steps:

1. The clinician interviews the resident's caregiver on each of the 19 items of the scale. The caregiver is instructed to base his / her report on observations of the resident's behaviour during the week prior to the interview
2. The clinician briefly interviews the resident

Total time of administration = approximately 30 minutes

For use with moderate to severely impaired elders with dementia

The scale is valuable to demonstrate effectiveness of interventions, especially antidepressant treatment, when it is completed before the intervention and several weeks after.

Scoring:

1. Each question is scored on a two-point scale: 0 = absent; 1 = mild or intermittent; 2 = severe; n / a = unable to evaluate

2. The caregiver is asked to describe the resident's behaviour observed during the week prior to the interview. Two items, "loss of interest" and "lack of energy" require both a disturbance occurring during the week prior to the interview and relatively acute changes in these areas occurring over less than one month. In these 2 items, the caregiver is instructed to report on the resident's behaviour during the week prior to interview, then give the history of the onset of changes in these 2 areas that may have taken place at an earlier item.

3. The item "suicide" is rated with a score of "1" if the resident has passive suicidal ideation, e.g. feels life is not worth living. A score of "2" is given to subjects who have active suicidal wishes, or have made a recent suicide attempt. History of a suicide attempt in a subject with no passive or active suicidal ideation does not in itself justify a score.

4. If there is a disagreement between the clinician's impression and the caregiver's report, the caregiver is interviewed again in order to clarify the source of discrepancy.

5. Older persons often have disabilities or medical illnesses with symptoms and signs similar to those of depression. Scoring of the Cornell scale on items as "multiple physical complaints", "appetite loss", "weight loss", "lack of energy", and possibly others may be confounded by disability or physical disorder.

   To minimize assignment of falsely high Cornell scale scores in disabled or medically ill residents, raters are instructed to assign a score of "0" for symptoms and signs associated with these conditions. In many cases, the relationship between symptomatology and physical disability or illness is obvious. In some residents, this determination cannot be made reliably.

Screening Tool: Cornell Scale for Depression in Dementia (CSDD)

Scoring System: a = unable to evaluate
0 = absent
1 = mild or intermittent
2 = severe

Ratings should be based on symptoms and signs occurring during the week prior to interview. No score should be given if symptoms result from physical disability or illness.

A. Mood-Related Signs

1. Anxiety anxious expression, ruminations, worrying	a	0	1	2
2. Sadness sad expression, sad voice, tearfulness	a	0	1	2
3. Lack of reactivity to pleasant events	a	0	1	2
4. Irritability easily annoyed, short-tempered	a	0	1	2

B. Behavioral Disturbance

1. Agitation restlessness, handwringing, hairpulling	a	0	1	2
2. Retardation slow movements, slow speech, slow reactions	a	0	1	2
3. Multiple physical complaints (score 0 if GI symptoms only)	a	0	1	2
4. Loss of interest less involved in usual activities (score only if change occurred acutely, i.e., in less than 1 month)	a	0	1	2

C. Physical Signs

1. Appetite loss eating less than usual	a	0	1	2
2. Weight loss score 2 if greater than 5 lb. in one month	a	0	1	2
3. Lack of energy fatigues easily, unable to sustain activities (score only if change occurred acutely, i.e., in less than 1 month)	a	0	1	2

continued on reverse

D. Cyclic Functions

1. Diurnal variation of mood symptoms worse in the morning	a	0	1	2
2. Difficulty falling asleep later than usual for this individual	a	0	1	2
3. Multiple awakenings during sleep	a	0	1	2
4. Early-morning awakening earlier than usual for this individual	a	0	1	2

E. Ideational Disturbance

1. Suicide feels life is not worth living, has suicidal wishes or makes suicide attempt	a	0	1	2
2. Poor self-esteem self-blame, self-deprecation, feelings of failure	a	0	1	2
3. Pessimism anticipation of the worst	a	0	1	2
4. Mood-congruent delusions delusions of poverty, illness or loss	a	0	1	2

Scoring:

A score >10 probably major depressive episode
A score >18 definite major depressive episode

How to obtain permission to use the Cornell Scale for Depression in Dementia:

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