

Cohort study

Hopelessness during acute hospitalisation is a strong predictor of mortality

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Commentary on: Reichardt LA, Nederveen FE, van Seben R, *et al.* Hopelessness and other depressive symptoms in adults 70 years and older as predictors of all-cause mortality within 3 months after acute hospitalisation: the Hospital-ADL Study. *Psychosom Med* 2019;81:477–85.

Implications for practice and research

- ▶ Being aware of the importance of mental health in acute hospitalisation can be life-saving.
- ▶ In further research data of psychiatric/psychological interventions during the patients hospital stay as well as the cause of death after discharge are necessary to find out more about the relationship between feeling hopeless and mortality.

Context

Late-life depression (LLD) is a very common mental health disorder in elderly people (after age 60) all over the world.

Increased morbidity and mortality as well as a higher risk for dementia, coronary heart disease or suicide are associated with LLD.¹

Anhedonia and a depressed mood through most of the day¹ as well as feeling hopeless² are major symptoms of this disease. If diagnosed in an early stage, LLD is treatable. In this case, about 70% of the patients recover from a depressive episode, which can be life-saving.¹

Methods

The objective of this study³ was to examine the prevalence of depressive symptoms during acute hospitalisation, and further investigate predictors for mortality among older patients. The researchers conducted a prospective multicenter cohort study (n=401 patients) in six hospitals in the Netherlands. The Dutch version of the Geriatric Depression Scale 15 was used for measuring depressive symptoms, and potential confounders (eg, demographic data, Mini-Mental State Examination, body mass index, Short Nutritional Assessment Questionnaire, Fatigue and pain by Numeric Rating Scale, Pittsburgh Sleep Quality Index and Charlson Comorbidity Index) were selected. Mortality (from hospital admission up to 3 months postdischarge) was defined as main outcome variable, whereby the cause of death was not documented. Descriptive statistics (for baseline characteristics and prevalence of depressive symptoms), univariate analyses (for the predictor(s) of total mortality), multiple regression analysis (to identify which depression item represents the best model for predicting mortality) and Cox proportional hazards models (to assess the effect of confounding factors) were performed.

Findings

The researchers evaluated the data of 398 hospitalised patients in acute care services with a mean age of 79.6 (±6.6) years. About half of the participants were male (51%). Thirty-seven patients were deceased within 3 months after hospital

discharge. When patients felt feelings of hopelessness about their situation at admission and discharge they suffered significantly more often from depressive symptoms. Compared with patients who did not feel hopeless, these patients were also more often malnourished and suffered at baseline from a higher level of medical comorbidities. The feeling of hopelessness regarding their situation at admission and at discharge was a significant predictor of mortality.

Commentary

This study found, that besides other depressive symptoms hopelessness is a very important predictor of all-cause mortality in older people. Nurses should be aware of this phenomenon and intervene when they perceive changes in mental health of a patient. The Advanced Nursing Process could provide assistance to set a high quality standard in nursing practice. Valid nursing assessments and nursing classifications based on evidence should be used in the care of hospitalised patients with poor mental health.

If a patient feels hopeless at admission, the NANDA-International nursing diagnosis Hopelessness (00124) could be applied. This nursing diagnosis is defined as 'subjective state in which an individual sees limited or no alternatives or personal choices and is unable to mobilise energy on own behalf. The defining characteristics which refer to this diagnosis are, among others, decrease in affect and in response to stimuli as well as passivity.⁴

The Nursing Interventions Classification suggests Hope Inspiration (5310) as an appropriate nursing intervention. This intervention includes activities like assisting the patient to identify areas of hope in life, to involve patients actively in their own care or to expand the patient's repertoire of coping mechanisms.⁵ To verify the effectiveness of the interventions, the nursing outcome Hope (1201) of the Nursing Outcome Classification could be considered. This outcome focuses on indicators such as the ability of the patient to express reasons to live and the will to live, or expressing optimism and should be evaluated repeatedly on a five point Likert scale.⁶

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.



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