Overview of the BASDEC

Brief Assessment Schedule Depression Cards (BASDEC)
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Best Practice Update in Stroke and Complex Neurological Conditions
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BASDEC

• Brief Assessment Schedule Depression Cards
• Screening tool to help health care providers identify if a client is at risk of depression
• Comprised of 19 statement cards and a "TRUE" and a "FALSE" card
• Takes approximately 2-8 minutes to administer
Picture of BASDEC cards

BASDEC®
Brief Assessment Schedule Depression Cards
INSTRUCTIONS FOR USE

The BASDEC system is designed to provide a simple method by which the clinician may identify the presence of an underlying depressive disorder.

1. Remove TRUE and FALSE cards from pack.
2. Arrange cards from "1" to "19".
3. Hand the cards, one by one, to the patient.
4. Ask the patient to place the cards in one of two piles: ‘TRUE’ or ‘FALSE’.
5. Any cards which cause confusion or doubt should be placed in a ‘DON’T KNOW’ pile (these may form a useful focal point for discussion).

Each ‘TRUE’ card has a value of ONE POINT.
Each ‘DON’T KNOW’ card has a value of HALF A POINT.
The cards in the ‘FALSE’ pile do not score.

The exceptions to this are the cards
- "I’ve given up hope" (9)"
- "I’ve seriously considered suicide" (7)
which have values of TWO points if ‘TRUE’ and ONE point if ‘DON’T KNOW’.

A patient scoring a total of SEVEN or more points may well be suffering from a depressive disorder.

BASDEC “Novel, highly acceptable and sufficiently valid, BASDEC deserves to be tried wherever a high prevalence of depression among the elderly is expected.”

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Example of first 3 BASDEC statement cards

1. I feel worst at the beginning of the day
2. I’ve felt very low lately
3. I feel anxious most of the time
BASDEC Administration

- Seek informed consent.
- Quiet, non-distracting environment.
- Place the “TRUE” and “FALSE” cards on the table in front of the client and show them to the client.
- Hand one card at a time to the client.
- Ask them to think about the statement on each card and place it in the “TRUE” or “FALSE” pile depending on their feelings about each statement.
BASDEC Administration

- You may wish to read each statement out loud to the client depending on their eyesight/reading ability.
- Try to keep the “TRUE” and “FALSE” cards visible as the client places the statement cards on top.
- It’s OK to make an “I don’t know” pile in the middle if needed.
Scoring the BASDEC

- Each card in the “TRUE” pile is worth one point, except for “I have seriously considered suicide” and “I have given up hope” which are worth 2 points if answered “TRUE” and 1 point if answered “I Don’t Know”.
- Cards placed in an “I don’t know” pile earn half a point.
- Cards in the “False” pile are worth zero.
Scoring the BASDEC

- Add up all points.
- The cut-off score is 7 points.
- If the client scores 6 or less, they are not considered being at risk for depression at this time.
- If the client scores 7 or higher, they are considered as being at risk for depression.
Benefits of administering the BASDEC

• The BASDEC has been shown to be reliable and appropriate for the nature of stroke.

• You can accommodate for hemispheric neglect by placing both the “TRUE” and “FALSE” piles in one half of the client’s visual field.

• The BASDEC can be used by any member of the team who has established a trust relationship with the client.
Limitations of the BASDEC

• The BASDEC is simply a screening tool and is not intended to be diagnostic.
• Clients with severe perseveration may tend to place all the cards in one pile and you will need to help them clarify whether they intended to use the “TRUE” or “FALSE” pile.
• Some clients with significant receptive language impairments cannot use this verbal/print based tool and you will need to use a care-giver based screening tool instead as well as clinical observation.
BASDEC follow-up

• Make sure you have given yourself enough time to provide emotional support if the client has a high score or places a particularly sensitive statement in the “TRUE” pile.

• Know who your “go-to” person is if a client tells you about suicidal thoughts or plans.

• Make appropriate referral if your client is at risk of depression.
Depression in Clients with Stroke

- Depression has been shown to impair ADLs, cognition, mobility and language which are the very things we as health care providers are trying to help restore independence in.
- Depression following stroke lasts for an average of 9-12 months and can last up to 3 years, so it spans the continuum of care in which you work.
- 30-50% of stroke survivors experience post-stroke depression.
Importance of using an Outcome Measure to Screen for Depression

• Gives weight to your referral
• Can be used to re-screen after a suitable interval of time to see if treatments are working or how the client is coping over time.
• Clarifies which symptoms are stroke symptoms and which are depression symptoms (impaired attention, concentration, processing speed, disturbed sleep and appetite, fatigue and heightened emotionalism).
• Gives clients the opportunity to report their symptoms.
• Opens up the opportunity to offer emotional support.
• Helps differentiate between normal reactions to losses after stroke versus mood pathology.
BASDEC

• Post stroke depression can be treated.
• Treatment of post stroke depression leads to better outcomes for stroke survivors.
• The first step is screening for depression.
• The Stroke Network has ordered BASDEC cards for CCAC offices.
• See www.strokenetworkseo.ca for information on stroke survivor and caregiver support groups in your area.