



## Efficacy of group psychotherapy for geriatric depression: A systematic review

Tavares L.R.<sup>a,\*</sup>, Barbosa M.R.<sup>b</sup>

<sup>a</sup> Faculty of Psychology and Education Sciences, University of Porto, Rua Alfredo Allen, 4200-135, Porto, Portugal

<sup>b</sup> Center for Psychology at the University of Porto, Faculty of Psychology and Education Sciences, University of Porto, Rua Alfredo Allen, 4200-135, Porto, Portugal



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### ABSTRACT

**Background:** Geriatric depression is a common and debilitating psychopathology, but evidence supports the efficacy of psychotherapy in its treatment. Group therapy provides advantages over individual interventions. However, only three systematic reviews have focused specifically on the efficacy of group therapy for geriatric depression.

**Objective:** To ascertain the effects of group psychotherapy on geriatric depression in people aged 60 years and older, compared with alternative treatments or no treatment.

**Data sources:** A systematic review of English, Portuguese, and Spanish studies using the EBSCOhost Research and Science Direct databases (2011–2017). Additional studies were identified through reference lists. Search terms included group therapy, group psychotherapy, older adults, elderly, depressive disorder, geriatric depression, and depression in the elderly.

**Review methods:** The researcher screened any study designs concerning the effects of any paradigm of group therapy on geriatric depression versus alternative interventions or no treatment. Relevant data, including indicators of risk of bias, were extracted.

**Data synthesis:** Nine studies were reviewed. Reminiscence therapy and cognitive-behavioral therapy are viable group interventions for geriatric depression, and were significantly superior to most controls. Conclusions about the long-term effects were unclear. Significant improvements were obtained for different intervention durations and facilitators, and with participants of different nationalities and age. Most studies recruited participants from the community, which limited generalizability. Group therapy also resulted in improvements in other psychological variables.

**Conclusions:** Group therapy can significantly improve geriatric depression. Improvements were found across a variety of settings, protocols, participant characteristics, and for several psychological domains.

## 1. Introduction

### 1.1. Rationale

#### 1.1.1. Geriatric depression

The increase of human lifespan and the decrease in birthrates has culminated in the aging of modern societies (Laidlaw, Thompson, Dick-Siskin, & Gallagher-Thompson, 2003). Portugal has one of the largest aging rates in Europe (140%), and 18,7%–28,6% of the population is aged 65 years or older (Instituto Nacional de Estatística, 2016).

Late adulthood is associated with a high prevalence of psychopathology, of which geriatric depression (GD) is the most common (Casey, 2012; Fiske, Wetherell, & Gatz, 2009; Laidlaw et al., 2003). Depressed older adults have decreased functionality and well-being,

increased risk of morbidity and self-neglect, and deficits at physical, cognitive, and social levels. This results in increased mortality rates (Blazer, 2003; Casey, 2012; Fiske et al., 2009; Funnell, 2010). GD also tends to be more chronic and persistent than depression in younger adults (Blazer, 2003), and often exists associated with medical conditions typical of late adulthood (Blazer, 2003; Casey, 2012). Depressed elderly clients are a common presence in primary health care facilities, which results in increased costs and expenses. Thus, GD is a serious threat to older adults' mental health, but also to society itself (Casey, 2012).

#### 1.1.2. Intervention

With adequate treatment, a high percentage of depressed older adults can fully recover (Casey, 2012). These clients tend to have

\* Corresponding author.

E-mail addresses: [mipsi12074@fpce.up.pt](mailto:mipsi12074@fpce.up.pt) (L.R. Tavares), [raquel@fpce.up.pt](mailto:raquel@fpce.up.pt) (M.R. Barbosa).

positive attitudes towards psychotherapy and may prefer it instead of pharmacological treatment (Laidlaw, 2006). Several systematic reviews have demonstrated that psychotherapy is an effective evidence-based practice to treat GD (e.g., Apóstolo, Bobrowicz-Campos, Rodrigues, Castro, & Cardoso, 2016; Jonsson et al., 2016), while others have demonstrated the efficacy of group therapy in the treatment of depression in younger adults (e.g., Huntley, Araya, & Salisbury, 2012; Okumura & Ichikura, 2014).

While group and individual modalities share characteristics, such as offering the client a safe haven where to expose their concerns and proportioning a therapeutic alliance, group therapy shows some advantages. In a group, one can socialize with peers who share similar symptoms, and there is opportunity to increase one's altruism and empathy and to feel useful by helping others. As well, group therapy results in a more cost-effective professionals/clients ratio (Agronin, 2009). In particular, group therapy is an opportunity for depressed older adults, who often live isolated and have lost significant relationships, capacities, or occupations, to once again feel connected with and useful to the society, as well as to (re)discover a meaning for their life (Floyd & Scogin, 1998).

Group therapy rationales are similar for depressed young and older adults, though, for the latter, adaptations may be required such as shorter session times, written materials with bigger fonts, or repetition of instructions. However, older adults shouldn't immediately be taken as clients with deficits or with reduced mental capacity, and the group protocols should be adapted only after consideration of the group's idiosyncrasies (Laidlaw et al., 2003; Laidlaw, 2006).

Some systematic reviews have investigated the efficacy of group therapy on GD, but not specifically. Engels and Vermey (1997); Bohlmeijer, Smit, and Cuijpers, (2003), and Franck, Molyneux, and Parkinson, (2016) included both individual and group modalities of treatment. Pinguart and Sørensen (2001) also included individual and group treatments, and some included studies contemplated interventions with non-depressed older adults. Payne and Marcus (2008) did not consider GD as primary outcome. Although it wasn't a main objective of their respective study, Cuijpers, van Straten, and Smit, (2006) and Pinguart, Duberstein, and Lyness, (2007) concluded that individual and group therapies are similarly effective in the treatment of GD.

To our knowledge, only three systematic reviews have focused specifically on the efficacy of group therapy on GD. Gorey and Cryns (1991) analyzed 19 studies conducted between 1967 and 1988. The main paradigms considered were cognitive-behavioral therapy (CBT) and psychodynamic therapy (PT). The mean global effect of group work with depressed older adults was statistically and clinically significant, and was homogeneous across all older age cohorts, group work duration, and clinical paradigms. The main limitation of this review was the low methodological quality of the studies included.

Krishna et al. (2011) reviewed published and unpublished materials until 2009, and 6 studies met inclusion criteria for meta-analysis. All were randomized controlled trials (RCT) of group CBT. Group CBT was significantly superior when compared to waitlist, with a modest overall effect size (maintained at follow-up), and such benefits, when compared to active controls, did not reach statistical significance. The main limitations of this review were the small number of eligible studies, the small sample sizes, the relatively high attrition rate, and the heterogeneity of the interventions.

Syed Elias, Neville, and Scott, (2015) investigated the efficacy of group reminiscence therapy (RT) on GD, among other primary outcomes, by reviewing any design studies published between 2002 and 2014. Concerning GD, 8 quasi-experimental trials were analyzed. Five of these found that group RT was effective in reducing GD, while three studies yielded non-significant findings. Only integrative reminiscence therapy (IRT) was significantly effective in reducing GD. Limitations of this review included small sample sizes, high attrition rates, insufficient evidence about long-term effects, and use of passive controls only.

Although the review of Syed Elias et al. is the most recent, it was

limited to group RT and to long-term care residents. The most recent systematic review with a broad scope was the one conducted by Krishna et al., 2011, new results and conclusions have become available. Therefore, the aim of the present study was to expand on currently available knowledge by systematically reviewing and synthesizing published and unpublished materials. We reviewed any study designs, to ascertain the efficacy of group psychotherapy on depressive disorders or depressive symptoms in people aged 60 years and older, compared with alternative treatments or no treatment.

## 2. Methods

### 2.1. Eligibility criteria

#### 2.1.1. Population

Participants must be 60 years or older, and formally diagnosed with a depressive disorder according to the definitions by the American Psychiatric Association or the World Health Organization, or have significant depressive symptoms as measured with a validated scale. We excluded studies including participants with comorbid psychopathologies except anxiety disorders (due to common co-occurrence with depression; Kaufman & Charney, 2000), and studies including participants with any degree of cognitive impairment.

#### 2.1.2. Interventions

Any group intervention based on an explicit psychological rationale. We excluded studies where group therapy was administrated and assessed together with another treatment. There was one exception (Wuthrich, Rapee, Kangas, & Perini, 2016). We included this study because psychotropic medication was a constant to all participants, they should refrain from making changes to their medication status throughout the study, and it was monitored at post-test and follow-up assessments.

#### 2.1.3. Comparator

Any comparator.

#### 2.1.4. Outcome and measures

The primary outcome considered was change in depressive symptoms or remission. Psychological secondary outcomes assessed in the included studies were also examined. Any validated measure was acceptable.

#### 2.1.5. Study design

Any study design, except systematic reviews and meta-analyses.

#### 2.1.6. Setting

Any setting.

#### 2.1.7. Language

Studies in Portuguese, English, or Spanish.

#### 2.1.8. Publication type

Studies published in peer-reviewed journals and unpublished materials.

### 2.2. Information sources

The search was performed by the researcher between May and August 2017. Studies dating between 2011 and July 2017 were identified by searching the EBSCOhost Research and Science Direct databases, and by scanning the reference lists of relevant systematic reviews. In the EBSCOhost Research databases, we searched American Doctoral Dissertations, PsycINFO, Psychology and Behavioral Sciences Collection, PsycARTICLES, MEDLINE, MediLatina, Fonte Acadêmica, CINAHL Plus with Full Text, and Academic Search Complete.

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