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Original Article

Effects of group reminiscence on elderly depression: A meta-analysis

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ABSTRACT

Background/purpose: The present meta-analysis was performed to evaluate the effectiveness of group reminiscence on depression in elderly patients.

Methods: Published and unpublished randomised controlled trials that assessed the effects of group reminiscence on depression in elderly patients were systematically reviewed using multiple electronic databases. Relative risks for dichotomous data and weighted mean differences for continuous data were calculated with 95% confidence intervals.

Results: Ten trials were evaluated. Group reminiscence provided significantly greater relief of depressive symptoms than did the control intervention immediately after and 3 months after the intervention ($p < 0.00001$). However, this advantage disappeared 6 months after the intervention ($p = 0.14$). Group reminiscence significantly improved self-esteem and life satisfaction ($p < 0.01$).

Conclusion: Group reminiscence was associated with short-term depression relief among elderly patients with depression and effectively improved self-esteem and life satisfaction. Higher-quality large-scale randomised controlled trials are needed to confirm these findings.

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1. Introduction

The mental health of elderly people, especially the high incidence of geriatric depression, has become an issue of increasing concern with the rapid growth of the ageing population [1]. Geriatric depression refers to depressive disorders in people aged ≥ 60 years and is mainly characterised by a low

spirit, anxiety, retardation, and bodily discomfort [2]. According to a survey by the American Psychological Association in 2004, the prevalence of geriatric depression in the United States is about 20% [3]. Likewise, studies conducted in China have shown that 13.5%–33.5% of Chinese elderly persons have symptoms of depression [4–6]. Once diagnosed with depression, older persons are more likely to experience a deteriorating quality of life, poor social function, cognitive deficits, an

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inactive daily life, increased medical burdens, and possibly an increased risk of suicide and death [7]. Considering the high prevalence of and potential dangers associated with depression in later life, there is a critical need for effective and low-threshold preventive interventions to decrease depressive symptoms in elderly individuals.

Psychotherapy has recently received attention as a strategy to avoid antidepressant drugs and their side effects [8]. One type of psychotherapy that has been studied for this purpose is reminiscence. This intervention is cost-effective and relatively free from harmful effects [9]. The Nursing Interventions Classification defines reminiscence therapy as “using the recall of past events, feelings, and thoughts to facilitate pleasure, quality of life, or adaptation to present circumstances of self-esteem through confirmation of their uniqueness” [10]. Reminiscence therapy is basically divided into individual reminiscence and group reminiscence according to the method by which the therapy is conducted. Individual reminiscence therapy is normally conducted through face-to-face conversation or individual activities. Group reminiscence is mainly conducted through organised group activities in which elderly patients can achieve identification and a sense of belonging [11], which are beneficial for this population. Considering the critical ageing situation and scarcity of community medical resources in developing countries such as China, elucidation of the effects of group reminiscence and application of group reminiscence to Chinese elderly persons with depression is of great clinical and societal value. Therefore, we conducted the present meta-analysis to assess the effect of group reminiscence on geriatric depression and provide research-based evidence for use in nursing practice.

2. Methods

2.1. Inclusion criteria

Studies that assessed the effectiveness of group reminiscence on depression in elderly patients were considered eligible for this meta-analysis if they were randomised controlled trials, involved only >60-year-old participants, and evaluated the participants' depressive situation, self-esteem, and life quality as the primary outcomes of the study.

2.2. Exclusion criteria

Studies involving patients with severe organic mental disorders or other severe bodily illnesses such as stroke or malignant tumours were excluded from this meta-analysis. For trials that were published in duplicate, only the trial with the more detailed information was included in the meta-analysis.

2.3. Search strategy

The following electronic databases were accessed from January 1990 to March 2014: Medline, PubMed, JBI Library, CINAHL, EMBASE, the Cochrane Library, CNKI, VIP, Wanfang, Google, and Google Scholar. These databases were

electronically searched for relevant English and Chinese publications using combinations of the following search terms: “group reminiscence (therapy),” “geriatric depression,” and “elderly depression.” Trial registries at <http://clinicaltrials.gov> and <http://www.controlled-trials.com> were also searched for unpublished trials. We individually selected potentially relevant studies by screening all retrieved citations and abstracts and agreed on potentially relevant papers to be retrieved in full. Disagreements were resolved by discussion or consensus with a third reviewer. The authors of studies containing incomplete data were contacted to obtain the relevant unpublished data.

2.4. Assessment of methodological quality

The methodological quality of all trials was graded using the Cochrane Handbook, Version 5.1.0, which assesses studies according to the method of randomisation, adequacy of allocation concealment, blinding of outcome assessment, proportion of patients lost to follow-up, application of intention-to-treat analysis, and comparability of baseline data. For each trial, the risk of bias was graded from A to C, where A indicates low risk, B indicates moderate risk, and C indicates high risk. Disagreement was resolved by discussion.

2.5. Data extraction

We independently extracted data from all studies using standardised forms. Data were extracted on study design, sample size, procedure type, intervention data, number and reasons for withdrawals and dropouts, and the outcome variables listed above. Disagreements regarding values or analysis were resolved by discussion.

2.6. Statistical analysis

This meta-analysis was conducted using RevMan 5.2.0 software (Copenhagen: The Nordic Cochrane Centre, The Cochrane Collaboration, 2012). The weighted mean difference (WMD) and 95% confidence interval (CI) were calculated for continuous variables, and the pooled odds ratio and 95% CI were calculated for categorical variables. Heterogeneity was evaluated by the I^2 test. If $I^2 < 50\%$, a fixed-effects model was used; otherwise, a random-effects model was used. Subgroup analysis was undertaken according to the heterogeneous factors considered. A narrative overview was performed when synthesis was inappropriate.

3. Results

3.1. Study selection

The search strategy generated 531 studies. After screening the titles and abstracts, 508 articles were excluded. After reading the full text, a further 13 articles were excluded because they did not meet the inclusion criteria. The remaining 10 trials [12–21] involving 740 patients were included in the meta-analysis. Details of the included trials are summarised in Table 1.

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