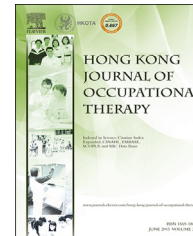




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ORIGINAL ARTICLE

Quality of Life Enhancement Programme for Individuals with Mood Disorder: A Randomized Controlled Pilot Study



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Summary *Objective/Background:* To investigate the efficacy and feasibility of the Quality of Life Enhancement Programme (QOLEP) for individuals with mood disorder.

Methods: Twenty-one individuals with mood disorder were recruited from psychiatric rehabilitation centres in Taipei City and were randomly assigned to either the treatment group ($N = 11$) or the control group ($N = 10$). The treatment group received an 8-week QOLEP. The control group received only “phone contact”, which included support for everyday situations pertaining to daily life and emotions. The primary outcome measure was evaluating improvements in quality of life using the World Health Organization Quality of Life-BREF-Taiwan version questionnaire. The feasibility of the intervention was assessed by the recruitment rate, dropout rate of the participants, and by its content and delivery. The content and delivery were assessed by the group satisfaction questionnaire. The mixed-effects linear model was applied to analyze the efficacy of QOLEP.

Results: The individuals who participated in the eight-session QOLEP showed significant improvement in their level of depression compared with the control group [pre vs. post, treatment group: 25.8 (19.2) vs. 17.8 (13.1); control group: 13.3 (17.3) vs. 13.3 (14.4)]. The criteria

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Conflicts of interest: All contributing authors declare that they have no conflicts of interest.

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of feasibility were met in this study. Most of the participants were satisfied with engaging in the QOLEP activities within a supportive environment.

Conclusion: The participants who received the 8-week QOLEP demonstrated significant improvement in the level of depression. Studies with a sample size of at least 104 participants are recommended in the future.

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Introduction

Individuals with mental illness frequently have difficulty in maintaining a balanced lifestyle (Crist, Davis, & Coffin, 2000). The long-term course of illness is associated with significant impairment in overall functioning and well-being, which might cause stress for these individuals while they are adjusting to the community environment (Hellerstein, Agosti, Bosi, & Black, 2010; Lin et al., 2013). Based on previous studies, the sense of competence, sense of mastery, environmental resources, social support, level of depression, level of anxiety, the medication usage, age, sex, and educational level were identified as important predictors of quality of life for individuals with depression (Chung, Pan, & Hsiung, 2009; Pan et al., 2012; Pan, Chan, Chung, Chen, & Hsiung, 2006; Pan, Chung, Chen, Hsiung, & Deepa, 2011).

A systematic review of the clinical trials on quality of life intervention for depression was carried out. We searched for articles published in the recent 3 years using Medical Subject Headings in the MEDLINE, PsycINFO, and CINAHL databases (January 2011 to July 2013). A total of 204 articles were identified, and 19 studies were retained for the review based on the inclusion criteria.

The sample in all studies had moderate to severe depressive symptoms at baseline and had a primary diagnosis of a major depressive disorder. The mean sample size was 297 participants (standard deviation [SD] = 557; range, 26–2,280). The duration of intervention ranged from 1 day to 12 weeks. Most of the studies had a one-time follow-up to examine the maintenance effect of the intervention. The attrition rate of the studies ranged from 0% to 54.1%. The results showed that the guided intervention was more effective than unguided, self-helped ones, or control group in symptom improvement and quality of life (Berger, Hammerli, Gubser, Andersson, & Caspar, 2011; Cook et al., 2012; Johansson et al., 2012; Vilhauer et al., 2012). Exercise was one of the treatments that may have some benefit on the quality of life (Schuch, Vasconcelos-Moreno, & Fleck, 2011).

Although previous studies demonstrated evidence of an intervention effect on the quality of life in individuals with depression, there was limited evidence about the efficacy of occupation-based treatment on the quality of life enhancement for individuals with mood disorder (Hsiao et al., 2007). Previous studies have demonstrated the effect of standardized lifestyle/life skills intervention on well-being and social participation for healthy older people

(Clark et al., 2012; Jackson, Carlson, Mandel, Zemke, & Clark, 1998; Yamada, Kawamata, Kobayashi, Kielhofner, & Taylor, 2010), patients with stroke (Lund, Michelet, Kjekken, Wyller, & Sveen, 2012), and homeless people with mental illness (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006; Helfrich, Fogg, Helfrich, & Fogg, 2007). Except for the exercise programmes, limited studies were carried out for individuals with mood disorder. In addition, participants' QOL and lifestyles might have cultural differences.

Restricted participation, or leading an unbalanced lifestyle, may cause individuals with disabilities to have increased feelings of low self-efficacy and helplessness, as well as feelings of social isolation (Kielhofner, 2008; Law, 2002). Participation in meaningful occupation may have positive influence on health and quality of life. The Quality of Life Enhancement Programme (QOLEP) was designed as a comprehensive treatment approach for individuals with mood disorder who live in community. The programme was composed based on professional foundation and knowledge base [Occupational Therapy Practice Framework (American Occupational Therapy Association, 2008), Model of Human Occupation (Kielhofner, 2008), and concept of recovery (Deegan, 1988)] as well as based on previous research findings and clinical experiences (Chung et al., 2009; Pan et al., 2006, 2011, 2012). The programme is comprehensive because it covers the whole range of quality of life, and thus, makes it different from single-skill training programme and other specific functional trainings. The programme contents encompass areas covering occupational performance and skills enabling the performance via the practice of skills, education, and discussion.

The QOLEP is designed as a group-based intervention because of the social connectedness and the therapeutic effect it would provide such as universality, development of socializing techniques, interpersonal learning, and cohesiveness. Furthermore, the group treatment format is more cost effective than individual therapy (Cruwys et al., 2013; Hans & Hiller, 2013). Because the illness management is one of the important daily occupations for the clients, a few sessions were designed to educate the participants and practice the skills learnt. In addition, skills used to instil hope and empower and enable the participants are included.

The purposes of this study were to (a) examine the preliminary efficacy of the QOLEP on domains of quality of life, psychosocial, and disease-related factors using a randomized controlled trial for clients with mood disorder; (b) examine the feasibility of QOLEP for the participants.

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