Problem-Solving Therapy Reduces Suicidal Ideation In Depressed Older Adults with Executive Dysfunction

Kristen A. Gustavson, L.C.S.W., Ph.D., George S. Alexopoulos, M.D., Grace C. Niu, Ph.D., Charles McCulloch, Ph.D., Tanya Meade, Ph.D., Patricia A. Areán, Ph.D.

Objective: *To test the hypothesis that Problem Solving Therapy (PST) is more effective than Supportive Therapy (ST) in reducing suicidal ideation in older adults with major depression and executive dysfunction. We further explored whether patient characteristics, such as age, sex, and additional cognitive impairment load (e.g., memory impairments) were related to changes in suicidal ideation over time.* **Design:** *Secondary data analysis using data from a randomized clinical trial allocating participants to PST or ST at 1:1 ratio. Raters were blind to patients' assignments.* **Setting:** *University medical centers.* **Participants:** *221 people aged 65 years old and older with major depression determined by Structured Clinical Interview for DSM-III-R diagnosis and executive dysfunction as defined by a score of 33 or less on the Initiation-Perseveration Score of the Mattis Dementia Rating Scale or a Stroop Interference Task score of 25 or less.* **Interventions:** *12 weekly sessions of PST or ST.* **Main Outcome Measures:** *The suicide item of the Hamilton Depression Rating Scale.* **Results:** *Of the 221 participants, 61% reported suicidal ideation (SI). The ST group had a lower rate of improvement in SI after 12 weeks (44.6%) than did the PST group (60.4%, Fisher's exact test $p = 0.031$). Logistic regression showed significantly greater reductions in SI in elders who received PST at both 12 weeks (OR: .50, $Z = -2.16$, $p = 0.031$) and 36 weeks (OR: 0.5, $Z = -1.96$, $p = 0.05$) after treatment.* **Conclusions:** *PST is a promising intervention for older adults who are at risk for suicide.*
ClinicalTrials.gov Identifier: NCT00052091 (Am J Geriatr Psychiatry 2016; 24:11−17)

Key Words: Depression, executive dysfunction, suicide ideation, problem-solving therapy, older adults

Older adults have one of the highest suicide rates of any age demographic globally. People over the age of 65 years constitute roughly 12% of the U.S. population and yet they account for 16% of suicide deaths.[1] The trends for death by suicide in older populations have not diminished over three

Received July 25, 2013; revised July 20, 2015; accepted July 21, 2015. From the Department of Psychiatry (KAG, GCN) and the Department of Epidemiology and Biostatistics (CM), University of California, San Francisco, CA, USA; the Department of Psychiatry (GSA), Weill-Cornell Medical College, New York, NY, USA; the School of Social Sciences and Psychology (TM), University of Western Sydney, Australia; and the Department of Psychiatry and Behavioral Sciences (PAA), University of Washington, Seattle, WA, USA. Send correspondence and reprint requests to Patricia A. Areán, Ph.D., Department of Psychiatry and Behavioral Sciences, University of Washington, 1959 Pacific St. NE, Seattle, WA 98185, USA. e-mail: parean@uw.edu
© 2016 American Association for Geriatric Psychiatry
http://dx.doi.org/10.1016/j.jagp.2015.07.010

decades,[2] despite several years of research to better understand the predictors and precursors of late-life suicide, as well as intervention research demonstrating the positive effects of depression intervention on reductions in suicidal ideation.[3–5] It is well known that 90% of older people who take their lives suffered from a psychiatric disorder,[6] with depressive disorders being the most common psychiatric diagnoses of elderly suicide victims.[7] Furthermore, late-life suicidal ideation is a risk factor for suicide,[4,8,9] and executive dysfunction[10,11] (in particular impulsivity[12–14]), and impairments in risk-sensitive decision-making[14,15] are associated with greater suicidal ideation in older adults. Given that these deficits in executive function (ED) are common in depressed older adults[16] and is related to suicidal ideation,[11,17] identifying older adults with depression and ED and providing them with interventions that target executive deficits may be one way to correct the trends in death by suicide in those over the age of 65 years.

We have previously demonstrated that Problem Solving Therapy (PST),[18] a behavioral intervention targeting executive deficits in older adults with major depression, results in significant improvements in depression,[19] disability,[20] and cognitive impairment.[21] PST has the potential to be an effective intervention for executive correlates of suicidal risk. PST helps patients to engage in a thoughtful process of identifying goals, considering different options to obtaining the goal, considering the potential benefits of different strategies for achieving these goals, and then implementing the plan.[22] This process may help older adults with suicidal ideation by reducing the potential for impulsive action and provide these patients with a means for engaging in effective risk-sensitive decision-making.[15]

Using data from a large clinical trial (N = 221), this study compared the efficacy of a 12-week course of PST to a 12-week course of supportive therapy (ST) in older adults with major depression and executive dysfunction. The main hypothesis in this secondary data analysis is that PST would be more effective in reducing suicidal ideation than supportive therapy at 12 and 36 weeks post treatment initiation.

METHODS

This a secondary data analysis from a randomized clinical trial that used a parallel design to compare depression severity in participants allocated to PST or ST at a 1:1 ratio. We use the data from this original study to assess the relative impact of these two interventions on suicidal ideation. The procedures for the trial have been published elsewhere,[19,20] and the methods that are specifically relevant to this report are reiterated here.

Participants

Participants were recruited by Weill-Cornell Medical College and University of California, San Francisco (UCSF) research groups between December 2002 and November 2007. The institutional review boards of both universities approved the studies and informed consent process.

Participants were selected from clinician referrals and a group of advertisement responders after interviews by trained raters credentialed by the Weill-Cornell Advanced Center for Services Research. Inclusion criteria were: 1) age 60 years or older; 2) a diagnosis of major depression without psychotic features on the Structured Clinical Interview for Axis I DSM-IV Disorders (SCID-R/DSM-IV) (Spitzer, Williams, & Gibbons, 1995); 3) a score of at least 20 on the 24-item Hamilton Depression Rating Scale (HDRS) (Hamilton, 1960); 4) a score of at least 24 on the Mini-Mental State Examination (MMSE)[23]; 5) a score of 33 or less on the Mattis Dementia Rating Scale initiation/preservation domain (DRS-IP)[24]; and 6) a Stroop Color-Word Test score of 25 or less.[25] We used the Golden version of the Stroop, which is the commonly used version in previous studies of late-life depression and executive functioning. The DRS-IP and the Stroop were selected based on research demonstrating their predictive value in identifying people with ED and who are at risk for poor response to selective serotonin reuptake inhibitor (SSRI) medications, the target population for the original trial.[26]

Exclusion criteria were 1) use of antidepressants or other psychotherapy; 2) intent to attempt suicide in the near future; 3) axis I diagnoses other than unipolar depression or generalized anxiety disorder; 4) antisocial personality, dementia, history of head trauma, and acute or severe medical illness (i.e., delirium, metastatic cancer, decompensated organ failure, major surgery, recent stroke or myocardial infarction); 5) use of drugs known to cause

Download English Version:

https://daneshyari.com/en/article/3032310

Download Persian Version:

https://daneshyari.com/article/3032310

Daneshyari.com