Psychological Treatment of Late-Life Depression

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KEYWORDS

- Late-life depression Geriatric depression Psychiatric interventions
- Cognitive behavioral therapy

KEY POINTS

- Psychological interventions are effective for late-life depression.
- There is little evidence that one type of intervention is more efficacious than another.
- More research is needed to examine moderators of treatment, including age, depression severity, medical illness, and cognitive impairment.

INTRODUCTION

Major depressive disorder (MDD) affects up to 5% of community-dwelling individuals age 55 and older¹ and up to 15% have clinically significant depressive symptoms.² Prevalence rates for depression are higher in specialty settings, including primary care (5%–10%)³ and residential care (10%–50%).⁴ Evidence-based guidelines for treatment recommend antidepressants and psychotherapy as the first-line treatment for moderate to severe depression in older adults⁵ and this appears to somewhat reflect what occurs in clinical practice. An American Psychiatric Association poll⁶ reported that 52% of providers used a combination of medication and therapy and 39% reported prescribing medication only. There is some indication that older adults may prefer psychological treatment compared with pharmacologic treatments,^{7,8} and a recent meta-analysis reported that psychotherapy may be more beneficial than anti-depressants for older adults with dysthymia and minor depression.⁹

This review examines the evidence for the following psychological interventions in the treatment of late-life depression: cognitive and behavioral therapy, problemsolving therapy, reminiscence and life review therapy, brief psychodynamic therapy, and interpersonal therapy. Following the review of psychological interventions for

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Abbreviations: Psychological Treatment of Late-Life Depression Comm Community RDC Research Diagnostic Criteria MDD Major depressive disorder BDI **Beck Depression Inventory** ВТ Behavior therapy CT Cognitive therapy BPD Brief psychodynamic therapy Waitlist control WLC Indiv Individual **SADS** Schedule for Affective Disorders and Schizophrenia HRSD Hamilton rating scale for depression GDS Geriatric Depression Scale BSI **Brief Symptom Inventory** Treatment tx hiblio Bibliotherapy Unk Unknown depx Depression bsl **Baseline** CBT Cognitive behavior therapy Desip Desipramine **EDS Edinburgh Depression Scale** CIDI Composite International Diagnostic Interview HTN Hypertension HLD Hyperlipidemia DISH Depression Interview and Structured Hamilton **Hamilton Depression Inventory** HDI TAU Treatment as usual AGECAT Automated Geriatric Examination for Computer Assisted Taxonomy TC Talking control IPT Interpersonal therapy SCID Structured clinical interview inpt Inpatient Interpersonal counseling **IPC** PST Problem solving therapy RT Reminiscence therapy Hopkins Symptom Checklist Depression Scale HSCL-D Exec Dys **Executive dysfunction** ST Supportive therapy PC Primary care CRP Community-based psychotherapy DFDs Depression-free days Med III Medically ill

late-life depression, a clinical vignette is presented to provide an example of cognitive behavioral therapy in an older adult with late-life depression.

Structured reminiscence therapy

Life review therapy

Narrative therapy

Unstructured reminiscence therapy

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Methods

SRT USRT

CESD

LRT

NT

Studies were selected through literature searches of PubMed and PsychINFO using combinations of the following key words: cognitive behavior therapy,

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