Treatment Considerations for Depression Research in Older Married Couples: A Dyadic Case Study

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Objective: *Critical gaps remain in understanding optimal approaches to intervening with older couples. The focus of this report is to describe the pros and cons of incorporating spousal dyads into depression-prevention research.* **Methods:** *In an intervention development study, the authors administered problem-solving therapy (PST) dyadically to participants with mild cognitive impairment (MCI) and their caregivers. Dyads worked with the same interventionist in the same therapy session. The dyadic PST (highlighted in a case example of a husband with MCI and his wife/support person) and the potential feasibility of the program are described.* **Results:** *The authors found that the wife of the individual with MCI could be trained as a PST coach to help her husband learn and use problem-solving skills. A decrease in depressive symptom severity was observed for the individual with MCI, which was sustained over 12 months of follow-up. Neither the husband nor wife experienced an incident episode of major depression over the course of the study.* **Conclusion:** *Dyadic interventions need to be further developed in geriatric psychiatry; proven methods such as PST can be modified to include patients' support persons. Recommendations are offered for developing randomized controlled trials that aim to recruit dyads and prevent depression in at-risk older married couples.* (Am J Geriatr Psychiatry 2017; 25:388–395)

Key Words: Depression, prevention, couples, dyads, problem-solving therapy

INTRODUCTION

Treatments for late-life depression are primarily focused on the patient. However, studies suggest that patient progress may be explained by spousal/partner involvement via support, participation, and collaboration.[1] Little is known about dyadic coping in the context of late-life depression and how older couples negotiate their experiences with depression or other neuropsychiatric disorders. For example, do couples make treatment decisions together; do they

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engage in joint coping efforts and appraise the situation as "our" stressor? A better understanding of these issues could lead to greater use of dyadic approaches. Dyadic treatments may have an advantage over patient-focused approaches because they not only address the patient's symptoms but also promote effective support behaviors on the part of the spouse or support person, leading to a better and more durable response in the patient.[2] On the other hand, dyadic approaches may entail greater burden on the therapist and the couple and may not be reimbursed adequately. Critical gaps remain in understanding optimal approaches to intervening with older couples, which is the focus of this report.

An added challenge to working with older couples (in research and clinical treatment) may lie in depression prevention and identifying couples who are not currently depressed but exhibit risk factors that place one or both members of the dyad at high risk for major depressive disorder (MDD). In particular, individuals with mild cognitive impairment (MCI) function independently but are at high risk of developing dementia, depression, and becoming increasingly dependent, placing stress not just on the patient but on the significant other as well. MCI is frequently accompanied by mild depressive symptoms, which research suggests further increases risk of cognitive decline.[3] Individuals with MCI are also at especially high risk of developing MDD that in addition to reducing quality of life, presumably serves to enhance risk of cognitive decline even further (individuals who have experienced even a single episode of MDD are at double the risk of developing dementia relative to those without a history of MDD).[4]

In individuals with MCI and their significant others, depression prevention efforts could target the long-term benefit and health of both members of the dyad, even if a couple does not view their health status as risky or either individual believes he or she needs help from their spouse or support person to manage their health. The goal of this report is to describe our experience incorporating spousal dyads into depression-prevention research. First, we describe why prevention of depression is important in older married couples. Second, we review a depression-prevention pilot study we conducted using problem-solving therapy (PST) in dyads, consisting of an MCI patient and spousal caregiver (Retaining Cognition While Avoiding Late-Life Depression [ReCALL]).[5] We then discuss a case example of an older married couple participating in ReCALL and randomly assigned to learn PST for the prevention of major depression to illustrate the pros and cons of dyadic treatment.

DEPRESSION IN OLDER SPOUSES

Prior research shows that depressive symptoms are highly related in older spouses; depression in one partner increases the risk for depression in the other.[6,7] Developing dyadic interventions for depression requires the identification of contextual factors that impact the extent to which spouses are affected by their partners' depression. For example, dyadic interventions that focus on improving spousal support behaviors (e.g., help with symptom management or behavioral change) may work best in couples who report high relationship conflict, low marital quality, or a low level of partner support.[8] Another contextual factor to consider is relationship closeness. Couples who report greater relationship closeness or interconnectedness may be the most negatively affected by a partner's depression because they include their partner in their own sense of self.[9,10] Couples who are interconnected are likely heavily involved in each other's daily routine and would likely benefit from a dyadic treatment plan. Finally, contagion of depression in older couples may be reduced by directly targeting spouses' well-being. Findings from the caregiving intervention literature suggest it is important to provide spouses with information about treatment, include them as active agents of support, and help them engage in self-care behaviors.[11] The importance of caregiver involvement is highlighted in a treatment study of depression and cognitive impairment by Miller et al.[12] In this study interpersonal psychotherapy was modified to include both the patient and caregiver to include caregivers in the therapeutic process of treatment and target interpersonal stressors between patients and their caregivers.

Cross-sectional evidence shows that spouses/family members can be both beneficial and harmful to patients' symptom severity. Increased emotional support behaviors from spouses and/or family members can increase treatment compliance,[13] improve treatment response,[14] and decrease relapse.[15] On the other hand, lack of support from spouses and/or family members such as engaging in controlling behaviors,[16] caregiver burden,[12] and frequent couple conflict[17] can