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Review

The effectiveness of non-pharmacological interventions in older adults with depressive disorders: A systematic review

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ABSTRACT

Background: It is widely acknowledged that mental health disorders are common in older adults and that depression is one of the most serious threats to the mental health of older adults. Although best practice guidelines point out that moderate to severe depression should be approached with pharmacotherapy together with complementary therapies, the use of antidepressant drugs in older adults has various disadvantages, such as long response time, side effects, potential risk of dependency and tolerance, poor compliance rates and high probability of drug interactions. In addition, qualitative studies of depressed people with a chronic illness have indicated that both patients and healthcare professionals prefer a psychosocial treatment for depression over a pharmacological one.
Objective: This review aimed to identify and synthesize the best available evidence related to the effectiveness of non-pharmacological interventions for older adults with depressive disorders.
Design: Systematic review of studies with any experimental design considering non-pharmacological interventions for older adults with depressive disorders.
Data sources: An initial search of MEDLINE and CINAHL was undertaken, followed by a second search for published and unpublished studies, from January 2000 to March 2012, of major healthcare-related electronic databases. Studies in English, Spanish and Portuguese were included in the review.
Review methods: This review considered studies that included adult patients, aged over 65 years with any type of depressive disorder, regardless of comorbidities and any previous treatments, but excluded those with manic or psychotic episodes/symptoms. All studies that met the inclusion criteria were assessed for methodological quality by two independent reviewers using a standardized critical appraisal checklist for randomized and quasi-randomized controlled studies from the Joanna Briggs Institute. Data extraction was also conducted by two independent reviewers based on the Joanna Briggs Institute data extraction form for experimental studies.
Results: Twenty-three studies met the inclusion criteria. Of those, seventeen were excluded after critical appraisal of methodological quality and six were included in this review. These studies included 520 participants and described cognitive behavior therapy, competitive memory training, reminiscence group therapy, problem-adaptation therapy,

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and problem-solving therapy in home care. Evidence suggests that all these interventions reduce depressive symptoms.

Conclusions: According to evidence, non-pharmacological interventions had positive effects on improving patients' depression and may be useful in practice. However, due to the diversity of interventions and the low number of studies per intervention included in this systematic review, evidence is not strong enough to produce a best practice guideline.

What is already known about the topic?

- The World Health Organization indicates that resources to treat and prevent mental health disorders remain insufficient and are inefficiently utilized.
- Best practice guidelines point out that moderate to severe depression should be approached with pharmacotherapy together with complementary therapies. However, in older adults, pharmacotherapy has adverse side effects and high probability of interactions with drugs prescribed for comorbid conditions.
- Primary studies on non-pharmacological interventions, such as music therapy, massage, reminiscence therapy or physical exercise, showed reduction of depressive symptoms in older adults without any adverse side effects; however, this evidence has not been synthesized.

What this paper adds

- This is the first review systematically identifying and synthesizing the best available evidence about the effectiveness of non-pharmacological interventions for older adults with depressive disorders.
- The evidence suggests non-pharmacological interventions reduce depressive symptoms in older adults and may be useful in practice.

1. Background

The Survey of Health, Ageing and Retirement in Europe (SHARE) indicates that the prevalence of depression rises consistently with age (Directorate-General for Health and Consumers, 2008), with rates ranging in later life from 18% to 37% (Ladin, 2008). Indeed, older adults constitute the population that is highly vulnerable to developing depressive disorders (Fiske et al., 2009). According to some authors (Helvik et al., 2010), this vulnerability is associated with age-related structural and biochemical changes. Other authors (Forsman et al., 2011; Munk, 2007) have identified a greater exposure to risk factors such as physical/chronic illnesses, social isolation or loss of independence. Interestingly, it seems that depressive disorders in older adults, principally in those aged 85 years and more, are largely under-diagnosed (Munk, 2007; Stek et al., 2004). One of the possible explications for this disparity is that the presentations of depressive symptomatology characteristic to older and younger adults are different (Fiske et al., 2009). For example, older adults may report physical rather than emotional problems and present cognitive symptoms usually associated with the processes of dementia (Funnell, 2010). In this population, it is also common the development of the subsyndromal form of depression in which depressed mood and anhedonia are absent (Meeks et al., 2011; Munk, 2007). These particularities of late-life depression enhance the risk of diagnostic errors, especially in primary care settings (Licht-Strunk et al., 2009), showing that the study of this clinical condition should be separated according to life stages.

Both major depression and subsyndromal depression adversely affect the lives of older adults, being associated with impaired health-related quality of life, reduced functioning, disability and increased mortality rates (Helvik et al., 2010; Noel et al., 2004; Yang et al., 2015). Moreover, subsyndromal depression has been shown to increase the risk of progression into major depression and suicide (Meeks et al., 2011). For all these reasons, depression is recognized as one of the most serious threats to the mental health of older adults (Helvik et al., 2010). In addition, due to the worldwide growth of the elderly population, geriatric depression is certain to become a very serious global mental health issue. However, according to the World Health Organization (2011), resources to treat and prevent this clinical condition remain insufficient and are inefficiently utilized.

Best practice guidelines point out that moderate to severe depression should be approached with pharmacotherapy together with complementary therapies (Jayasekara and Edu, 2001). However, the use of antidepressant drugs is not recommended to initiate the treatment of mild depression. Some of the disadvantages associated with psychopharmacotherapy, such as long response time, side effects, potential risk of dependency and tolerance, and poor compliance rates (Chan et al., 2011), appear to be more prominent among older adults. Furthermore, there is a greater probability of drug interaction (Funnell, 2010; Montgomery and Dennis, 2004), as older adults tend to be medicated for comorbidities (Centre for Reviews and Dissemination, 2007). For example, the effectiveness of antidepressant use in people medicated for dementia remains unproven, and best practice recommendations advise caution due to potential side effects (Stomski, 2011). Interestingly, qualitative studies of depressed people with a chronic illness have indicated that both patients and healthcare professionals prefer a psychosocial treatment for depression over a pharmacological one (The British Psychological Society, The Royal College of Psychiatrists, 2010). Also nursing