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International Workshop on

Formal and Informal Systems of Support for Older Persons

in Mexico and the United States, in the Context of Health and Welfare Reform

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Mexico City

Non-pharmacological interventions for depression in the elderly in the primary care setting

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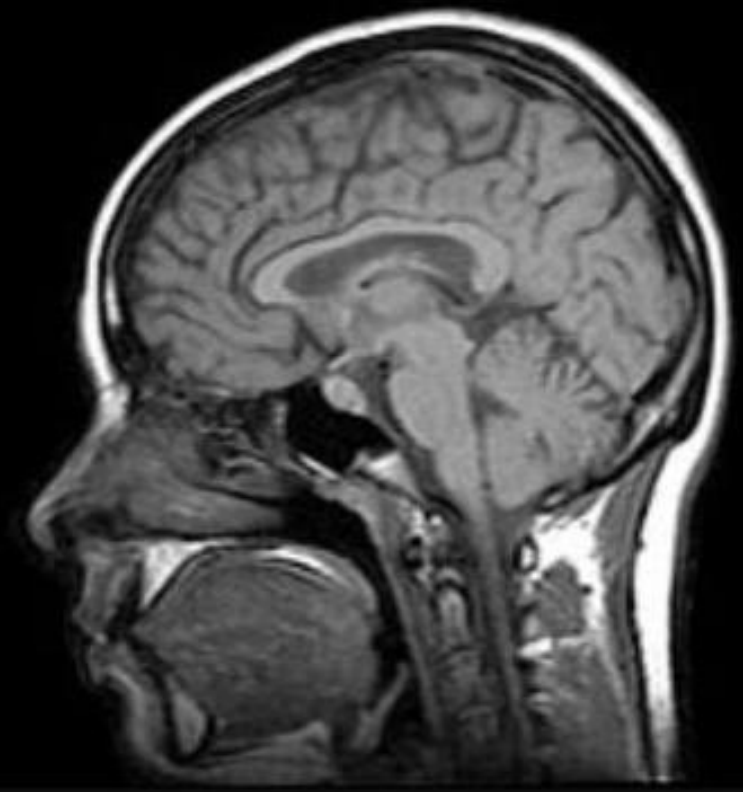
September 17-18, 2015
Mexico City

This Presentation is Dedicated to a Wonderful Woman Who has enriched the field of Geriatrics with her brilliant leadership, wisdom and team formation and networking skills developing many multidisciplinary projects

Dra. Carmen García Peña

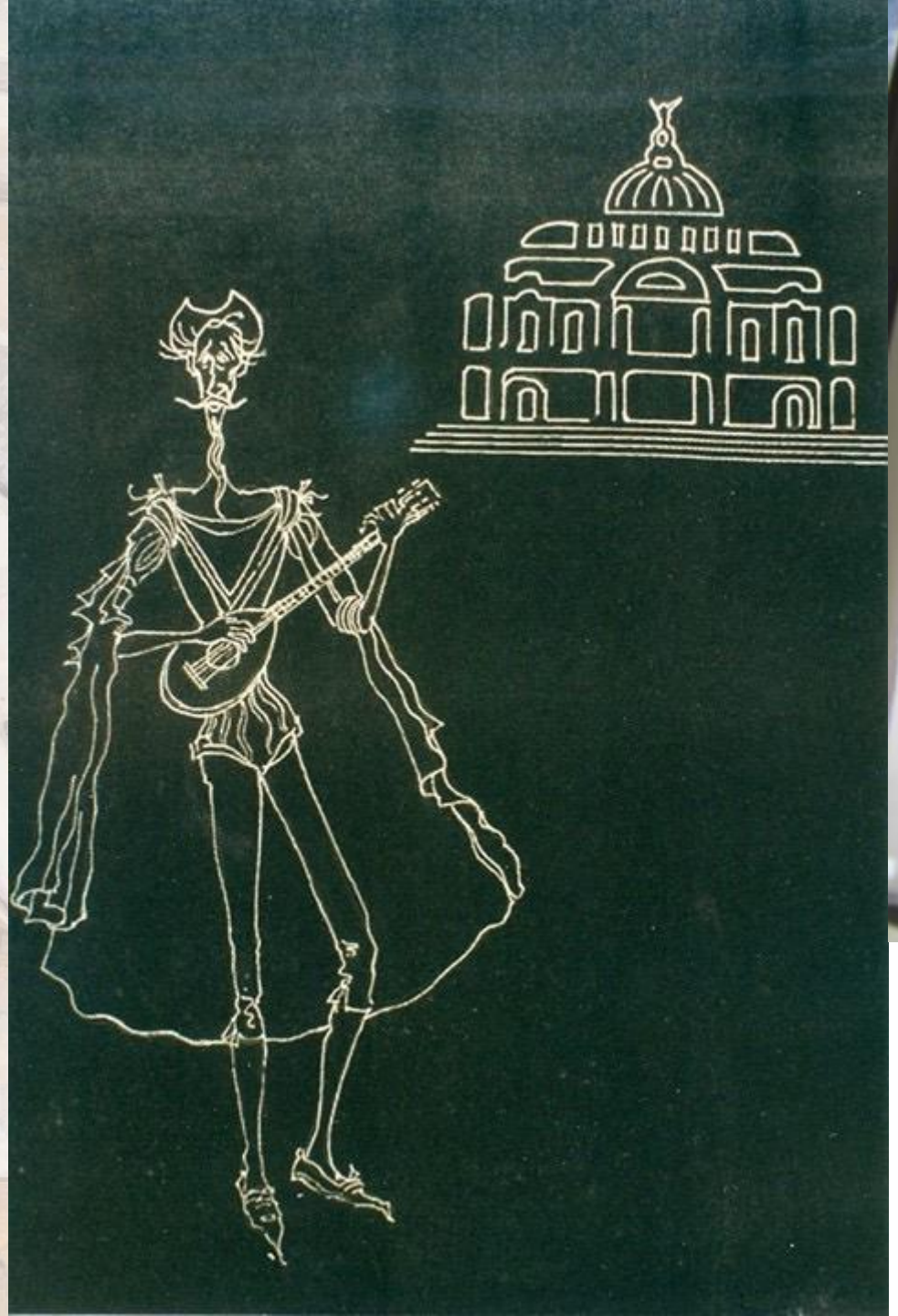
Goals

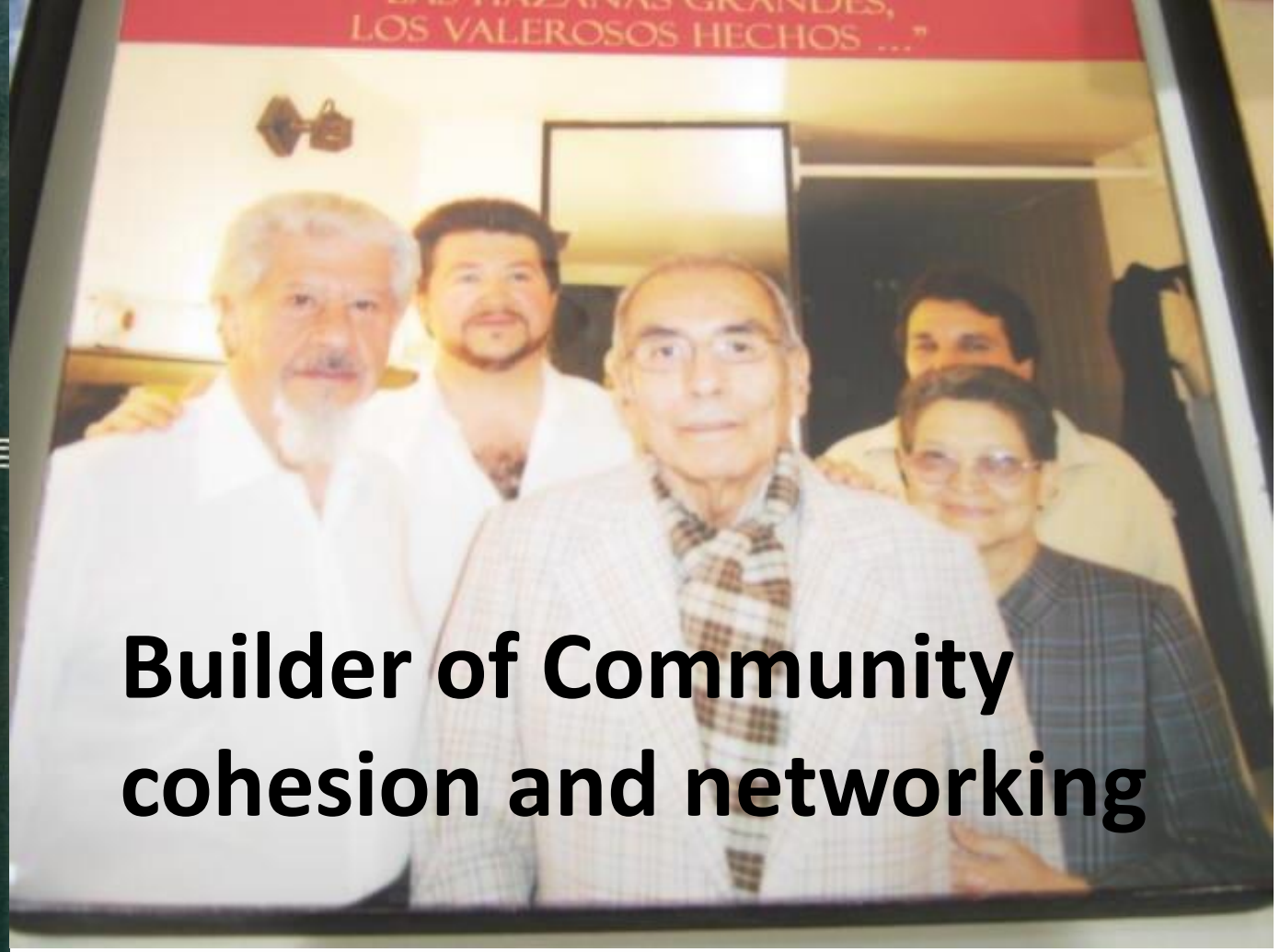
- Comment some non-pharmacological interventions for depression in the elderly
- Share an experience with nurse conducted CBT in the elderly in primary care in Mexico.
- Promote the development of psychotherapy and other services for the elderly close to the community.



"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."

– Bill Clinton





Builder of Community cohesion and networking

My first Master of community Psychiatry

1. Founder of a Football league
2. Developer of Pastorela and Traditional Posada
3. Bible study group and priests friend

Non-pharmacological interventions for depression in the elderly

- Exercise (walking increases BDNF & improves brain plasticity and wellbeing)
- Social contacts
- Positive Psychology (Martin Seligman: Gratitude, Humor, Helping others, search for meaning, resilience)
- Cognitive behavioral group therapy
- Interpersonal, Mindfulness based, etc. therapies

“Thinking outside the box”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When we are no longer able to change a situation - we are challenged to change ourselves.

Viktor E. Frankl

Aaron T. Beck

"We are not affected by the facts themselves but by our thoughts and reactions about them"
Epictetus

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Clinical effectiveness of group cognitive-behavioural therapy for depressed older people in primary care: A randomised controlled trial

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Original article


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Primary Care and Community Interventions

- Reduce the gap of abscence of care in front of highly prevalent disorders as depression
- Effective
- Simple
- Low Cost

Late life depression

- One of the most prevalent mental disorders in older adults with different pathways: etiological, neurobiological, behavioral and psychological.
- Complex, frequent relapses and chronic clinical course.
- It can occur in a wide spectrum that ranges from subclinical depression to severe forms of major depression, depending on the severity of the symptoms.
- Characterized by psychological and somatic components.
- Limited effectiveness and acceptance of pharmacological approaches

Controled Clinical Trial

- Over 60 years old
- Mil to moderate symptoms of depression (PHQ-9 around 6 points)
- Manualized cognitive behavioral therapy conducted by a nurse with 30 hours of training supervised and supported by a clinical psychiatrists
- Weekly sessions 7-10 members x 3 months
- Effectiveness defined as 5 points reduction in PHQ-9

Stressful Events

Table 2. Stressful events in the past 24 months

Variables	Intervention group n = 41	(%)	Control Group n = 40	(%)	p
Close deaths	27	65.9	16	40.0	0.020
Serious disease	13	31.7	5	12.5	0.038
Increased difficulties with walking or daily activities	26	63.4	16	40.0	0.035
Serious disease in a close relative	18	43.9	11	27.5	0.124
Financial problems	16	39.0	20	50.0	0.320
Loss of vision or hearing	30	73.2	20	50.0	0.032

Chronic diseases

Table 3. Self-reported chronic diseases as diagnosed by a physician

Variables	Intervention group n = 41	(%)	Control group n = 40	(%)	
Hypertension	29	70.7	31	77.5	p=0.468
Diabetes	15	36.6	17	42.5	p=0.581
Arthritis	14	34.1	11	27.5	p=0.567
Heart diseases	8	19.5	4	10.0	p=0.228
Osteoporosis	4	9.8	5	12.5	p=0.693
Kidney diseases	5	12.2	1	2.5	p=0.096
Hypothyroidism	1	2.4	4	10.0	p=0.157
Cancer	1	2.4	1	2.5	p=0.986
Parkinson's disease	0	0.0	2	5.0	p=0.147

Table 4. Main outcome. Final modification in PHQ-9 score

	Intervention group (%) n = 41	Control group (%) n = 40
Decrease higher than or equal to 10 points	5 (12.2)	3 (7.5)
Decrease between 9 and 5 points	18 (43.9)	9 (22.5)
Decrease between 4 and 2 points	5 (12.2)	6 (15.0)
Decrease of 1 point	3 (7.3)	3 (7.5)
No change	1 (2.4)	3 (7.5)
Increased	9 (21.9)	16 (40.0)

Conclusions

- Nurses with technical level can provide an effective psychotherapeutic intervention to geriatric patients with depressive symptoms


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THE
Future
of NURSING

questions

- How it Works in moderate to severe depressed patients
- Implementation, adoption and sustainability
- Consumers role as therapists
- Effect of depression treatment on the cognitive decline: combined vs single interventions

Challenges

Help-seeking barriers

- **Physician**
  - Limited training for pharmacological and no-pharmacological treatment
  - Stigmas, prejudices
- **Patient**
  - Recognition and acceptance of symptoms
- **System**
  - Inertia, false beliefs.
  - Improving access and innovate. Other strategies!!
  - Phramacological treatment avaible in **primary care**

Most treatments of depression take place in primary health care (Regier et al., 1993)

Patients prefer to be treated by physician at the primary health care (Brody et al., 1997)

Challenges

Researcher

- To evaluate interventions at different levels of approach
  - consider and integrate multimorbidity and other conditions.
- To consider addressing schemes that are sustainable and can be transferred into practice, for the patient and the system.
- To design and evaluate care flows to detect warning signs of suicide
- To develop and evaluate interventions that increase understanding and awareness among primary care physicians and health staff, to increase medical training and bring down the stigmas.
- More importantly: **Preventing depression!!**

García Peña y cols. 2015