

Interventions for Depression in Older Adults and the Role of Occupational Therapy

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Abstract

This review article provides an overview of the interventions for depression in older adults and the role of occupational therapy (OT). Furthermore, it provides evidence of occupational therapy's contribution to mental and behavioral health. Throughout the article evidence-based interventions are emphasized. Occupational therapy complements psychotherapy, tai chi, exercise, collaborative comprehensive care, problem-solving therapy, and other medical treatments and has proven to be useful and effective in managing symptoms and enhancing and/or maintaining functional performance and independence in activities of daily living (ADLs) for older adults with depression.

Keywords: Depression; Older Adults; Activities of Daily Living; Symptoms Management; Psychotherapy; Tai Chi; Collaborative Care; Exercise; Problem-Solving; Occupational Therapy

Background

Major depressive disorder (MDD) is a mental disorder characterized by a pervasive and persistent low mood that is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities. This cluster of symptoms described and classified as one of the mood disorders in the 1980 edition of the American Psychiatric Association's diagnostic manual. The term "depression" is used in a number of different ways. It is often used to mean this syndrome but may refer to other mood disorders or simple to a low mood. Major depressive disorder is a disabling condition that adversely affects a person's family, work or school life, sleeping and eating habits, and general health. In the United States, around 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder [1].

Major depression significantly affects a person's family and personal relationships, work life, sleeping and eating habits, and general health. A person having a major depressive episode usually exhibits a very low mood, and an inability to experience pleasure in activities that were formerly enjoyed. Depressed people may be preoccupied with thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-

hatred. In severe cases, depressed people may have symptoms of psychosis. These symptoms include delusions and hallucinations. Depression is associated with a variety of pathological signs and symptoms and neuro-physical complications. Problems with the limbic system, basal ganglia and hypothalamus may lead to dysregulation in the functional performance of neuro-hormonal activities and play a role in the development of the positive (i.e. delusions, hallucinations, disorganized speech, etc.) and negative symptoms (i.e. restricted emotions, a volition, anhedonia, attention impairment, etc.) of depression disorders [2].

Depression is the most common psychiatric disorder in the elderly population. Several studies indicate that 10 - 25% of people over 65 years suffer from significant depressive symptoms. Depression in the elderly population is a major public health problem. As a highly prevalent disorder, depression, is frequently comorbid with medical illnesses, has a negative impact on the quality of life, increases the number of visits to different medical services, and carries a high risk of suicide, especially in men [3].

Despite these factors, depression in the elderly is under recognized, particularly in primary care practices, general hospitals, and nursing homes. The etiology of depression in the elderly is clearly

multifactorial and several important contributory risk factors have been identified, including normal aging process, medical illnesses, deficiency of essential nutrients, drug therapy, psychosocial influences, and genetic factors. Elderly depression is different from depression of young and middle-aged patients; somatic complaints and cognitive impairment are frequent symptoms of depression of the elderly population [2].

All available antidepressant medications have equal efficacy in treating depression in the elderly. Selection of an agent is usually made due to the safety and tolerability of the drug and the presence of other comorbid medical conditions. Selective serotonin reuptake inhibitors (SSRI) are generally considered as the first line of treatment of depression in the elderly population [4].

This review shed light on some of the most common evidence-based interventions for depression in older adults and the role of occupational therapy in managing symptoms and enhancing and/or maintaining functional performance and independence in activities of daily living among geriatrics population.

Methods

A research has been made in the following databases: PsychINFO, Ovid, MEDLINE, Global Health, and CINAHL and selected the most relevant research studies. Keywords and Search items used to search articles for our study were depression, older adults, activities of daily living, symptoms management, psychotherapy, and occupational therapy.

Results

Our review revealed some articles that focus most relevantly on the purpose of this study and provide evidence-based interventions for older adults with depression including but not limited to occupational therapy. A summary of the main conclusions for the selected articles is as follows.

Occupational therapy interventions in the treatment of people with severe mental illness [3-5].

Occupational therapy (OT) is one of the evidence-based interventions that have been proven to be successful and effective in treating persons in with psychiatric disorders. OT aims to help people reach their maximum level of function and independence in all aspects of daily living. Occupational therapists achieve this outcome by enabling individuals to accomplish things that will en-

hance their ability to participate, or by modifying the environment to better support participation in daily life. Research has provided evidence for occupational therapy interventions to improve and maintain occupational performance and participation for people with mental illness. These interventions have been proved to be effective and helpful.

Exercise Treatment for Depression Efficacy and Dose Response [6].

Aerobic exercise at a dose consistent with public health recommendations is an effective treatment for major depressive disorder of mild to moderate severity in adults and older adults' populations.

Treatment of Depression Improves Physical Functioning in Older Adults [7].

The Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) collaborative care model for late-life depression in older adults improves physical function more than usual care.

Effectiveness of Problem-Solving Therapy for Older, Primary Care Patients with Depression: Results from the IMPACT Project [8].

Results suggest that problem-solving therapy for primary care (PST-PC) as delivered in primary care settings is an effective method for treating late-life depression.

Maintenance Treatment of Major Depression in Old Age [9].

Patients 70 years of age or older with major depression who had a response to initial treatment with paroxetine and psychotherapy were less likely to have recurrent depression if they received two years of maintenance therapy with paroxetine.

Effect of Tai Chi on depressive symptoms amongst Chinese older patients with depressive disorders: a randomized clinical trial [10].

Tai Chi has a positive effect in reducing depressive symptoms compared with no treatment in older patients with depression. Moreover, Tai Chi is equally effective in reducing all four categories of depressive symptoms including somatic symptoms, psychological symptoms, symptoms related to interpersonal relation, and symptoms associated with well-being.

Discussion

Each article in this review study introduced different intervention. Each intervention has proved to be effective and helpful in treating adults and older adults with depression. Ongoing support, working with the families and caregivers, collaborative and comprehensive care (i.e. occupational therapy, psychotherapy, medication, etc.), setting realistic goals, and participation in meaningful and purposeful activities are all important aspects that need to be taken into consideration and can help in managing symptoms and enhancing and/or maintaining functional performance and independence in ADLs for older adults with depression. Depression in older people is common. Despite the existence of effective interventions, it still goes undetected, with significant impacts on quality of life, physical health, and mortality. Important issues for primary care practitioners include adequate detection and treatment as well as prevention. Primary care practitioners can use case-finding tools and need to develop the skills and competence to diagnose and support people with depression. Increased availability of psychological services for older people will enhance numbers receiving effective treatment. In addition, interventions need to be tailored to older people's perspectives, and the social as well as the psychological emphasized. A number of interventions can improve wellbeing and also reduce the risk of depression in older people, such as but not limited to occupational therapy interventions. Mental health promotion can occur through increased social participation, physical activity, and continued learning and volunteering.

Conclusions

There are a variety of evidence-based interventions that complement each other, such as but not limited to occupational therapy, psychotherapy, tai chi, exercise, collaborative comprehensive care, problem-solving therapy, and other medical treatments. These interventions have proved to be useful and effective in managing symptoms and enhancing and/or maintaining functional performance and independence in activities of daily living for older adults with depression.

Bibliography

1. National Institute on Aging. Depression and Older Adults (2018).
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-V. Washington, DC, American Psychiatric Association, USA (2013).
3. Brown C. *et al.* "Occupational Therapy in Mental Health: A Vision for Participation". (1st edition) Philadelphia, PA, USA FA Davis Company (2011).
4. D'Amico ML., *et al.* "Evidence for Interventions to Improve and Maintain Occupational Performance and Participation for People with Serious Mental Illness: A Systematic Review". *American Journal of Occupational Therapy* 72.5 (2018): 1-11.
5. Höhl W., *et al.* "Occupational therapy interventions in the treatment of people with severe mental illness". *Current Opinion in Psychiatry* 30.4 (2017): 300-305.
6. Dunn AL., *et al.* "Exercise Treatment for Depression: Efficacy and Dose Response". *American Journal of Preventive Medicine* 28.1 (2005): 1-8.
7. Callahan C., *et al.* "Treatment of Depression Improves Physical Functioning in Older Adults". *American Geriatrics Society* (2005).
8. Arean P., *et al.* "Effectiveness of Problem-Solving Therapy for Older, Primary Care Patients with Depression: Results from the IMPACT Project". *The Gerontological Society of America* 48.3 (2008): 311-323.
9. Reynolds C., *et al.* "Maintenance Treatment of Major Depression in Old Age". *Massachusetts Medical Society* (2006).
10. Chou K., *et al.* "Effect of Tai Chi on depressive symptoms amongst Chinese older patients with depressive disorders: a randomized clinical trial". *International Journal of Geriatric Psychiatry* 19.11 (2004).

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