Psychosocial interventions for mental health promotion and depression prevention among older adults

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Depression in later life

- Depressive disorders are the most common mental health problems among the growing older population
- Ca 12 % suffer from depressive disorders in Europe (65 +) (Copeland et al., 2004)

Ca 13 % in Finland (Kivelä, 2009)

Higher prevalence among women than men and among older than younger older adults

 The early detection and prevention of depressive symptoms and depression is an urgent public health issue



The concepts of promotion and prevention

- Mental health promotion
 - Focus on mental health resources
 - Aim to enable and maintain optimal mental health
 - Universal approach, broad participation and involvement



The concepts of promotion and prevention (cont.)

- Mental disorder prevention
 - Focus on risk factors for mental ill-health
 - Aim to reduce incidence, prevalence, and reoccurance of mental disorders
 - Primary Secondary Tertiary



Important risk factors for mental illhealth among older adults

(Forsman et al., 2012)

- Retirement from work
- Decreased functional ability (and independency)
- Being forced to move out of one's own home, to change environment
- Social isolation and loneliness
- To lose friends, life partner, other family members



Systematic literature review and meta-analyses

Methods och results



Aim

 To collect and evaluate the effect of evidence-based psychosocial interventions for the primary prevention of depressive disorders among older adults



Literature searches

• Searches in 11 electronic databases

• Handsearching of 2 relevant journals



Interventions included in the review and evaluations

 69 controlled intervention studies were included in the data material

 44 of these were included in the metaanalyses



Evaluated intervention types

- Physical exercise
- Skill training
- Group support
- Reminiscence
- Social activities
- Multicomponent interventions



Results

- Based on all studies evaluated it could be found that:
- Life satisfaction increased
- Positive mental health improved
- Depressive symptoms decreased



Effective intervention types

Social activities

- Significant decrease of depressive symptoms
- Significant positive effects on positive mental health, life satisfaction and quality of life

Interventions with a duration over 3 months

- Significant increase of quality of life, life satisfaction and positive mental health
- Significant decrease of depressive symptoms

Universal approach interventions overall more effective



Effect of psychosocial interventions on depressive symptoms

	Inte	erventio	n	C	ontrol		\$	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% C	IV, Random, 95% CI
1.1.1 Physical exerc	ise								
Collier 1997	3.84	4.11	25	4	3.74	13	3.8%	-0.04 [-0.71, 0.63]	
Tsang 2003	6.13	4.14	24	5.16	4.14	26	5.2%	0.23 [-0.33, 0.79]	
Williams 1997	3.25	4.47	71	4.61	7.31	78	11.0%	-0.22 [-0.54, 0.10]	
Subtotal (95% CI)			120			117	19.9%	-0.10 [-0.36, 0.16]	•
Heterogeneity: Tau² = Test for overall effect:			-	2 (P = 0	.38); l² =	= 0%			
		(•)						
1.1.2 Skill training	40.4	00.57		40.40	00 74	110	44 70/	0.0410.04.0.071	
Brody 2002		23.57	66	43.42		110	11.7%	-0.04 [-0.34, 0.27]	
Rasmusson 1999	1.43	1.65	35	3.5	3.5	11	3.5%	-0.92 [-1.63, -0.21]	
Wahl 2006	4.14	3.29	38	2.9	2.7	16	4.7%	0.39 [-0.20, 0.98]	
Winocur 2007	3.46	3.26	27	3.73	3.63	15	4.2%	-0.08 [-0.71, 0.55]	
Subtotal (95% CI)	o 40 - C'	··	166		0.5.10	152	24.1%	-0.12 [-0.56, 0.32]	
Heterogeneity: Tau ² = Test for overall effect:			-	3 (P = 0	.05); l² =	= 62%			
1.1.3 Reminiscence									
Chao 2006	2.91	2.77	10	4.63	2	8	2.0%	-0.67 [-1.63, 0.30]	
Emery 2002	3.17	2.39	18	3	1.51	8	2.6%	0.08 [-0.76, 0.91]	
Haight 1992	19.67	13.45	10	19.7	13.2	25	3.3%	-0.00 [-0.74, 0.73]	
Koffman 1998	4.21	3.1	23	4	4.52	12	3.5%	0.06 [-0.64, 0.75]	
Mastel-Smith 2007	42.6	3.07	15	47.81	8.29	16	3.2%	-0.80 [-1.54, -0.07]	
Subtotal (95% CI)			76			69	14.6%	-0.24 [-0.62, 0.13]	
Heterogeneity: Tau ² = Test for overall effect:	-			4 (P = 0	.33); l² =	= 14%			
1.1.4 Social activities	S								
Cohen 2006	1.14	1.84	77	1.84	1.89	64	10.5%	-0.37 [-0.71, -0.04]	
Yuen 2008	4.92	4.25	13	9	7.79	13	2.8%	-0.63 [-1.42, 0.16]	
Subtotal (95% CI)			90			77	13.4%	-0.41 [-0.72, -0.10]	\bullet
Heterogeneity: Tau ² = Test for overall effect:	,			1 (P = 0	.56); l² =	= 0%			
1.1.5 Multicomponer	nt interve	entions							
Clark 2003	4.5	2.1	32	4.8	1	30	6.1%	-0.18 [-0.68, 0.32]	
Resnick 2008	0.41	0.79	64	0.79	1.1	39	8.3%	-0.41 [-0.81, -0.01]	
Salminen 2005 Subtotal (95% CI)	40.11	7.16	116 212	40.06	8.43	106 175	13.5% 28.0%	0.01 [-0.26, 0.27] -0.16 [-0.41, 0.10]	•
Heterogeneity: Tau ² = Test for overall effect:			-	2 (P = 0	.23); l² =	= 32%		- · •	
Total (95% CI)			664			590	100.0%	-0.17 [-0.31, -0.03]	•
Heterogeneity: Tau ² =	0.02: Ch	$hi^2 = 21.4$	3. df =	16 (P =	= 0.16) [.]	$ ^2 = 25^{\circ}$	%		
	J.J_, OI	(P = 0.0		· • (• -	0.10),	. 20			-2 -1 0 1

Examples of social activities and why they are effective

- Mentorship
 - Older adults are given new social roles through mentorship activities (Yuen, 2008)
 - Provides feelings of being needed and appreciated
 - Linking the younger and older generations
- Creative activities
 - Chorale singing, gardening, craft activities
 - Sense of belonging to a social group, common interests to discuss
- 'Family style mealtimes' (Nijs et al., 2006)
 - To eat together with other nursing home residents at a nicely set table
 - Enhance social interaction and independency/dignity



What makes the social activities effective in promoting mental health?

(Forsman et al. 2012)

Social contacts and support

Something to plan and look forward to

Individual preferences, capabilities and needs

Feeling appreciated and useful



Journal of Aging and Health (2011)

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