Counselling Older People

A summary of the literature

February 2010

Alison Brettle
on behalf of BACP

Introduction and Overview

In 2004, BACP published a systematic review of the effectiveness of counselling with older people (Hill, A & Brettle, A 2004, *Counselling older people: a systematic review)* this review concluded:

- Counselling is efficacious with older people, particularly in the treatment of anxiety, depression and in improving subjective well-being.
- Outcomes are consistent with those found in younger populations suggesting that old-age is not a barrier to being able to benefit from counselling.
- Of the various counselling approaches CBT has the strongest evidence base and is efficacious with older people in the treatment of anxiety and depression.
- There is a lack of research into a number of counselling approaches which are commonly-used in routine practice, particularly interpersonal, psychodynamic, client-centred, validation, goal-focused and gestalt therapies.
- When different therapeutic approaches are tested against each other with this population, outcomes are not significantly different, indicating an absence of superiority of any one particular type of counselling.
- Evidence as to the efficacy of reminiscence therapy and life review in the treatment of dementia and cognitive decline is weak, but consideration should be given to the chronic and debilitating nature of these conditions as compared with more treatable disorders such as anxiety and depression.
- Evidence indicates that individual, as opposed to group counselling, is the psychological treatment of choice among the community-dwelling elderly and that this may be the more effective modality with this population.
- Although not necessarily reflecting older people's preferences, group counselling for nursing home residents and home-based individual counselling for community-dwelling older people are both feasible modes of service delivery.
- A pro-active approach to the identification of psychological problems among residential and community-dwelling older people is necessary to ensure problems are not left untreated.
- Training counsellors to treat older people is feasible and some studies report good outcomes are associated with highly-qualified therapists who have undergone specialised training in working with older people.
- There is an urgent need for counsellors to research U.K. older populations, U.K. health and social care settings and the routine counselling approaches used in the U.K.
- Future research should generate practice-based evidence which assesses the effectiveness of counselling with older people in routine practice and in naturalistic settings.

Since the publication of this review, a number of further studies have been conducted. This bulletin summarises these studies, focussing on systematic reviews and randomised controlled trials to provide high quality evidence regarding psychological therapies. It is based on a search of Medline, Psychinfo and the Cochrane Library for studies published since 2004. Individual studies have not been critically appraised; evidence for this bulletin has been based on the authors' conclusions alone. Although considerable studies have been published, the main conclusions of the review remain unchanged, that is Counselling is efficacious with older people, particularly in the treatment of anxiety, depression and in improving subjective well-being. Outcomes are consistent with those found in younger populations suggesting that old-age is not a barrier to being able to

benefit from counselling. Of the various counselling approaches CBT has the strongest evidence base and is efficacious with older people in the treatment of anxiety and depression. Although research into different counselling approaches is increasing, there is still a lack of research in these areas compared to CBT. Furthermore all the systematic reviews drew attention to methodological weaknesses in randomised controlled trials. Further studies should seek to improve the quality of trials and other types of research evidence.

This bulletin presents the evidence for systematic reviews and randomised controlled trials in summary tables. These are followed by an alphabetical listing of all the studies included.

bacp
British Association for
Counselling & Psychotherapy

Level of evidence: systematic review

A range of systematic reviews and meta-analyses provide evidence of the effectiveness of psychological therapies. Primarily these examine CBT as there are more trials available in this area. A number of the reviews highlight the need for research into other psychological therapies. Evidence is provided for the effectiveness of treatments for anxiety and depression in particular. All noted the lack of good quality studies that are included in their reviews and meta-analyses and the need to view the conclusions with caution.

Author	Condition	Therapy	Authors' Conclusions
Chin (2007)	General	Reminiscence	RT showed beneficial effects on happiness (SMD=1.09) and depression (SMD=0.90
Payne, K. T. and D. K. Marcus (2008)	General	Group Psychotherapy (CBT and Reminiscence)	Results indicated that group psychotherapy benefits older adults with average *rs* of 0.42 (large) and 0.24 (medium) for pre-post and controlled designs, respectively. Clients in CBT groups improved more than those receiving reminiscence therapy. The older the average age the less they benefited. Group interventions with older adults as effective as those with younger populations.
Cuijpers, P., A. van Straten, et al. (2006)	Depression	Psychological Treatments	No differences were found between individual, group or bibliotherapy format, or between cognitive behavioral therapy and other types of psychological treatment. Psychological treatments are effective in the treatment of depression in older adults
Cuijpers, P., A. van Straten, et al. (2007)	Depression	Problem Solving Therapies	PST is more effective than inactive controls and similar in effect to active interventions
Wilson, K. C., P. G. Mottram, et al. (2008)	Depression	CBT and Psychodynamic	Cognitive behavioural therapy was more effective than waiting list controls (WMD -9.85, 95% CI -11.97 to -7.73). Results were inconclusive when comparing CBT to active control interventions. No significant difference in treatment effect between psychodynamic and CBT.
Cole, M. G. and N. Dendukuri	Depression	Brief interventions (ego support, diabetic and	Some types of brief interventions appear to have the potential to prevent depression.

(2004)		arthritis education classes, life review, group therapy, bereavement support and cognitive-behavioural depression prevention programmes)	
Hendriks, G. J., R. C. Oude Voshaar, et al. (2008).	Anxiety	CBT	Anxiety symptoms were significantly more reduced following CBT than after either a waiting-list control condition [SMD = -0.44 (95 CI: -0.84 -0.04), P = 0.03] or an active control condition [SMD = -0.51 (95 CI: -0.81, -0.21), P<0.001]. Additionally, CBT significantly alleviated accompanying symptoms of worrying and depression. CONCLUSION: Cognitive-behavioural therapy is efficacious for the treatment of late-life anxiety disorders.
Thorp, S. R., C. R. Ayers, et al. (2009)	Anxiety	CBT and Relaxation Training	Results suggest that behavioral treatments are effective for older adults with anxiety disorders and symptoms.
Lunde, L. H., I. H. Nordhus, et al. (2009)	Pain	Cognitive and Behavioural	Cognitive and behavioural interventions were effective on self-reported pain experience, yielding an overall effect size of 0.47. However, there were no significant effects of cognitive and behavioural treatment on symptoms of depression, physical functioning and medication use.
Papp, K. V., S. J. Walsh, et al. (2009)	Dementia	Cognitive	No evidence that structured cognitive intervention programs delay or slow progression to Alzheimers Disease in healthy elderly
Logsdon, R. G., S. M. McCurry, et al. (2007)	Dementia	Interventions based on psychological theories or models of behaviour change delivered or supervised by mental health professionals	The studies were conducted in the community and in residential settings. Evidence to support the effectiveness of interventions based on behaviour problem solving and individualised progressive stress lowering for treating behavioural disturbances in dementia.
Woods, B., A. Spector, et al. (2005)	Dementia	Reminiscence	The results were statistically significant for cognition (at follow-up), mood (at follow-up) and on a measure of general behavioural function (at the end of the intervention period). The improvement on cognition was evident in comparison with both no treatment and social contact

			control conditions. Care-giver strain showed a significant decrease for care-givers participating in groups with their relative with dementia, and staff knowledge of group members' backgrounds improved significantly. No harmful effects were identified on the outcome measures reported.
Bharucha, A. J., M. A. Dew, et al. (2006).	Long term care	Psychotherapy	The majority of included studies reported significant short- and, in some cases, longer-term benefits on instruments measuring depression, hopelessness, self-esteem, perceived control, and a host of other psychological variables.
Montgomery, P. and J. Dennis (2004).	Insomnia	CBT	Evidence of mild effect of CBT for sleep problems in older adults, best demonstrated for sleep maintenance insomnia. It may be that the provisions of 'top-up' or 'refresher' sessions of CBT training to improve durability of effect are worthy of investigation.

Reviews

The studies below review a range of treatments and conditions, however it was not clear from the abstract whether these were systematic reviews or meta-analyses. Therefore no judgement can be made regarding the quality of the review evidence.

Author	**Condition**	**Therapy**	**Authors' Conclusions**
Hollon, S. D., R. B. Jarrett, et al. (2005).	Depression	Psychotherapy v medication	Both medication and certain targeted psychotherapies appear to be effective in the treatment of depression. Combined treatment can improve response with selected patients and enhance its breadth (IPT) or stability (CBT).
Steinman, L. E., J. T. Frederick, et al. (2007).	Depression (in community)	Psychological therapies	The panel recommended individual cognitive behavioral therapy. Interventions not recommended as primary treatments for late-life depression included education and skills training, comprehensive geriatric health evaluation programs, exercise, and physical rehabilitation/occupational therapy. There was insufficient evidence for making recommendations for several intervention categories, including group psychotherapy and psychotherapies other than cognitive

			behavioral therapy.

Randomised Controlled Trials

The studies below provide evidence of the effectiveness (or otherwise) of a range of psychological therapies which are not covered within systematic reviews or where trials have been published since the above systematic reviews. They provide further evidence for treatments regarding anxiety and depression (particularly relating to CBT) and updated evidence for treatments for dementia. All the studies included below were randomised controlled trials, and therefore should provide good level evidence of the effectiveness of the treatments concerned, however the quality of each study has not been assessed here.

Author	Condition	Therapy	Authors' Conclusions
Stanley, M. A., N. L. Wilson, et al. (2009)	Anxiety	CBT	Compared with usual care, CBT resulted in greater improvement in worry severity, depressive symptoms, and general mental health for older patients with GAD in primary care.
Wetherell, J. L., C. R. Ayers, et al. (2009).	Anxiety	Modular Psychotherapy	Results suggest that modular psychotherapy and other treatments can be effective for anxiety in older primary care patients. Results further suggest that life events and coping through increased activity may play a role in the maintenance of anxiety in older adults.
Andersson, G., D. Porsaeus, et al. (2005)	Tinnitus	CBT	CBT was better than no treatment, but the particular aspects of CBT that contributed to the effects can not be established. In conclusion, the findings give some support for the use of group CBT for elderly people with tinnitus
Lopez, J. and M. Crespo (2008)	Carers	CBT	These data suggest that individual psychotherapeutic interventions with caregivers are efficient to reduce their emotional problems, and that this effect is mediated by improvement both in their appraisal of the situation and in their personal resources.
Mittelman, M. S., D. L. Roth, et al. (2007)	Carers – overall health	Counselling	Counselling and support preserved Self Rated Health in vulnerable caregivers. Enhancing caregivers' social support, fostering more benign appraisals of stressors, and reducing depressive symptoms may yield indirect health benefits.
Mittelman, M. S., D. L. Roth, et al.	Carers - depression	Counselling	Caregivers in the counselling group had significantly fewer depressive symptoms after the intervention than did the control subjects. These

(2004)			effects were sustained for 3.1 years after baseline, similar across gender and patient severity level, and sustained after nursing home placement or death of the patient.
May, A. M., I. Korstjens, et al. (2009)	Cancer	CBT v Physical Training	Self-management physical training had substantial and durable positive effects on cancer survivors' quality of life. Participants maintained physical activity levels once the program was completed. Combining physical training with our cognitive-behavioral intervention did not add to these beneficial effects of physical training neither in the short-term nor in the long-term. Physical training should be implemented within the framework of standard care for cancer survivors.
Hanaoka, H. and H. Okamura (2004).	QoL	Life Review	Group life review activities have a role in assisting the developmental stage of old age and supporting mental health, and have mid- to long-term effectiveness in maintaining and improving the QOL of the elderly.
Scogin, F., M. Morthland, et al. (2007)	QoL rural populations	CBT	Results indicate that CBT participants evidenced significantly greater improvements in quality of life and reductions in psychological symptoms.
Pitkala, K. H., P. Routasalo, et al. (2009)	QoL	Group Psychotherapy	At 2 years, survival was 97% in the intervention group (95% confidence interval [CI], 91-99) and 90% in the control group (95% CI, 85-95) (p = .047). The intervention group showed a significant improvement in subjective health, thus resulting in significantly lower health care costs during the follow-up: the difference between the groups was -943 euro/person per y (95% CI -1955 to -127; p = .039).
Bosmans, J. E., D. J. van Schaik, et al. (2007).	Depression	Cost effectiveness IPT	Provision of IPT in primary care to elderly depressed patients was not cost-effective in comparison to usual care. Future research should focus on improvement of patient selection and treatments that have more robust effects in the acute and maintenance phase of treatment.
Arean, P., M. Hegel, et al. (2008)	Depression	PST v Psychotherapy	Older adults who received PST had more depression-free days at both 12 and between 12 and 24 months (beta = 47.5, p <.001; beta = 47.0, p <.001), and they had fewer depressive symptoms and better functioning at 12 months (beta(dep) = -0.36, p <.001; beta(func) = -

			0.94, p <.001), than those who received community-based psychotherapy. We found no differences at 24 months.
van't Veer-Tazelaar, P. J., H. W. van Marwijk, et al. (2009).	Depression and anxiety prevention	Stepped Care	The intervention halved the 12-month incidence of depressive and anxiety disorders, from 0.24 (20 of 84) in the usual care group to 0.12 (10 of 86) in the stepped-care group (relative risk, 0.49; 95% confidence interval, 0.24 to 0.98). Indicated stepped-care prevention of depression and anxiety in elderly individuals is effective in reducing the risk of onset of these disorders and is valuable as seen from the public health perspective.
Carreira, K., M. D. Miller, et al. (2008).	Depression	IPT	Monthly maintenance IPT confers protection against recurrence of major depression in elders with lower cognitive functioning.
Laidlaw, K., K. Davidson, et al. (2008)	Depression	CBT	CBT alone and usual care alone produced significant reductions in depressive symptoms at the end of treatment and at 6 months follow-up. CBT on its own is shown to be an effective treatment procedure for mild to moderate late life depression and has utility as a treatment alternative for older people who cannot or will not tolerate physical treatment approaches for depression.
Rovner, B. W. and R. J. Casten (2008)	Depression in age related macular degeneration	PST	PST prevented depressive disorders and loss of valued activities as a short-term treatment but these benefits were not maintained over time
Tsai, Y. F., T. K. Wong, et al. (2008)	Depression in long term care	Self worth therapy	Self-worth therapy immediately decreased depressive symptoms relative to baseline, but not relative to control treatment. However, 2 months later, depressive symptoms were statistically significantly reduced relative to control.
Hyer, L., C. A. Yeager, et al. (2008)	Depression	CBT (group and individual)	This trial demonstrated the therapy to be more effective for depression in LTC than standard treatments.
Deponte, A. and R. Missan (2007)	Dementia	Validation therapy	The results indicated an improvement in the global functioning of the two treatment groups (VT or sensorial reminiscence) , compared to the control group (no treatment), but the differences did not reach statistical significance.

Tondi, L., L. Ribani, et al. (2007).	Dementia	Validation therapy	Agitation, apathy, irritability and nighttime behaviors were the most improved items among the subjects who underwent the VT
Staal, J. A., A. Sacks, et al. (2007)	Dementia	Multi Sensory Behaviour Therapy (Snoezelen)	These data suggest that utilizing MSBT with standard psychiatric inpatient care may reduce apathy and agitation and additionally improve activities of daily living in hospitalized people with moderate to severe dementia more than standard care alone.
Ulstein, I. D., L. Sandvik, et al. (2007)	Dementia and carer health	Short term psychosocial	The intervention did not have any effect on the primary outcome variables. The burden measured by the RSS increased in both groups; however, more carers of the control group converted from a low-burden group to a medium- or high-burden group after 4.5 months. In a subgroup analysis we found a statistically significant difference in the Neuropsychiatric Inventory score in favour of the intervention group among female patients.
Wang, J. J. (2007).	Dementia	Group Reminiscence	Results demonstrated that the intervention significantly affected cognitive function and affective function as measured by MMSE and CSDD ($p = 0.015$ and 0.026), indicating that the cognitive function of the experimental subjects increased and their depressive symptoms diminished following intervention.

Alphabetical Listing of all the studies included in the above tables
(Abstracts taken from Medline, Psychinfo, Cochrane Library and DARE)

Andersson, G., D. Porsaeus, et al. (2005). "Treatment of tinnitus in the elderly: a controlled trial of cognitive behavior therapy." Int J Audiol 44(11): 671-5.

The aim of the study was to investigate the effects of cognitive behavioral therapy (CBT) in elderly people with tinnitus (<65 years). Thirty-seven patients were called in for a structured interview. Following exclusion, twenty-three participated in the trial. All participants underwent medical ear, nose, and throat (ENT) examination, audiometry, and tinnitus matchings. A randomized controlled design with a waiting list control group was used. A CBT treatment package was delivered in six weekly two hour group sessions. Outcome was measured using validated self-report inventories and daily diary ratings of annoyance, loudness and sleep quality for one week pretreatment, post-treatment. A three month follow-up was included at which time all participants had received treatment, but in a shorter format for the control group. Results showed statistically significant reductions of tinnitus-related distress. Thus, CBT was better than no treatment, but the particular aspects of CBT that contributed to the effects can not be established. In conclusion, the findings give some support for the use of group CBT for elderly people with tinnitus.

Arean, P., M. Hegel, et al. (2008). "Effectiveness of problem-solving therapy for older, primary care patients with depression: results from the IMPACT project." Gerontologist 48(3): 311-23.

PURPOSE: We compared a primary-care-based psychotherapy, that is, problem-solving therapy for primary care (PST-PC), to community-based psychotherapy in treating late-life major depression and dysthymia. DESIGN AND METHODS: The data here are from the IMPACT study, which compared collaborative care within a primary care clinic to care as usual in the treatment of 1,801 primary care patients, 60 years of age or older, with major depression or dysthymia. This study is a secondary data analysis (n = 433) of participants who received either PST-PC (by means of collaborative care) or community-based psychotherapy (by means of usual care). RESULTS: Older adults who received PST-PC had more depression-free days at both 12 and between 12 and 24 months (beta = 47.5, p <.001; beta = 47.0, p <.001), and they had fewer depressive symptoms and better functioning at 12 months (beta(dep) = -0.36, p <.001; beta(func) = -0.94, p <.001), than those who received community-based psychotherapy. We found no differences at 24 months. IMPLICATIONS: Results suggest that PST-PC as delivered in primary care settings is an effective method for treating late-life depression.

Bharucha, A. J., M. A. Dew, et al. (2006). "Psychotherapy in long-term care: A review." J Am Med Dir Assoc 7(9): 568-80.

Psychological distress in long-term care (LTC) settings is highly prevalent and crosses many conventional psychiatric diagnostic boundaries. Mental health professionals who consult in LTC facilities have experienced firsthand the impact of a variety of nonpharmacological therapeutic approaches on individual residents, yet these are rarely investigated in a systematic fashion, and even less commonly reported in the literature. The present report summarizes the state-of-evidence of "talk therapies" for depression and psychological well-being in LTC facilities by reviewing controlled trials of psychotherapy for LTC residents published in English-language peer-reviewed journals. We excluded studies of nonpharmacological approaches designed primarily to curb behavioral disturbances of dementia, and those psychosocial interventions using an approach other than "talk therapy" in individual or group format since they have been reviewed in detail elsewhere. A majority of the 18 studies that met our inclusion criteria reported significant short- and, in some cases, longer-term benefits on instruments measuring depression, hopelessness, self-esteem, perceived control, and a host of other psychological variables. However, these findings must be interpreted within the severe methodological limitations of many studies, including small sample sizes, variable study entry criteria, short duration of trials, heterogeneous outcome

assessment methods, and lack of detail on intervention methods. Nevertheless, the positive efficacy of these approaches, when understood within the framework of potential serious complications of pharmacotherapy for frail elders with multiple comorbidities, polypharmacy, and a narrow therapeutic index, suggests a strong need for methodologically rigorous trials of psychotherapy in the LTC setting, especially in combination with pharmacotherapy.

Bosmans, J. E., D. J. van Schaik, et al. (2007). "Cost-effectiveness of interpersonal psychotherapy for elderly primary care patients with major depression." Int J Technol Assess Health Care 23(4): 480-7.

OBJECTIVES: Major depression is common in elderly patients. Interpersonal psychotherapy (IPT) is a potentially effective treatment for depressed elderly patients. The objective of this study was to evaluate the cost-effectiveness of IPT delivered by mental health workers in primary care practices, for depressed patients 55 years of age and older identified by screening, in comparison with care as usual (CAU). METHODS: We conducted a full economic evaluation alongside a randomized controlled trial comparing IPT with CAU. Outcome measures were depressive symptoms, presence of major depression, and quality of life. Resource use was measured from a societal perspective over a 12-month period by cost diaries. Multiple imputation and bootstrapping were used to analyze the data. RESULTS: At 6 and 12 months, the differences in clinical outcomes between IPT and CAU were small and nonsignificant. Total costs at 12 months were Euros 5,753 in the IPT group and Euros 4,984 in the CAU group (mean difference, Euros 769; 95 percent confidence interval, -2,459 -3,433). Cost-effectiveness planes indicated that there was much uncertainty around the cost-effectiveness ratios. CONCLUSIONS: Based on these results, provision of IPT in primary care to elderly depressed patients was not cost-effective in comparison to CAU. Future research should focus on improvement of patient selection and treatments that have more robust effects in the acute and maintenance phase of treatment.

Carreira, K., M. D. Miller, et al. (2008). "A controlled evaluation of monthly maintenance interpersonal psychotherapy in late-life depression with varying levels of cognitive function." Int J Geriatr Psychiatry 23(11): 1110-3.

OBJECTIVE: To evaluate the effect of maintenance Interpersonal Psychotherapy (IPT) on recurrence rates and time to recurrence of major depression in elderly patients with varying levels of cognitive function. METHODS/DESIGN: Two-year maintenance study of monthly maintenance IPT vs supportive clinical management (CM) in remitted depressed elderly who were participants in a previously reported placebo-controlled study of maintenance paroxetine and IPT (Reynolds et al., 2006). We used Cox regression analysis to test interactions between cognitive status (Dementia Rating Scale score) and treatment (IPT, CM) with respect to recurrence of major depression. RESULTS: We observed a significant interaction between cognitive status and treatment: lower cognitive performance was associated with longer time to recurrence in IPT than in CM (58 weeks vs 17 weeks) (HR = 1.41 [95% CI = 1.04, 1.91], p = 0.03). Subjects with average cognitive performance showed no effect of maintenance IPT vs CM on time to recurrence (38 vs 32 weeks, respectively). CONCLUSION: Monthly maintenance IPT confers protection against recurrence of major depression in elders with lower cognitive functioning.

Chin, A. M. (2007) Clinical effects of reminiscence therapy in older adults: a meta-analysis of controlled trials (Structured abstract). Hong Kong Journal of Occupational Therapy 10-22

To examine the clinical effects of RT on life satisfaction, happiness, depression and self-esteem on those 50+. Searched using “RT, life review and milestoning”. Controlled trials included. Calculation used was pooled standardised mean difference (SMD). A total of 15 studies were included for analysis. RT showed beneficial effects on happiness (SMD=1.09) and depression (SMD=0.90. Limited number of studies; small sample sizes; possible publication bias:- findings should be treated with caution. Not able to draw firm conclusions with regards to effectiveness.

Cole, M. G. and N. Dendukuri (2004) The feasibility and effectiveness of brief interventions to prevent depression in older subjects: a systematic review (Structured abstract). International Journal of Geriatric Psychiatry 1019-1025

Cuijpers, P., A. van Straten, et al. (2006). "Psychological treatment of late-life depression: a meta-analysis of randomized controlled trials." Int J Geriatr Psychiatry 21(12): 1139-49.

BACKGROUND: Older meta-analyses of the effects of psychological treatments for depression in older adults have found that these treatments have large effects. However, these earlier meta-analyses also included non-randomized studies, and did not include newer high-quality randomized controlled trials. METHODS: We conducted a meta-analysis of randomized studies on psychological treatments for depression in older adults. RESULTS: Twenty-five studies were included, of which 17 compared a psychological intervention to a control condition (mainly waiting list and care-as-usual control groups). The quality of the included studies varied. Psychological treatments have moderate to large effects on depression in older adults (standardized mean effect size d = 0.72). Heterogeneity was very low. No differences were found between individual, group or bibliotherapy format, or between cognitive behavioral therapy and other types of psychological treatment. The effects were comparable in studies where depression was defined according to diagnostic criteria, and those in which depression was measured with self-rating questionnaires. CONCLUSION: Although the quality of many studies was not optimal, the results of this meta-analysis support the results of earlier meta-analyses, which also included non-randomized studies. Psychological treatments are effective in the treatment of depression in older adults.

Cuijpers, P., A. van Straten, et al. (2007) Problem solving therapies for depression: a meta-analysis (Structured abstract). European Psychiatry 9-15

Deponte, A. and R. Missan (2007). "Effectiveness of validation therapy (VT) in group: preliminary results." Arch Gerontol Geriatr 44(2): 113-7.

VT is one of the best known psychosocial treatment for elderly affected by dementia. Notwithstanding its wide use, its efficacy is still a controversial issue, especially in comparison with other approaches. This study of 30 elderly subjects in a nursing home compared the effects of VT, sensorial reminiscence (SR) and no treatment on cognitive, functional, and affective status of the participants. The results indicated an improvement in the global functioning of the two treatment groups, compared to the control group, but the differences did not reach statistical significance. Significant within-group effects could be observed, where the SR treatment was the most effective in improving cognitive, affective, and behavioral status; the VT-group showed a reduction of the behavioral disturbances; the participants at the control group demonstrated a slight deterioration at all the three levels. Considerations are made about the implication of VT for the caregivers, as possible mediator of its effect on elderly.

Hanaoka, H. and H. Okamura (2004). "Study on effects of life review activities on the quality of life of the elderly: a randomized controlled trial." Psychother Psychosom 73(5): 302-11.

BACKGROUND: The objective of this study was to evaluate the mid-term efficacy of life review activities on the quality of life (QOL) of the elderly by conducting a randomized controlled trial, and to identify the factors that should be taken into consideration when conducting life review activities. METHODS: Written consent was obtained from 80 of the 97 eligible elderly persons. After randomly assigning them to two groups, an intervention group and a control group, group life review activities were conducted in the intervention group and discussion activities about health were conducted in the control group. In both the intervention group and the control group, life satisfaction, self-esteem, depression, and hopelessness were evaluated using self-rating scales at three points: at baseline, immediately after completion of the 8 weeks of sessions, and 3 months after completion of the intervention. RESULTS: Repeated measures analysis of covariance showed significant differences between the two groups in the changes in scores for depression (p = 0.04)

bacp
British Association for
Counselling & Psychotherapy

and hopelessness (p = 0.04). Regarding the factors that were associated with depression and hopelessness, 3 months after completion of the intervention, depression and hopelessness of a more severe nature at baseline and having greater unresolved conflicts in the past were extracted by multiple regression analysis. CONCLUSIONS: The results suggested that group life review activities have a role in assisting the developmental stage of old age and supporting mental health, and have mid- to long-term effectiveness in maintaining and improving the QOL of the elderly.

Hendriks, G. J., R. C. Oude Voshaar, et al. (2008). "Cognitive-behavioural therapy for late-life anxiety disorders: a systematic review and meta-analysis." Acta Psychiatr Scand 117(6): 403-11.

OBJECTIVE: To examine and estimate the efficacy of cognitive-behavioural therapy (CBT) for late-life anxiety disorders. METHOD: A systematic review and meta-analysis of randomized controlled trials comparing CBT with i) a waiting-list control condition and ii) an active control condition controlling for non-specific effects in patients aged over 60 years and suffering from an anxiety disorder. The main outcome parameter of individual studies, i.e. effect on anxiety, was pooled using the standardized mean difference (SMD). RESULTS: Seven papers fulfilled the inclusion criteria, including nine randomized controlled comparisons for 297 patients. Anxiety symptoms were significantly more reduced following CBT than after either a waiting-list control condition [SMD = -0.44 (95 CI: -0.84 -0.04), P = 0.03] or an active control condition [SMD = -0.51 (95 CI: -0.81, -0.21), P<0.001]. Additionally, CBT significantly alleviated accompanying symptoms of worrying and depression. CONCLUSION: Cognitive-behavioural therapy is efficacious for the treatment of late-life anxiety disorders.

Hollon, S. D., R. B. Jarrett, et al. (2005). "Psychotherapy and medication in the treatment of adult and geriatric depression: which monotherapy or combined treatment?" J Clin Psychiatry 66(4): 455-68.

OBJECTIVE: The authors reviewed the literature with respect to the relative efficacy of medications and psychotherapy alone and in combination in the treatment of depression. DATA SOURCES AND STUDY SELECTION: Findings from empirical studies comparing medications and psychotherapy alone and in combination were synthesized and prognostic and prescriptive indices identified. We searched both MEDLINE and PsychINFO for items published from January 1980 to October 2004 using the following terms: treatment of depression, psychotherapy and depression, and pharmacotherapy and depression. Studies were selected that randomly assigned depressed patients to combined treatment versus monotherapy. DATA SYNTHESIS: Medication typically has a rapid and robust effect and can prevent symptom return so long as it is continued or maintained, but does little to reduce risk once its use is terminated. Both interpersonal psychotherapy (IPT) and cognitive-behavioral therapy (CBT) can be as effective as medications in the acute treatment of depressed outpatients. Interpersonal psychotherapy may improve interpersonal functioning, whereas CBT appears to have an enduring effect that reduces subsequent risk following treatment termination. Ongoing treatment with either IPT or CBT appears to further reduce risk. Treatment with the combination of medication and IPT or CBT retains the specific benefits of each and may enhance the probability of response over either monotherapy, especially in chronic depressions. CONCLUSION: Both medication and certain targeted psychotherapies appear to be effective in the treatment of depression. Although several prognostic indices have been identified that predict need for longer or more intensive treatment, few prescriptive indices have yet been established to select among the different treatments. Combined treatment can improve response with selected patients and enhance its breadth (IPT) or stability (CBT).

Hyer, L., C. A. Yeager, et al. (2008). "Group, individual, and staff therapy: an efficient and effective cognitive behavioral therapy in long-term care." Am J Alzheimers Dis Other Demen 23(6): 528-39.

OBJECTIVE: Depression is a major problem in long-term care (LTC) as is the lack of related empirically supported psychological treatments. This small study addressed a variant of cognitive behavioral therapy, GIST (group, individual, and staff therapy), against treatment as usual (TAU) in long-term care. METHOD: 25 residents with depression were randomized to GIST (n = 13) or TAU (n = 12). Outcome measures included geriatric depression scale-short form (GDS-S), life satisfaction index Z (LSI-Z), and subjective ratings of treatment satisfaction. The GIST group participated in 15 group sessions. TAU crossed over to GIST at the end of the treatment trial. RESULTS: There were significant differences between GIST and TAU in favor of GIST on the GDS-S and LSI-Z. The GIST group maintained improvements over another 14 sessions. After crossover to GIST, TAU members showed significant improvement from baseline. Participants also reported high subjective ratings of treatment satisfaction. DISCUSSION: This trial demonstrated GIST to be more effective for depression in LTC than standard treatments.

Laidlaw, K., K. Davidson, et al. (2008). "A randomised controlled trial of cognitive behaviour therapy vs treatment as usual in the treatment of mild to moderate late life depression." Int J Geriatr Psychiatry 23(8): 843-50.

OBJECTIVES: This study provides an empirical evaluation of Cognitive Behaviour Therapy (CBT) alone vs Treatment as usual (TAU) alone (generally pharmacotherapy) for late life depression in a UK primary care setting. METHOD: General Practitioners in Fife and Glasgow referred 114 Participants to the study with 44 meeting inclusion criteria and 40 participants providing data that permitted analysis. All participants had a diagnosis of mild to moderate Major Depressive Episode. Participants were randomly allocated to receive either TAU alone or CBT alone. RESULTS: Participants in both treatment conditions benefited from treatment with reduced scores on primary measures of mood at end of treatment and at 6 months follow-up from the end of treatment. When adjusting for differences in baseline scores, gender and living arrangements, CBT may be beneficial in levels of hopelessness at 6 months follow-up. When evaluating outcome in terms of numbers of participants meeting Research Diagnostic Criteria for depression, there were significant differences favouring the CBT condition at the end of treatment and at 3 months follow-up after treatment. CONCLUSIONS: CBT alone and TAU alone produced significant reductions in depressive symptoms at the end of treatment and at 6 months follow-up. CBT on its own is shown to be an effective treatment procedure for mild to moderate late life depression and has utility as a treatment alternative for older people who cannot or will not tolerate physical treatment approaches for depression.

Logsdon, R. G., S. M. McCurry, et al. (2007) Evidence-based psychological treatments for disruptive behaviors in individuals with dementia (Structured abstract). Psychology and Aging 28-36

Lopez, J. and M. Crespo (2008). "Analysis of the efficacy of a psychotherapeutic program to improve the emotional status of caregivers of elderly dependent relatives." Aging Ment Health 12(4): 451-61.

OBJECTIVES: This study examined the long-term impact of a psychotherapeutic cognitive-behavioral program with two intervention formats (traditional weekly sessions (TWS) and minimal therapist contact (MTC)) in caregivers who suffered from emotional problems due to caring for elderly dependent relatives. METHOD: The 86 participants, who lived with the older persons at home, were randomized into one of the two intervention formats. The individual treatment program was carried out during an 8-week interval. Measures of anxiety, depression, burden, coping, social support, and self-esteem were analyzed at pre- and post-treatment, and at 1-, 3-, 6-, and 12-month

follow-ups. RESULTS: Significant effects were found in the expected direction in most of the measures analyzed. The participants in the intervention reduced significantly their levels of anxiety, depression, and burden, and they improved the levels of problem-focused coping, social support, and self-esteem. The two intervention formats had different evolutions, with better effects in the TWS format, especially at the first post-test measurements, but the differences tended to decrease over time. CONCLUSION: These data suggest that individual psychotherapeutic interventions with caregivers are efficient to reduce their emotional problems, and that this effect is mediated by improvement both in their appraisal of the situation and in their personal resources.

Lunde, L. H., I. H. Nordhus, et al. (2009). "The effectiveness of cognitive and behavioural treatment of chronic pain in the elderly: a quantitative review." J Clin Psychol Med Settings 16(3): 254-62.

This study provides a meta-analytic review of cognitive and behavioural interventions for chronic pain in the elderly, focusing on treatment effectiveness. Included in the analysis are studies in which a comparison was made either to a control condition or to pre-treatment. A total of 12 outcome studies published or reported between January 1975 and March 2008, were identified involving participants 60 years and above and providing 16 separate treatment interventions. The analysis indicated that cognitive and behavioural interventions were effective on self-reported pain experience, yielding an overall effect size of 0.47. However, there were no significant effects of cognitive and behavioural treatment on symptoms of depression, physical functioning and medication use. Methodological issues concerning design, outcome measures and treatment are discussed and recommendations for future studies are outlined.

May, A. M., I. Korstjens, et al. (2009). "Long-term effects on cancer survivors' quality of life of physical training versus physical training combined with cognitive-behavioral therapy: results from a randomized trial." Support Care Cancer 17(6): 653-63.

BACKGROUND: We compared the effect of a 12-week group-based multidisciplinary self-management rehabilitation program, combining physical training (twice weekly) and cognitive-behavioral therapy (once weekly) with the effect of 12-week group-based physical training (twice weekly) on cancer survivors' quality of life over a 1-year period. MATERIALS AND METHODS: One hundred forty-seven survivors [48.8 +/- 10.9 years (mean +/- SD), all cancer types, medical treatment > or = 3 months ago] were randomly assigned to either physical training (PT, n = 71) or to physical training plus cognitive-behavioral therapy (PT + CBT, n = 76). Quality of life and physical activity levels were measured before and immediately after the intervention and at 3- and 9-month post-intervention using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire C30 questionnaire and the Physical Activity Scale for the Elderly, respectively. RESULTS: Multilevel linear mixed-effects models revealed no differential pattern in change of quality of life and physical activity between PT and PT + CBT. In both PT and PT + CBT, quality of life and physical activity were significantly and clinically relevantly improved immediately following the intervention and also at 3- and 9-month post-intervention compared to pre-intervention ($p < 0.001$). CONCLUSION: Self-management physical training had substantial and durable positive effects on cancer survivors' quality of life. Participants maintained physical activity levels once the program was completed. Combining physical training with our cognitive-behavioral intervention did not add to these beneficial effects of physical training neither in the short-term nor in the long-term. Physical training should be implemented within the framework of standard care for cancer survivors.

Mittelman, M. S., D. L. Roth, et al. (2007). "Preserving health of Alzheimer caregivers: impact of a spouse caregiver intervention." Am J Geriatr Psychiatry 15(9): 780-9.

OBJECTIVE: The objective of this study was to determine the effects of counseling and support on the physical health of caregivers of spouses of people with Alzheimer disease. METHODS: A randomized controlled trial, conducted between 1987 and 2006 at an outpatient

bacp
British Association for
Counselling & Psychotherapy

research clinic in the New York City metropolitan area compared outcomes of psychosocial intervention to usual care. Structured questionnaires were administered at baseline and regular follow-ups. A referred volunteer sample of 406 spouse caregivers of community dwelling patients with Alzheimer disease enrolled over a 9.5-year period. Enhanced counseling and support consisted of six sessions of individual and family counseling, support group participation, and continuous availability of ad-hoc telephone counseling. Indicators of physical health included self-rated health (SRH) of caregivers and the number of reported illnesses. RESULTS: Controlling for baseline SRH (mean: 7.24), intervention group caregivers had significantly better SRH than control group caregivers based upon model predicted mean scores four months after baseline (6.87 versus 7.21), and this significant difference was maintained for two years (6.70 versus 7.01). The effect of the intervention on SRH remained significant after controlling for the effects of patient death, nursing home placement, caregiver depressive symptoms and social support satisfaction. Similar benefits of intervention were found for number of illnesses. CONCLUSION: Counseling and support preserved SRH in vulnerable caregivers. Enhancing caregivers' social support, fostering more benign appraisals of stressors, and reducing depressive symptoms may yield indirect health benefits. Psychosocial intervention studies with biological measures of physical health outcomes are warranted.

Mittelman, M. S., D. L. Roth, et al. (2004). "Sustained benefit of supportive intervention for depressive symptoms in caregivers of patients with Alzheimer's disease." Am J Psychiatry 161(5): 850-6.

OBJECTIVE: The long-term effect of counseling and support on symptoms of depression was examined in spouse-caregivers of patients with Alzheimer's disease. METHOD: The participants were 406 spouse-caregivers of Alzheimer's disease patients who lived at home at baseline. The caregivers were randomly assigned to either a group receiving enhanced counseling and support treatment or a group receiving usual care (control group). Caregivers in the enhanced treatment group were provided with six sessions of individual and family counseling, agreed to join support groups 4 months after enrollment, and received ongoing ad hoc counseling. The Geriatric Depression Scale was administered at baseline and at regular follow-up intervals for as long as the caregiver participated in the study. RESULTS: After baseline differences were controlled for, caregivers in the enhanced treatment group had significantly fewer depressive symptoms after the intervention than did the control subjects. These effects were sustained for 3.1 years after baseline, similar across gender and patient severity level, and sustained after nursing home placement or death of the patient. CONCLUSIONS: Counseling and support lead to sustained benefits in reducing depressive symptoms in spouse-caregivers of Alzheimer's disease patients and should be widely available to provide effective, evidence-based intervention for family caregivers.

Montgomery, P. and J. Dennis (2004). "A systematic review of non-pharmacological therapies for sleep problems in later life." Sleep Med Rev 8(1): 47-62.

Sleep problems become more common with age, affect quality of life for individuals and their families, and can increase healthcare costs. Older people are often prescribed a range of drugs for their health problems, many of which have side effects. Side effects are just one reason why there is an argument to be made for clinical use of non-pharmacological treatments. This review considers the effectiveness of three interventions, cognitive behavioural therapy (CBT), bright light, and physical exercise. It considers sleep quality, duration and efficiency as primary outcome measures. Randomised controlled trials were selected where 80% or more of participants were over 60 and had a diagnosis of primary insomnia and where investigators had taken care to screen participants for dementia and/or depression. The data suggest a mild effect of CBT for sleep problems in older adults, best demonstrated for sleep maintenance insomnia. It may be that the provisions of 'top-up' or 'refresher' sessions of CBT training to improve durability of effect are worthy of investigation. Evidence of the efficacy of bright light and exercise were so limited that no conclusions about them can be reached as yet; however, in view of the promising results of

bright light therapy in other populations with problems of sleep timing, further research into its effectiveness with older adults would seem justifiable. Exercise, though not appropriate for all in this population, may enhance sleep. Research involving exercise programmes designed with the elderly in mind is needed.

Papp, K. V., S. J. Walsh, et al. (2009). "Immediate and delayed effects of cognitive interventions in healthy elderly: a review of current literature and future directions." Alzheimers Dement 5(1): 50-60.

BACKGROUND: Research on the potential effects of cognitive intervention in healthy elderly has been motivated by (1) the apparent effectiveness of cognitive rehabilitation in Alzheimer's disease (AD) patients; (2) the face validity of bolstering skills eventually burdened by disease; (3) interest in low-cost/noninvasive methods of preventing or delaying onset of disease; (4) the epidemiologic research suggesting protective effects of educational attainment and lifelong participation in cognitively stimulating activities; (5) the burgeoning industry of brain training products and requisite media attention; and (6) the aging world population. METHODS: We performed a systematic review with meta-analytic techniques to analyze randomized controlled trials of cognitive interventions in healthy elderly. RESULTS: The weighted mean effect size (Cohen's d) of cognitive intervention across all outcome measures after training was .16 (95% confidence interval, .138 to .186). The existing literature is limited by a lack of consensus on what constitutes the most effective type of cognitive training, insufficient follow-up times, a lack of matched active controls, and few outcome measures showing changes in daily functioning, global cognitive skills, or progression to early AD. CONCLUSIONS: Our review was limited by a small, heterogeneous, and methodologically limited literature. Within this literature, we found no evidence that structured cognitive intervention programs delay or slow progression to AD in healthy elderly. Further work that accounts for the limitations of past efforts and subsequent clear and unbiased reporting to the public of the state and progress of research on this topic will help the elderly make informed decisions about a range of potential preventive lifestyle measures including cognitive intervention.

Payne, K. T. and D. K. Marcus (2008) The efficacy of group psychotherapy for older adult clients: a meta-analysis (Structured abstract). Group Dynamics: Theory, Research and Practice 268-278

Pitkala, K. H., P. Routasalo, et al. (2009). "Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomized, controlled trial." J Gerontol A Biol Sci Med Sci 64(7): 792-800.

BACKGROUND: Loneliness is a distressing feeling of a lack of satisfying human relationships. It is associated with poor quality of life, impaired health, and increased mortality among older individuals. The study aim was to determine the effects of new psychosocial group rehabilitation on the subjective health, use and costs of health services, and mortality of lonely older individuals. METHODS: This randomized, controlled trial was performed in seven day care centers. A total of 235 older people (>74 years) suffering from loneliness participated. Intervention was implemented in 15 groups (each with 7-8 participants and 2 professional group leaders) meeting for 3 months altogether 12 times. Group intervention aimed to empower elderly people, and to promote their peer support and social integration. Intervention was based on the effects of closed-group dynamics. The groups had the following activities according to the participants' interests: (a) therapeutic writing and group psychotherapy, (b) group exercise and discussions, and (c) art activities. Group leaders received thorough training and tutoring. Subjective health, use and costs of health services, and mortality were measured. RESULTS: At 2 years, survival was 97% in the intervention group (95% confidence interval [CI], 91-99) and 90% in the control group (95% CI, 85-95) ($p = .047$). The intervention group showed a significant improvement in subjective health, thus resulting in significantly lower health care costs during the follow-up: the difference

between the groups was -943 euro/person per y (95% CI -1955 to -127; p = .039). CONCLUSIONS: Psychosocial group rehabilitation was associated with lower mortality and less use of health services.

Rovner, B. W. and R. J. Casten (2008). "Preventing late-life depression in age-related macular degeneration." Am J Geriatr Psychiatry 16(6): 454-9.

OBJECTIVE: To determine whether problem-solving treatment (PST) can prevent depressive disorders in patients with age-related macular degeneration (AMD). DESIGN: Two hundred six patients with AMD were randomly assigned to PST (n = 105) or usual care (n = 101). PST therapists delivered six PST sessions over 8 weeks in subjects' homes. MEASUREMENTS: Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition Diagnoses of Depressive Disorders, Hamilton Depression Rating Scale scores, and rates of relinquishing valued activities were assessed at 2 months for short-term effects and 6 months for maintenance effects. RESULTS: The 2-month incidence rate of depressive disorders in PST-treated subjects was significantly lower than controls (11.6% versus 23.2%, respectively; OR = 0.43; 95% CI [0.20, 0.95]). PST also reduced the odds of relinquishing a valued activity (OR = 0.48; 95% CI [0.25, 0.96]); this effect mediated the relationship between treatment group and depression. By 6 months most earlier observed benefits had diminished. Secondary analyses showed that a minimal level of depressive symptoms were disabling and predicted incident depressive disorders. CONCLUSION: PST prevented depressive disorders and loss of valued activities as a short-term treatment but these benefits were not maintained over time. To sustain PST's effect, an intervention that uses a problem-solving framework to enhance rehabilitative skills may be necessary.

Scogin, F., M. Morthland, et al. (2007). "Improving quality of life in diverse rural older adults: a randomized trial of a psychological treatment." Psychol Aging 22(4): 657-65.

The efficacy of home-delivered cognitive-behavioral therapy (CBT) in improving quality of life and reducing psychological symptoms in older adults was examined in this study. One hundred thirty-four participants, predominately African American and characterized as primarily rural, low resource, and physically frail, were randomly assigned to either CBT or a minimal support control condition. Results indicate that CBT participants evidenced significantly greater improvements in quality of life and reductions in psychological symptoms. Mediation of treatment through cognitive and behavioral variables was not found despite the acceptable delivery of CBT by research therapists. These data suggest that treatment can be effective with a disadvantaged sample of older adults and extend efficacy findings to quality of life domains. Creating access to evidence-based treatments through nontraditional delivery is an important continuing goal for geriatric health care.

Staal, J. A., A. Sacks, et al. (2007). "The effects of Snoezelen (multi-sensory behavior therapy) and psychiatric care on agitation, apathy, and activities of daily living in dementia patients on a short term geriatric psychiatric inpatient unit." Int J Psychiatry Med 37(4): 357-70.

A randomized, controlled, single-blinded, between group study of 24 participants with moderate to severe dementia was conducted on a geriatric psychiatric unit. All participants received pharmacological therapy, occupational therapy, structured hospital environment, and were randomized to receive multi sensory behavior therapy (MSBT) or a structured activity session. Greater independence in activities of daily living (ADLs) was observed for the group treated with MSBT and standard psychiatric inpatient care on the Katz Index of Activities of Daily Living (KI-ADL; P = 0.05) than standard psychiatric inpatient care alone. The combination treatment of MSBT and standard psychiatric care also reduced agitation and apathy greater than standard psychiatric inpatient care alone as measured with the Pittsburgh Agitation Scale and the Scale for the Assessment of Negative Symptoms in Alzheimer's Disease (P = 0.05). Multiple regression analysis predicted that within the multi-sensory group, activities of daily living (KI-ADL) increased as apathy and agitation reduced (R2 = 0.42; p = 0.03). These data suggest that utilizing MSBT with standard psychiatric inpatient care may reduce apathy and agitation and additionally improve

activities of daily living in hospitalized people with moderate to severe dementia more than standard care alone.

Stanley, M. A., N. L. Wilson, et al. (2009). "Cognitive behavior therapy for generalized anxiety disorder among older adults in primary care: a randomized clinical trial." JAMA 301(14): 1460-7.

CONTEXT: Cognitive behavior therapy (CBT) can be effective for late-life generalized anxiety disorder (GAD), but only pilot studies have been conducted in primary care, where older adults most often seek treatment. OBJECTIVE: To examine effects of CBT relative to enhanced usual care (EUC) in older adults with GAD in primary care. DESIGN, SETTING, AND PARTICIPANTS: Randomized clinical trial recruiting 134 older adults (mean age, 66.9 years) from March 2004 to August 2006 in 2 primary care settings. Treatment was provided for 3 months; assessments were conducted at baseline, posttreatment (3 months), and over 12 months of follow-up, with assessments at 6, 9, 12, and 15 months. INTERVENTION: Cognitive behavior therapy (n = 70) conducted in the primary care clinics. Treatment included education and awareness, motivational interviewing, relaxation training, cognitive therapy, exposure, problem-solving skills training, and behavioral sleep management. Patients assigned to receive EUC (n = 64) received biweekly telephone calls to ensure patient safety and provide minimal support. MAIN OUTCOME MEASURES: Primary outcomes included worry severity (Penn State Worry Questionnaire) and GAD severity (GAD Severity Scale). Secondary outcomes included anxiety ratings (Hamilton Anxiety Rating Scale, Beck Anxiety Inventory), coexistent depressive symptoms (Beck Depression Inventory II), and physical/mental health quality of life (12-Item Short Form Health Survey). RESULTS: Cognitive behavior therapy compared with EUC significantly improved worry severity (45.6 [95% confidence interval {CI}, 43.4-47.8] vs 54.4 [95% CI, 51.4-57.3], respectively; P < .001), depressive symptoms (10.2 [95% CI, 8.5-11.9] vs 12.8 [95% CI, 10.5-15.1], P = .02), and general mental health (49.6 [95% CI, 47.4-51.8] vs 45.3 [95% CI, 42.6-47.9], P = .008). There was no difference in GAD severity in patients receiving CBT vs those receiving EUC (8.6 [95% CI, 7.7-9.5] vs 9.9 [95% CI, 8.7-11.1], P = .19). In intention-to-treat analyses, response rates defined according to worry severity were higher following CBT compared with EUC at 3 months (40.0% [28/70] vs 21.9% [14/64], P = .02). CONCLUSIONS: Compared with EUC, CBT resulted in greater improvement in worry severity, depressive symptoms, and general mental health for older patients with GAD in primary care. However, a measure of GAD severity did not indicate greater improvement with CBT. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00308724.

Steinman, L. E., J. T. Frederick, et al. (2007). "Recommendations for treating depression in community-based older adults." Am J Prev Med 33(3): 175-81.

OBJECTIVE: To present recommendations for community-based treatment of late-life depression to public health and aging networks. METHODS: An expert panel of mental health and public health researchers and community-based practitioners in aging was convened in April 2006 to form consensus-based recommendations. When making recommendations, panelists considered feasibility and appropriateness for community-based delivery, as well as strength of evidence on program effectiveness from a systematic literature review of articles published through 2005. RESULTS: The expert panel strongly recommended depression care management-modeled interventions delivered at home or at primary care clinics. The panel recommended individual cognitive behavioral therapy. Interventions not recommended as primary treatments for late-life depression included education and skills training, comprehensive geriatric health evaluation programs, exercise, and physical rehabilitation/occupational therapy. There was insufficient evidence for making recommendations for several intervention categories, including group psychotherapy and psychotherapies other than cognitive behavioral therapy. CONCLUSIONS: This interdisciplinary expert panel determined that recommended interventions should be disseminated throughout the public health and aging networks, while acknowledging the challenges and obstacles involved. Interventions that were not recommended or had insufficient evidence often did

not treat depression primarily and/or did not include a clinically depressed sample while attempting to establish efficacy. These interventions may provide other benefits, but should not be presumed to effectively treat depression by themselves. Panelists also identified primary prevention of depression as a much under-studied area. These findings should aid individual clinicians as well as public health decision makers in the delivery of population-based mental health services in diverse community settings.

Thorp, S. R., C. R. Ayers, et al. (2009). "Meta-analysis comparing different behavioral treatments for late-life anxiety." Am J Geriatr Psychiatry 17(2): 105-15.

OBJECTIVE: To evaluate the efficacy of different types of behavioral treatments for geriatric anxiety (cognitive behavior therapy [CBT] alone, CBT with relaxation training [RT], and RT alone). METHOD: The authors compared effect sizes from 19 trials. Analyses were based on uncontrolled outcomes (comparing posttreatment and pretreatment scores) and effects relative to control conditions on both anxiety and depressive symptoms. RESULTS: Treatments for older adults with anxiety symptoms were, on average, more effective than active control conditions. Effect sizes were comparable to those reported elsewhere for CBT for anxiety in the general population or for pharmacotherapy in anxious older adults. CBT (alone or augmented with RT) does not seem to add anything beyond RT alone, although a direct comparison is challenging given differences in control conditions. Effects on depressive symptoms were smaller, with no differences among treatment types. CONCLUSION: Results suggest that behavioral treatments are effective for older adults with anxiety disorders and symptoms. Results must be interpreted with caution given the limitations of the literature, including differing sample characteristics and control conditions across studies.

Tondi, L., L. Ribani, et al. (2007). "Validation therapy (VT) in nursing home: a case-control study." Arch Gerontol Geriatr 44 Suppl 1: 407-11.

VT is a method for communicating with elderly people with dementia. It has been applied since 2001 at the "Istituto Giovanni XXIII" in Bologna, a public trust, housing over 500 not self-sufficient elderly people. Around 75% of these subjects suffer from cognitive impairment, associated to behavioral and psychological symptoms of dementia (BPSD) in over 35%. To assess the effectiveness of VT, we carried out a study involving 50 subjects divided in two groups, of cases and controls, made up by 27 and 23 patients, respectively. In both groups neuropsychiatric inventory (NPI) and the Bedford Alzheimer nursing severity scale (BANSS) were used before the start and after the end of the study; the case group underwent both individual and group VT. The results show a marked decrease of the average NPI symptom score in the case group (from 22.0 to 9.5) vs. a rise in the control group (from 21.7 to 24.1). Agitation, apathy, irritability and nighttime behaviors were the most improved NPI items among the subjects who underwent the VT. In these patients also the NPI distress score turned out reduced, vs. a small increase in the control group. In the case group an improvement occurred with BANSS too, even if much slighter changes were registered vs. the control group. Although the small number of subjects enlisted does not allow to draw firm inferences, the study suggests that VT is able to reduce the severity and frequency of BPSD, thus improving the relationship with and the management of patients having diagnosis of dementia without any side effects.

Tsai, Y. F., T. K. Wong, et al. (2008). "Self-worth therapy for depressive symptoms in older nursing home residents." J Adv Nurs 64(5): 488-94.

AIM: The aim of this study is to report the effects of self-worth therapy on depressive symptoms of older nursing home residents. BACKGROUND: Depression in older people has become a serious healthcare issue worldwide. Pharmacological and non-pharmacological therapies have been shown to have inconsistent effects, and drug treatment can have important side-effects. METHOD: A quasi-experimental design was used. Older people were sampled by convenience from residents of a nursing home in northern Taiwan between 2005 and 2006. To be included in the

study participants had to: (i) have no severe cognitive deficits; (ii) test positive for depressive status and (iii) take the same anti-depressant medication in the previous 3 months and throughout the study. Participants in the experimental group (n = 31) received 30 minutes of one-to-one self-worth therapy on 1 day a week for 4 weeks. Control group participants (n = 32) received no therapy, but were individually visited by the same research assistant, who chatted with them for 30 minutes on 1 day/week for 4 weeks. Depressive status, cognitive status and functional status were measured at baseline, immediately after the intervention and 2 months later. Data were analysed by mean, standard deviations, t-test, chi-squared test and univariate anova. FINDINGS: Self-worth therapy immediately decreased depressive symptoms relative to baseline, but not relative to control treatment. However, 2 months later, depressive symptoms were statistically significantly reduced relative to control. CONCLUSION: Self-worth therapy is an easily-administered, effective, non-pharmacological treatment with potential for decreasing depressive symptoms in older nursing home residents.

Ulstein, I. D., L. Sandvik, et al. (2007). "A one-year randomized controlled psychosocial intervention study among family carers of dementia patients--effects on patients and carers." Dement Geriatr Cogn Disord 24(6): 469-75.

OBJECTIVE: To test the effect of a short-term psychosocial intervention programme for family carers of patients with dementia and identify characteristics of carers and patients that responded positively. METHODS: The study was a multi-centre randomized controlled trial. Carers of 180 patients suffering from dementia recruited at 7 memory clinics at geriatric or psychiatric departments participated in the study. Carers of the intervention group were educated about dementia and in 6 group meetings taught how to use structured problem-solving. The control group received treatment as usual. The effect on patients was measured with the Neuropsychiatric Inventory and on carers with the Relatives' Stress Scale (RSS). RESULTS: The intention-to-treat efficacy analysis included 171 carer/patient dyads. The intervention did not have any effect on the primary outcome variables. The burden measured by the RSS increased in both groups; however, more carers of the control group converted from a low-burden group to a medium- or high-burden group after 4.5 months. In a subgroup analysis we found a statistically significant difference in the Neuropsychiatric Inventory score in favour of the intervention group among female patients. CONCLUSION: The predominately negative result of this study emphasizes the need of individually tailored interventions for carers and the use of narrow inclusion criteria when performing group-based interventions, such as the extent of burden as well as gender and kinship.

van't Veer-Tazelaar, P. J., H. W. van Marwijk, et al. (2009). "Stepped-care prevention of anxiety and depression in late life: a randomized controlled trial." Arch Gen Psychiatry 66(3): 297-304.

CONTEXT: Given the public health significance of late-life depression and anxiety, and the limited capacity of treatment, there is an urgent need to develop effective strategies to prevent these disorders. OBJECTIVE: To determine the effectiveness of an indicated stepped-care prevention program for depression and anxiety disorders in the elderly. DESIGN: Randomized controlled trial with recruitment between October 1, 2004, and October 1, 2005. SETTING: Thirty-three primary care practices in the northwestern part of the Netherlands. PARTICIPANTS: A total of 170 consenting individuals, 75 years and older, with subthreshold symptom levels of depression or anxiety who did not meet the full diagnostic criteria for the disorders. INTERVENTION: Participants were randomly assigned to a preventive stepped-care program (n = 86) or to usual care (n = 84). Stepped-care participants sequentially received a watchful waiting approach, cognitive behavior therapy-based bibliotherapy, cognitive behavior therapy-based problem-solving treatment, and referral to primary care for medication, if required. MAIN OUTCOME MEASURES: The cumulative incidence of DSM-IV major depressive disorder or anxiety disorder after 12 months as measured using the Mini International Neuropsychiatric Interview. RESULTS: The intervention halved the 12-month incidence of depressive and anxiety disorders, from 0.24 (20 of 84) in the

usual care group to 0.12 (10 of 86) in the stepped-care group (relative risk, 0.49; 95% confidence interval, 0.24 to 0.98). CONCLUSIONS: Indicated stepped-care prevention of depression and anxiety in elderly individuals is effective in reducing the risk of onset of these disorders and is valuable as seen from the public health perspective.

Wang, J. J. (2007). "Group reminiscence therapy for cognitive and affective function of demented elderly in Taiwan." Int J Geriatr Psychiatry 22(12): 1235-40.

BACKGROUND: Elderly people with cognitive impairments are often associated with depressed mood and are heavy consumers in both medical services and need in caregivers. Reminiscence is believed to be effective in improving the cognition and mood of demented people. OBJECTIVES: This study tested the hypothesis that structured group reminiscence therapy can prevent the progression of cognitive impairment and enhance affective function in the cognitively impaired elderly. METHODS: A randomized controlled trial (RCT) based on a two group pre- and post-test design was used. The experimental subjects underwent eight group sessions, one session per week. The measurements were performed using Mini-Mental State Examination (MMSE), Geriatric Depression Scale short form (GDS-SF), and Cornell Scale for Depression in Dementia (CSDD). RESULTS: The sample consisted of 102 subjects, with 51 in the experimental group and 51 in the control group. Results demonstrated that the intervention significantly affected cognitive function and affective function as measured by MMSE and CSDD ($p = 0.015$ and 0.026), indicating that the cognitive function of the experimental subjects increased and their depressive symptoms diminished following intervention. CONCLUSION: Participation in reminiscence activities can be a positive and valuable experience for demented older persons. Consequently, the development of a structured care program for elderly persons with cognitive impairment and the need for long-term care is essential. Thus, health providers in long-term care facilities should be trained in reminiscence group therapy, and to be able to deliver such a program to the targeted group.

Wetherell, J. L., C. R. Ayers, et al. (2009). "Modular psychotherapy for anxiety in older primary care patients." Am J Geriatr Psychiatry 17(6): 483-92.

OBJECTIVE: To develop and test a modular psychotherapy protocol in older primary care patients with anxiety disorders. DESIGN: Randomized, controlled pilot study. SETTING: University-based geriatric medicine clinics. PARTICIPANTS: Thirty-one elderly primary care patients with generalized anxiety disorder or anxiety disorder not otherwise specified. INTERVENTION: Modular form of psychotherapy compared with enhanced community treatment. MEASUREMENTS: Self-reported, interviewer-rated, and qualitative assessments of anxiety, worry, depression, and mental health-related quality of life. RESULTS: Both groups showed substantial improvements in anxiety symptoms, worry, depressive symptoms, and mental health-related quality of life. Most individuals in the enhanced community treatment condition reported receiving medications or some other form of professional treatment for anxiety. Across both conditions, individuals who reported major life events or stressors and those who used involvement in activities as a coping strategy made smaller gains than those who did not. CONCLUSIONS: Results suggest that modular psychotherapy and other treatments can be effective for anxiety in older primary care patients. Results further suggest that life events and coping through increased activity may play a role in the maintenance of anxiety in older adults.

Wilson, K. C., P. G. Mottram, et al. (2008). "Psychotherapeutic treatments for older depressed people." Cochrane Database Syst Rev(1): CD004853.

BACKGROUND: Despite a number of reviews advocating psychotherapy for the treatment of depression, there is relatively little evidence based on randomised controlled trials that specifically examines its efficacy in older people. OBJECTIVES: To examine the efficacy of psychotherapeutic treatments for depression in older people. SEARCH STRATEGY: CCDANCTR-Studies and CCDANCTR-References were searched on 11/9/2006. The International

bacp
British Association for
Counselling & Psychotherapy

Journal of Geriatric Psychiatry and Irish Journal of Psychiatry were handsearched. Reference lists of previous published systematic reviews, included/excluded trial articles and bibliographies were scrutinised.Experts in the field were contacted.. SELECTION CRITERIA: All randomised controlled trials that included older adults diagnosed as suffering from depression (ICD or DSM criteria) were included. All types of psychotherapeutic treatments were included, categorised into cognitive behavioural therapies (CBT), psychodynamic therapy, interpersonal therapy and supportive therapies. DATA COLLECTION AND ANALYSIS: Meta-analysis was performed, using odds ratios for dichotomous outcomes and weighted mean differences (WMD) for continuous outcomes, with 95% confidence intervals. Primary outcomes were a reduction in severity of depression, usually measured by clinician rated rating scales. Secondary outcomes, including dropout and life satisfaction, were also analysed. MAIN RESULTS: The search identified nine trials of cognitive behavioural and psychodynamic therapy approaches, together with a small group of 'active control' interventions. No trials relating to other psychotherapeutic approaches and techniques were found. A total of seven trials provided sufficient data for inclusion in the comparison between CBT and controls. No trials compared psychodynamic psychotherapy with controls. Based on five trials (153 participants), cognitive behavioural therapy was more effective than waiting list controls (WMD -9.85, 95% CI -11.97 to -7.73). Only three small trials compared psychodynamic therapy with CBT, with no significant difference in treatment effect indicated between the two types of psychotherapeutic treatment. Based on three trials with usable data, CBT was superior to active control interventions when using the Hamilton Depression Rating Scale (WMD -5.69, 95% CI -11.04 to -0.35), but equivalent when using the Geriatric Depression Scale (WMD -2.00, 95% CI -5.31 to 1.32). AUTHORS' CONCLUSIONS: Only a small number of studies and patients were included in the meta-analysis. If taken on their own merit, the findings do not provide strong support for psychotherapeutic treatments in the management of depression in older people. However, the findings do reflect those of a larger meta-analysis that included patients with broader age ranges, suggesting that CBT may be of potential benefit.

Woods, B., A. Spector, et al. (2005). "Reminiscence therapy for dementia." Cochrane Database Syst Rev(2): CD001120.

BACKGROUND: Reminiscence Therapy (RT) involves the discussion of past activities, events and experiences with another person or group of people, usually with the aid of tangible prompts such as photographs, household and other familiar items from the past, music and archive sound recordings. Reminiscence groups typically involve group meetings in which participants are encouraged to talk about past events at least once a week. Life review typically involves individual sessions, in which the person is guided chronologically through life experiences, encouraged to evaluate them, and may produce a life story book. Family care-givers are increasingly involved in reminiscence therapy.Reminiscence therapy is one of the most popular psychosocial interventions in dementia care, and is highly rated by staff and participants. There is some evidence to suggest it is effective in improving mood in older people without dementia. Its effects on mood, cognition and well-being in dementia are less well understood. OBJECTIVES: The objective of the review is to assess the effects of reminiscence therapy for older people with dementia and their care-givers. SEARCH STRATEGY: The trials were identified from a search of the Specialised Register of the Cochrane Dementia and Cognitive Improvement Group on 4 May 2004 using the term "reminiscence". The CDCIG Specialized Register contains records from all major health care databases (MEDLINE, EMBASE, PsycLIT, CINAHL) and many ongoing trials databases and is regularly updated. We contacted specialists in the field and also searched relevant Internet sites. We hand-searched Aging and Mental Health, the Gerontologist, Journal of Gerontology, Current Opinion in Psychiatry, Current Research in Britain: Social Sciences, British Psychological Society conference proceedings and Reminiscence database. SELECTION CRITERIA: Randomised controlled trials and quasi-randomized trials of reminiscence therapy for dementia. DATA COLLECTION AND ANALYSIS: Two reviewers independently extracted data and assessed trial quality. MAIN RESULTS: Five trials are included in the review, but only four trials with a total of

144 participants had extractable data. The results were statistically significant for cognition (at follow-up), mood (at follow-up) and on a measure of general behavioural function (at the end of the intervention period). The improvement on cognition was evident in comparison with both no treatment and social contact control conditions. Care-giver strain showed a significant decrease for care-givers participating in groups with their relative with dementia, and staff knowledge of group members' backgrounds improved significantly. No harmful effects were identified on the outcome measures reported. AUTHORS' CONCLUSIONS: Whilst four suitable randomized controlled trials looking at reminiscence therapy for dementia were found, several were very small studies, or were of relatively low quality, and each examined different types of reminiscence work. Although there are a number of promising indications, in view of the limited number and quality of studies, the variation in types of reminiscence work reported and the variation in results between studies, the review highlights the urgent need for more and better designed trials so that more robust conclusions may be drawn.

bacp
British Association for
Counselling & Psychotherapy