

Caring For Older Adults With Depression Case Study

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Introduction

The author was originally introduced to Mr. Grooms while living with his partner in Georgia. He met his daughter when she came to visit her father. Coincidentally, his daughter was also from this area, and the author had just so happened to move to Baltimore for his wife's studies thereafter. The author has personally noticed a "change" in Mr. Grooms as he continues to be in touch with him and his family.

Problem Statement

Mr Grooms is a 79-year-old man suffering from several physical and mental concerns. These concerns have been observed by Mr. Grooms himself, his daughter, and the author. Mr. Grooms feels physically weak and has given up hobbies due to diminishing motor skills. He suffers from declining mental health in the form of dementia, which is resulting in changed behaviour. Mr Grooms has also developed depression as his social circle has shrunk since moving to Maryland. This paper aims to explore depression in older adults and its interventions with a focus on cognitive-behavioural therapy. The paper further analyses the results of various articles to establish the effectiveness of the intervention.

Epidemiology

Depression is a prevalent illness all over the world. Approximately 3.8% of the world population, i.e., two hundred and eighty million people, have a depressive disorder, with 5% adults and 5.7% individuals above 60 years of age. Depression differs from daily mood fluctuations in terms of its reoccurrence and intensity, making it a serious health condition. The impact of depression not only leads a person to struggle at work, school, or in family relationships, but it is also the 4th leading source of suicide among young adults (World Health Organization, 2021). It diminishes functionality and quality of life and is linked to "medical morbidity and mortality" (Kessler & Bromet, 2013; Ustün et al., 2004). The adverse outcomes of depression are attributed to the financial burdens that it entails due to its high prevalence and the resulting functional disability. Being functionally disabled ultimately deteriorates one's quality of life. The subjective perception of people suffering from depression is quite low regarding social, health, and occupational well-being (Cho et al., 2019).

Many known treatments for mental disorders, such as depression, are present; however, in low-

income countries, approximately 75 per cent of the population receives no treatment due to a lack of sufficient resources, including competent practitioners and the social stigma attributed to mental disorders. In many cases, depressive patients are not correctly diagnosed, while often others who do not suffer from depression are misdiagnosed and prescribed antidepressants (World Health Organization, 2021). While a single course of treatment may not be suitable for the needs of all persons, the use of cognitive-behavioural therapy (CBT) is often safe to administer and is considered a first-line treatment for several mental illnesses, including depression (David et al., 2018).

Cognitive Behavioral Therapy

Cognitive-behavioural therapy was established by Aaron Beck in the 1960s, and since then, extensive research has been conducted to establish its efficacy in the treatment of various mental disorders. As a psychological treatment, CBT is considered an effective method for several mental concerns, such as depressive disorder, phobias, anxiety, eating disorders, and substance abuse, among others. This treatment method not only yields positive results in the improvement of functionality and quality of life but is also deemed more efficient as compared to other psychological interventions and psychiatric medications (American Psychological Association, 2022).

The first step to approach any problem is its correct diagnosis. Data gathering is, therefore, an essential component for a correct assessment of the problem. The process of data gathering not only helps the therapist in the assessment of the issue but is the first step in building trust with the patient. Following the idea of “collaborative empiricism”, valuation must be a method of the dual unearthing of events (Corrie et al., 2016). For this method of assessment and intervention, communication and a strong therapeutic alliance are key. The primary assessment for CBT is based on a comprehensive description of the problem currently being faced. The process of CBT assessment is multilayered as it identifies the problem, introduces the patient to the CBT model, focuses on building a therapeutic association, and assesses the consumer’s propensity to change (Mitcheson et al., 2010).

Regarded as talk therapy, CBT aims to help patients face their troubles by altering the way they reason and act. The treatment is usually based on 5 – 20 therapy sessions that last approximately 30 – 60 minutes. CBT is not based upon a single model or underlying theory; it is rather an all-encompassing term that includes many different therapy models. Although these models share certain common features, each has its distinct characteristics (Herbert et al., 2013). The model that is most common across CBT is the cognitive model, and it is based on the notion that the cause of many of our problems is rooted in negative emotions and behaviours. The therapy relies on the interconnectedness of cognition, emotions, and behaviours. Unlike psychoanalysis, which focuses on the issues of the past, cognitive behavioural therapy deals with current negative patterns and corrective measures (NHS, 2021).

Methods

To establish the efficiency of “Cognitive Behavioral Therapy” as an intervention for depression, a review of previous studies is conducted. The method employed for the research involved database research and citation searching. The search was run in databases such as “PubMed”, “ScienceDirect”, and “JSTOR”. Citation searching was conducted by combining the bibliography of related articles. The research employed keywords and phrases relevant to the study. The inclusion criteria were based on the relevancy of results and recency of the study. Moreover, the validity of articles was another criterion; therefore, only peer-reviewed articles are included.

Results

The results of the articles that met the above-mentioned criteria are included in this section.

Research was conducted to establish the efficiency of cognitive-behavioral therapy offered to older people who are going through depression. The population of this study was 204 individuals aged 65 years and above. The population was enlisted from the primary care institutions and had a “Geriatric Mental State” diagnosis of depression. An inclusion criterion was followed, and individuals were selected based on a primary diagnosis of depressive disorder with a score of 14 or higher on “Beck’s Depression Inventory-II (BDI-II)”. Language command and a stable dose of medication (if any) were also criteria for selection. In contrast, patients with suicidal ideation, drug/ alcohol dependence, bipolar disorder, and hallucinations/ delusions were excluded. Individuals with a cognitive deficit and those who had received electroconvulsive therapy within the last six months were also excluded. The study employed a randomized controlled trial, and intervention was provided by therapists and geriatrics professionals. The outcomes were measured by collecting scores on the BDI-II after the end of therapy, i.e., after 4 months and later after 10 months. These scores were compared with the baseline score. The results of this study indicate that CBT is effective for the elderly suffering from depressive disorder (Serfaty et al., 2009).

Another research was conducted to analyze the effectiveness of standard cognitive-behavioural therapy compared to CBT, which integrates emotion-focused techniques. Both forms of interventions were administered by therapists. The study was based on “randomized controlled clinical trials”, and the population of the research was based upon 149 depressed outpatients. Participants were incorporated if they came across certain standards of “The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)”. Moreover, individuals aged 18 to 65 years were included in the study based on informed consent. In contrast, patients with psychotic disorders, bipolar disorder, substance abuse, and suicidal ideation were excluded from the study. Patients on medication that increased depressive symptoms were also not included. Participating individuals had to achieve a score of at least 14 on the “German version of BDI- II” and 13 or less on the “World Health Organization’s Well-Being Questionnaire”. The primary outcomes of the study were measured through self-reports and

clinicians' ratings. The results indicated a significant improvement in depressive symptoms; however, the integration of "emotion-focused techniques" with CBT did not yield additional benefits.

A meta-analytical review was conducted to examine the efficacy of CBT. A total of 106 meta-analytical studies were reviewed to examine the impact of CBT on several conditions, including substance use disorder, psychotic disorders, depression, bipolar disorder, and anxiety disorders, among others. Meta-analysis was also conducted to study the efficiency of CBT in solving problems prevalent in children and the elderly. The study provided strong efficacy of CBT for anxiety disorders, eating disorders, stress, and anger control problems. In general, a strong evidence base for CBT is in place (Hofmann et al., 2012).

The results of research conducted in 2018 aimed to establish the usefulness of "internet-based cognitive-behavioral therapy" in the cure of depression. The research aimed at older adults, especially those suffering from "osteoarthritis of the knee and comorbid major depressive disorder". Randomized controlled trials were conducted with 69 adults aged 50 years and above. The two groups of patients were those allocated to a ten-week internet-based CBT in addition to their usual treatment, and the others added to the "treatment as a usual control group". The results of this research establish the efficiency of internet-based CBT for older individuals with "osteoarthritis of the knee and comorbid major depressive disorder" who also suffer from depression. This treatment program is additionally beneficial for "increased self-efficacy and improved pain, stiffness, and physical function" (O'moore et al., 2018).

Another research study was conducted to determine the impact of integrated CBT on depression (CBT-D) and insomnia. The intervention was disseminated through videoconference. The population of the study included 40 rural middle-aged and older adult patients. The treatment was based on either ten sessions of CBT-D and CBT-I or usual care. The intervention was administered via Skype at the primary care clinic. The assessment was administered at baseline, after the completion of the treatment, and after a three-month follow-up. The results of this study revealed that the recipients of CBT-D and CBT-I presented considerably better development in their conditions than those receiving usual care. For both groups, a decrease in symptoms was observed over time; however, its impact on depression is more equivocal (Scogin et al., 2018).

Research was conducted to find the effect of cognitive-behavioural therapy on elderly individuals with depression. The method employed a literature search on the internet for articles published from the year 2000 to 2013. The result of this study indicates that CBT is relatively more efficacious in older individuals than their usual treatment. These findings are consistent with the reviews conducted for other age ranges. The study concludes that since older individuals are often reluctant to consume antidepressants or are incapable of bearing their side effects, CBT could be an effective alternative (Jayasekara et al., 2015).

Summary of Results

The results of the studies mentioned above reveal the efficacy of CBT in older adults with depression. In some studies, the results are quite significant, while in others, they are equivocal, with certain limitations to consider.

Discussion

There is a lack of studies to determine the effect of CBT on older individuals suffering from depression. The results of the research mentioned above reveal that additional studies are required to examine the efficacy of CBT, especially in randomized controlled studies. Moreover, meta-analytic studies have only been conducted for children and the elderly population. There is a shortage of meta-analysis studies of CBT that focus on specific subgroups, such as low-income samples and ethnic minorities. Additionally, more research is required to establish the effectiveness of integrated approaches (Hofmann et al., 2012). These studies can be somewhat generalized, especially to the population under study. However, further research must be conducted to examine the impact of CBT on people of different races, ethnicities, and backgrounds.

The patient in the case study, Mr. Grooms, belongs to an African American family and was raised in rural Georgia. His depression stems from various life events, such as the loss of all siblings and wife, retirement from work, and his shrinking social circle. He also faces discrimination, which seems to be quite normal for him. He is unable to indulge his hobbies due to physical weaknesses. CBT can be administered to treat depression in Mr. Grooms; however, significant improvement can be yielded by integrating CBT with other interventions, including family interventions. The challenges to the treatment include the patient's low self-esteem and motivation to change. Mr. Grooms needs to see a purpose in his life. The probable methods to track change (improvement/ decline) include self-reports, scores on BDI-II, and feedback from family members.

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