

Treating Subthreshold Depression in Nursing Home Residents with Serious Chronic Illness

Background and Significance

There is extensive evidence documenting high levels of comorbidity between physical and depressive illness in later life. Across a variety of chronic conditions, depression negatively affects quality of life, as well as hindering the effectiveness of efforts to palliate pain and other manifestations of advanced disease. Although there is no debate that treatment for depression is a critical component of palliative care, depression remains one of the most unrecognized and untreated conditions among long term care (LTC) residents. Recent research in geriatric depression has called attention to the prevalence and consequences of clinically significant depressive symptomatology that does not meet diagnostic criteria for major depression, referred to as subthreshold depression. Prior research has consistently indicated that subthreshold syndromes can have equally negative consequences as major depressive disorders for health, functioning, and life quality among older adults.

Problem-Solving therapy (PST) is one of the key interventions currently used to address depression in older adults. PST is a cognitive-behavioral therapy approach that treats depression by teaching patients how to systematically solve psychosocial problems. Problem-solving interventions have been found to be as or more effective in treating major depression in middle-aged and older adults compared to medication, psychoeducational interventions, and/or placebo. Although pilot interventions incorporating problem solving skills have been implemented in LTC facilities, no prior research has tested the application of this manualized psychotherapeutic technique within long-term nursing home care.

Study Objectives

The goal of this pilot study is to evaluate the feasibility and tolerability of using PST to treat subthreshold depression in older, nursing home residents with serious illness (CHF, COPD, stroke) and intact or mildly impaired cognitive status. These data will inform the development of a large-scale clinical trial to test the effect of this nonpharmacological treatment for subthreshold depression and symptom distress in this complex medically ill population. Specific objectives include:

1. To demonstrate PST implementation fidelity (recruitment, acceptance, and adherence to the protocol) within a nursing home setting.
2. To identify the potential of PST for nursing home residents with serious chronic illness and subthreshold depression relative to: (a) Primary outcomes of depression remission and clinically significant reductions in depressive symptoms; and (b) Secondary outcomes of symptom distress (pain, fatigue).

3. To estimate the effect size of the PST intervention compared to Usual Care with Social Contact for primary and secondary outcomes.

Methods

Forty participants, age 65 years and older, with subthreshold depression (minor depression and/or Hamilton Depression Rating Scale score of 10 or greater) will be recruited and randomized to treatment and comparison groups. Treatment participants will receive six, one-hour sessions of PST. To control for the attention associated with PST intervention, comparison group participants will receive 6 consecutive 20 minute sessions of social contact occurring over the same 6-week period as the treatment group provided by social work interns. Assessments will occur at pre-assignment, at week 7 (following PST treatment) and 2 months post treatment for longer term effects. Treatment fidelity will be assessed, including systematic documentation and evaluation of the recruitment process, methods to reduce attrition, provider training, treatment delivery and receipt, and enactment of treatment skills.

Current Status

The project is in the start-up phase.

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