

# Cochrane Nursing Care Field - 'Cochrane Corner' Cochrane Review Summary

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**Title:**

The role of psychological treatments for depression and anxiety in dementia

Depression and anxiety are common conditions that are frequently experienced by people living with dementia of any type. Anxiety and depression may be associated with the progression of dementia and more severe functional impairment.

Pharmacological approaches are commonly used to treat anxiety and depression among those living with dementia. However, they are not always effective and often over used. Serious adverse events including over-sedation, falls with injury, and death are possible. Psychological treatment may provide an important alternative to pharmacotherapy. However, evidence supporting efficacy is limited given the extent to which specific approaches have been studied among people living with dementia.

- **Objectives**

Primary Objective: to assess effectiveness of psychological interventions in reducing anxiety and depression in people with dementia or mild cognitive impairment

Secondary Objectives: To determine:

1. Whether psychological interventions improve patient quality of life, cognition, activities of daily living and reduce behavioural and psychological symptoms of dementia other than anxiety and depression compared to usual care and;
2. Whether psychological treatment improve caregiver quality of life or reduce carer burden.

- **Intervention/Methods**

The review authors defined a psychological intervention as a) one that was used to reduce depression or anxiety, or both b) based on a psychological theory c) involved a structured interaction between a facilitator and participant which included psychological methods. These interventions were then grouped as follows:

<b>Psychological interventions (individual or group)</b>	<b>Brief Description</b>
Cognitive behavioural therapies (often referred to as talking therapies)	Can include cognitive analytic therapy, behaviour therapy, brief rational insight and problem-solving therapy

Relaxation training therapies	Therapies that actively seek a “relaxation” response, i.e. Example, progressive muscle relaxation
Psychodynamic therapies	Focus on using the unconscious thought process to achieve self-awareness and understanding of influences from the past that may influence present behaviour. Examples include brief psychotherapy and insight orientated psychotherapy.
Interpersonal therapies (ITP)	Concentrates on the person regaining control of mood and functioning
Supportive or counselling therapies (	Emphasis listening and discussing problems and feelings

Included studies were delivered to individuals or groups, for any length or frequency. Psychological interventions were compared with no treatment (usual care) or a comparison group engaging in non-specific psychosocial activities. Psychological interventions, combined with pharmacological treatments were included providing these were compared with a control group only using pharmacological interventions. Outcome measures for depression or anxiety included patient, carer and clinician rated providing they were measured using a standardised test (e.g. Cornell Scale for Depression in Dementia, Hamilton Depression Scale, Beck Depression Inventory, Geriatric Depression Scale) or for anxiety (e.g. Worry Scale, Rating of Anxiety in Dementia Scale)

- **Results**

Six trials, including a total 439 participants across the studies, suggested positive effects of psychological treatment on depression. There was limited evidence to suggest psychological interventions improved anxiety. Two trials, involving a total of 65 participants, suggest that clinician rated anxiety improved. However, both patient and carer rated anxiety did not improve.

<b>Condition</b>	<b>Standard Mean Difference (SMD)</b>	<b>95% Confidence Interval (CI)</b>	<b>Quality of Evidence (High, Moderate, Low)</b>
<i>Depression</i>	-0.22	CI -0.41—0.03	<i>Moderate</i>
<i>Carer’s self-rated depression</i>	-2.40	-4.96-0.16	<i>Unclear</i>
<i>Clinician Rated Anxiety</i>	-0.47	-0.78—-0.16	<i>Low</i>
<i>Self-rated Anxiety</i>	0.05	-0.44-0.54	<i>Low</i>

- **Conclusions**

When combined, evidence from six trials suggests psychological intervention reduce depressive symptoms in people with dementia. These psychological interventions include CBT, psychodynamic interpersonal therapy, therapeutic conversations and counselling. These interventions were sometimes combined with other therapies such as Tai Chi or social support groups. Most evidence supports use only in mild dementia. Though this small body

of evidence is promising, it is limited in scope and in the extent to which interventions were trialled over time and intensity. More high quality trials are required and should be extended to include those individuals diagnosed with mild cognitive impairment. There were too few trials looking at anxiety

- ***Implications for Practice***

Overall, psychological interventions offer potential to improve anxiety and depression among those living with dementia and depression. However, no one psychological intervention was better than another. This makes it difficult to recommend one particular approach over another.

**PRIORITY** – Orgeta V, Qazi A, Spector AE, Orrell M. Psychological treatments for depression and anxiety in dementia and mild cognitive impairment. Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD009125. DOI: 10.1002/14651858.CD009125.pub2.

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