

### Target Area: Anxiety, Depression, Stress & Adjustment

<p>Teri, Logsdon, Uomoto &amp; McCurry (1997). <i>Behavioural Treatment of Depression in Dementia Patients: A Controlled Clinical Trial</i>. The Journals of Gerontology 52B(4): 159-165</p>	<p>PEDro score – 5/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Studytype: RCT.</p> <p>Y Population: Caregiver–patient dyads comprising n=72 community dwelling participants with probable Alzheimer’s Disease (AD), who meet criteria for either major or minor depression.</p> <p>Y Groups: Pleasant events group (n=23); Problem Solving group (n=19); Typical Care Control (n=10); Wait–list Control Group (n=20)–no contact.</p> <p>Y Setting: Community setting.</p> <p>Primary outcome measure/s:</p> <p>Y Hamilton Depression Rating Scale (HDRS).</p> <p>Y Cornell Scale for Depression in Dementia (CSDD).</p> <p>Secondary outcome measure/s:</p> <p>Y Beck Depression Inventory (BDI) completed by caregivers on the patient’s behalf.</p> <p>Y MMSE and Dementia Rating Scale to assess cognition.</p> <p>Y Record of Independent Living (RIL) for ADLs.</p> <p>Y Measures of caregiver mood and level of burden.</p> <p>Result: A significant reduction in depression was found for both active treatment groups (Pleasant Events and Problem Solving), when compared with either the Typical Care or the Wait List control. There were no statistical differences in post–treatment depression between the Pleasant Events and the Problem Solving groups. The Typical Care and the Wait List groups were not significantly different from each other. Improvements in caregiver mood were also found for the two active treatment groups when compared with the control groups. No differences were found on measures of patient cognition or functional status.</p>	<p>Aim: To reduce levels of depression in AD patients by educating their caregivers.</p> <p>Materials: Therapist manual and caregiver reader (available from authors).</p> <p>Treatment plan/procedure:</p> <p>Y Duration: 9 week program (9 contact hours in total) Y</p> <p>Sequence: For groups 1–3: 9 x 1hr session /week Y</p> <p>Content:</p> <ul style="list-style-type: none"> <li>– <i>Pleasant Events</i>: Caregivers are             <ol style="list-style-type: none"> <li>1. Educated about depression in dementia and the importance of pleasant events;</li> <li>2. Taught to identify, plan, and increase pleasant events;</li> <li>3. Taught behavioural and problem solving strategies to increase pleasant events and alter contingencies related to depression and associated behaviour problems.</li> </ol> </li> <li>– <i>Problem–Solving</i>: Caregivers are provided with education, advice and support, without focusing on pleasant events. Instead, the focus of this intervention is on problem–solving those patient depression behaviours of specific concerns to caregivers.</li> <li>– <i>Typical Care Control</i>: Caregivers are given general information, advice and support in their efforts to manage patient problems. No specific problem solving or behavioural strategies were implemented.</li> </ul>