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Adequacy Of Acceptance And Commitment Therapy On Geriatric Depression

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Abstract:

Depression is one of the most common psychiatric disorders in elders, followed by undesirable effects on their mental, emotional and behavioral state. As a quasi-experimental study, the present study is an attempt to investigate the effectiveness of ACT I n group format on improving depression and its main indicators such as negative thoughts, disappointment, inefficient attitude, and suicide in elders. Forty 60 to 75 years old elders with clinical depression have been divided into two groups of experimental and control group, each group 20 people. Group therapy has been implemented during 12 sessions. The analytical results and combinational repetitive variance revealed that there is a significant relation between two groups in terms of the scores of Acceptance and commitment level, depression intensity of elders, and such an effect has been still maintained after the end of training ($P < 0.001$). Therefore, it seems that ACT-based group therapy causes to the improvement of depression in elders.

Keywords: depression, Geriatric, acceptance and commitment therapy (ACT)

Introduction

Depression is one of the most important factors which have been always propounded as a destructive challenge in elders' psychiatric state. Depression is a common but not an ordinal problem in elders such that ignoring this problem creates many problems for elders and their families (Cassano & Fava, 2008). Depression is a costly heath problem. For elders with depression, the costs of health care are about 50% higher than those without depression (Unutzer, 1997). Depression is a temper disorder which is manifested with some symptoms such as low temper, losing feeling, absurdity, mental and motor slowness, sense of guilt, inability in concentration, and death related thoughts (Kaplan & Sadock, 2007). Such an issue makes preventive treatments or enabling in depression, especially in elders necessary. There are various psychiatric therapies to treat depression. ACT is one of the most recent psychiatric treatments. According to research findings, this therapy has been effective on depression, various anxiety disorders, chronic pain, eating disorders, epilepsy, etc. (Izadi et al., 2013). In acceptance and commitment therapy, the main objective is to create psychiatric flexibility; psychiatric flexibility means selecting practical response among available and appropriate alternatives but not merely avoiding turbulent thoughts, emotions, memories, or desires which are merely fulfilled or in fact, imposed on an individual.

According to ACT, psychiatric disorders and pain derives from psychiatric inflexibility and these pains will be significantly decreased with changing psychiatric inflexibility to psychiatric flexibility. Psychiatric

flexibility also derives from cognitive diffusion, lack of attachment to artifact concept, empirical acceptance, informed relation with the present time, and clarifying values and acting based on personal values which are internally associated with each other (Izadi et al., 2013).

Previously reported studies showed the effectiveness of ACT-based group therapy and other treatments with close philosophical bias on the considerable improvement of temper disorders and depression reduction (Niles et al., 2014; Kaviani, 2006; Rajabi & Yazd Khasti, 2012; Hor et al., 2013). For example, Walser et al. (2013) asserted that educating and practical application of ACT leads to the considerable improvement of depression in patients. Given to few studies performed in Iran, the present study considers it necessary to perform such a study and attempts to investigate the effectiveness of ACT-based group therapy on depression in elders.

Materials and Methods

The present research is a quasi-experimental study with control and experimental group design. Statistical population includes all elders referred to daily Geriatric centers of Shiraz in 2014. After primary evaluation, 40 people consistent with inclusion criteria and homogenized based on the intensity of depression have been randomly divided into two groups of experimental and control (each group 20 people) through semi-structural clinical interview, Beck depression inventory and Geriatric Depression Scale.

In the study, the dependent variables for both groups were measured at tree times (pretest, posttest and follow up). Therefore, combinational frequent variance analysis test was used.

Results

In the experimental group, age average of the testees was 40-65 with standard deviation of 4.103 and in the control group the age range was 64-90 with standard deviation of 4.315. The two groups were almost identical in terms of age.

Table 1 presents the indices of acceptance and commitment, depression with respect to the situation (pretest, posttest and follow up) and the two groups.

Table 1. Statistical indices of depression with respect to situation and group

Dependent variable	Experimental		Control	
	M	SD	M	SD

Acceptance and commitment	Pretest	12/900	1/0586	12.90	1.37
	Middle test	38/350	3/0774	12.35	1.59
	Posttest	45/300	2/155	13.05	1.35
	Follow up	44/060	3/136	12.35	1.49
Depression intensity	Pretest	46.55	4.711	43.95	1.375
	Posttest	30.60	7.961	42.95	1.329
	Follow up	31.10	6.797	44.55	1.325
Geriatric depression	Pretest	17/55	2/481	18.95	1.953
	Posttest	5/303	2/494	17.70	3.028
	Follow up	6/75	2/77	17.10	3.902

According to Table 1, the scores of acceptance and commitment in the experimental group have been increased from the situation of pretest to posttest and follow up while these scores have not been different in the control group during the three situations. The scores of depression intensity, geriatric depression, have been decreased from the situation of pretest to posttest and follow up but there has been no difference between the score in the control group.

Table 2 compares the mean scores of acceptance and commitment, depression separately in three situations of posttest, pretest and follow up.

Table 2. The comparison of mean scores of acceptance and commitment, depression in both groups

Dependent variable	Target situation	Compared situation	Experimental		Control	
			Mean difference	Probability level	Mean difference	Probability level
Acceptance and commitment	Pretest	Middle test	-25.450	0.001	0.550	0.186
		Posttest	-32.400	0.001	-0.150	0.276
		Follow up	-31.700	0.001	0.550	0.077
Depression intensity	Pretest	Posttest	15.950	0.001	1.00	0.396
		Follow up	15.450	0.001	-0.600	0.36
Geriatric depression	Pretest	Posttest	14.250	0.001	1.250	0.085
		Follow up	10.800	0.001	1.850	0.805

Investigating variance homogeneity using mBox's test indicates that variance-covariance matrix of the dependent variables are equal in both groups.

Given to the values observed in Table 2, in the control group, for most of the variables, no significant difference is observed between mean scores in pretest, posttest and follow up. But in the experimental group, mean scores of acceptance and commitment are less than the treatment ($p < 0.001$), posttest and

follow up ($P < 0.001$). Furthermore, mean scores of the pretest form depression intensity, and geriatrc depression, are higher than posttest ($P < 0.001$) and follow up ($P < 0.001$).

Considering the results shown in Table 1 and Table 2, it can be concluded that the treatment has caused to the decrease of depression in the experimental group.

Discussion and Conclusion

The present work attempted to investigate the effect of acceptance and commitment therapy (ACT) in group format on the improvement of depression related to elders. The research findings revealed that ACT in group format effectively decreases geriatric depression. In other words, in the experimental group, depression level was significantly decreased, indicating the effectiveness of this therapy in decreasing depression intensity and geriatric depression. Also, the findings showed that suing ACT in the experimental group in posttest and follow up led to a more significant decrease in depression compared to pretest. In other words, it indicates that just like other common psychiatric therapies, ACT has a significant effect on decreasing geriatric depression (Sadegh Moghadam, 2013; Madah & Falahati, 2000; Gol Karami et al., 2013; Faraji et al., 1013). This research findings is consistent with the results obtained by othr researches conformed the positive effect of ACT on other mental turbulences (Bluett et al., 2014; Halfman et al., 2014; Clarck et al., 2014; Gharayi Ardekani et al., 2012; Kiani et al., 2012; Izadi et al., 2013; Pour Faraj, 2011).

This finding is consistent with the results obtained by Hoseinian et al. (2013), Rajabi and Yazd Khasti (2012), Hor et al. (2013), Walser et al. (2013), Folke et al. (2012), Forman et al. (2007), Zettel et al. (2011), and Batch and Hayes (2002), reporting the effectiveness of ACT on the decrease of depression. Zettel et al. (2011) showed that ACT in group format has more reduction in depression relative to cognitive therapy group. As a consistent finding, Kaviani (2006) reported that training mind-awareness to patients with temper disorders causes to a significant improvement in mental health and depression reduction. Karlin et al. (2013) investigated and compared the effect of ACT in young and old officers. They found that ACT is an effective therapy for elders who were under continuous clinical therapy. This result is consistent with the report of Folke and Parling (2044). In their study, Folke and Parling investigated the effectiveness of ACT on Swedish employees' depression. As they concluded, ACT significantly decreases their depression and improves mental health, quality of life and their functional ability. Moreover, this result is consistent with the results obtained by Zettel and Rinse (1989) and Zettel and Hayes (1986). Comparing ACT with CT, they concluded that both treatments have significant effects on depression intensity reduction and depression causing beliefs. But, ACT significantly decreases depression in follow up stage.

According to the findings, in the experimental group, using ACT in group format leads to a more significant decrease in depression during posttest and follow up compared to pretest stage. That is, just like other common psychiatric treatments, ACT significantly decreases geriatric depression.

Changing preventive experiences, promoting mind-awareness, psychiatric acceptance and rational acceptance of psychiatric events, ACT tries to change them without unnecessary efforts (Hayes et al.,

2006). Accepting previous and current emotions and thoughts make this possibility for an individual to move forward a valuable and significant life with flexibility and freedom in spite of a body of problems and difficulties.

As the limitations of the present study, it can be referred to the short term follow up stage; therefore, it is suggested that future studies consider longer follow up period (at least 12 months). Accordingly, to increase the validity of the research, it is suggested that larger sample and more treatment sessions are used by the future studies since applying greater samples ad longer treatment session and follow up period can remove the inefficiencies of the present paper to some extent.

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