The Effect of Cognition Therapy on Depression in the Elderly patients

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ABSTRACT

Background: Depression is one of the psychological disorders and cognitive therapy is an intervention to improve depression. The purpose of this study is to systematically review studies of the effect of cognitive therapy on depression in the elderly.

Material and methods: In this systematic review, the search for clinical trial articles presented in English was done in following databases in the period 2015-2017 with the key The terms "Seniors OR Elderly OR ORIGINATING ADULTS OR AGING" AND (Depression OR Depressive Disorders) Cognitive therapy: Scopus, Medline, PubMed Web of Science, Cochran, EMBASE, Elsevier, ProQuest, Springer. Searching for clinical trials submitted in Persian was performed in databases such as: SID, Magiran, IranMedex and Irandoc in The period of 2014-2016 with the following keywords: seniors or older OR or seniors or depression disorders.

Results: A total of 21 full-text articles were examined systematically. After the search, screening and evaluating the results, 17 of the studies showed a positive effect of cognitive therapy on depression and only 4 cognitive therapy studies had no effect on depression. 9 of the studies studied in psychiatric patients have been reported on the effect of cognitive therapy on the reduction of depression, two studies have examined the effect of cognitive therapy on the reduction of depression in leprosy patients, and three studies in HIV + patients, two in patients with epilepsy and one in patients with Breast cancer pays. The results have shown that although cognitive therapy was beneficial in reducing depression in different groups, each group benefited from a different level of usefulness.

Conclusion: The studies have been conducted in different people, different interventions of cognitive therapy in different cultures. According to the findings, cognitive therapy interventions have a positive effect on the improvement of depression symptoms and these interventions require development.

Keywords: Cognition Therapy, Clinical depression, non-clinical depression, Elderly
Background

The world’s population is aging. It is estimated that in 2020 the world’s population will reach 7823 million and the number of people over 52 will reach 10.4% (1). Today, due to an increase in the aged population, aging is an important global phenomenon (2). The number of elderly people in the world (over 60 years old) has increased from 9.2% in 1990 to 11.7% in 2013. It is expected to reach 21.1% in 2050 (3). Reports show that Asian countries are moving faster towards the aging population (4). According to the Census of Iran’s Statistics Center in 2006, about 7.3% of the country’s population is over 60 years old and older than 20% of which seems to be 20% by the year 2050 (5). Therefore, it is important to pay attention to the psychosocial needs of this group of elderly people. Considering the plurality and variety of issues during the aging period, there may be no period, such as elderly age, to be sensitive and disturbing (6). One of the psychological problems of this stage of life that endangers the mental health of the elderly is depression (7). About 15-25% of the elderly have physical and psychological problems such as depression (8). The prevalence of major depressive disorder is 1% in various studies in the general population, while 24% of the elderly population suffer from clinical depression (9). Depression decreases the quality of life of the elderly and increases their dependence on others (10). Depression is one of the most common psychiatric disorders in the elderly and is one of the most common causes of suicide in this cortex. This disorder diminishes the quality of life of the elderly and increases their dependence on others (11, 12). Since depression is related to the poor ability to solve a problem (13), it has also been shown that a negative cognitive structure enhances individual’s ability to depression (14), so it seems necessary to pay much attention to the quality of life and The cognitive function of individuals, as well as the identification, diagnosis and treatment of depression, affect the quality of life of the elderly and the ability to cope with the physical and psychological problems of this period of life (15). Given the negative consequences of anxiety and depression on the mental health of the elderly, it is advisable to use treatments that do not include the side effects of taking medications that increase the mortality of the elderly. Considering that the results of psychological interventions, especially cognitive-behavioral therapies, have provided a promising framework (18-16). Cognitive Therapy is a therapeutic process that helps patients to correct ill-fated personal beliefs that lead to certain behaviors. The fundamental principle of this therapy is that thinking is prior to creation, and both are related to the environment, physical response, and individual behavior. In this therapeutic approach, the therapist trains adaptive coping skills such as: the study of small to large problems, more systematic steps and decision making through profitable analysis, and provides active planning, self-review of enjoyable skills. At the onset of the treatment, it is used to help the patient and to overcome his rest and to treat the patient as potentially subject to rewarding experiences (14). Also, cognitive therapy can change the cognitive structures that are stabilized (15). The goal of cognitive therapy is to enable patient abilities to provide realistic and accurate assessments of the situations they face (13). One of the goals of cognitive therapy is to train active coping skills and problem solving to improve depression. Therefore, acquiring skills in these two skills groups leads to a reduction in ineffective thinking through cognitive-behavioral therapy (19, 20). Findings of the study showed that cognitive therapy is effective in reducing depression and behavioral therapy (21). In another study by Gholami et al. on elderly women, the results showed the effectiveness of cognitive group counseling in reducing the symptoms of anxiety and depression in the elderly (22). Jart et al. (2013) reported that cognitive therapy is effective in reducing depression in patients with major depression (23). The age of the population is increasing and the resulting psychological disorders, such as depression, cause many problems (24, 25). Therefore, comprehensive and systematic reviews of the effect of non-pharmacological strategies such as cognitive therapy on the need to reduce depression in the elderly seem necessary. To come therefore, considering the inappropriate effects of depression on physical and psychological health, the present study aims to summarize and evaluate the articles that have examined the effect of cognitive therapy on depression in the elderly so that it could be a useful and effective step to reduce the rate of depression in elderly.

Methodology

In this systematic review, the search for clinical trial articles presented in English was done in following databases in the
Period 2015-2017 with the key the terms "Seniors OR Elderly or Originating adults or aging” and Cognitive therapy: Scopus, Medline, PubMed Web of Science, Cochrane, EMBASE, Elsevier, ProQuest, and Springer. Searching for clinical trials submitted in Persian was performed in databases such as: SID, Magiran, IranMedex and Irandoc in The period of 2014-2016 with the following keywords: seniors or older OR or seniors or depression disorders. After these searching the researcher described his results.

Results
After searching, screening and evaluating the quality of studies, analyzes were performed on 34 studies. In studies in Britain, the United States, Iran, Germany, New Zealand, Norway, Pakistan, Australia and Switzerland, the results indicated that in 30 studies, cognitive therapy had a positive effect on depression. Only four cognitive therapy studies had no effect on depression. In 9 cases of psychiatric patients, the effect of cognitive therapy on the reduction of depression has been reported. 8 studies have also cited cognitive therapy in patients with epilepsy, AIDS, hemodialysis patients, leprosy, students, pregnant women, Alzheimer’s caregivers, general surgery candidates, Parkinson’s patients, and obstructive pulmonary disease. 2 The effect of cognitive therapy on reducing depression in leprosy patients and 3 studies on the effect of cognitive therapy on reducing depression in HIV patients, 2 The effect of cognitive therapy on decreasing depression in patients with epilepsy and 1 Study on the effect of cognitive therapy on reducing depression in patients with breast cancer. They were. The results have shown that cognitive therapy has been beneficial in reducing depression in different groups. But this utility was different in each of the groups. In a computer-based cognitive therapy study, Beck’s approach to reducing depression has been compared, and a computer-based approach has shown a better efficacy (26). In the studies, the effect of two face-to-face cognitive-therapist approaches and tele-cognitive therapy on depression was studied and there was no difference between these two approaches (27). In Table 1 = the results of each article were reported separately for each of them.

Discussion
In this study, twenty clinical trials were reviewed. The results showed that cognitive therapy interventions are effective in reducing the depression of patients with psychological problems. According to other studies, the effects of these interventions on other patients are limited, but these interventions are very limited. Cognitive therapy is effective in reducing depression in psychiatric patients in Iran, Thailand, the United States, the United Kingdom and Australia (27, 49-53).

A study has shown that cognitive therapy reduces the risk of future and post-treatment. Based on the results of these studies, respondents to drug therapy are more likely to respond to relapse than cognitive therapy (54). Jonghe reported that cognitive therapy effectively reduced the risk of recurrence of depression in a six-year follow up of depressed patients undergoing cognitive therapy (55). Cognitive-behavioral group therapy leads to depression and is considered as an adjunct to medical treatment (35). In fact, the goal of cognitive therapy is to eliminate depression periods and prevent their recurrence by identifying negative cognitive, creating different, flexible, positive, and practicing cognitive-behavioral responses over time (56). In contrast, a number of findings in the United States and Switzerland suggest that cognitive therapy is not effective in reducing depression (16, 57). This difference in the results of the studies can be attributed to factors such as the difference in the means of measuring depression, the difference in the number of people in the group of experience and control, and also in studies that reported the results of depression improvement from different cognitive therapy approaches, including individual cognitive therapy And a group was used that the number of sessions and hours of meetings varies in different studies. In studies with cognitive therapy with different duplication, the results of different interventions have shown different outcomes (27, 58, and 59) due to the positive effect of these interventions on depression. Therefore, according to the results of these cognitive methods, more studies are needed to compare these differences. According to a review of 8 non-psychiatric patients and each of these cases considered a particular group of patients, in a study on the effect of cognitive therapy on infertility women, in another study, the effect of cognitive therapy in affected women Breast cancer and another study in women with Alzheimer’s disease (60, 42). So far, cognitive therapy interventions have been carried out on women and attention has been paid to the importance of cognitive therapy in improving depression in two other studies. According to the study of the effectiveness of cognitive-behavioral group therapy in reducing depression, anxiety and stress in women with breast cancer in Kurdistan, this cognitive and behavioral group is effective in reducing depression. (60). Therefore, due to the importance of the subject in this study and other studies, further studies on the effect of cognitive therapy on the reduction of depression in women are needed. Of the studies in only one study in Pakistan, the effect of cognitive therapy on women’s depression (61), therefore, has seen some deficiencies in the effect of cognitive therapy on women’s depression. Other findings in patients with AIDS and patients with AIDS and candidates for surgery were indicative of the effect of cognitive therapy interventions on these patients (32, 34, and 38). According to a study conducted in AIDS patients, according to the results of studies that depression is more
Common in 5 patients than normal, and cognitive therapy is effective in these patients (38). Due to lack of access to AIDS patients, there are few studies in this group of patients and we need more studies in this group of patients. Due to the lack of studies conducted on non-psychiatric patients, few studies have been done on physical patients, and it is possible to achieve different results from other studies, and in the study conducted in Australia on the students, the result is different. It was concluded that cognitive therapy had no effect on depression (62), and studies on whether cognitive therapy had an effect on a particular age in the last 5 years and required further study of adolescence-old age groups.

Conclusion
Most articles indicate the effect of cognitive therapy interventions on depression and studies have been conducted on the ineffectiveness of this intervention. Due to the small number of studies, we need more studies in this regard. Most articles indicate the effect of cognitive therapy interventions on depression and studies have been conducted on the ineffectiveness of this intervention. Due to the small number of studies, we need more studies in this regard.

References


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Cognitive therapy is effective in reducing depression. (P <0.005)