An Experimental Study to Analyze the Efficacy of Reminiscence Therapy on Depression among the Elderly at an Old Age Home in Chennai

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ABSTRACT

Aging is usually closely correlated with decreased physical activity and increased disease conditions. Most of the elderly suffer from varied disease conditions. Apart from being affected physically, they are said to be affected mentally also. About one third elderly population of India suffered from depression. This may be due to various reasons such as lose of a spouse or child, loneliness, financial insecurity, emotional insecurity, etc. The use of reminiscent therapy in treating depression in elderly is slowly but steadily thriving among medical practitioners and care givers. Studying the efficacy of reminiscent therapy usage would help create awareness and in formation of support groups either through relatives, friends or care givers. Hence the present study was designed to check the efficacy of reminiscent therapy in elderly. The present study shows without doubt that reminiscent therapy indeed helps curb depression and may be tried in elderly before pharmaceutical interventions.

Key words: Depression, Senior citizens, Loneliness, Reminiscent therapy, Aging, Psychotherapy

INTRODUCTION

Longevity has increased on account of health awareness and new discoveries of medicine [1]. This has enlarged the elderly population to a good extent. In India, anyone above 60 is considered as senior citizen and anyone above 80 come under very Senior citizen [2]. A report released by the United Nations Population Fund and Help Age India suggests that the number of elderly persons is expected to grow to 173 million by 2026 [3]. Aging is usually closely correlated with decreased physical activity and increased disease conditions [4]. Most of the elderly suffer from varied disease conditions. Apart from being affected physically, they are said to be affected emotionally also. About one third elderly population of India suffer from depression [5]. Depression affects an individual by interrupting their regular activities [6]. This may be due to various reasons such as lose of a spouse or child, loneliness, financial insecurity, emotional insecurity, etc. Imbalances in neurotransmitters also may cause depression in elderly [7].

Pharmaceutical interventions are available which help curb the depression [8]. But, this increases financial burden and dependency of medicine for proper health. This led people to search for alternative approaches to fight depression. One such psychotherapy is called reminiscent therapy. Originally reminiscent therapy was used to treat dementia in elderly [9]. It uses all the five senses of the body to help the patient remember their past. The use of reminiscent therapy in treating depression in elderly is slowly but steadily thriving among medical practitioners and care givers [10]. When people are reminded of the good things they did or that happened to them, they tend to develop a positive grateful attitude and a sense of accomplishment in their lives which in turn decreases depression. Intervention encourages the client to perceive stressful situation in terms of over lapping past, present & future time spheres. The efficacy of using reminiscent therapy has not been elaborately studied in India. Studying this would help create awareness and formation of support groups either through relatives, friends or care givers. Hence the present study was designed to check the efficacy of reminiscent therapy in elderly.

METHODOLOGY

Research approach

In order to accomplish the objective, a one group pre-test and post-test study design was considered as appropriate for the present study. Quasi Experimental approach with one group pre-test and post-test design is used.

Research design

The research design selected for the study was one group pre-test post-test
design (O1–X-O2). In this design the investigator introduces base measures
before and after treatment. This design is widely used in educational research.

In this present study the base measure was level of depression among
old age people and the treatment was a reminiscence therapy to reduce the level
of depression.

The design adopted for the present study can be represented as

O1=Assessment of level of depression before reminiscence therapy.

X=Administration of reminiscence therapy.

O2=Assessment of level of depression after reminiscence therapy.

Variables under study

In the present study the independent variable is reminiscence therapy used
to reduce the level of depression. The dependent variable is the level of depression among old age people who are admitted at a hospice convent for the aged in Chennai.

Setting of the study

The selection of the centre for the present study is on the basis of

- Availability of subjects.
- Feasibility of conducting the study.
- Economy of time and money.
- The study was conducted at an old age home in Chennai.

Population

The old age people who satisfied the inclusion criteria and were above the age group of 60 years from an old age home were the accessible target population for this study.

Sampling technique

Initially screening program was done for 125 old age people to identify their depression level with the help of geriatric depression scale. From this, 80 old age people who had depression were selected for the study.

Sample size

80 samples were taken who satisfies both the inclusion and exclusion criteria.

Inclusion criteria

- People above 60 years of age.
- Includes both male and female.

Exclusion criteria

- Those who are all having severe physical and co morbid mental illness.

Reminiscence intervention

Reminiscence is an independent nursing therapy used by variety of professional caregivers.

It involves re-collection of previous events and feelings which aim to facilitate pleasure, quality of life or adaptation of new circumstances through the process of reminiscence therapy.

The reminiscence intervention consists of issues related to childhood days; work, marriage, social accomplishment, and most memorable moments.

The level of depression was assessed through the geriatric depression scale.

The clients were encouraged to reminiscence on the specific areas listed in the reminiscence guides. Discussion on specific issues-five sessions on 5 issues was conducted separately for each person as specified in the reminiscence guide.

Each day one issue was reminisced (Table 1).

Table 1: Reminiscence intervention.

Sessions	Sections
I	Childhood days
II	Work
III	Marriage
IV	Social accomplishment
V	Most memorable moment.

Development and description of the tool

Selection of the instrument

The study method used to collect data is intended to allow the researcher to construct a description of the meaning of the variables under study.

The data was collected using Geriatric Depression Scale and questionnaire for collecting the demographic data. Structured interview schedule was used as a research tool.

Because it was considered to be the most appropriate treatment to get responses from those who can't read and write.

Development of the instrument

It is the process of developing the tool; the investigator used the following steps.

- Literature review.
- Reliability- Split half method.
- Validity by expert opinion.

Validation of tool

The content validity of the instrument was assessed by obtaining opinion from fine experts in the field of nursing and medicine.

It was established on the basis of expert opinions from the field of psychiatry, psychology and psychiatric nursing. Modifications were incorporated in the Main study.

Description of tool

The tool contest of two sections–Section A & section B.

Section A

Deals with demographic variables which includes Sex, Age, Educational Qualification, religion, previous occupation, pension, marital status, areas of previous residence, Duration of stay in old age home.

Section B

Deals with the level of depression among old age people using Geriatric depression scale, The Geriatric Depression scale, first developed by J.A Yesavage in 1982, the scale consist of 30 questions are answered "yes" or "no", this simplicity enables the scale to be used with ill or moderately cognitively impaired individuals [11,12].

Scoring technique

Based on the score of Geriatric depression scale, the patients are categorized in to the following types. The grid sets a range of 0-9 as "normal", 10-19 as "mild level of depression", and 20-30 as "severe level of depression".

- 0-9 indicates normal.
- 10-19 indicates mild depression.
- 20-30 indicates severe depression.

Ethical issues

Each individual was informed about the purpose of the study and confidentiality was ensured. The client had freedom to leave the study at his/her will without assigning any reason. These ethical issues were ensured in the study.

RESULTS

The frequency and percentage distribution of the age groups among 80 old age people shows that 58.75% of them belong to 60 – 70 years age group, next 32.5% of them belong to 71-80 years, 8.75% were between 81-90 years and none of them were above 90. 40 males and 40 females were selected for the study. 48.75% did not have any kind of education, 21.25% have completed primary education, 15% of them finished higher secondary, 2.5% finished diploma and 12.5% were graduates.

In the job front, 60% of them were employed by private firms, 17.5% had Government jobs and 22.5% did odd jobs or were unemployed. In terms of pension, 40% of them get below 3000 rupees, 46.25% between 3000-5000, 3.75% of them 5000-10000, 7.5% got 10000-15000 and 2.5% got above 15000.

71.25% were Hindus, 16.25% were Christians, 8.75% were Muslims and 3.75% belonged to other religions. Regarding marriage, 71.25%were married, 12% were unmarried, 13.75% lost their spouses and 2.5% were separated.

Duration of the stay were as follows - 25% stayed there below a year, 45% stayed for 1 to 4 years, 25% stayed for 5 to 8 years and 5% stayed for more than 9 years.

All of the 80 people were either mildly depressed (53.75%) or severely depressed (46.25%) before the reminiscent therapy.

The level of depression has clearly decreased in most of them as seen in the post test where majority of them (91.25%) came under the normal category and the rest of them (8.75%) were mildly depressed.

None of them were severely depressed after the reminiscent therapy (Tables 2 and Table 3).

Table 2: Frequency and percentage distribution of old age people based on the demographic variables.

S.No	Demographic variables	N	(%)
1	Age in years		
	60-70	47	58.75%
	71-80	26	32.50%
	81-90	7	8.75%
	91 yrs and above	0	0%
2	Sex		
	Male	40	50%
	Female	40	50%
3	Educational status		
	Illiterate	39	48.75%
	primary	17	21.25%
	Higher secondary	12	15%
	Diploma	2	2.50%
	Graduate	10	12.50%
4	Previous Occupation		
	Private job	48	60%
	Government job	14	17.50%
	If any other	18	22.50%
5	Pension in rupees		
	Below Rs.3000	32	40%
	Rs.3001-5000/-	37	46.25%
	Rs.5001-10000/-	3	3.75%
	Rs 10001- 15000	6	7.50%
	Rs. 15001 and above	2	2.50%
6	Religion		
	Hindu	57	71.25%
	Christian	13	16.25%
	Muslim	7	8.75%
	Others	3	3.75%
7	Marital status		
	Married	57	71.25%
	Un married	10	12%
	Widow/widower	11	13.75%
	Separated	2	2.50%
8	Areas of residence		
	Rural	12	15%
	rban	68	85%
9	Duration of stay in old age home in years		
	Below 1 year	20	25%
	1-4 year	36	45%
	5-8 year	20	25%
	9 yrs and above	4	5%

Table 3: Frequency and percentage of distribution based on level of depression among old age people.

Sl. NO	Level of depression	Pre test		Post test	
		N	%	N	%
1	Normal	0	0%	73	91.25%
2	Mild depressive	43	53.75%	7	8.75%
3	Severe depressive	37	46.25%	0	0%

DISCUSSION

All the elders chosen in the present study were either severely or mildly depressed. This is a serious condition which shouldn't be ignored but needs the attention of the caregivers. Although in the 80 elders chosen, male and female were in equal ratio, an international study says that females outlive males in general and thus undergo more challenges than their counterparts [11].

In terms of education, most of them were illiterate. Those who are illiterate will not be able to do other relaxing activities, such as reading books or writing a journal, which are healthy hobbies which helps curb depression [12]. In the job front, apart from people who worked in government and private jobs, 18 of them did not have proper jobs or were unemployed. This may lead to a sense of failure in their lives, which in turn may have caused depression [13]. Out of 80 people 69 had monthly pensions less than 5000 rupees. This would result in them depending on their families for financial needs. This kind of financial dependency may also be one of the reasons for depression.

Majority of elders were from urban areas. One of the reasons for this may be that many people migrate to the city in search of jobs and relocate their families with them [14]. But since they may not be able to take care of them due to various issues, they may end up admitting their elders in an old age home. Living in an old age home may also be one of the causes for depression [15]. Separation from their family members and being forced to live a life in loneliness amidst strangers could have affected their emotional stability.

Reminiscent therapy seems to have worked very well in the elders with zero people in severe depression category post therapy. Reminding people of their accomplishments or forgotten sweet memories will bring a sense of gratitude to them. This may decrease the depression and increase a positive attitude towards life.

CONCLUSION

Form the present study it can be concluded that Reminiscent therapy has worked appreciably well in decreasing the depression level of elderly in the old age home irrespective of the reasons for depression. Hence reminiscent therapy is highly recommended as a first measure of treating depression in the elderly subjecting them to any drug interventions.

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