The Effect of Reminiscencetherapy on Depression among Elderly

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Abstract:Background:*Depressionis the most common psychiatric disorder in elderpeople;Reminiscence therapy has a great effect on depression in old age andis designed for older clients with moderate depression.* **Aim**: *the aim of the study wasto assess the effect of reminiscence therapy on depression level among older adult.* **Design**: *The study followed aquasi-experimentaldesign.* **Setting**:*this study was conducted in Elsaada Geriatric home and Resala Charity organization geriatrichome, Tanta city Egypt.* **Subjects**: *30 elder clients achievethe inclusion criteria; Aged 60 years and more, able to communicate, demonstrating no cognitive impairment***Tools**:*two tools were used;* **tool I**, *Geriatric depression scale; It contains two parts, Geriatric Depression Scale long form and "Socio demographic characteristics of the elderly, structured interview schedule"and* **Tool II**: *The Mini Mental State Examination (MMSE).* **Results**: *the results revealed that, the majority of studied clients had severe depression before implementation of the reminiscencetherapy program and the level of depression decreased after implementation of reminiscence therapy and, there is a positive significant relation in levels of depression and socio demographic characteristics of elderly.* **Recommendations**: *reminiscence intervention should be applied as a routine care for elderly patients with depression and a training program should be carried for nurses who deal with elderly clientsabout reminiscence therapy*
Keywords: *reminiscence, depression elderly*

Operational definition:
Reminiscence therapy is "one of the most important nursingstrategies use the recall of past experiences to improveadaptation and quality of life"

I.   Introduction

All over the whole world, the numbers of elderly people have been increasing regularly. According to the WHOestimation,the number of older adultabove65 yearswas600 million in 2016;this number is going to be doubled in 2025.Thenumbers of elderly people in Egypt also represent6.9% from total population in 2016and will reach about 10% by 2030.

Elderly people have different emotionalproblemsbecause of effect of the aging process, having chronic physicaldisease, differ in rolesand separation of loved ones (death). These physiological problems if not well cared for, can lead to depression [1-3]

Late life depression is an imperative general medical issue, it is associated with expanded risk of morbidity, expanded danger of suicide, diminished physical activity, cognitive and social working, and more prominent self-disregard, a which are all thusly connected with expanded mortality[4,5]. Depression linked with reducing quality of life, higher human services administrations usage and longer length of health center remain, it affects manysides of theelderly life eitherpsychological, somatic, social, and spiritual aspects. Symptoms of depression frequently disregarded and untreated when they compare with other medicinal diseases or life occasions that regularly happen as individual's age. Psychotherapeuticmethodologies can give huge and supported advantages to enhanced personal satisfaction for elderly patients as a procedureto avoid antidepressant medication; their reaction and side-effects [4,6,7]

Effective therapeutic interventions are required to treatdepression and other psychosocialproblems in old age. Reminiscence therapy is an independent nursing intervention and one of the most important strategies to treat depression in elderly; it incorporates involvingelderlyduringthe daily activities with positive communication andduring daily living activities. It takesnegligible skill, but when the nurse follows some guidelines the effects of a reminiscence therapycan bemaximized.In spite ofreminiscing includes reviewing past occasions, it motivatethe elderly to interact with anaudience in the current events. It applied in group setting or in one-to-onesessions through formal or informal sessions also [8,9].

Reminiscence intervention isdefined as "a strategythat helps the older adult to evaluate their life situations even positive or negative experiences". It considered a natural method of helping the older clients and the most importantstrategies which use with the elder clients in group therapy. Awareness level with one self and other people was increased after discussinglifeexperiences, if it were blessed or negative, it also enhance cohesiveness and provide support. [10,11]

It is structured particularly for older clients with moderate depression by using different rules. These treatment strategies aimed to prevent and reduce the level of depression, increase quality of life, enhance self-care, elevate self-esteem, and help in coping with stressful situation. In reminiscence intervention, patients recreate their life experiences and evaluate both positive and negative ones. Different materials like music and pictures are accustomed enhance reminiscencesrecall; the good advantage of reminiscence is to supply acceptance of life, as well as the resolution of past conflicts. Likewise, it will be easy to apply or it can be used with a different populations, it is as a non-pharmacological treatment and can't cause stigma, so, reminiscence is an effective nursing intervention for different groups of clients. [12,13]

The reminiscence process for older adult helps health care personal to study about and appreciate the life of the clientsand gatheringdataabout many different aspectsas emotional,culture,health and defensive coping [14,15]

In their studies, **Laura (2000),and Wang, 2005**used reminiscenceintervention in treating depression and apply this research on older adult,theystated,that elderly with depressionbecome more awareon meaning of life experiences after application of reminiscence strategies programand stated thatit's a useful in elevate confusion , level of depression ,life satisfaction and general health.[16,17]

II. Significance of the study

As the number of elderly people increased all over the world in general and in Egypt specially , as the statistical informationstated speedilyincrease the range of older adult with psychological problem as depression, loneliness, life dissatisfaction, and cognitive impairment.The olderadult population is about 6.9% of the wholepeople, and it predict to rise to 10% through 2030.[2,3,18,]Nurses should be aware tothe way ofelderly responsewith daily life experiences, physical or mental statedevelop suitablenursing care plane to the elderly needs and problems. Nurseshave a major role in the practice of reminiscence therapy with elder people. Thusnurses need to be well-informedabout reminiscence and its effect on theelderly [19,20]

Aim of the Study

The aim of the study isto assess the impact of reminiscence therapy on depression level among older adult

Research Hypotheses

Elder people undergoing reminiscence therapy have less depressive symptom than those who don't.

III. Materials and method:

Materials:
❖ **Study design:**Quasi experimental design was used in this study
❖ **Setting: -**
This study was conducted in Elsaada Geriatric Home affiliated to the ministry of social affairs, in Tanta City.The geriatric home has a total capacity of 32 beds, 25 were occupied during the time of the study (7males and 18 females)

And in Resala Charity organization Geriatric home also affiliated to the Ministry of Social Affairs at Tanta city. It provided the service to the elderly who are not financially able. It has two branches; one for males (15 beds) and other for females (15 beds), it provides services for Gharbia and kafr elshiekhgovernorates.

❖ **Subjects: -**
30 elder clients(20 clients fromElsaada Geriatric Home and 10 clients from Resala Charity organization Geriatric home) who meet inclusion criteria of thestudy as the following;

Agree to share in this research study, both sex, aged 60 years and more, able to communicate, demonstrating no cognitiveimpairments (dementia or Alzheimer) and don't use of psychotropic medication.

Tools of the study:
Tool I:Geriatric Depression Scale [21]
The Geriatric Depression Scale was designed by **Yesavage**, et al. 1983 to assess depression among elderly people. It is composed of a 30-items questionnaire in which clients are asked to choose by answering yes = 1 or no =0"in reference to how they felt over the past week". Cutoff point: normal-0-9; mild depressives-10-19; severe depressives-20-30.

The Socio demographic characteristics of the studied elderly was designed by the researcher after review of literatures [5, 6, 8])andadded to tool one. It elicits data about socio-demographic characteristics of the studied subjects such as age, sex, education, marital statusand number of children

Tool II: The Mini Mental State Examination (MMSE):
The Mini Mental State Examination (MMSE) is developed by **Lenore Kurlowicz** 1975. It designed to measure mental abilities. It includes an 11-questions to tests five aspects of " cognitive function; orientation, registration, attention and calculation, recall, and language,the**MMSE** lower scores represent poor mental state and cognitive abilities.The whole score ranges from "zero to 30 points". Test-retest reliability was 0.64 to 0.85
Scoring system(cut off point =16)
Less than 16 points = cognitive impairment
17 points or more = good cognitive function
Method

❖ Before starting the study, an approval letter was obtained from of nursing faculty administration to the study settings directors ask for their approval and assistance
❖ Ethical Considerations:
▪ Informed oralconsent was obtained from the study elderly to participate in the study.
▪ Confidentiality of the data was assured
▪ Elders' privacy was always respected. The elders have the right to withdraw from the study at any time.
❖ The tools of the study were translated by the researchers to Arabic language. Both the translated tool and the socio demographic characteristics were validated by a jury to ensure the content validity. The jury was compromised of five experts from the geriatric and psychiatric nursing fields.
❖ A pilot study was applied on 5 elders to ascertain the clarity and applicability of the tools study tools, and to estimate the approximate time required for interviewing the study subjects. The elders involve in the pilot study were excluded from the actual study.
❖ **Actual study**
The actual study was divided into **four phases:**
a- Assessment phase
- All the study subjects who fulfill inclusion criteria were assessed to their mental state level by using mini mental state examination (tool II)
- A pre-test was performed on all the selected subjects, using the study tool which applied through individual interview it takes from 30-45 minutes

B-Planning Phase
The researchers developed the reminiscence therapy program after review of literature

C-implementing the program

The program was implemented by the researchers of after review of literatures [1113,15]
A- The general objective of the Program was to improve the level of depression through using reminiscencetherapy
- The elders were classified into small groups based on to the priorevaluation (was 3-5elders each)
- The contents of the Program were divided into eight (8) sessions forthe studied subjects attendedthree sessions perweek. The contents of the program were focused on exploring life experiences, First session (Warm up), second is introduction of the session's theme, the third session " includes exploration of significantphotos which isconstant to the session idea, the fourth session motivate the clients to describe recall of past events, the fifth session Taking turns to share memories, the six session"Linking the there-and-then to the here-and-now, the seventh session ,Discussing commonalities and differences between members, and the eighth session is a summary of the program main topic and focus of positive issue of the past events.
- Differenteducational methods and media were used including as group discussion, videos, and photos album.

d- Evaluate the program
Immediately after the sessions, the studied subject completed the study tool I (as a posttest).

IV. Results
Table1 Presents the socio-demographic characteristics of the studied elderly, This table shows that more than half of studied elderly were males (56.7%). and more than half of studied elderly aged 65years and more (60%). The mean age was65.5±4.23 years. Themajority ofthe studied subjects werefrom urban area (90%) andmore than half of elderly were widow and have children (63.3%&60%)

Table 2shows the distribution of the studied participants by their depressive state total score before and after intervention.Result showed that the majority of the studied elderly had severe depression before implementation of reminiscence therapy program (86.7%), compared to 33.3% after implementation of reminiscence therapy program

Table 3 shows the correlation between change of depression total score, age in years and educational level for studied elderly. Results indicate a positive significant relation between elderly age, educational level and their level of depression p=(0.007, 0.001, 0.014 respectively)

Table 4 represents relationship between participants' characteristics and depression total score. The results indicate a positive significant relation between elderly sex, marital status and having children or not and their level of depression p= (0.006, 0.033, 0.014 respectively)

Table 1: Socio-demographic characteristics of studied elderly (N= 30)

Variables	N=30	%
Age in years:		
55-	5	16.7
60-	3	10.0
65-	18	60.0
70-	4	13.3
Range		56-72
Mean$\pm$SD		65.5$\pm$4.23
Sex:		
Males	17	56.7
Females	13	43.3
Residence:		
Urban	27	90.0
Rural	3	10.0
Educational level:		
Illiterate	3	10.0
Secondary school	9	30.0
University level	18	60.0
Marital status:		
Single	11	36.7
Widow	19	63.3
Having children:		
No	12	40.0
Yes	18	60.0

Table (2): Distribution of the studied participants by their depressive state total score before and after intervention

Depressive state score	Before		After	
	N	%	n	%
Mild	4	13.3	20	66.7
Severe	26	86.7	10	33.3
Z				3.586
P				0.001*

*Significant p<0.05

Table (3): Correlation between change of depression total score, age in years and educational level

Variables	Depression score difference	
	R	P
Age in years	-0.485	0.007*
Educational level	-0.598	0.001*

*Significant   p<0.05

Table (4): Relationship between participants' characteristics and change in depression total score

Variables	Mean $\pm$SD	Z	P
Sex:		2.774	0.006*
Males	-1.029$\pm$0.99		
Females	-0.31$\pm$0.75		
Marital status:		2.134	0.033*
Single	-0.36$\pm$0.81		
Widow	-1.16$\pm$1.01		
Having children:		2.453	0.014*
No	-0.122$\pm$1.00		
Yes	0.33$\pm$0.78		

*Significant $p<0.05$

Statistical analysis:

The data were organized, tabulated and statistically analyzed using SPSS version 19. The range mean and standard deviations were calculated through numerical values. The level of mini-mental state and depression scale total score before and after intervention were tested using Wilcoxon signed ranks test. The differences in mini-mental state and depression total score before and after intervention were tested in relation to participants' characteristics using **Mann-Whitney** test. The correlation between mini-mental state and depression score and educational level was calculated using Spearman's correlation coefficient. The level of significant was $p<0.05$.

V. Discussion

Depression is a widespread mood disorder in elderly, it produce a persistent feeling of sadness and anhedonia. Fortunately, there are many effective intervention modalities for elders' depression. Reminiscence intervention is the most importantstrategies for treatingdepression in elderly. Reminiscence has positive impact in the older adult; it has positive effect on elderly self-esteem, adaptation with changing life situation and losses experienced. It has been used to enhance the psychological wellbeing of older clients in the last years.Numerous studiesstated reminiscence effect in improving depression in olderadults, raising the level of self-confidence, coping with negative life experiences [10,12]

The results of the present study show that the level of depression decreased after the implementation of reminiscence therapy intervention and there is a positive significant relationwith the levels of depression before and after implementation of reminiscence therapy intervention. This result may be due to the fact that the majority of the clients in this study hadn't friends or family members for listening and support, this leads to a feeling of isolation, depression and difficulty in finding someone to validate their worth. So, the patients react positively with reminiscence therapyactivities.It givesthe clients the chance to express internal positive and negative life experiences,acceptance of their life and the resolution of past conflicts. Finally, theclients able to reform their life positive and negative experiences

These results are congruent with**Elias(2015**)[22]whostudied the "effectiveness of reminiscence therapy for older adults with loneliness, anxiety and depression, stated positive results regarding reminiscence interventionand elevating depression and focused on effect of group reminiscence therapy in treating depression. In the same stream, study of **SuT, 2012**, [23] who point out the positive correlation between applying reminiscence interventionand elevating depressive symptoms.

These findings were similar to **Moral et al**. 2013, [24] whostated "positive effects of reminiscence intervention".Additionally, **Zhou W 2012**, , [25]emphasized "effect of reminiscence therapy with group of patients in reducing depressivesymptoms , and addressed the differentiation between results of control group who received health education only, and the study group received health education with reminiscence therapy". In the same line **Chen TJ**, 2013, [26]and**Güler&Kapucu**,2016 [27] founded "positive significantly relation betweenstudy and control group in improving level of depression". Also, **Juan C and Moral M 2015**[28]stated that " reminiscence interventionillustrate statistically significant decline in depression level , raising self-confidence,improve personal integrity and well-being".

The result of thisstudy contradicts those of **yung&Song 2014**[29]'whostated that reminiscence interventionhas no effect on depression and daily living activities but ithas effect on quality of life and social function.In the same stream,**Zeinab** et al 2012[30] found that "reminiscence intervention has no statistical significant relation withdepressive symptoms".

Regarding the relation between the level of depression and socio demographic characteristics, the result indicate a positive significant relation between elderly age, educational level , sex, marital status and having

children or not and their level of depression. These results are supported by**Annie M.H. 2007** [31], whoobtained a positive statistical relation between client's age, marital status, and educational level and level of depression

VI. Conclusion

Based on the findings of the present study it can be concluded that the majority of studied clients' level of depression decreased after implementation of reminiscence therapy intervention, there is also a positive significance relation in levels of depression before and after implementation of reminiscence intervention.

VII.Recommendations

Following recommendations are yielded from the result of this study:
1- reminiscence therapy ahave to be applied as a daily routine schedule to older adult who suffering fromdepression
2- Increase the community awareness of the elder people needs and the psychiatric disordersamong them.
3- Introducing psychiatric nurse in geriatric home is recommended to deal early with psychological problems of the elderly
4- Offer the training program for nurses about reminiscence therapy, especially if they are working with the elderly clients.

Acknowledgment

References

[1].   WHO (2016). The WHO Report. Life in the 21st Century: a vision for all Available at: http://www.sciencedirect.com/science Retrieved on 7\2018
[2].   **Makhlouf H., &Abd –Fattah M**. Elderly in Egypt, demographic data; Cairo demographic center 2003, www.cdc.eun.eg
[3].   Egypt Demographics Profile 2018, available at https://www.indexmundi.com
[4].   Blazer DG. Depression in late life: Review and commentary. J. Gerontol. A Biol. Sci. Med. Sci. 2003;58:249–65.
[5].   Sheila Hardy. Depression in the elderlyPractice Nursing 2011, Vol 22, No 9 5
[6].   Cully J, LaVoie D, Gfeller J. Reminiscence, personality and psychological functioning in older adults. Gerontologist, 2001, 41:89–95
[7].   Fiske A ,Wetherell J, &GatzM.Depression in Older Adults. Annu Rev Clin Psychol. 2010 April 10.
[8].   Miller MC. Remembering as a form of therapy. Why reminiscing can be therapeutic.HarvMent Health Lett. 2009 Apr;25(10):8.
[9].   Jones ED.Reminiscence therapy for older women with depression. Effects of nursing intervention classification in assisted-living long-term care. J GerontolNurs. 2003;29(7):26–33
[10].   Areán, P. A., Gum, A. M.; Tang, L., &Unützer, J. (2007). Service use and outcomes among elderly persons with low incomes being treated for depression. Psychiatric Services. 2007, 58, 1057-1064.
[11].   Kittrell A. Management of depression in the elderly: a scoping study. journal of the American psychiatric nurses association Capella university, November 2015
[12].   Arean, P., Hegel, M., Vannoy, S., Fan, M. Y., &Unuzter, JEffectiveness of problemsolving therapy for older, primary care patients with depression: Results from the IMPACT project. Gerontologist 2008. 48(3), 311-323.
[13].   Zhou W, He G, Gao J, Yuan K, Feng H, et al. The effects of group reminiscence therapy on depression, self-esteem, and affect balance of Chinese community-dwelling elderly. Arch GerontolGeriatr 2012, 54: 440–447.
[14].   Hausner, L., Damian, M., & Sartorius, A. ECT appears effective in depressed elderly patients with no cognitive impairments. Brown University Geriatric Psychopharmacology Update, 2011. 15(4), 1-7. doi:10.1002/gpu.20137
[15].   H. Karimi et al. Effectiveness of integrative and instrumental reminiscence therapies on depression symptoms reduction in institutionalized older adults: An empirical study Aging & Mental Health 2010. Volume 14, - Issue 7
[16].   Laura, P. Use of reminiscence therapy in patients with alzhemier's disease. Lippincott Williams and Wilkins. 2009; 5 (6): 216-220
[17].   Wang, J.J. (2005). The effects of reminiscence on depressive symptoms and mood status of older institutionalized adults in Taiwan. International Journal of Geriatric Psychiatry, 1: 57-62
[18].   **Chao, S., Liu, H., Wu, C., Jin, S., Chu, T., Huang, TClark, M. J**. The effects of group reminiscence therapy on depression, self-esteem, and life satisfaction of early nursing home residents. Journal of Nursing Research2006, 14(1), 36-44.
[19].   **Hsieh C-J, Chang C, Su S-F, Hsiao Y-L, Shih Y-W, Han W-H, Lin C.** Reminiscence Group Therapy on Depression and Apathy in Nursing Home Residents With Mild-to-moderate Dementia. JECM 2010, 2(2):72–78.
[20].   **Liu, S., Lin, C., Chen, Y., & Huang, X.** (2007). The effects of reminiscence group therapy on selfesteem, depression, loneliness and life satisfaction of elderly people living alone, Mid Taiwan J Med; 12: 133-142
[21].   **Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey M, LeirerVO**:Development and validation of a geriatric depression screening scale: a preliminary report. Journal of Psychiatric Research 17:37-49, 1983
[22].   **Syed Elias SM, Neville C, Scott T**. The effectiveness of group reminiscence therapy for loneliness, anxiety and depression in older adults in long-term care: A systematic review. Geriatric Nursing2015 . 36: 372-380.
[23].   **SuT, Wu L, Lin C.**The prevalence of dementia and depression in Taiwanese institutionalized leprosy patients, and the effectiveness evaluation of reminiscence therapy-a longitudinal, single blind, randomized control study. Int J Geriatr Psychiatry 2012**.** 27: 187–196.

[24]. **Moral JC, Charco-Ruiz L, Mayordomo-Rodríguez T, Sales-GalánA** Effects of a reminiscence program among institutionalized elderly adults. Psicothema2013 .25: 319-323.

[25]. **Zhou W, He G, Gao J, Yuan Q, Feng H, Zhang CK**: The effects of group reminiscence therapy on depression, self-esteem, and affect balance of Chinese community-dwelling elderly. Arch GerontolGeriatr 2012, 54(3):e440–e447.

[26]. **Chen TJ, Li HJ, Li J.** The effects of reminiscence therapy on depressive symptoms of Chinese elderly: study protocol of a randomized controlled trial. BMC Psychiatry2012 . 12: 189.

[27]. **Güler D, Kapucu S, Güler T.** the Effect of Reminiscence Therapy on Cognition, Depression, and Activities of Daily Living for Patients With Alzheimer DiseaseFirst Published August 6, 2015 Research Article <u>Vol 29, Issue 1, 2016</u>

[28]. **Juan C. Meléndez M, Flor B. Terrer F.** Effect of integrative reminiscence therapy on depression, well-being, integrity, self-esteem, and life satisfaction in older adultsThe Journal of Positive Psychology , Issue 3 Volume 10, 2015 -

[29]. <u>**HaeKyungJ&Eunju Song**</u> .The effect of reminiscence therapy on depression, quality of life, ego-integrity, social behavior function, and activates of daily living in elderly patients with mild dementia journal of educational gerontology volume 41, 2015 - <u>issue 1</u>

[30]. **Zeinab, A., Osman; *Enayat A. Khalil &Magedy M**. The Effect of Reminiscence on Self-Esteem, and Depression among Elderly People. Journal of American Science, 2012;8(4

[31]. **anniem.h. chin**. clinical effects of reminiscencetherapy in older adults: a meta-analysisof controlled trials. hongkong journal of occupational therapy2007;17(1):10–22 10

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