

Predicting development and psychological treatment of common mental disorders in older adults

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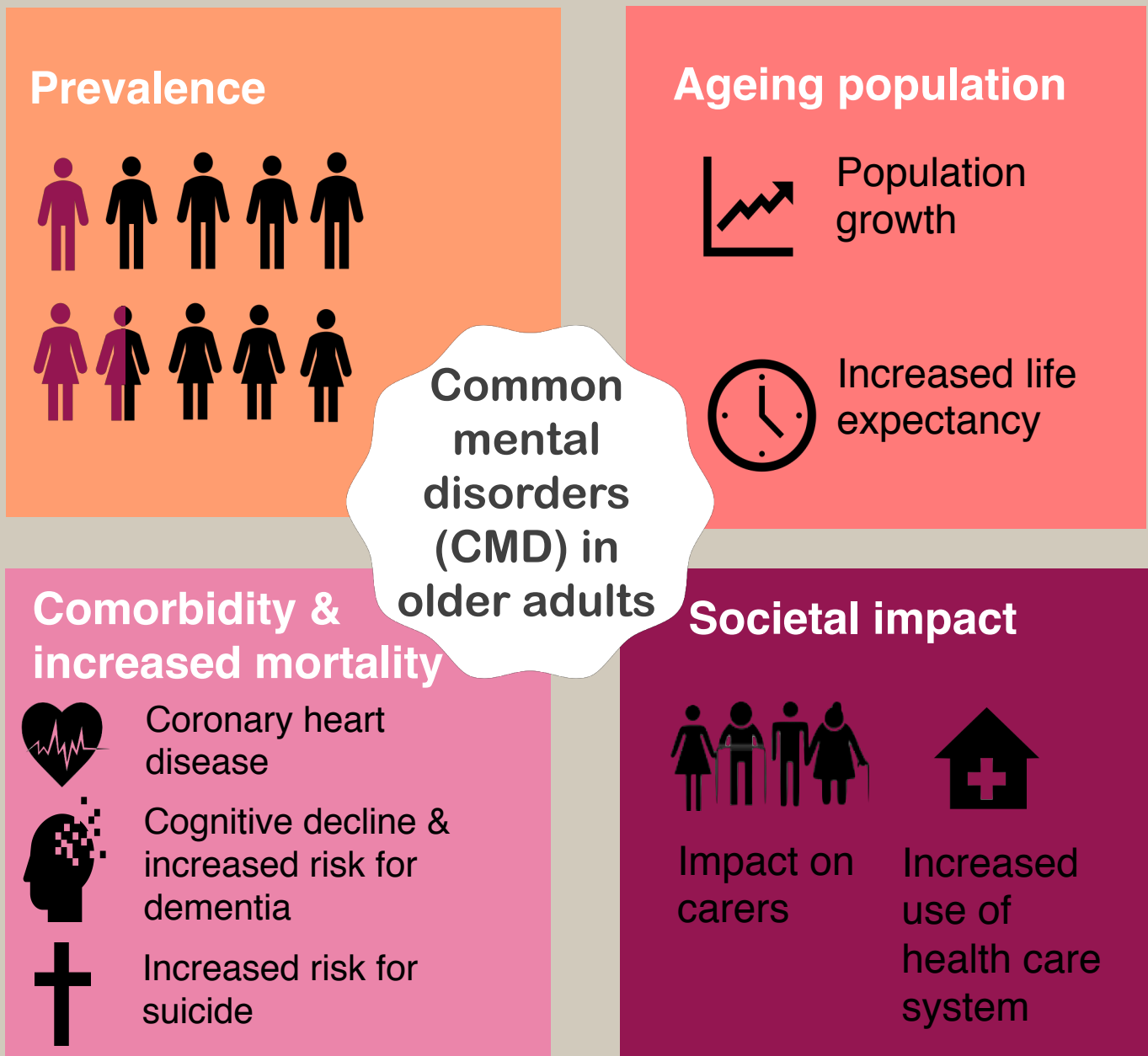
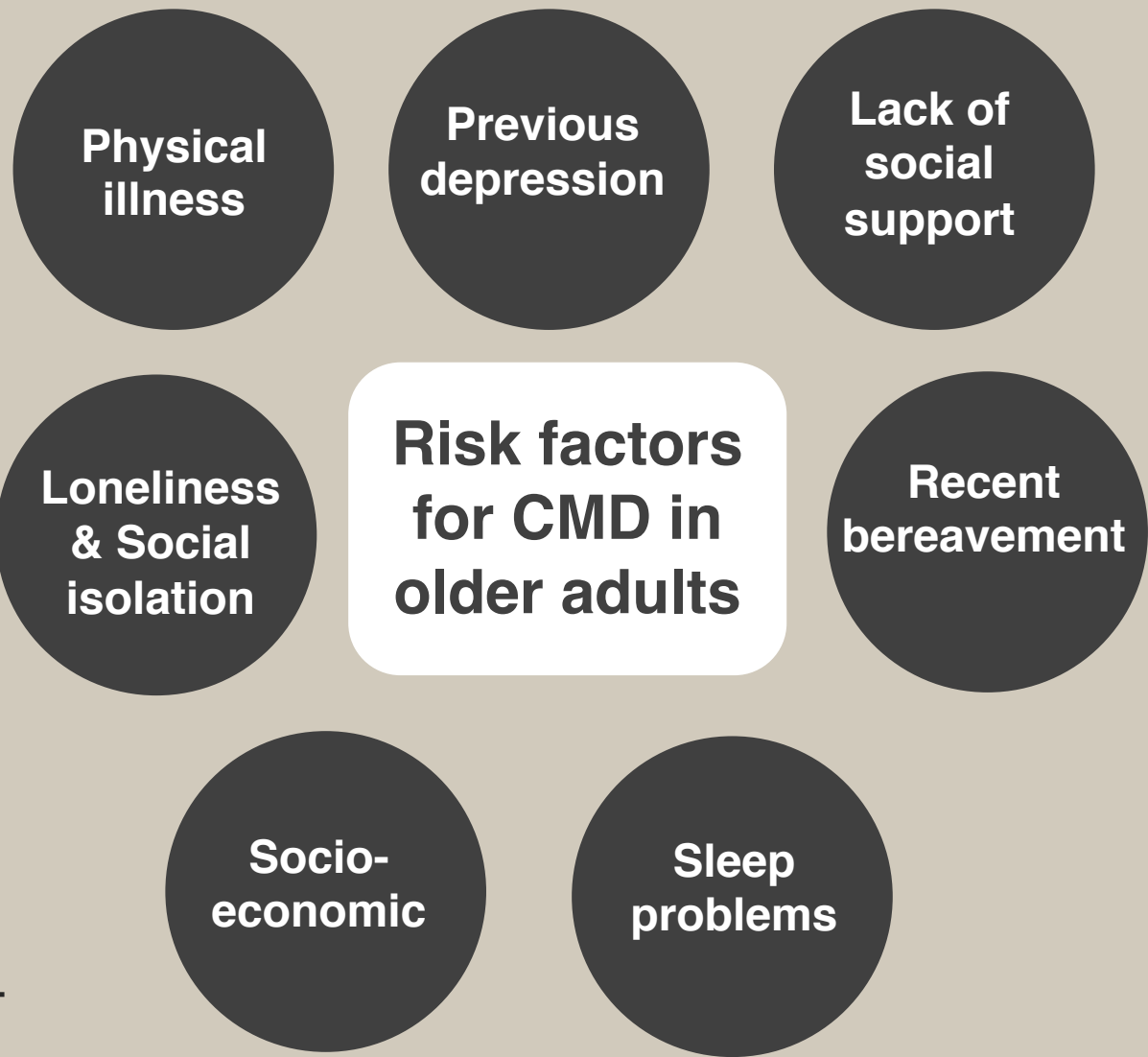
Background

Development of CMD

- * Meta analyses of prospective studies into risk factors for CMD (3, 4), with limitations:
 - Short follow up (≤ 8 years)
 - Age at baseline ≥ 50 years
 - No analyses on simultaneous presence of risk factors and possible cumulative or interacting effects.
- * There may be other risk factors not studied before.

Psychological treatment for CMD

- * Improving Access to Psychological Therapies (IAPT), established in 2008 as new system of primary care psychological therapy services.
- * Historically, older people were underrepresented in the IAPT services (5, 6).
- * Older people respond well to IAPT treatment, however, only effective for half of IAPT users and worst outcomes for those aged 70 and above (5, 6).
- * Majority of research into treatment effectiveness focused on “younger old” with limited evidence for individuals over 70 (7).



Research aims & objectives

Aim: To investigate risk and protective factors for CMD in older adults and factors affecting engagement in and outcomes of psychological treatments

Research objective 1

To conduct a systematic literature review and meta analysis on predictors for development of CMD and treatment outcomes

Research objective 2

To explore risk factors and their combination and develop prediction models for CMD, taking a life-course approach in a nationally representative population based study.

Research objective 3

To investigate predictors for engagement in and outcome of treatment for IAPT service users

Methods

Research objective 1 (Study 1)

Systematic literature review

Databases searched:
PsycInfo, PubMed, Scopus, Web of Science

Search terms		
Common mental disorders	Population	Treatment
“Common mental disorders” OR depress* OR dysthymi* OR MDD OR “low mood” OR “mood disorder” OR “affective disorder” OR Anxi* OR GAD OR worry* OR phobia OR panic OR Agoraphobia OR “obsessive compulsive” OR OCD OR “social anxiety” OR “post-traumatic stress” OR PTSD	“Older adults” OR “Older people” OR elderly OR geriatric OR “age 65+” OR “later life”	“Psychological therap*” OR “psychological treatment” IAPT OR “Improving Access to psychological therapies” OR CBT OR “cognitive behavioural therapy” OR “stepped care” OR “psychological intervention” OR “guided self-help” OR “behavioural activation” OR “group-based therapy” OR psychotherapy OR counselling OR EMDR OR “interpersonal therapy” OR “psychodynamic psychotherapy” OR “family therapy” OR “systemic therapy” OR “art therapy” OR “self-help” OR “bibliotherapy”

Preliminary searches based on criteria above

Database	Searched in	Results
PsycINFO	Anywhere except full text	4,668
PubMed	Title/Abstract	1,036
Scopus	Title, Abstract, Keywords	9,004
Web of Science	Topic	4,044

Multi-level meta analysis (metafor package in R) to account for multiple effect sizes within studies and quantitatively combine effect sizes from different studies.

Research objective 2 (Study 2)

Sample

MRC National Survey of Health and Development (NSHD), a prospective cohort study of 5,362 individuals born during March 1946.

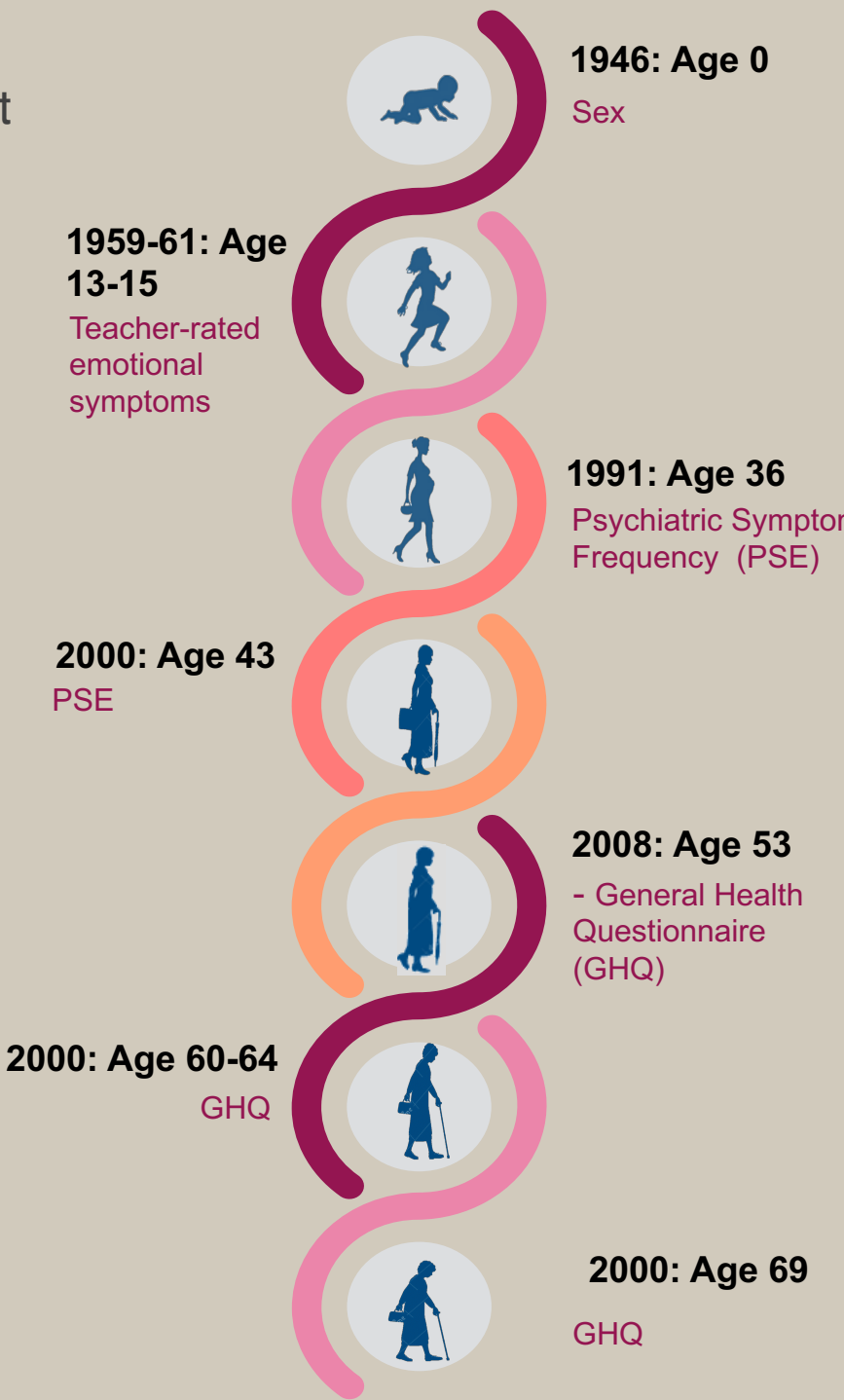
Measurements

Dependent variable:
❖ CMD symptom measures

Predictor variables:

- * Psychosocial
- * Socio-economic
- * Behavioural
- * Biomarkers

Using a life course approach, develop prediction models for the development of CMD in later life.



A timeline of NSHD with CMD symptoms measures

Research objective 3 (Study 3 and 4)

Sample

Study 3: All referrals to the Health in Mind services in East Sussex between 2016 and 2019.

Study 4: IAPT service users (300+), 65 and over

Measures

Baseline measures: PHQ-9, GAD-7 and functional status prior to treatment

Baseline measures: to be developed in consultation with LEAF/IAPT service users, e.g. demographic, psychosocial, socio-economic factors, conducting surveys/interviews with IAPT service users

Outcome measures: Clinical outcomes post treatment:
❖ PHQ-9 change
❖ GAD-7 change
❖ Functional status (WSAS change)

Reliable improvement, reliable deterioration, recovery rate, reliable recovery rate, service engagement levels (sessions attended, drop-out rates).

Implications

Identification of predictors of development of CMD in older and beneficial treatment outcomes

Protection and improvement of mental health in older adults and associated quality of life

Reduced visits to medical and emergency services



Relieve burden on older people with CMD, their families and carers



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Acknowledgements

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