

Effectiveness of Reminiscence Therapy on Depression among Geriatric Population living in old age homes of Punjab

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Abstract: Demographic ageing is a global phenomenon. The world's population is ageing and by 2025, the world's population is expected to include more than 830 million people at an age of 65. Depression is one of the leading causes of disease burden globally and in low- and middle-income countries. Globally, depression is ranked as the single largest contributor to non-fatal health loss, accounting for 7.5% of global years lived with disability and 2.0% of global disability adjusted life years in 2015. Reminiscence therapy is a method of using the memory to protect mental health and improve the quality of life. Thus study was conducted to assess and compare the pre test and post test depression among geriatric population. The research approach adopted for the study was Experimental approach with pre -experimental one group pretest –post test design. The convenient sampling technique was used to select the old age home and purposive sampling technique was adopted for selecting the study subjects. The sample for the present study was 150 study subjects.

The tool used for data collection was Standardized Geriatric Depression Scale(GDS). Results have shown that reminiscence therapy was effective in decreasing the level of depression among research participants significantly. It is concluded that reminiscence is potentially effective methods for the enhancement of psychological well-being in older adults.

Keywords: Depression, Geriatric Depression Scale, Reminiscence therapy.

1. INTRODUCTION

Effectiveness of Reminiscence Therapy on depression among Geriatric Population living in old age homes

Demographic ageing is a global phenomenon. In the words of Seneca; ‘Old age is an incurable disease’, but more recently, Sir James Sterling Ross commented: “You do not heal old age. You protect it; promote it; you extend it”. Therefore old age should be regarded as a normal, inevitable, biological phenomenon.¹

The world's population is ageing and by 2025, the world's population is expected to include more than 830 million people at an age of 65. India is in a phase of demographic transition and trends reveal that population of elderly is growing faster than general population. In India, the life expectancy has steadily gone up from 32 years at the time of independence to 67.14 years in 2012.⁷As per WHO, over 20% of adults aged 60 and over suffer from a mental or neurological disorder and 6.6% of all disability among people over 60 years is attributed to mental and neurological disorders.⁶

Depression is one of the leading causes of disease burden globally and in low- and middle-income countries. Globally, depression is ranked as the single largest contributor to non-fatal health loss, accounting for 7.5% of global years lived with disability and 2.0% of global disability adjusted life years in 2015. According to Global Health Estimates 2015, depressive disorders accounted for nearly one third of the total disability adjusted life years caused by mental and substance use disorder. It is projected to be the second leading cause of disease burden globally. With an ageing population, depression among the elderly is likely to increase in the coming years, with higher prevalence among the elderly than that in the general adult population.³

Reminiscence therapy is a method of using the memory to protect mental health and improve the quality of life. Reminiscence is not just to recall the past events or experiences. It is a structured process of systematically reflecting on one's life with a focus on re-evaluation, resolving conflicts from the past, finding meaning in one's life and assessing former adaptive coping responses.²

The effort of remembering past events may help in depression and people with cognitive function impairment. There is no evidence that reminiscence therapy can be harmful⁹.

Thus, the present study can invoke nurses to emphasize aging issues in their course-work. For those nurses who currently work with elderly clients, continuing education and training programs that include up-to-date interventional strategies, such as reminiscence therapy, can be beneficial to a great deal.

THE OBJECTIVE OF THE STUDY WAS-

- To assess and compare the pre test and post test depression among geriatric population

2. MATERIALS AND METHODS

The research approach adopted for the study was Experimental approach with pre -experimental one group pretest –post test design. The study was conducted in following old age home of Punjab.

- Akal Old Age Home, Mullanpur mohali
- Mata Gujri Sukh Niwas, kharar mohali
- Kartar Aasra old age home *Chandigarh*

The convenient sampling technique was used to select the old age home and purposive sampling technique was adopted for selecting the study subjects. The sample for the present study was 150 study subjects. Formal administrative permission was obtained from the Managers of old age homes . Informed written consent was taken from study subjects.

The tool used for data collection was Standardized Geriatric Depression Scale(GDS): It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering yes or no in reference to how they felt from last two weeks to the day of administration. The total score of the geriatric depression scale was 30. The resulting score ranges as follows:

- 0 – 9:- No Depression
- 10 – 19: Mild Depression
- 20 -30: Severe Depression.

An interview technique was used to collect the data . Pretest was taken on day one. Six sessions (twice weekly for 3-weeks) of reminiscence was given. Posttest of Geriatric population after 21 days of pre test and after administration of Reminiscence therapy to study subjects were taken.

3. RESULTS

Section I- Description of the Selected Personal Variables of Study Subjects

Table 1: Frequency and Percentage Distribution of Study Subjects according to their Selected Demographic Variables N=150

S.no	Demographic Variables	N	(%)
1	Age In Years		
1.1	60-65	15	10
1.2	65-70	25	17
1.3	70-75	45	30
1.4	>75	65	43
2	Gender		
2.1	Male	75	50
2.2	Female	75	50

3	Marital status		
3.1	Single	0	0
3.2	Married	25	17
3.3	Widow	125	83
3.4	Divorced/Separated	0	0
4	Education status		
4.1	Illiterate	50	33
4.2	Primary	30	20
4.3	Secondary	40	27
4.4	Sr. Secondary	15	10
4.5	Graduate & Above	15	10
5	Religion		
5.1	Hindu	95	63
5.2	Sikh	30	20
5.3	Christian	15	10
5.4	Muslim	5	3
5.5	Other	5	3
6	Type of Family		
6.1	Nuclear	50	33
6.2	Joint	100	67
7	How long you are in old age home		
7.1	Less Than 1 yr	25	17
7.2	1-3 yrs	50	33
7.3	3-5 yrs	25	17
7.4	More Than 5 yrs	50	33
8	Decision to stay in old age home was taken by		
8.1	Self	90	60
8.2	Others/Relatives	60	40
9	Occupation		
9.1	Unemployed	40	27
9.2	Self-Employed	35	23
9.3	Non-Govt(Business/Pvt Jobs)	65	43
9.4	Government	10	7
10	Total family income/ month (INR)		
10.1	≤5000	70	47
10.2	5001-10000	35	23
10.3	10000-15000	30	20
10.4	≥15000	15	10
11	Previous place of Residence		
11.1	Rural	25	17
11.2	Urban	125	83
12	Participating in any of following activities: Yoga, Counseling, sports		
12.1	Yes	10	7
12.2	No	140	93
13	Are you getting pension		
13.1	Yes	55	37
13.2	No	95	63
14	Having Recent History of depression		
14.1	Yes	15	10
14.2	No	135	90

Data presented in Table 1 shows that maximum 65(43%) study subjects were equal to and above age of 75 years. There were equal number (50%) of male and female study subjects. Majority (83%) were widow/widower . one third 50(33%) were illiterate. More than half 95 (63%) were Hindu. (67%) were previously living in joint family. equal number of study subjects 50(33%) were living there from last 1 to 3 years and more than 5 years . 90(60%) by themselves took decision to stay in old age home where as 60 (40%) came to old age home on decision taken by others/ relatives. Less than half 40 (27%) were previously unemployed. Majority 70(47%) were having previous family income/month less than 5000. Majority 125(83%) were previously living in urban area and remaining 25(17%) were from rural area .Majority 140(93%) were not taking part in yoga or counseling . More than half 95(63%) were not getting pension. 135(90%) were not having any history of clinically diagnosed depression

SECTION II- Findings Related to level of Depression of Research Participants as measured by Geriatric Depression Scale (GDS).

Table 2: Mean, Median, Standard Deviation, Range and Mean Percentage of Depression Score of Research participants N=150

Depression score	Mean	Mean %	S.D.	Median	Maximum	Minimum
Pre test	16.50	55.00	3.99	15	26	10
Post test	7.87	26.22	3.23	7.5	14	2

Maximum score: 30; Minimum Score: 0

The data presented in the Table 2, indicates that the pre test mean percentage (55%) of research participants, whereas the post-test mean level of depression score (7.8) and mean percentage (26.22%) of research participants was lower than the post-test mean level of depression score

Hence, it can be concluded that there was reduction in the level of depression among research participants of proving the effectiveness of reminiscence therapy in improving depression.

TABLE 3: Frequency and Percentage Distribution of Research Participants According to Level of Depression N=150

Level of depression	Pre test		Post test	
	f	(%)	f	(%)
Severe depression(20-30)	40	26.7	10	6.66
Mild depression (10-19)	110	73.3	40	26.7
No depression(≤ 9)	0	0	100	66.6

Maximum score: 30; minimum score: 0

Table 3 shows that 110(73.3%) research participants had pre -test mild level of depression, followed by pre -test severe level of depression in 40 (26.7%) of research participants.

The data further shows that 100(66.6%) of research participants had no post- test level of depression, 40(26.7%) had mild level of depression and 10(6.66%) had severe post- test level of depression. Thus, it is evident that majority of research participants had no post test depression after reminiscence therapy. Hence reminiscence therapy is effective in reducing the level of depression among geriatric population living in selected old age homes.

TABLE 4: Mean, Mean difference, Standard Deviation of Difference, Standard Error of Mean Difference and t value of level of Depression Scores Before and After administration of Reminiscence Therapy (RT) N= 150

Depression Score	Mean	S.D.	Mean Difference	SD _D	SE _{MD}	t value
Before RT	16.50	3.99	-8.633	2.73	0.22	38.65*
After RT	7.87	3.23				

$$t_{(149)} = 1.98, p \leq 0.05^* (\text{*significant})$$

Table 4 shows that the calculated t value i.e. 38.65 is more than table value at df (149) at 0.05 level of significance. This shows that difference in the mean level of depression score before reminiscence therapy and after reminiscence therapy is a true difference and not by chance.

This indicates that reminiscence therapy was effective in decreasing the level of depression among research participants significantly.

4. DISCUSSION

Regarding depression of geriatric population, results of current study shows that the 100 (66.6%) of research participants had no post test depression, 40(26.7%) had mild depression, and 10(6.66%) had severe post test depression. These results were in consistent with the findings of other study that is **Divya .J, S. Hemalatha and M. Bhagyalakshmi(2017)** revealed that among 30 older adults in pre- test level of depression among older adults, 3(10%) had mild depression, 19(63.3%) had moderate depression and 8(26.7%) had severe depression. ⁴ The post-test after reminiscence therapy revealed that majority 19(63.3%) expressed mild depression, 9(30%) expressed moderate depression and 2(6.7%) expressed severe depression. The same results were shown by **Musavi, M., Mohammadian, S. and Mohammadinezhad, B. (2017)** who conducted a study to determine the impact of reminiscence therapy on mental health of older women living in Iranian nursing home. ⁸ Similarly **Hallford, D. and Mellor, D. (2016)** conducted research to assess the effectiveness of reminiscence therapy for Chinese elderly.⁵ This study had provided the evidence that reminiscence therapy is effective to treat depressive symptoms of Chinese elderly. These findings were also consistent with the studies, **Yuan-Chao, S., Chen, C., Liu, H., & Clark, M. (2008)** conducted a study to investigate the usefulness of reminiscence intervention in an elderly, institutionalized sample. Significant results were obtained, including a drop in depressive symptoms and improved self-esteem, satisfaction, and psychological well-being.¹⁰

5. CONCLUSION

The study found that mean post test level of depression score was significantly lower than pretest after reminiscence therapy. It is concluded that reminiscence in general, but especially life review, are potentially effective methods for the enhancement of psychological well-being in older adults.

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