PEARLS home based treatment improves significantly depression, dysthymia, and health related quality of life in older people


How effective is a home based treatment for minor depression and dysthymia in older people with chronic illnesses?

Q

**METHODS**

**Design:** Randomised controlled trial.

**Allocation:** Concealed.

**Blinding:** Assessors blinded to treatment.

**Follow up period:** 12 months.

**Setting:** Seattle, Washington, USA; January 2000 to May 2003.

**Patients:** 138 adults with a mean age of 73 years (79% women). Participants had minor depression (51%) or dysthymia (49%) and a mean of 4.6 chronic medical ailments. 72% of participants also lived alone. People with major depression, bipolar disorder, psychosis, substance abuse, or cognitive impairment were excluded.

**Intervention:** Participants were randomly assigned to usual care or the home based intervention: Program Encourage Active, Rewarding Lives for Seniors (PEARLS). PEARLS involved eight 50 minute problem solving treatment sessions with social and physical activities, over 19 weeks; these sessions were modified to increase social and physical activities. Physical activation began at session 3 or 4 and aimed to encourage regular moderate physical activity for at least 30 minutes, five days a week. Social activation aimed to increase participants’ interactions outside the home, with group activities encouraging peer support given highest priority. Each session included selecting pleasant activities to engage in before the next session (from a list of 250).

**Outcomes:** Improvement of depressive symptoms: Hopkins Symptom Checklist 20, (range 1–4, with 1.72 indicating major depression); improvement in health related quality of life (Functional Assessment of Cancer Therapy Scale-General).

**Patient follow up:** 92% at 12 months.

**MAIN RESULTS**

At 12 months, PEARLS significantly reduced depressive symptoms compared with usual care (50% or greater reduction in depressive symptoms: 43% v 15%; OR 5.21; 95% CI 2.01 to 13.49). PEARLS significantly increased complete remission compared with usual care (36% v 12%, OR 4.96; 95% CI 1.79 to 13.72). PEARLS significantly improved health related quality of life in the domains of functional wellbeing (p = 0.001) and emotional wellbeing (p = 0.048) compared with usual care. There were no significant differences between groups in social and physical wellbeing.

**CONCLUSIONS**

The PEARLS home based treatment significantly reduces symptoms of depression and improves health related quality of life for elderly people with minor depression and dysthymia.
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