

AOTA Critically Appraised Papers Series

Evidence Exchange

*A product of the American Occupational Therapy Association's Evidence-Based Literature Review Project

CRITICALLY APPRAISED PAPER (CAP)

FOCUSED QUESTION

What is the effect of life review through writing on depressive symptoms in older adults residing in senior residences?

Chippendale, T., & Bear-Lehman, J. (2012). Effect of life review writing on depressive symptoms in older adults: A randomized controlled trial. *American Journal of Occupational Therapy*, 66, 438–446. http://dx.doi.org/10.5014/ajot.2012.004291

CLINICAL BOTTOM LINE:

Depressive symptoms may lead to reductions in areas such as social participation, engagement in meaningful occupations, functional status, level of independence, and physical health in elderly population. To promote well-being and life satisfaction in seniors, it is important to understand and address their psychosocial needs. In this study, a randomized controlled trial (Level1) was used to discover the effect of occupational engagement in life review writing workshop. The findings indicate that the 8-week writing workshop not only reduced depressive symptoms in the older adults but also helped them feel a sense of connection and social support as they interacted with each other. The authors suggest adapting the intervention to increase participation in older adults by using bold-lined paper, high-contrast pens, postural supports, seating arrangements, and pens with adapted grips. Thus, the life review writing workshop groups can be implemented as an evidence-based practice to treat depressive symptoms in geriatric occupational therapy setting.

RESEARCH OBJECTIVE(S)

List study objectives.

To examine the effects of engaging in the occupation-based intervention of life review through writing on expressed depressive symptoms as measured with the Geriatric Depression Scale (GDS) in older adults residing in senior residences.

DESIGN TYPE AND LEVEL OF EVIDENCE:

Level I, a randomized controlled trial

<u>Limitations</u> (appropriateness of study design):

Was the study design type appropriate for the knowledge level about this topic? *Circle yes or no, and if no, explain.*



A randomized controlled trial was used to find the effects of the occupation-based intervention of life review through writing. The participants were randomly assigned to the treatment or wait-list control group. Data were collected at the baseline and after the intervention. The control group received the same intervention after the completion of posttest, but no additional data were collected.

SAMPLE SELECTION

How were subjects selected to participate? Please describe.

Participants were recruited from 4 senior residences in New York City using flyers and announcements.

Inclusion Criteria

Seniors ages 65 years or older.

Ability to speak and write English.

A negative screen for probable dementia on the Mini-Cog cognitive screening tool.

Exclusion Criteria

People with probable dementia.

SAMPLE CHARACTERISTICS

N = 45

% Dropouts 2 participants due to attrition, data not collected

Ethnicity White, 34, (75.6%)

Black, 5, (11.1%)

Hispanic, 2, (4.4%)

Asian, 4, (8.9%)

Disease/disability diagnosis

Depressive symptoms--A minimum level of depressive symptoms was not specified. The GDS scores of the participants at the pretest indicated that only 31.1% met the criteria for depression. In addition, 28.9% reported that they were on medication for depression.

Check appropriate group:

<20/study	20–50/study	51–100/study	101-149/study	150–200/study
group	group ✓	group	group	group

INTERVENTION(S) AND CONTROL GROUPS

Add groups if necessary

Group 1

Brief Description	The treatment group participated in the autobiographical life review writing workshop, which included presentation on writing techniques by the group leader, timed writing exercises, and encouragement to write stories about their life outside of workshop time. The participants were given specific writing prompts, shared their written work, and received positive feedback from the group members.
Setting	Four senior residences.
Who Delivered?	Tracy Chippendale (the author of this study, occupational therapist)
Frequency?	Weekly
Duration?	90 minutes per session, 8 weeks.

Group 2

Brief Description	The control group did not receive the intervention and was not contacted during the 8-week workshop periods. They answered 2 questions at the time of posttesting: (1) Have you discussed the workshop with any of those currently participating? (2) Have you been telling others or writing stories about your life?
Setting	Four senior residences.
Who Delivered?	Tracy Chippendale (the author of this study, occupational therapist)
Frequency?	NR
Duration?	NR

<u>Intervention Biases</u>: *Circle yes or no and explain, if needed.*

Contamination



To avoid contamination, the participants in both treatment and control groups were instructed not to discuss about the writing workshop with those in the other group.

Co-inte	r	vei	nti	io	r
	_			_	

YES/NO NR

R

Timing

YESNO

Site



This study was conducted at 4 different senior residences, which could have resulted in a clustering effect at each site.

Use of different therapists to provide intervention



The same person led all workshop sessions in 4 sites.

MEASURES AND OUTCOMES

Complete for each relevant measure when answering the evidence-based question:

Name of measure, what outcome was measured, whether the measure is reliable and valid (as reported in article--yes/no/NR [not reported]), and how frequently the measure was used.

The Mini-Cog cognitive screening tool was used to measure the probable dementia prior to the study. The reliability and validity were not reported in the article. However, this tool had a high sensitivity (99%), and the outcome was not influenced by education or language.

Name of measure, what outcome was measured, whether the measure is reliable and valid (as reported in article--yes/no/NR [not reported]), and how frequently the measure was used.

The Geriatric Depression Scale (GDS), 30-question version, was used to measure depressive symptoms at the baseline and within a week after a completion of the 8-week workshop (posttest). The GDS scores between 0 and 9 were identified as *normal*, 10 and 19 as *mild* depression, and 20 or above as severe depression. This tool showed a high degree of reliability and validity across different ethnicities and cultural groups. It had an α coefficient of 0.94, test-retest reliability of 0.85, and a strong convergent validity.

Name of measure, what outcome was measured, whether the measure is reliable and valid (as reported in article--yes/no/NR [not reported]), and how frequently the measure was used.

Non-standardized questionnaires were used to collect demographics and key covariates data including age, education level, gender, ethnicity, self-rated health, current treatment of depression, independence in ADLs and IADLs, levels of leisure participation, and social support. The participants responded to these questionnaires at the pretest and posttest. The reliability and validity were not reported in the article.

Measurement Biases

Were the evaluators blind to treatment status? Circle yes or no, and if no, explain.



All pretest–posttest data were collected by Tracy Chippendale, who also led the writing workshop sessions. This may have led to experimenter bias.

Recall or memory bias. Circle yes or no, and if yes, explain.

YESNO		

Others (list and explain):

RESULTS

List results of outcomes relevant to answering the focused question

Include statistical significance where appropriate (p < 0.05) Include effect size if reported

There was a significant difference between the treatment and control group in GDS scores after the 8-week life review program (p = 0.03, Cohen's d = 0.70). According to descriptive statistics, the treatment group had a mean change of 2.7 (SD = 4.09), while the control group had 0.32 (SD = 2.41). The results of the 2 × 2 factorial design Repeated-Measures Analysis of Variance (R–MANOVA) indicated a statistically significant main effect of time, F(1,43) = 8.86, p = 0.005, and a statistically significant Time × Group interaction, F(1,43) = 5.1, p = 0.029.

Was this study adequately powered (large enough to show a difference)? *Circle yes or no, and if no, explain.*



This study used 0.84 for power analysis and for the calculation of appropriate sample size.

Were appropriate analytic methods used? Circle yes or no, and if no, explain.



Baseline data were examined with X^2 independence and independent-samples t tests to ensure that there was no initial difference between the treatment and control groups. A descriptive cross-tabs analysis was used to compare the change in GDS category between the 2 groups. Data were analyzed using SPSS Version 17 at a 0.05 significance level.

Were statistics appropriately reported (in written or table format)? *Circle yes or no, and if no, explain.*



The statistics were reported in both written and table format.

CONCLUSIONS

State the authors' conclusions that are applicable to answering the evidence-based question.

The life review writing workshop had a significant improvement in depressive symptoms for the treatment group of participants. In addition to the changes in moods and depressive symptoms, the participants reported that it also has promoted leisure participation and social interaction as well. This shows that the life review writing workshop is a convenient intervention that addresses psychosocial needs in older adults. In future research, it would be helpful to examine the long-term effects of this intervention and compare with other non-pharmacological protocols for depressive symptoms in older adults.

This work is based on the evidence-based literature review completed by Seoyoung Yoon, OTS, & Rochelle Mendoca, PhD OTR/L, University of the Sciences.

CAP Worksheet adapted from Critical Review Form--Quantitative Studies/ Copyright © 1998, M. Law, D. Stewart, N. Pollack, L. Letts, J. Bosch, & M. Westmorland, McMaster University. Used with permission.

For personal or educational use only. All other uses require permission from AOTA. Contact: www.copyright.com



Copyright © 2013 American Occupational Therapy Association, Inc. All rights reserved. For personal or educational use only. All other uses require permission from AOTA. Contact: copyright@aota.org