

Original article**Psychotherapy can be effective in prolonging periods free of depression in early senescent
Bhagat V****Abstract:**

Background: The Psychotherapy can be effective in prolonging periods free of depression in early senescent has been focused on the study. People refused medication agreed to come for psychotherapy are treated to get free from their depressive symptom. The main objective of the study was therefore using psychotherapy as a treatment module to stretch time free of depression. Further psycho education to give more information on depression and increase patient flexibility for the combination of anti-depressant with psychotherapy when needed. **Methodology:** The subjects selected for the study were 60 patients from 'Nitte Rural Psychiatry Clinic' Nitte Mangalore Karnataka, India. They were selected by random sampling technique. Medico – Psychological questionnaire for general neuroticism was administered to find out the extent of depression before and after psychotherapy. To find the difference between the age and depression before and after psychotherapy Carl Pearson's Correlation coefficient method was carried out. **Results:** The results reveal that a non-significant difference between age groups with extent of depression in different age group of early senescent before and after psychotherapy (Chi-square=1.7913, $p > 0.05$) at the 5 % level of significance and (Chi-square=2.4485, $p > 0.05$) at the 5 % level of significance respectively. Further the Comparison of extent of depression before and after psychotherapy in 50-55, 56-60 age groups and as a total by Wilcoxon matched pairs test has been administered and the result reveals that significant differences between extent of depression before and after psychotherapy in 50-55yrs of age group ($Z=2.5205$, $p < 0.05$) at the 5 % level of significance, 56-60yrs of age group ($Z=2.2014$, $p < 0.05$) at the 5 % level of significance. It means that, the significant means that, the significance of 15.7%, 10.5% depression was decreased before and after psychotherapy respectively. A significant difference was observed between extent of depression before and after psychotherapy in 50 – 60yrs of age group ($Z=3.2958$, $p < 0.05$) at the 5 % level of significance. It means that, the significance of 13.0% depression was decreased after psychotherapy. **Conclusion:** The implication of this study was to develop insight and understanding among the clinicians that importance psychotherapy as treatment of depression.

Key words: Psychotherapy, depression, early senescent

Bangladesh Journal of Medical Science Vol. 15 No. 01 January'16. Page : 118-122

Introduction:

Episodes of depression are characterized by feelings of guilt, social withdrawal, difficulty concentrating, tears and shame, and by physical manifestations such as either having a very poor appetite and difficulty sleeping with accompanying anxiety and agitation, or by eating and sleeping much more than usual, with a sense of having very little energy. Sometimes upon awakening, a depressed person feels that it is almost impossible to face the day and has a gnawing sense of dread and a feeling of physical heaviness. ¹ As we age, many people believe that it is normal or expected

that a person should become more depressed. ² But that's not the case. Depression is not a normal part of aging, and studies show that most seniors feel satisfied with their lives, despite increased physical ailments. ² However, when older adults do have depression, it may be overlooked because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief. ³ In addition, older adults may have more medical conditions such as heart disease, stroke or cancer, which may cause depressive symptoms, or they may be taking medications with side effects that contribute

Corresponds to: Vidya Bhagat, Faculty of Medicine, Universiti Sultan Zainal Abidin, Jalan Sultan Mahmud, 20400 Kuala Terengganu, Terengganu, Malaysia. Email: 55vidya42@gmail.com

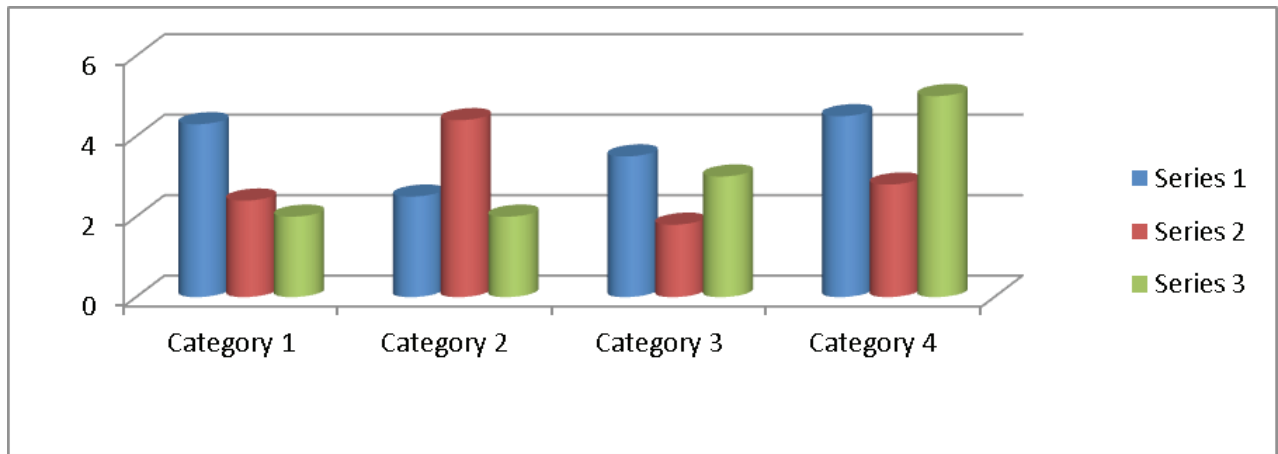


Figure 1: Graphic representation of extent of depression in different age groups of early senescent

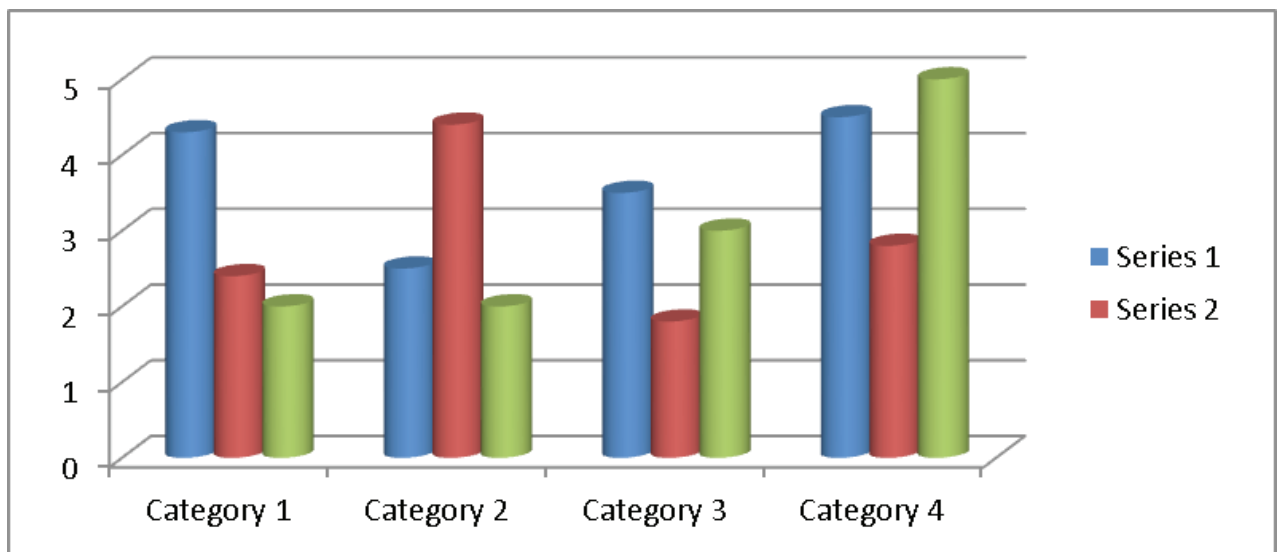


Figure 2: Graphic Depiction showing extent of depression in different age group of early senescent after psychotherapy

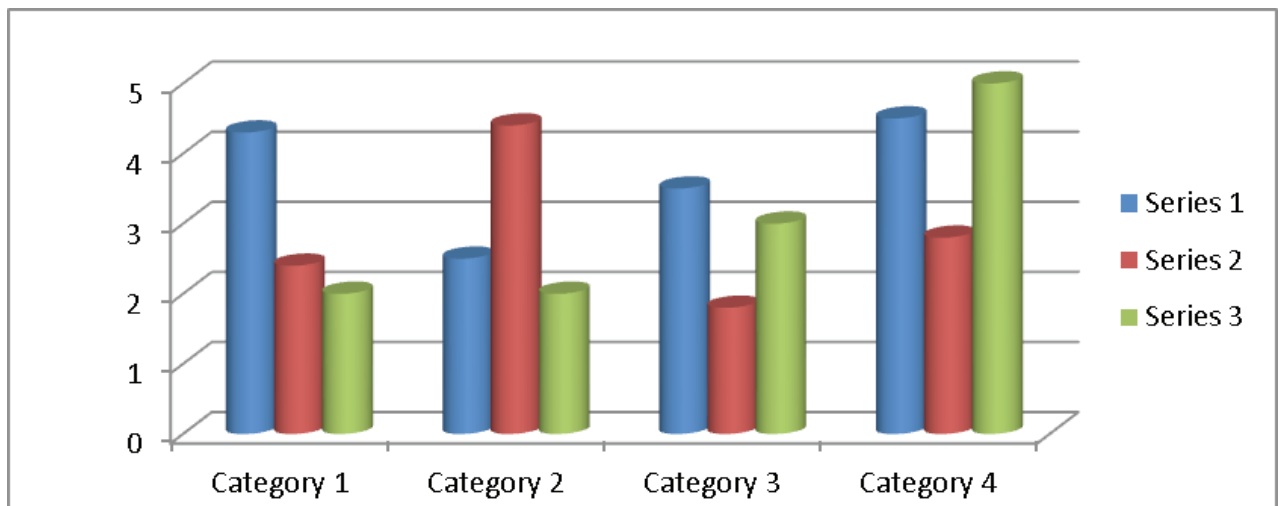


Figure 3: Graphic representation comparison of extent of depression before and after psychotherapy in 50-55, 56-60 age groups and as a total by Wilcoxon matched pairs test.

Table 1: Showing extent of depression in different age group of early senescent **Aim of the Study:**

Age	Stable	%	Unstable	%	Neurotic	%	Total
50 - 55	14	46.67	11	36.67	5	16.67	30
56 - 60	9	30.00	15	50.00	6	20.00	30
Total	23	76.67	26	86.67	11	36.67	60

Chi-square=1.7913 P = 0.4083

Table 2: Showing extent of depression in different age group of early senescent after psychotherapy

Age	Stable	%	Unstable	%	Neurotic	%	Total
50 - 55	20	66.67	7	23.33	3	10.00	30
56 - 60	14	46.67	11	36.67	5	16.67	30
Total	34	113.33	18	60.00	8	26.67	60

Chi-square=2.4485, P = 0.2946

to depression. ⁴ Some older adults may experience what some doctors call vascular depression, also called arteriosclerotic depression or subcortical ischemic depression. ⁴ Vascular depression may result when blood vessels become less flexible and harden over time, becoming constricted. Such hardening of vessels prevents normal blood flow to the body's organs, including the brain. ⁴ Those with vascular depression may have, or be at risk for, a coexisting cardiovascular illness or stroke. ³ Although many people assume that the highest rates of suicide are among the young, older white males age 85 and older actually have the highest suicide rate. ⁴ Many have a depressive illness that their doctors may not detect, despite the fact that these suicide victims often visit their doctors within one month of their deaths. ⁵ The majority of older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. ⁴ Research has shown that Psychotherapy alone also can be effective in prolonging periods free of depression, especially for older adults with minor depression, and it is particularly useful for those who are unable or unwilling to take antidepressant medication. ^{4,6}

Table 3: Comparison of extent of depression before and after psychotherapy in 50 – 55, 56 – 60 age groups and as a total by Wilcoxon matched pairs test

Age groups	Depression	Mean	Std.Dv.	Mean diff	SD diff	% of change	Z-value	P-value
50 – 55yrs	Before psychotherapy	1.7	0.7					
	After psychotherapy	1.4	0.7	0.3	0.4	15.7	2.5205	0.0117*
56 – 60	Before psychotherapy	1.9	0.7					
	After psychotherapy	1.7	0.7	0.2	0.4	10.5	2.2014	0.0277*
Total	Before psychotherapy	1.8	0.7					
	After psychotherapy	1.6	0.7	0.2	0.4	13.0	3.2958	0.0010*

*p < 0.05

Aim of the Study:

- i. To find out the extent depression with and without psychotherapy as a treatment method.
- ii. To find out the impact of psychotherapy in the treatment of depression further educating them to learn benefits of antidepressant and psychotherapy in combination.

Objective of the Study:

- i. To assess the extent of depression in the sample group.

- ii. To find the effect of psychotherapy in early senescent.
- iii. To find out the impact of Psychotherapy alone as a treatment for prolonging periods free of depression in early senescent.
- iv. To find out the effectiveness of psycho education in this prolonged period free of depression to increase flexibility of patient for the combination anti-depressant and psychotherapy / need based treatment.

Hypothesis of the Study:

- i. The Psychotherapy for the patient with minor depression prolongs periods free of depression in early senescent.
- ii. Psycho education helps in patient's flexibility in need based treatment.

Materials and Methods:

Assessment Tool: Medico –Psychological Questionnaire for professionals: ⁷

The fifty items of the questionnaire are awarded two scores for positive response, one score for doubtful response and no score for negative response. The scale measures stable, unstable and neurotic emotionality of an individual. The items on

the questionnaire were further statistically treated with sub scale are treated separately. Interview schedule which has 20 questions gives information on demographic data.

Sample Size: The sample for the present study includes 60 patients who are chosen from 'Nitte Rural Psychiatry clinic' Nitte, MangaloreKarnataka India. The age of the sample group was between 50-60 years. The study was ethically approved by local ethical committee.

Results and Discussion:

A non-significant difference between age groups with extent of depression in different of early senescent (Chi-square=1.7913, $p > 0.05$) at 5% level of significance (Table 1 and Figure 1). There is no difference found between age groups with extent of depression in different of early senescent before psychotherapy.⁸ A non-significant difference between age groups with extent of depression in different of early senescent after psychotherapy (Chi-square=2.4485, $p > 0.05$) at the 5% level of significance (Table 2 and Figure 2). There is no difference found between age groups with extent of depression in different of early senescent after psychotherapy. The current study findings were similar to other studies⁹⁻¹⁰ but dissimilar to another one.¹¹ As we age, many people believe that it is normal or expected that a person should become more depressed.⁴ Because there is a decline in their physical and mental abilities as the age advance which affects their social occupational functioning.^{4, 12-14} Depression is not a normal part of aging, and studies show that most seniors feel satisfied with their lives, despite increased physical ailments.^{3-4, 15} The present study supports this fact.

The data in the table significant difference were observed between extent of depression before and after psychotherapy in 50-55yrs of age group ($Z=2.5205$, $p < 0.05$) at the 5% level of significance (Table 3 and Figure 3). It means that, the significance of 15.7% depression was decreased after psychotherapy. Further, a significant difference was observed between extent of depression before and after psychotherapy in 56-60yrs of age group ($Z=2.2014$, $p < 0.05$) at the 5% level of significance. It means that, the significance of 10.5% depression was decreased after psychotherapy. Thus, it has been learned

that a significant difference was observed between extent of depression before and after psychotherapy in 50-60yrs of age group ($Z=3.2958$, $p < 0.05$) at the 5% level of significance (Table 3 and Figure 3). It means that, the significance of 13.0% depression was decreased after psychotherapy; which shows the impact of psychotherapy is effective in prolonging periods free of depression in early senescent has been focused on the study.¹⁶

Conclusion:

Depression in senescent is common in human beings even though it is not a normal part of aging. Extent of depression increases with advancing age is not prominent among the study population. Depressive episodes are characterized by feelings of guilt, social withdrawal, difficulty concentrating, tears and shame, and by physical manifestations such as either having a very poor appetite and difficulty sleeping with accompanying anxiety and agitation, or by eating and sleeping much more than usual, with a sense of having very little energy. Sometimes upon awakening, a depressed person feels that it is almost impossible to face the day and has a gnawing sense of dread and a feeling of physical heaviness. Psychoanalysts are aware that a propensity to this kind of depression often has genetic and biochemical origins. Early problems in mood regulation can negatively impact a child's relationship, personality development and sense of self-regard. Additionally, traumas in early childhood, such as abuse, neglect, separation or loss can impact a child psychologically and neurobiological and cause a predisposition to depressive illness. Awareness about this fact that the combination of psychotherapy and anti-depressants should need based treatment and conceptualizing this fact and patient education in this regard should bring into limelight. In the present study, patients who are not willing to take medication are treated with psychotherapy alone in the cases of minor depression ad in early senescence and found free from depression. Further, this prolonged period free of depression eases the job of the therapist to put the capping for their balanced emotion. This will help the patient to have better insight and risk perception also become more flexible in their treatment of choice between anti-depressant and psychotherapy.

References:

1. Sadock BJ, Sadock VA. Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 10th Edition. Lippincott Williams, Philadelphia, USA, 2007.
 2. Gitelson M. The emotional problems of elderly people. *Geriatrics* 1948; **3**:135-150.
 3. National Institute of Mental Health. Seniors and Depression. Available at: <http://psychcentral.com/lib/seniors-and-depression/>
 4. US Department of Health and Human Services. The National Institute of Mental Health. Depression. Available at: <https://www.nimh.nih.gov/health/topics/depression/index.shtml>
 5. Steiglitz EJ. Geriatric medicine: therapeutic aspects. *J Gerontol* 1952; **7**: 100-115.
 6. Behavioral Health & Addiction Services. Depressive Disorders: helpful hints. Available at: <http://mentalhealthks.com/depressivedisorders.htm>
 7. Bharathraj J. Manual for Medico –Psychological Questionnaire. 1992.
 8. Bhagat V, Jayaraj J. Supportive Psychotherapy can be effective in reducing negative emotionality in spouses of mentally ill. *Int J Humanities Social Science Invention* 2015; **4**: 14-16. Available at: [http://www.ijhssi.org/papers/v4\(7\)/Version-1/D0471014016.pdf](http://www.ijhssi.org/papers/v4(7)/Version-1/D0471014016.pdf)
 9. Kallmann FJ, Sander G. Twin studies on senescence. *Am J Psychiat* 1949; **106**: 29-36.
 10. Hunsley J, Elliott K, Therrien Z. The Efficacy and Effectiveness of Psychological Treatments. Canadian Psychological Association, 141 Laurier Avenue West, Suite 702 Ottawa, Ontario K1P 5J3. University of Ottawa. 2013. Available at: http://www.cpa.ca/docs/File/Practice/icityAndEffectivenessOfPsychologicalTreatments_web.pdf
 11. Swindell WR., Bouzat JL. Inbreeding Depression and Male Survivorship in *Drosophila*: Implications for Senescence Theory. *Genetics* 2006; **172**: 317-327. <http://doi.org/10.1534/genetics.105.045740>
 12. Ross M. Current concepts of the climacterium. *Am Pract Digest Treat* 1951; **2**: 955-958.
 13. Allen EB. Changes in psychology necessitated by involution. *J South Med Surg* 1942; **104**: 441-448.
 14. Allen EB. Psychological orientation in geriatrics. *Geriatrics* 1949; **4**: 67-73.
 15. NIH Senior Health. About Depression. Available at: <http://nihseniorhealth.gov/depression/aboutdepression/01.html>
 16. DeRubeis R J, Siegle G J, Hollon SD. Cognitive therapy vs. medications for depression: Treatment outcomes and neural mechanisms. *Nature Reviews. Neuroscience* 2008; **9**, 788-796. <http://doi.org/10.1038/nrn2345>
-