“Intellectually Starved,” A Study of the Effects of Life Review on Elder Depression in Long Term Care.

Laurel Ostrow, MAT, MSN, RN, ANP-C

University: Minnesota State University, Mankato
Committee Chair: Dr. Sue Ellen Bell, PhD, RN, PHCNS, BC
Committee Members: Dr. Suzanne Narayan, PhD, RN
Dr. Hans de-Ruiter, PhD, RN

Purpose: Depression and dementia often coexist among the elderly. These conditions diminish the physical, mental and spiritual quality of life for elders and their families. Recent Medicare standards stress mental health programs and tie reimbursement to performance in this area, especially in long term care settings. The purpose of this project was to implement an evidence-based life review interviewing activity and to answer the following clinical question. In people over 80 living in a suburban long term care setting, experiencing cognitive impairment and possible depression (PHQ9 scores 0-13; BIMS scores 4-14), how does participation in a life review one-on-one interview program impact resident depression scores, as measured by the Geriatric Depression Scale Short Form (GDS-SF) before and after participation?

Synthesis of evidence guiding practice change: Included studies examined the impact of life review therapy on elders who experience cognitive impairment, depression and institutionalization. Qualitative and quantitative evidence indicated that life review improved mood in both cognitively impaired elders and their families. A clinical guideline supported this innovation also.

Proposed change to practice: The life review intervention is evidence-based and the method of one-on-one interviews is effective with cognitively impaired elders, according to nursing literature. Autobiographical activities in this population may be adapted for a variety of clinical and community settings. Staff or volunteers may be facilitators. This clinical practice change meets the need for mental stimulation among institutionalized elders.

Strategies of implementation: Interviews were conducted using a pre-designed autobiographical journal from Life Bio. The Assistant Director of Activities did an initial assessment, selecting residents by existing BIMS and PHQ9 scores, and contacted interested residents for participation. A GDS-SF screening was performed before and after completion of the journal.

Stakeholders: Administrators of the clinical site, nurses, activities/wellness staff, residents of the long term care and board and care facilities, and family members were all stakeholders.

Method for evaluation: GDS-SF scores for people participating in the life review interviews were obtained. Field notes concerning the expressions, both non-verbal and verbal of participating residents were kept. Family responses were also noted.

Significance of the work: Impact measures were not statistically significant, though a small lowering of GDS-SF depression scores was noted with some residents. Implications for future projects are that qualitative and quantitative analyses are equally suited for the determination of the benefits of life review with cognitively impaired and depressed elders. This work has also led to the conclusion that severely impaired residents must be considered individually in terms of qualitative benefits, as some residents with severe impairment derived much enjoyment from the activity, as judged by their qualitative report and the positive reports of their families.
References


Registered Nurses Association of Ontario (2010). Caregiving strategies for older adults with delirum, dementia and depression. Retrieved from:

http://rnao.ca/bpg/guidelines


