

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

“In patients with dementia and mild cognitive impairment, how effective are psychological treatments compared to any other intervention for reducing depression and anxiety?”

Clarification of question using PICO structure

Patients: Patients with dementia and mild cognitive impairment
Intervention: Psychological treatments
Comparator: Any other intervention
Outcome: Depression and anxiety

Clinical and research implications

Moderate quality evidence from 6 studies suggested that psychological interventions given in addition to usual care can reduce the symptoms of depression in patients with dementia or Alzheimer's disease compared to usual care alone. There was a smaller amount of evidence from 2 studies to suggest that psychological interventions can also reduce clinician-rated anxiety. There was no evidence in people with mild cognitive impairment and more randomised controlled trials are needed evaluating psychological interventions in this population. The review recommended that more research is needed into which types of treatment are the most effective.

What does the evidence say?

Number of included studies/reviews (number of participants)

One systematic review containing 6 studies (n = 439) was included. One RCT (n = 32) was also found but as this was included in the systematic review it will not be discussed further (the details are in the table for reference: Stanley).

Main Findings

All 6 studies in the review were in participants with mild dementia or Alzheimer's disease, there were no studies of mild cognitive impairment. Average participant ages ranged from 75 to 87 years. Only the largest trial was considered to be at low risk of bias (n = 330), others were unclear or high mostly due to a lack of blinding, and no information about methods of randomisation and allocation concealment. The interventions were CBT, interpersonal therapy, counselling or multimodal interventions. Control groups received usual care, an attention-control education package or diagnostic feedback.

There was statistically significant evidence from a meta-analysis of all 6 studies that psychological treatment reduced depression more than usual care (SMD -0.22, 95% CI: -0.41 to -0.03). Psychological treatment also significantly reduced clinician-rated anxiety RAID scores (SMD -4.57 (95% CI -7.81, -1.32; 2 studies) compared to usual care. There were no significant between group differences for self-rated anxiety (2 studies) or quality of life (3 studies).

Authors Conclusions

The systematic review concluded that there was some evidence that adding a psychological intervention to usual care can reduce depression symptoms and clinician-rated anxiety in people with dementia and that they have the potential to improve their well-being.

Reliability of conclusions/Strength of evidence

This was a high-quality systematic review produced by the Cochrane Collaboration following their guidelines for performing a review. As it contained 6 studies with an overall rating of moderate quality for depression outcomes, the overall strength of the evidence is moderate and the conclusions of the review are likely to be reliable.

What do guidelines say?

National Institute for Health and Care Excellence (NICE) guidelines make the following recommendations regarding the use of psychological treatments for depression and anxiety for individuals with dementia:

“For people with dementia who have depression and/or anxiety, cognitive behavioural therapy, which may involve the active participation of their carers, may be considered as part of treatment.

A range of tailored interventions, such as reminiscence therapy, multisensory stimulation, animal-assisted therapy and exercise, should be available for people with dementia who have depression and/or anxiety.” (p.36, 2006, CG42)

Scottish Intercollegiate Guidelines Network (SIGN) guidelines make the following recommendations regarding psychological treatments for depression for individuals with dementia:

“There is evidence to support the use of behavioural management to reduce depression in people with dementia living in the community with a caregiver. Depression in people with dementia receiving behavioural therapy either involving pleasant events or problem solving was compared to that in control groups. Patient depression was improved for up to six months after both interventions.” (p.7, 2006, CG86)

Date question received: 12/08/2014

Date searches conducted: 09/09/2014

Date answer completed: 03/02/2015

References

SRs

Orgeta, V., Qazi, A., Spector, A. E., & Orrell, M. (2014). Psychological treatments for depression and anxiety in dementia and mild cognitive impairment. *Cochrane Database of Systematic Reviews*, 1. Art.No.: CD009125. DOI: 10.1002/14651858.CD009125.pub2.

Guidelines

National Institute for Health and Care Excellence (2006) *Dementia: Supporting people with dementia and their carers in health and social care. Guidance*. CG42. London: National Institute for Health and Care Excellence.

Scottish Intercollegiate Guidelines Network (2006) *Management of patients with dementia: A national clinical guideline*. CG86. Edinburgh: Scottish Intercollegiate Guidelines Network.

Results

Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Orgeta et al. (2014)	01/2013	<p><i>Participants:</i> Inclusion criteria: older adults diagnosed with dementia (e.g., Alzheimer's disease, organic brain syndrome) according to the DSM-IV, ICD-10, or comparable, and participants with a diagnosis of mild cognitive impairment (MCI). Any definition of MCI was acceptable as long as the criteria used were published and included evidence of objective cognitive impairment but no dementia. Participants could be from any setting (e.g. home, community, institution).</p> <p><i>Intervention:</i> Any intervention that: (a) was designed to reduce anxiety and depression or improve adaptive functioning, or both, b) was based on a psychological theory (for example learning theory), and c) involved a structured interaction between a facilitator and a participant which incorporated psychological methods (for example behavioural, cognitive behavioural, family systems). Interventions included: Cognitive behavioural therapies (e.g., cognitive behavioural therapy (CBT), cognitive analytic therapy (CAT), behavioural therapy, behaviour management therapy, brief rational insight and problem-solving</p>	6 (n = 439, range from 32 to 330)	<p>All 6 included trials were in participants with dementia, none were found in MCI. One of the included trials was the pilot trial by Stanley (details given below). Only 1 trial was at low risk of bias (the largest with n = 330), the others were unclear or high.</p> <p>Participants mostly had mild dementia or Alzheimer's disease and the average age ranged from 75 to 87 years. Interventions included CBT, interpersonal therapy and counselling and two studies included a multimodal intervention. Control groups received usual care or services slightly above it, an attention-control education package or diagnostic feedback.</p> <p>Studies were pooled using fixed effect meta-analysis. For depression, the overall quality of the evidence was moderate and there was statistically significant evidence</p>	<p>Low</p> <p>This was a well-conducted Cochrane Review. Inclusion and exclusion criteria were reported. The search covered a range of sources of published and unpublished research.</p> <p>Two reviewers independently selected studies, extracted data and performed the risk of bias assessment.</p>


	<p>therapy), relaxation training therapies (e.g., progressive muscle relaxation), psychodynamic therapies (e.g., brief psychotherapy and insight orientated psychotherapy), interpersonal therapies (e.g., ITP), and supportive or counselling therapies. Interventions could be individual or group and of any intensity, duration or frequency.</p> <p><i>Comparator:</i> No treatment (usual care) or a comparison group engaging in non-specific psychosocial activity (e.g., attention-control, by controlling for effects of staff attention or social contact).</p> <p><i>Outcome:</i> Primary outcome: Measures of depression (e.g. Cornell Scale for Depression in Dementia, Hamilton Rating Scale for Depression, Beck Depression Inventory) and anxiety (e.g. The Worry Scale, Rating of Anxiety in Dementia Scale). Clinician, carer and patient ratings were included. Secondary outcomes: Measures of patient quality of life, cognition, daily activity level, and frequency of neuropsychiatric symptoms; caregivers' quality of life, and experiences of caregiver burden.</p> <p><i>Study design:</i> RCTs</p>		<p>that psychological treatment reduced depression (SMD -0.22 (95% CI -0.41, -0.03), 6 studies) more than usual care. Psychological treatment also significantly reduced clinician-rated anxiety RAID scores (SMD -4.57 (95% CI -7.81, -1.320, 2 studies) compared to usual care. There were no significant between group differences for self-rated anxiety (2 studies) or quality of life (3 studies). There were no reported adverse events.</p>	<p>The risk of bias assessment and meta-analysis used appropriate methods.</p>
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Risk of Bias:

SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Orgeta et al. (2014)					

 Low Risk

 High Risk

 Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	dementia depression anxiety	30	2
Primary studies			
CENTRAL	#1 MeSH descriptor: [Dementia] explode all trees 3814 #2 MeSH descriptor: [Mild Cognitive Impairment] explode all trees 127 #3 "mild cognitive impairment" 687 #4 #1 or #2 or #3 4273 #5 MeSH descriptor: [Psychotherapy] explode all trees 15702 #6 "non pharmacological intervention*" 471 #7 "non pharmacological treatment*" 308 #8 "psychological therap*" 760 #9 MeSH descriptor: [Cognitive Therapy] explode all trees 5025 #10 #5 or #6 or #7 or #8 or #9 16638 #11 MeSH descriptor: [Depressive Disorder] explode all trees 7510 #12 depression or depressed 36594 #13 MeSH descriptor: [Anxiety Disorders] explode all trees 4915 #14 anxiety or anxiousness 22068 #15 #11 or #12 37547 #16 #13 or #14 23838 #17 #15 or #16 51723 #18 #4 and #10 and #17 136 #19 2013 or 2014 113489 #20 #18 and #19 52 Central only 13	13	0
PsycINFO	Search History: 1. PsycINFO; ALZHEIMER'S DISEASE/ OR COGNITIVE IMPAIRMENT/ OR exp DEMENTIA/;	7	0

	<p>63671 results.</p> <p>2. PsycINFO; "mild cognitive impairment".ti,ab; 4539 results.</p> <p>3. PsycINFO; 1 OR 2; 63951 results.</p> <p>4. PsycINFO; COGNITIVE THERAPY/ OR exp PSYCHOTHERAPY/; 174321 results.</p> <p>8. PsycINFO; "psychological treatment*".ti,ab; 3901 results.</p> <p>9. PsycINFO; exp CREATIVE ARTS THERAPY/; 7897 results.</p> <p>10. PsycINFO; 4 OR 8 OR 9; 182864 results.</p> <p>11. PsycINFO; "DEPRESSION (EMOTION)"/ OR MAJOR DEPRESSION [+NT]/; 102351 results.</p> <p>12. PsycINFO; "depressive disorder*".ti,ab; 18544 results.</p> <p>13. PsycINFO; depress*.ti,ab; 201689 results.</p> <p>14. PsycINFO; 11 OR 12 OR 13; 0 results.</p> <p>15. PsycINFO; exp ANXIETY DISORDERS/; 58240 results.</p> <p>16. PsycINFO; anxiety.ti,ab; 125983 results.</p> <p>17. PsycINFO; anxiousness.ti,ab; 314 results.</p> <p>18. PsycINFO; 15 OR 16 OR 17; 159417 results.</p> <p>19. PsycINFO; 14 OR 18; 312868 results.</p> <p>20. PsycINFO; 3 AND 10 AND 19; 274 results.</p> <p>21. PsycINFO; "non pharmacological intervention*".ti,ab; 230 results.</p> <p>22. PsycINFO; "non pharmacological treatment*".ti,ab; 278 results.</p> <p>23. PsycINFO; 10 OR 21 OR 22; 183267 results.</p> <p>24. PsycINFO; 3 AND 19 AND 23; 300 results.</p> <p>25. PsycINFO; CLINICAL TRIALS/; 6909 results.</p> <p>26. PsycINFO; random*.ti,ab; 120704 results.</p> <p>27. PsycINFO; groups.ti,ab; 347400 results.</p> <p>28. PsycINFO; (double adj3 blind).ti,ab; 17014 results.</p> <p>29. PsycINFO; (single adj3 blind).ti,ab; 1319 results.</p> <p>30. PsycINFO; EXPERIMENTAL DESIGN/; 8705 results.</p> <p>31. PsycINFO; controlled.ti,ab; 75210 results.</p> <p>32. PsycINFO; (clinical adj3 study).ti,ab; 7384 results.</p>		
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	<p>33. PsycINFO; trial.ti,ab; 63704 results.</p> <p>34. PsycINFO; "treatment outcome clinical trial".md; 24966 results.</p> <p>35. PsycINFO; 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34; 536251 results.</p> <p>36. PsycINFO; 11 OR 12 OR 13; 206041 results.</p> <p>37. PsycINFO; 18 OR 36; 312868 results.</p> <p>38. PsycINFO; 3 AND 23 AND 37; 300 results.</p> <p>39. PsycINFO; 35 AND 38; 101 results.</p> <p>40. PsycINFO; 39 [Limit to: Publication Year 2013-2014]; 7 results.</p>		
Embase	<p>23. EMBASE; ALZHEIMER'S DISEASE/ OR COGNITIVE IMPAIRMENT/ OR exp DEMENTIA/; 298304 results.</p> <p>24. EMBASE; "mild cognitive impairment".ti,ab; 11326 results.</p> <p>25. EMBASE; 23 OR 24; 299907 results.</p> <p>26. EMBASE; COGNITIVE THERAPY/ OR exp PSYCHOTHERAPY/; 181698 results.</p> <p>27. EMBASE; "psychological treatment*".ti,ab; 3367 results.</p> <p>28. EMBASE; exp CREATIVE ARTS THERAPY/; 0 results.</p> <p>29. EMBASE; 26 OR 27 OR 28; 182933 results.</p> <p>30. EMBASE; "DEPRESSION (EMOTION)" / OR MAJOR DEPRESSION [+NT]/; 37317 results.</p> <p>31. EMBASE; "depressive disorder*".ti,ab; 28320 results.</p> <p>32. EMBASE; depress*.ti,ab; 385658 results.</p> <p>33. EMBASE; 30 OR 31 OR 32; 393177 results.</p> <p>34. EMBASE; exp ANXIETY DISORDERS/; 149577 results.</p> <p>35. EMBASE; anxiety.ti,ab; 150971 results.</p> <p>36. EMBASE; anxiousness.ti,ab; 230 results.</p> <p>37. EMBASE; 34 OR 35 OR 36; 249458 results.</p> <p>38. EMBASE; 33 OR 37; 554836 results.</p> <p>39. EMBASE; 25 AND 29 AND 38; 2344 results.</p> <p>40. EMBASE; "non pharmacological intervention*".ti,ab; 1147 results.</p> <p>41. EMBASE; "non pharmacological treatment*".ti,ab; 1504 results.</p> <p>42. EMBASE; 26 OR 40 OR 41; 183777 results.</p>	86	0

	<p>43. EMBASE; 25 AND 38 AND 42; 2397 results.</p> <p>44. EMBASE; random*.ti,ab; 897238 results.</p> <p>45. EMBASE; factorial*.ti,ab; 23261 results.</p> <p>46. EMBASE; (crossover* OR cross-over*).ti,ab; 69701 results.</p> <p>47. EMBASE; placebo*.ti,ab; 201569 results.</p> <p>48. EMBASE; (doubl* ADJ blind*).ti,ab; 143181 results.</p> <p>49. EMBASE; (singl* ADJ blind*).ti,ab; 14588 results.</p> <p>50. EMBASE; assign*.ti,ab; 241339 results.</p> <p>51. EMBASE; allocat*.ti,ab; 84952 results.</p> <p>52. EMBASE; volunteer*.ti,ab; 177409 results.</p> <p>53. EMBASE; CROSSOVER PROCEDURE/; 40113 results.</p> <p>54. EMBASE; DOUBLE BLIND PROCEDURE/; 115250 results.</p> <p>55. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 349266 results.</p> <p>56. EMBASE; SINGLE BLIND PROCEDURE/; 18765 results.</p> <p>57. EMBASE; 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56; 1428158 results.</p> <p>58. EMBASE; 43 AND 57; 415 results.</p> <p>59. EMBASE; 58 [Limit to: Publication Year 2013-2014]; 86 results.</p>		
Medline	<p>23. MEDLINE; ALZHEIMER'S DISEASE/ OR COGNITIVE IMPAIRMENT/ OR exp DEMENTIA/; 123252 results.</p> <p>24. MEDLINE; "mild cognitive impairment".ti,ab; 7920 results.</p> <p>25. MEDLINE; 23 OR 24; 126531 results.</p> <p>26. MEDLINE; COGNITIVE THERAPY/ OR exp PSYCHOTHERAPY/; 153241 results.</p> <p>27. MEDLINE; "psychological treatment*".ti,ab; 2423 results.</p> <p>28. MEDLINE; exp CREATIVE ARTS THERAPY/; 0 results.</p> <p>29. MEDLINE; 26 OR 27 OR 28; 154315 results.</p> <p>30. MEDLINE; "DEPRESSION (EMOTION)"/ OR MAJOR DEPRESSION [+NT]/; 78375 results.</p> <p>31. MEDLINE; "depressive disorder*".ti,ab; 21778 results.</p> <p>32. MEDLINE; depress*.ti,ab; 325130 results.</p> <p>33. MEDLINE; 30 OR 31 OR 32; 345622 results.</p>	28	0

	<p>34. MEDLINE; exp ANXIETY DISORDERS/; 68776 results.</p> <p>35. MEDLINE; anxiety.ti,ab; 115457 results.</p> <p>36. MEDLINE; anxiousness.ti,ab; 178 results.</p> <p>37. MEDLINE; 34 OR 35 OR 36; 159419 results.</p> <p>38. MEDLINE; 33 OR 37; 445948 results.</p> <p>39. MEDLINE; 25 AND 29 AND 38; 358 results.</p> <p>40. MEDLINE; "non pharmacological intervention*".ti,ab; 801 results.</p> <p>41. MEDLINE; "non pharmacological treatment*".ti,ab; 956 results.</p> <p>42. MEDLINE; 29 OR 40 OR 41; 155789 results.</p> <p>43. MEDLINE; 25 AND 38 AND 42; 375 results.</p> <p>44. MEDLINE; "randomized controlled trial".pt; 387879 results.</p> <p>45. MEDLINE; "controlled clinical trial".pt; 89783 results.</p> <p>46. MEDLINE; randomized.ab; 307772 results.</p> <p>47. MEDLINE; placebo.ab; 159394 results.</p> <p>48. MEDLINE; "drug therapy".fs; 1741471 results.</p> <p>49. MEDLINE; randomly.ab; 222071 results.</p> <p>50. MEDLINE; trial.ab; 320544 results.</p> <p>51. MEDLINE; groups.ab; 1401611 results.</p> <p>52. MEDLINE; 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51; 3439307 results.</p> <p>53. MEDLINE; 43 AND 52; 168 results.</p> <p>54. MEDLINE; "randomized controlled trial".pt; 387879 results.</p> <p>55. MEDLINE; "controlled clinical trial".pt; 89783 results.</p> <p>56. MEDLINE; randomized.ab; 307772 results.</p> <p>57. MEDLINE; placebo.ab; 159394 results.</p> <p>58. MEDLINE; "drug therapy".fs; 1741471 results.</p> <p>59. MEDLINE; randomly.ab; 222071 results.</p> <p>60. MEDLINE; trial.ab; 320544 results.</p> <p>61. MEDLINE; groups.ab; 1401611 results.</p> <p>62. MEDLINE; 54 OR 55 OR 56 OR 57 OR 58 OR 59 OR 60 OR 61; 3439307 results.</p> <p>63. MEDLINE; 43 AND 62; 168 results.</p> <p>64. MEDLINE; 63 [Limit to: Publication Year 2013-2014]; 28 results.</p>		
Summary	NA	NA	

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