Effect of reminiscence therapy on depression in older adults: a systematic review

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CRD summary
This review assessed the effect of reminiscence therapy on depression in older adults. The authors concluded that this intervention may be an effective treatment for this group. However, the methods used to conduct the review were not well reported, and minimal results were presented. The evidence available is therefore weak and the conclusions reflect this.

Authors’ objectives
The authors’ primary objective was to determine the effectiveness of reminiscence therapy as an intervention for depression reduction in older adults outside the primary care setting. Secondary objectives were to suggest approaches of reminiscence therapy that need to be changed or used in the care of older adults, and to identify needs for further research.

Searching
MEDLINE, CINAHL, PsycINFO, POEMs (Patient-Oriented Evidence that Matters), the Cochrane Database of Systematic Reviews and Dissertation Abstracts International were searched from inception. Although some search terms were given, the dates of the searches were not reported. Internet sites including Mental Health Net and the American Psychiatric Association were also searched. The reference lists of research articles were used to inform a handsearch, and bibliographies were checked.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) were eligible for inclusion.

Specific interventions included in the review
Studies of reminiscence therapy of any type were eligible for inclusion. The interventions included in the review were structured and unstructured reminiscence therapy. The control groups in the included studies received different types of reminiscence therapy, or either a placebo intervention or usual standard care.

Participants included in the review
Studies of participants aged over 55 years who were not residing in the primary care setting were eligible for inclusion. The mean age of the participants in the included studies was 75.8, with mean values ranging from 66.5 to 82.3 years. All but two of the included studies contained both male and female participants. All of the studies took place in long-term care facilities. One study examined patients with a diagnosis of depression, while another looked at patients with a diagnosis of dementia.

Outcomes assessed in the review
Studies that employed measures of depression were eligible for inclusion. The included studies used the following measures: the Beck Depression Inventory (BDI; 5 studies), the Geriatric Depression Scale (GDS; 3 studies), the Zung depression scale (2 studies) and the Hamilton Rating Scale for Depression (HRSD; 1 study).

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The validity of the included studies was assessed against the following criteria: sample selection bias, performance bias, intervention bias and attrition bias. The authors did not state how the papers were assessed for validity, or how
many reviewers performed the validity assessment.

**Data extraction**
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

**Methods of synthesis**
*How were the studies combined?*
The studies were combined in a narrative.

*How were differences between studies investigated?*
The studies were grouped according to the treatment comparison (alternative treatment, placebo or standard care). Differences between the studies were discussed with respect to the type of patient, type of outcome measure employed, nature of the intervention and control, and study quality.

**Results of the review**
Nine RCTs with 481 participants were included in the review.

Two RCTs compared two treatment groups. One found significantly lower levels of depression in the structured reminiscence group than in the unstructured reminiscence group at 2 and 17 weeks post-treatment. The other RCT found no significant differences between two different age groups.

Six RCTs compared treatment with a placebo group. The results were mixed: in 3 RCTs there was no difference between the groups in depression scores; 2 RCTs found significantly lower depression scores in the treatment groups when using the BDI; and the remaining RCT found significantly lower depression levels in the placebo group when using the GDS and the HRSD, but not the BDI.

Eight RCTs compared treatment with a standard care group. The results were mixed: 4 RCTs found no significant difference between the groups; 3 RCTs found lower depression scores in the reminiscence therapy groups than in the standard care groups; the remaining RCT found a significant effect of reminiscence therapy in participants aged 65 to 74, but not in those aged over 74 years.

**Authors’ conclusions**
The authors’ conclusion was that reminiscence therapy required further testing, but should nonetheless be considered a valuable intervention.

**CRD commentary**
The review question and the inclusion criteria were clear. The search was adequate, although there was no attempt to locate unpublished studies, which might have led to the introduction of publication bias. The authors did not report using methods to minimise bias and error in the study selection, data extraction, or validity assessment processes. Validity was assessed against appropriate criteria, but the results of the validity assessment were not used to inform further analysis of the studies. The decision to adopt a narrative synthesis was appropriate, as was the grouping of studies by comparison. The results were mixed and the evidence supporting reminiscence therapy was not convincing. The authors’ recommendations for further research were appropriate, although their conclusions may not reflect all the available evidence.

**Implications of the review for practice and research**
Practice: The authors stated that reminiscence therapy should be considered a viable, valuable and useful intervention to potentially reduce depression in older adults.
Research: The authors made recommendations for further research. In particular, a qualitative approach to the evaluation of the efficacy of reminiscence therapy; further analysis of the groups likely to benefit from reminiscence therapy; and clear definition of therapeutic protocols to identify the most beneficial aspects of the therapy. They also recommended assessments on the following: efficacy at appropriate time points during therapy; the impact of therapy on family coping; adverse effects of therapy; and cost implications of therapy.

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