
Is group psychotherapy effective in older adults with depression? A systematic review

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CRD summary

This review concluded that, although the quality of many trials was not optimal, the results of the meta-analysis suggested that group cognitive behavioural therapy was effective in older adults with depression. Although this was a generally well-conducted review, the authors' conclusions should be interpreted with caution given the small number of included trials.

Authors' objectives

To assess the effectiveness of group psychotherapy for the treatment of older adults with depressive disorders.

Searching

The following databases were searched with no language restrictions up to April 2009: MEDLINE, EMBASE, PsycINFO, CINAHL, and The Cochrane Library. Some search terms were reported. Relevant practice guidelines from NICE, Society of Psychotherapy Research and British Association of Psychotherapy were screened. Dissertation abstracts were also searched. The previous two years of British Journal of Psychiatry, International Journal of Geriatric Psychiatry, and British Journal of Psychotherapy were handsearched. Reference lists of relevant publications were scanned. Experts in the field were contacted for any additional studies.

Study selection

Cluster-randomised and randomised controlled trials (RCTs) that evaluated group psychotherapy in adults (aged 50 years or older) with depression diagnosed using recognised criteria were eligible for inclusion. The eligible group psychotherapeutic interventions were those not being administered in combination with any other psychotherapy, educational or psychosocial interventions. Trials were excluded if they involved patients with significant cognitive impairment including dementia, other primary mental illness, primary diagnosis of alcohol or drug dependence, or patients experiencing psychotic symptoms. The review outcomes of interest were change in depression symptom and clinical response.

All of the included trials used psychotherapeutic interventions based on the cognitive behavioural therapy model. All but one study used a Mini-Mental State Examination score of more than 23 as an inclusion criterion; the other trial used clinical decision. All the psychotherapeutic interventions were delivered weekly. The comparators in included trials were group visual imagery and education, reminiscence group therapy, waiting-list control, and group educational therapy. The mean number of weekly sessions was 12.8. The mean age of patients ranged from 66 to 84.3 years (where reported).

The authors did not state how many reviewers assessed trials for inclusion.

Assessment of study quality

The quality of included trials was assessed using the Quality Rating Scale (with a maximum score of 46). The criteria assessed were: standardisation and monitoring; randomisation and allocation of concealment; and characteristics of therapists.

Two reviewers independently performed quality assessment.

Data extraction

Data were extracted on mean and standard deviation to enable the calculation of mean differences (MDs) and 95% confidence intervals (CIs). Trial authors were contacted for missing data (where possible).

Two reviewers performed data extraction.

Methods of synthesis

Where trials used the same instruments, weighted mean differences (WMDs) with 95% confidence intervals were

calculated using a random-effects model. Statistical heterogeneity was assessed using the I^2 test.

Subgroup analyses were performed on different comparators and outcome measures.

Results of the review

Six RCTs with parallel design were included in the review. The number of patients in each treatment arm of included trials ranged from fewer than 30 to 120. The quality scores of trials ranged from 20 to 33, with an mean score of 27. The mean follow-up was 11.3 months.

Compared with any control, group psychotherapy treatment was associated with a significant reduction in depression symptoms (WMD -3.92, 95% CI -6.18 to -1.67). Compared with waiting-list control only, group psychotherapy treatment was associated with a significant reduction in depression symptoms (WMD -6.29, 95% CI -8.95 to -3.62). There was a non-significant reduction in depression symptoms with psychotherapy treatment compared with other active interventions. There was no significant difference in depression scores between group psychotherapy treatment and active control groups at the completion of the intervention and at follow-up.

No substantial heterogeneity was observed for these outcomes.

Subgroup analyses by different depression outcome measures did not markedly alter the results.

Authors' conclusions

Although the quality of many trials was not optimal, the results of this meta-analysis suggested that group cognitive behavioural therapy was effective in older adults with depression.

CRD commentary

The review question was clear, supported by appropriate inclusion criteria. A number of relevant databases were searched. Efforts were made to find both published and unpublished studies with no language restrictions, which minimised the potential for publication and language biases. Steps were taken to minimise reviewer error and bias in the process of quality assessment, but it was unclear whether study selection and data extraction were performed in duplicate.

Appropriate criteria were used to assess trial quality. Statistical heterogeneity was assessed. Appropriate methods were used to pool the results.

This review was generally well conducted. However, the authors' conclusions should be interpreted with caution given the small number of included trials.

Implications of the review for practice and research

Practice: The authors did not state any implications for practice.

Research: The authors stated that large scale studies with comparators such as pharmacotherapy and individual psychotherapy were required to assess the efficacy of group psychotherapy in older adults with depression. Future trials evaluating group psychotherapies in different modalities in older adults with a range of depressive disorders were required. These studies should include the outcomes of quality of life, disability, feasibility, acceptance and satisfaction with the therapy, as well as incorporating qualitative data on individual preference and attitudes towards treatment. The pragmatic trials of group therapy in diverse settings in older adults with co-morbidities were required.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.