

GROUP COGNITIVE BEHAVIOR THERAPY (CBT) FOR DEPRESSION IN PARKINSON'S DISEASE

Julie H Carter, ANP, Kristy Hanna, PsyD, Jason Malcom, MSW
Parkinson Center of Oregon, Oregon Health & Science University, Portland, Oregon

BACKGROUND

- Depression is very common in Parkinson's disease (PD) (>50%).
- Depression is the number one predictor of decreased quality of life (QOL) in Parkinson's disease.
- Antidepressant therapy alone has not been adequate in treating depression in PD.
- Evidence supports individual and group Cognitive Behavior Therapy (CBT) as an effective skill-based intervention for the treatment of depression in the general population.

QUESTION

- Is group CBT effective in the treatment of depression in Parkinson's disease?

METHODS

Recruitment Criteria

- Idiopathic PD
- Not demented (MOCA >25)
- Depressed (CES-D >16)
- Stable Antidepressant therapy

INTERVENTION

- Eight weekly 1 ½ hour group sessions
- Groups of 6-10 participants with IPD
- Curriculum utilized CBT strategies:
 - Learning about PD & depression
 - Role of thoughts & emotions in depression
 - Cognitive restructuring
 - Living an engaged life
 - Social connectedness & depression
 - Relaxation exercises
 - Weekly homework to practice skills

OUTCOME MEASUREMENTS

- Depression: CES-D (score > 16 indicative of depression)
- Anxiety: SCL-90
- QOL: PDQ-39 (eight dimensions of QOL)

DEMOGRAPHICS

- Subjects at various stages of disease
- 21 subjects entered study, 14 completed study*
- 14 Males, 7 females
- Age range: 58-73
- All subjects were Caucasian.

RESULTS

	Pre	Post	T- test
CESD	18.9 +/- 11.9 (SD)	12.9 +/- 8.0	P=0.014 by paired t test
SCL	7	4	0.016
PDQ- 39	25.7	21.1	0.055

* One third of subjects did not complete the study

CONCLUSIONS

- Results suggest that Group CBT is an effective intervention for depression, anxiety, and QOL in Parkinson's disease
- Group CBT is not an effective intervention for mutuality in couples, general health perceptions, or resilience.
- Subjects' cognitive capacity is an important factor in subjects' ability to complete and realize therapeutic benefit of group CBT.

CONCLUSIONS

1. Should groups be homogeneous?
2. Should carepartners have parallel sessions to reinforce skills?
3. Are benefits lasting?
4. Would booster session one month after completion help sustain benefits?