

Behavioral and Psychosocial Interventions

What works, what doesn't, what does the future hold

Disclosure

- National Institutes of Mental Health, Aging
- United Behavioral Health/AARP
- Akili Interactive

What are behavioral/ psychosocial interventions?



What is effective?

- Cognitive Behavioral Therapy;
- Problem Solving Therapy;
- Interpersonal Therapy;
- Dialectical Behavioral Therapy;
- Behavioral Activation
- Clinical Case Management.

Evidence base

- Effective for treating anxiety disorders in specialty and primary care ($d = .57$; *Seekles et al, Psych Med, 2013*);
- Effective for depressive disorders, severe depression, post partum, older adults, inpatient, primary care, and chronically ill adults (*Cuijpers, et al Nord J Psych 2011*);
- Effective as prevention of psychosis, anxiety, PTSD, and Depression new onset (*Cuijpers, et al, J. Nerv Ment Dis, 2005*).

UCSF

Younger versus older adults?

- No clear differences in treatment outcomes by age;
- Effect sizes are moderate for older adults ($d = .71$);
- Effect sizes for younger adults also moderate ($d = .67$).

Cuijpers, Van Straten, Smit, Andersson (2009) International Psychogeriatrics.

Versus Medication Management

- Unclear, as there are few head to head comparisons;
- Negligible differences between psychotherapy and medications for MDD, however, drop out is lower for psychotherapy (OR = 0.66, 95% CI = 0.47 to 0.92).

Cuijpers et al, 2008, J Clin Psychiatry

Cognitive Training

- Controversial
- Won't hurt, but may not help
- New development focuses on neural targets specific to presentation

International acceptance

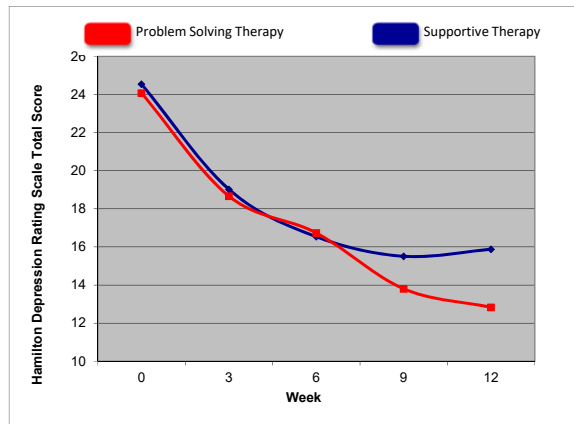


WHEN SHOULD YOU REFER TO PSYCHOSOCIAL/BEHAVIORAL INTERVENTIONS?

Executive Dysfunction

- 50% of older adults with depression have executive dysfunction;
- Patients with LLD+ED have a poor/unstable response to SSRIs;
- Distinct clinical presentation that is easy to assess in standard clinical interview.

Depression



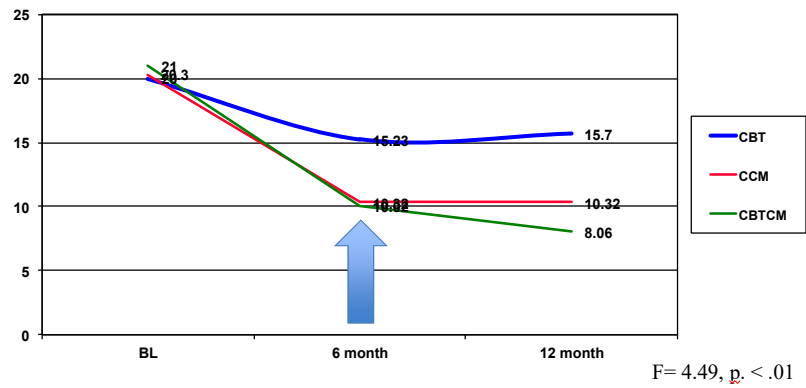
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Arean et al, 2010, American Journal of Psychiatry

Poverty/Low-income

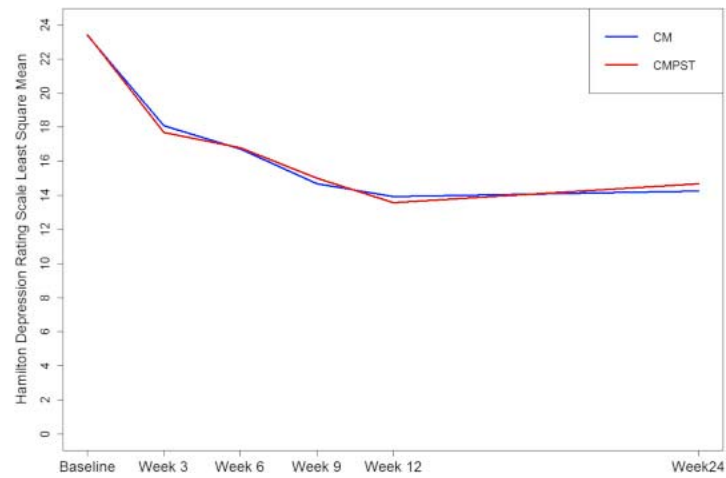
- Evidence that older adults living in poverty may not respond fully to medications:
 - SES is an independent predictor of medication response (*Cohen, Gilman, Houck, Szanto, Reynolds, Soc Psychiatry Psychiatr Epidemiol. 2009*)
 - Even with management, results are poor (*Ayalon et al Inter'I J. Gero Psych. 2008*)

Pep-up outcomes



Arean et al, Psychology and Aging, 2008

CARED



Alexopoulos et al, 2015 AJGP

How do you find a good therapist?

- How many older people do they work with?
- Where did they train?
- Can they do cognitive assessment?
- What interventions do they use?

Issues in access

- Transportation
- Multiple appointments
- Stigma
- Self-inflicted ageism
 - “Isn’t everyone my age depressed?”

How to motivate.

- Find easy access points
- Affiliation with you, the doctor
- MI techniques:
 - What is normal in aging?
 - How will it effect your outcomes?
 - Cognitive burden – depression is not good for your brain
 - Listen for change talk

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