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Original Article

EFFICACY OF REMINISCENCE THERAPY ON DEMENTIA AND DEPRESSIVE SYMPTOMS

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ABSTRACT

Aging has major importance in the quality of life, and for this reason, enhancing and maintaining a high quality of life is important in old age. Throughout the aging process, the elderly may have difficulties in psychological adaptation and they can experience feelings of loneliness, depression, and loss of self-confidence.

This study aimed to assess the efficacy of reminiscence therapy on dementia and depressive symptoms among elderly people residing at selected old age homes of Dharwad district."

An experimental study was conducted among 30 elderly people of selected Old Age Homes Hubballi- Dharwad. Sample was selected using Non-Probability; convenient sampling technique. Pre-experimental; one group pre-test, post-test design was used for the study. Data was collected by Dementia Severity Rating Scale (DSRS) and Geriatric Depression Scale (GDS). Data analysis was done using descriptive and inferential statistics.

Overall result of the study revealed that regarding dementia out of 30 subjects, most of the subjects in pre-test 23 (76.66%) had moderate score, 4(13.33%) had mild score and 3(10%) had severe score. Where as in post-test after reminiscence therapy, 27 (90%) had mild score and 3(10%) had moderate score. Regarding depression, in pre-test 5(16%) had mild scores, 23(76%) had moderate scores and 2 (8%) had severe scores. Where as in post-test after reminiscence therapy the mean post test depression score was 28(92%) had mild scores and 2 (%) had moderate scores.

Key words : Efficacy, Reminiscence therapy, Dementia, Depression, Elderly people.

INTRODUCTION :

Mental health and well - being are as important in older as at any other time of life. Old age is considered as the second childhood period where an elderly react like a child. There may be multiple risk factors for mental health problems at any point in life.[1]

Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. For example, older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care. [2]

NEED FOR STUDY :

The global percentage of people over 60 years are estimated to be 9.9% and in India people over 60 years are estimated to be 7.75%.The age of 60 has been adopted as the cut off for old age in most developing countries, and 65 years in the developed countries.[2]

The depression constitutes the most common emotional disorders found in older people. Estimates of the prevalence major depressive disorders in the elderly range from 2% to 105% with milder forms of depression such as dysthymia and dysphoria affecting 20% to 30% older adults.[3]

The 21th century is often called as "age of ageing". One of the world's greatest challenges of the present century is the

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enormous increase in the number and proportions of the elderly in the world. According to United Nations projections by the year 2050 the number of elderly persons is increased from 600million to 2 billions. A study shown that 50-70% of the medical visits has emotional problem. Family history of depression is important risk factor. Though some studies indicates reminiscence therapy can be effective and beneficial for the mental health of elderly, the conclusions are not consistent yet.[4]

The benefits of reminiscence therapy are lowering depression, leading to higher life satisfaction, create a feeling of intimacy, prevent dementia, reducing anxiety and encouraging older persons to communicate and interact.[5]

Based on the above information, the researcher felt that there was a need to study about the effectiveness of reminiscence therapy since it is a cost effective, non-invasive nursing intervention, and an effective strategy which increase self-esteem, reduce depression and improves the quality of life of the elderly. Therefore the present study is designed to assess the effectiveness of reminiscence therapy on dementia and level of depression among geriatrics residing in selected old age homes in Hubbali.

STATEMENT OF THE PROBLEM

"Efficacy of reminiscence therapy on dementia and depressive symptoms among elderly people residing at selected old age homes of Dharwad district."

OBJECTIVES OF THE STUDY

1. To assess the level of dementia among elderly people by using Dementia Severity Rating Scale (DSRS).
2. To assess the depressive symptoms among elderly people by using Geriatric Depression Scale (GDS).
3. To evaluate the effectiveness of reminiscence therapy on dementia and depressive symptoms among elderly people.
4. To find the association between pre test scores of dementia with selected socio demographic variables.
5. To find the association between pre test scores of depression with selected socio demographic variables.

OPERATIONAL DEFINITIONS:

1. **Efficacy :** It refers to the extent to which reminiscence therapy will achieve the desired result in reducing the level of depression among elderly people as evidenced by difference between pre-test and post-test scores.
2. **Dementia :** It refers to elderly persons who have group of thinking and social symptoms that interfere with daily functioning.
3. **Depression :** It refers to elderly persons who are in sad mood, feeling empty and aversion to activity, being alone and feel life is empty, painful and pointless.
4. **Reminiscence Therapy :** It refers to the package of one's life review which includes discussion of pleasurable memory of the family, school days and childhood days, entertainment by listening to music, seeing photographs.
5. **Elderly People :** It refers to elderly people of age 60-80 years.

MATERIAL & METHODS :

Research approach

Evaluative approach was used to assess the efficacy of reminiscence therapy on dementia and depressive symptoms among elderly people residing at selected old age homes of Dharwad district."

Research design

Pre-experimental; one group pre-test, post-test design was used to assess the efficacy of reminiscence therapy on dementia and depressive symptoms among elderly people residing at selected old age homes of Dharwad district."

Setting

Setting refers to the area or location where the study is being conducted. The present study was conducted in Selected Old Age Homes, Hubballi - Dharwad.

Variables under investigation

In quantitative studies, concepts are usually referred to as variables which may be qualities, properties or the characteristics of a person, things, or situations that can change or vary. The variables for present study were:

Independent variable : Reminiscence therapy

Dependent variable : Dementia and depressive symptoms

Attributive factors : Socio-demographic variables such age, sex, marital status, duration of stay, education, source of income, type of family, number of children, frequency of visit by family members, history of physical illness.

Population

The population is referred to the aggregation of all the units

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in which researcher is interested. In other words, population is a set of people from which results can be generalized.

Sample and sample size

A subset of population selected to participate in a research study is known as sample. In the present study the sample consists of Elderly people residing at selected old age homes of Dharwad district. The sample size selected for the present study includes 30 elderly people

Sampling technique

The convenient non-probability sampling technique was used for the study, which is a type of non-probability sampling technique.

Criteria for Sample Selection

The criteria for selection of samples in the present study involve:

Inclusion Criteria :

Elderly people who are,

- Residing at old age home.
- Willing to participate in the study.
- Present during the time of data collection.

Exclusion Criteria :

Elderly people who are,

- Suffering with chronic mental disorders

RESULTS :

Organization and Presentation of the Data

The data collected were edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams represent under following sections.

Section I : Distribution of sample characteristics according to socio demographic variables.

Section II : Analysis and interpretation of dementia scores of subjects who were participated in the study regarding Efficacy of reminiscence therapy.

Section III : Analysis and interpretation of depression scores of subjects who were participated in the study regarding Efficacy of reminiscence therapy.

Section IV : Testing hypotheses

SECTION I : Distribution of sample characteristics according to socio demographic variables

Table No 1: Frequency and percentage distribution of subjects according to socio demographic variables.

n=30

S. No.	Demographic Variable	Frequency (f)	Percentage (%)
1.	**Age in years**		
	a. 60-65	15	50
	b. 66-75	10	33
	c. 76-85	5	17
2.	**Sex**		
	a. Male	16	60
	b. Female	14	40
3.	**Marital status**		
	a. Married	30	100
	b. Unmarried	0	00
4.	**Duration of stay**		
	a. Less than 1 year	5	17
	b. 1-3 years	15	50
	c. 3-6 years	10	33
5.	**Education**		
	a. Collegiate	20	67
	b. High school	5	17
	c. Middle school	3	10
	d. Primary school	0	00
	e. Illiterate	2	6
6.	**Source of income**		
	a. Pension	10	33
	b. Deposits	17	57
	c. Family members	3	10
	d. Institutions	00	00
7.	**Type of family**		
	a. Nuclear Family	28	94
	b. Joint Family	2	6
	c. Extended Family	00	00
8.	**Number of children**		
	a. One	5	17
	b. Two	17	57
	c. Three	8	26
	d. None	00	00
9.	**Habitat**		
	a. Rural	00	00
	b. Urban	30	100
	c. Semi urban	00	00
10.	**Frequency of visit by family members**		
	a. Once a week	10	33
	b. Twice a week	00	00
	c. Once a month	20	67
	d. Never	00	00
11.	**History of physical illness**		
	a. Yes	30	100
	b. No	00	00

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SECTION II: Analysis and interpretation of dementia scores of subjects who were participated in the study regarding Efficacy of reminiscence therapy.

Table No. 2: Mean, Median, Mode, Standard Deviation and Range of Dementia scores of subjects regarding Efficacy of reminiscence therapy. **n=30**

Area of analysis	Mean	Median	Mode	Standard deviation	Range
Pre-test	58.88	58,5	59	7.09	27
Post-test	89.5	91	91	10.19	41
Difference	30.62	32.5	32	3.1	14

Table No. 2 reveals that, the mean pre-test dementia score was 58.88, median 58.5, mode 59, standard deviation 7.09 and range is 27. Whereas mean posttest dementia score was 89.5, median 91, mode 91, standard deviation 10.19 and range was 41. The overall difference in mean dementia score was 30.62, median 32.5, mode 32, standard deviation 3.1 and range 14.

Table No. 3: Frequency and percentage distribution of dementia scores of subjects regarding Efficacy of reminiscence therapy. **n=30**

Level of Dementia	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Mild	4	13.33	27	90
Moderate	23	76.67	3	10
Severe	3	10	0	0

Table No.3 reveals that, distribution of level of dementia score of old age people regarding dementia and depressive symptoms during pre-test and post -test. Most of the subjects in pre-test 23 (76.66%) had moderate score, 4(13.33%) had mild score and 3(10%) had severe score. Where as in post-test after reminiscence therapy, 27 (90%) had mild score and 3(10%) had moderate score.

Table No. 4: Mean, Median, Mode, Standard Deviation and Range of depression scores of subjects regarding reminiscence therapy. **n=30**

Area of analysis	Mean	Median	Mode	Standard deviation	Range
Pre-test	78.88	79	86	8.89	52
Post-test	107.72	110.5	114	8.94	39
Difference	28.84	31.5	28	0.05	13

Table No. 4 reveals that, the mean pre-test depression score was 78.88, median 79, mode 86, standard deviation 8.89, and range 52. Whereas the mean post-test, depression score was 107.72, median 110.5, mode 114, standard deviation 8.94 and range 39. The overall difference in mean depression score was 28.84, median 31.5, mode 28, standard deviation 0.05 and range 13.

Table No. 5: Frequency and percentage distribution of depression scores of subjects regarding Efficacy of reminiscence therapy.

n=30

Level of Dementia	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Mild	5	16	28	92
Moderate	23	76	2	8
Severe	2	8	0	0

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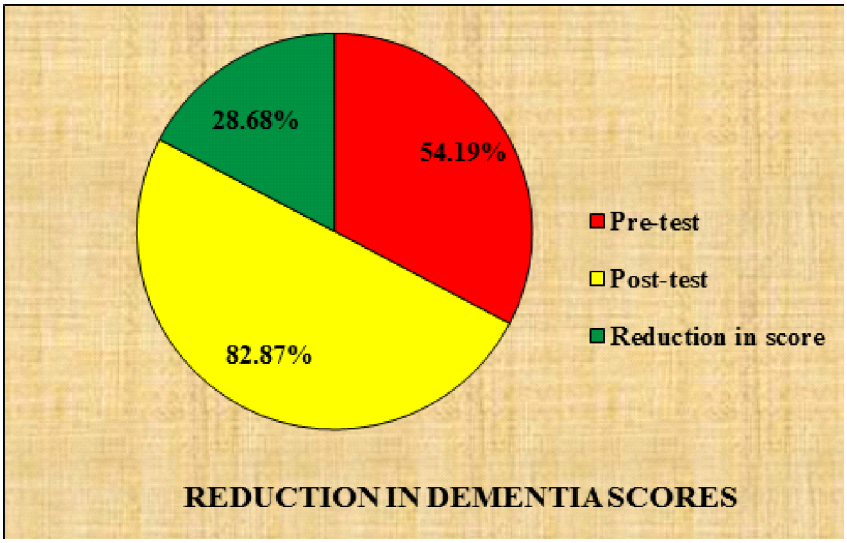
Table No. 5 shows that distribution of level of depression scores among old age people regarding dementia and depressive symptoms during pre-test and post -test. In pre-test 5(16%) had mild scores, 23(76%) had moderate scores and 2 (8%) had severe scores. Where as in post-test after reminiscence therapy the mean post test depression score was 28(92%) had mild scores and 2 (%) had moderate scores.

Table no 6: Pre-test, post-test percentage of Dementia scores of subject regarding efficacy of Reminiscence therapy.

n=30

Items	Total Score	Mean % of dementia scores of subjects		
		Pre-test	Post-test	Reduction in Dementia scores
Structured dementia scale	3240	54.19	82.87	28.68

Table no 6 reveals that there was 28.68% reduction in dementia scores after reminiscence therapy.



Graph 1 : The pie diagram represents the mean percentage of reduction dementia scores of subjects according to their dementia scores.

SECTION III : Analysis and interpretation of depression scores of subjects who were participated in the study regarding Efficacy of reminiscence therapy.

Table no 7: Pre-test, post-test percentage of Depression scores of subjects regarding efficacy of reminiscence therapy.

Items	Total Score	Mean % of dementia scores of subjects		
		Pre-test	Post-test	Reduction in Dementia scores
Structured dementia scale	3240	65	89	24

Table no 7 Reveals that there was 24% reduction in depression scores after reminiscence therapy.

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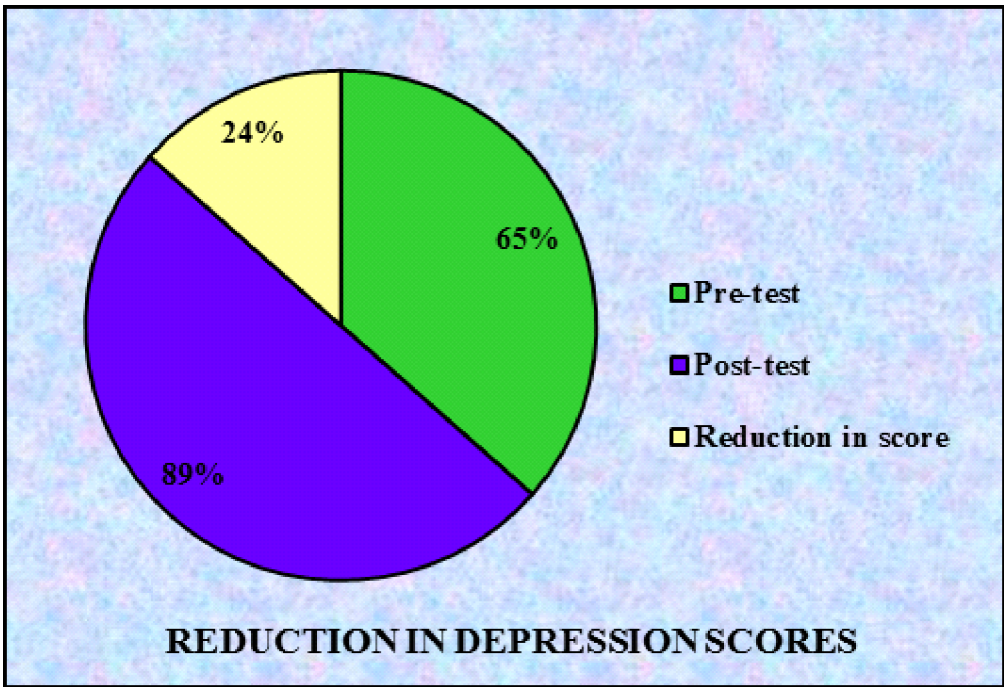

Graph 2: The pie diagram represents percentage distribution of reduction in depression scores of subjects according to their depression scores.

Section IV : Testing Hypothesis.

H^1 : There will be significant difference between the mean pre-test and post-test dementia score among elderly people after reminiscence therapy at 0.05 level of significance

Table No 8: Mean difference (d?), Standard Error of difference (SEd?) and paired't' values of dementia scores of subjects regarding efficacy of reminiscence therapy.

n=30

Mean Difference (d?)	Standard error of difference (Sd?E)	Paired 't' values	
		Calculated	Tabulated
9.16	0.92	9.95*	2.043

*** Significant at 0.05 level of significance**

Table No 8 reveals that the calculated paired 't' **(t_{cal} = 9.95*)** was greater than the tabulated value (t_{tab} = 2.04). **Hence, H_1 was accepted**. This indicates that the reduction in level dementia was statistically significant at 0.05 level of significance. Therefore, the reminiscence therapy was effective in reducing dementia level of subjects.

H_2 : There will be significant difference between the mean pre-test and post-test depression score among elderly people after reminiscence therapy at 0.05 level of significance

Table no 9: Mean difference (d?), Standard Error of difference (SEd?) and paired't' values of depression scores of subjects regarding efficacy of reminiscence therapy.

n=30

Mean Difference (d?)	Standard error of difference (Sd?E)	Paired 't' values	
		Calculated	Tabulated
05.92	0.44	13.45*	2.043

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Table no **9** reveals that the calculated paired' (t_{cal} = **13.45***) was greater than the tabulated value (t_{tab} = 2.04). Hence, H_2 was accepted. This indicates that the reduction in level depression was statistically significant at 0.05 level of significance. Therefore, the reminiscence therapy was effective in reducing depression level of subjects.

H_3 : There will be significant association between pre test dementia score with selected socio demographic variables at 0.05 level of significance

Association between pre-test stress scores of subjects and **selected socio demographic variables.**

There was no association between pretest dementia scores of subjects with their demographic variables.

H_4 : There will be significant association between pre-test depression score with selected socio demographic variables at 0.05 level of significance

Association between pre-test depression scores of subjects and selected socio demographic variables.

There was no association between pretest depression scores of subjects with their demographic variables

CONCLUSION :

Based on the findings of study, the following conclusions were drawn. The overall pre-test depression score was moderate to severe. The overall pre-test dementia score was moderate to severe. The post-test depression scores of elderly people who attended reminiscence therapy showed significant reduction in depression scores. The post-test dementia scores of elderly people who attended reminiscence therapy showed significant reduction in dementia scores.

LIMITATIONS :

The study was limited to -

- 50 elderly people who were available at the time of data collection.
- Elderly people residing in selected old age home in Hubballi.
- Elderly people who can understand English or Kannada.
- A period of four weeks.

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