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Prevention of loneliness and depression in elderly nursing home patients living in Amsterdam using life review therapy

Submission date	Recruitment status	[X] Prospectively registered
01/02/2007	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
01/02/2007	Completed	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
01/02/2007	Mental and Behavioural Disorders	[ ] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Study objectives
Life review therapy will have a positive effect on the level of depressive symptoms of nursing home inhabitants.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled, parallel group trial

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Depressive symptoms

Interventions
Intervention:
The life review consisted of autobiographical retrieval practice that entailed focusing on a particular life period each week - childhood, adolescence, adulthood, and summary. For each period 14 quesions were asked that were designed to prompt specific memories. Examples of questions include ''What did your mother or father do one day when you were a child that astonished you?''.

Intervention sessions were tape-recorded and were scored by a psychologist. At pre- and post-test the following questionnaires were administered:
1. Depressive symptoms (eight-item Geriatric Depression Scale [GDS-8])
2. Cognitive functioning (Mini Mental State Examination [MMSE])
3. Mini International Neuropsychiatric Interview (MINI) (Diagnostic and Statistical Manual of mental disorders [DSM] diagnoses depression and dysthymia)
4. Anxiety (Hamilton Anxiety and Depression Scale [HADS])
5. Loneliness (De Jong Gierveld Loneliness Scale)
6. Autobiographical Memory Test (AMT)
7. Worrying (Penn State Worry Questionnaire [PSWQ])
8. Neuroticism (Neuroticism-Extraversion-Openness Five-Factor Inventory [NEO-FFI]-subscale)
9. Quality of life (Dutch Scale for Subjective well-being of the elderly [SSWO], short Portable Mental Status (PMS) questionnaire, ''balans opmaken vragenlijst'')

Control:
Waiting list (after three months).

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
1. Depression (GDS-8, MINI-interview) and loneliness (De Jong Gierveld Loneliness Scale)
2. Anxiety, HADS, autobiographical memory (AMT)

Post-treatment one or two weeks after ending intervention (four weeks after inclusion).

Key secondary outcome(s))
Analysing the influence of covariates on the outcome of the life review therapy (neuroticism [NEO-FFI], worrying [PSWQ-11], quality of life)/mastery (PMS).

Completion date
01/08/2007

Eligibility

Key inclusion criteria
1. Aged over 65
2. Living in a nursing home
3. Normal cognitive functioning/no signs of dementia
4. No pharmacological treatment

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Senior

Sex
All

Key exclusion criteria
1. No or less depressive symptoms
2. Mild or severe cognitive symptoms

Date of first enrolment
01/02/2007

Date of final enrolment
01/08/2007

Locations

Countries of recruitment

Netherlands

Study participating centre
VU University Medical Center
Amsterdam
Netherlands
1081 BT

Sponsor information

Organisation
VU University Medical Centre (The Netherlands)

ROR
https://ror.org/00q6h8f30

Funder(s)

Funder type
Other

Funder Name
Stichting Nuts Ohra (The Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration