

# Lifestyle interventions can prevent major depression in adults with mild symptoms

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Discussions with a dietary coach to learn about healthy eating were as effective as meeting with a counselor for problem-solving or "talk" therapy in preventing major depression among older black and white adults with mild symptoms of the mood disorder, according to researchers at the University of Pittsburgh and the University of Maryland. Their findings were published online recently in *Psychiatric Services*.

Depression is common and treatments often don't completely resolve the disability that attends the illness, said senior author Charles F. Reynolds III, M.D., UPMC Endowed Professor of Geriatric Psychiatry, University of Pittsburgh School of Medicine. Sadness, fatigue and disinterest in activities that used to bring pleasure can leave patients isolated and unable to care for themselves.

"That's why we're very interested in finding ways to prevent the disease in those we know are particularly vulnerable," he said. "Avoiding episodes of major depression can help people stay happy and engaged in their communities, as well as reduce [health care costs](#)."

The team assessed whether problem-solving therapy for primary care (PST-PC), a scientifically proven seven-step approach delivered by non-mental-health professionals to help patients resolve difficulties and thus improve coping skills and confidence, could prevent elderly adults who have mild symptoms of depression from developing full-blown disease. Instead of comparing the PST-PC participants to those who received

"usual care," which would most likely mean receiving no intervention, the team took the novel approach of comparing the PST-PC group to participants who underwent a program of dietary coaching at a similar visit interval for the same number of hours.

Researchers used innovative strategies to recruit and retain African-American study participants, building upon a culturally tailored approach developed by Sandra Quinn, Ph.D., and Stephen Thomas, Ph.D., co-investigators from the University of Maryland Center for Health Equity.

"Because racial minorities are at greater risk for depression, in part due to socioeconomic disadvantages, lower educational attainment and a greater likelihood of other medical problems, we established a foundation of trust working through churches and community-based organizations in black communities," said Dr. Quinn. Of the 244 participants, 90, or more than a third, were African-American.

"Previous studies we and others have done indicate about 25 percent of people in later life who are mildly depressed become seriously depressed in the next one to two years," Dr. Reynolds said. The researchers found about 9 percent of the people in each intervention arm went on to experience an episode of [major depression](#), and they all had a similar reduction in depressive symptoms over the two-year study period. Also, both approaches were equally successful among black and white participants.

"This project tells us that interventions in which people actively engage in managing their own life problems, such as financial or health issues, tend to have a positive effect on well-being and a protective effect against the onset of depression."

"We suspect we had a higher than usual proportion of black participants because community leaders championed the project, no medication was

prescribed, and treatment could be delivered at home or at other non-clinical settings," said Dr. Thomas. "Lifestyle interventions, such as dietary coaching, may be more culturally appropriate and acceptable in racial-ethnic minority communities."

In a new project, the researchers will examine whether PST-PC can be effectively administered by lay health counselors in low- and middle-income countries such as India.

Provided by University of Pittsburgh Schools of the Health Sciences

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