

Experts examine success of cognitive behavioral therapy in treating older veterans' depression

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Researchers have found significant and equivalent reductions in depressive symptoms for both older and younger veterans undergoing Cognitive Behavioral Therapy for depression (CBT-D), according to an [article published](#) in *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* on November 11.

This study, led by Bradley Karlin, PhD, at the U.S. Department of Veterans Affairs, is among the first to compare changes in depression and quality of life and to examine the therapeutic alliance in both younger and older adults, and to do so using a large, diverse national sample of veterans.

Previous studies have found that older adults utilize [mental health services](#) at very low rates, substantially lower than those documented for younger individuals.

"Untreated depression in older adults is associated with poorer quality of life, significantly increased mortality, increased suicide rates, exacerbation of and/or delay in recovery from medical illness, and considerable economic, social, family, and overall societal costs," the authors state.

They add that this evaluation demonstrates the promise and effectiveness of CBT-D in counteracting depression and provides encouragement to

[older adults](#) in seeking treatment.

Karlin's team analyzed the effectiveness of CBT-D among 864 veterans—100 were age 65 and above and 764 were age 18 to 64—seeking treatment within the Veterans Health Administration. The CBT-D treatment protocol was developed specifically for veterans and [military service members](#) and is intended to be administered in approximately 12 to 16 individual psychotherapy sessions.

Approximately 68 percent of both older and younger patients completed all sessions or finished early due to symptom relief. Of those, there was an average overall reduction of close to 40 percent in Beck Depression Inventory-II scores—used to assess the severity of depression—from the early phase to the later phase of treatment.

Provided by The Gerontological Society of America

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