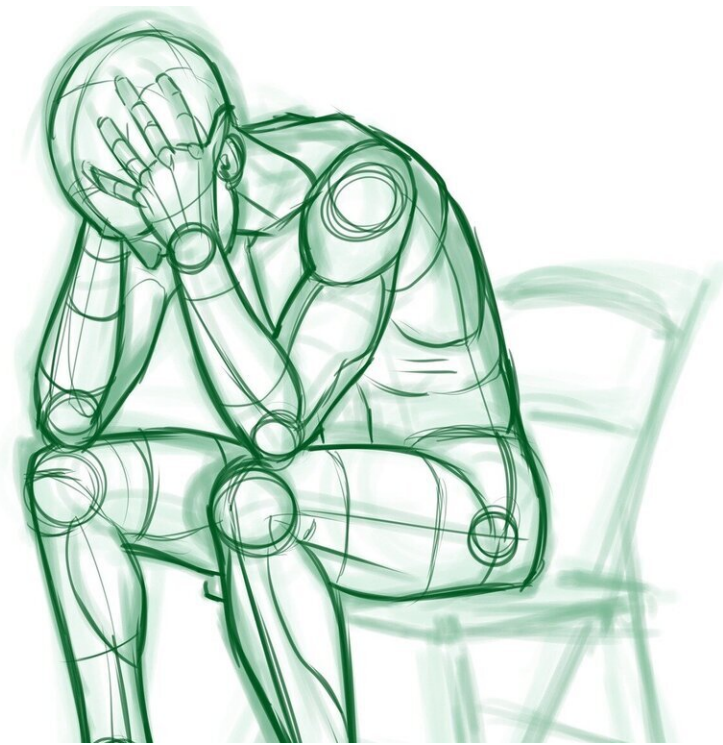


Non-drug therapies as good as or better than drugs for treating depression in people with dementia

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Non-drug therapies as good as or better than drugs for treating depression in people with dementia

Doctors should consider more "social" prescribing of non-drug approaches for depression and loneliness, say researchers

Non-[drug therapies](#), such as exercise, appear to be as, or more, effective than drugs for reducing symptoms of depression in people with dementia, suggests research published online in *The BMJ*.

The findings suggest that people with dementia will derive a clinically meaningful benefit from non-[drug interventions](#), and the researchers say doctors should consider more "social" prescribing of non-drug approaches to treat symptoms of depression and loneliness.

Fifty million people worldwide have a diagnosis of dementia. About 16% of these people also have a diagnosed [major depressive disorder](#), and 32% will experience symptoms of depression without a formal diagnosis.

Previous trials have shown that non-drug approaches, such as exercise, alleviate symptoms of depression in people with dementia, but it's not clear how effective they are compared with drugs to reduce symptoms of depression.

To address this uncertainty, researchers analysed the results of existing trials to compare the effectiveness of drug and non-drug interventions with usual care or any other intervention targeting symptoms of depression in people with dementia.

After screening 22,138 records, they focused on and reviewed 256 studies involving 28,483 people with dementia, with or without a diagnosed major depressive disorder.

Drug approaches alone were no more effective than usual care, but they found 10 interventions associated with a greater reduction in symptoms

of depression compared with usual care.

These were cognitive stimulation, exercise, reminiscence therapy (a treatment to help people with dementia remember events, people and places from their lives), cognitive stimulation with a [cholinesterase inhibitor](#) (a drug used to treat dementia), massage and touch therapy, multidisciplinary care, psychotherapy combined with reminiscence therapy and environmental modification, [occupational therapy](#), exercise combined with [social interaction](#) and cognitive stimulation, and animal therapy.

Three interventions—massage and touch therapy, cognitive stimulation with a cholinesterase inhibitor, and cognitive stimulation combined with exercise and social interaction—were found to be more effective than some drugs.

The authors acknowledge some study limitations, such as being unable to explore severity of depression symptoms or effects on different types of dementia. Nor did they look at the potential costs or harms of implementing drug and non-drug interventions.

However, notable strengths included the large number of articles reviewed and use of a recognised clinical scale for capturing symptoms of depression.

As such, they say in this [systematic review](#), "non-drug approaches were associated with a meaningful reduction in symptoms of [depression](#) in people with dementia and without a diagnosis of a major depressive disorder.

And they add that everyone—patients, caregivers, clinicians and policy makers—have a role in translating these findings into practice.

More information: Comparative efficacy of interventions for reducing symptoms of depression in people with dementia: systematic review and network meta-analysis, *BMJ* (2021). [DOI: 10.1136/bmj.n532](https://doi.org/10.1136/bmj.n532)

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