The Relationship between Treatment of Depression and Utilization of a Self-Management Intervention

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Background

- Depression is the leading cause of disability in the U.S. and second leading cause worldwide (WHO, 2014).

- Depression is a chronic, recurrent illness that requires self-management (Chambers, et al. 2015).

- Antidepressant drugs and different types of psychotherapy represent the mainstay of treatment for depression (Driessen et al., 2015; Marcus & Olsen, 2010).
Significance

- Little is known about self-management of long-term depression and the interventions and strategies used to manage this condition.
Purpose

• To identify the relationship between medication and psychotherapy treatment and the use of a self-management intervention for depression.

• To describe use of a self-management intervention for depression symptoms.
Study Intervention

• The Self-Regulatory Illness Management of Depression (SRIM-D) Intervention was developed by the investigators.

• It aims to help prevent or lessen the severity of a recurrent depressive episode through self-regulation by enabling individuals to:

  • Identify and monitor prodromal symptoms
  • Judge their severity
  • Select appropriate coping strategies
  • Test the strategies
  • Evaluate their success
Theoretical Frameworks

- SRIM-D was based on two theoretical frameworks; metacognition and self-regulation.

  - **Metacognition** is knowledge of thinking in order to self-reflect, plan, strategize, monitor, and regulate cognitive processes in a systematic way.
    - A person’s insight into and control over their mental processes is essential to self-regulation.

  - **Self-regulation** is identification of predetermined prodromal symptoms, judgment making and strategy utilization.
Self-Regulatory Illness Management (SRIM-D) Intervention

• SRIM-D is a self-regulatory process based on the premise that preventing depression recurrence involves behavior of the individual that is influenced by social determinants that include social, personal, health system, and cultural factors.

• By understanding and identifying early symptoms as related to their depression and using an identified repertoire of self-regulation strategies, individuals can learn ways of dealing with their depression. This model and intervention can be used across cultures and countries as an important self-management strategy.
Self-Regulatory Illness Management of Depression (SRIM-D) Model

INFLUENCES & SOCIAL DETERMINANTS

Person

Goal Setting

Illness History

Provider

Social Environment

SELF-MANAGEMENT OUTCOMES

Healthcare Utilization

Illness Symptoms

Functioning
Methods-Sample

- SRIM-D was presented to individuals with Recurrent Major Depressive Disorder.
- A total of 22 subjects participated.
- Inclusion Criteria:
  - Diagnosed with Major Depressive Disorder
  - Suffered from two or more episodes of depression
  - Age 21 or older
- Exclusion Criteria:
  - Current substance abuse or addiction problem
  - Diagnosed with Bipolar Disorder
Methods-Procedure

• The intervention was delivered during three 1 ½ hour group sessions via presentation, group discussion, a manual containing activities designed to teach the model, and voluntary homework assignments.

• Pre-intervention and six month post-intervention questionnaires assessed demographic factors including age, marital status, income, education, gender and employment information.

• Information regarding types of therapy and/or medications used to treat their depression was collected both pre-intervention and 6-months post intervention.
Methods-Analysis

- Descriptive and comparative analyses were used to identify the relationship between medication use and therapy with the use of the SRIM-D intervention and depression ratings.
Results

• Demographics:
  • Mean age = 44.4 years 86.2% (n = 19) females
  • 73.9% Caucasion
  • 43.5% had a Bachelor’s degree, 27.3% had some college credit but no earned degree
  • 59.1% (n = 14) were single or never married, 23% divorced, 15% married
  • 31% employed part-time, 23% out of work or looking for job, 15% employed but consider themselves underemployed or overqualified for job
  • 54.5% earned less than $24,999/year, 22.7% earned $25,000 to $49,000/year
Results

- Overall, the number of individuals that took medications for their depression decreased post-intervention:
  - Pre-intervention: 74% (n = 17)
  - 6 months post-intervention: 65% (n = 15)
Results

- The number of individuals who used the SRIM-D intervention *sometimes, often or always* and took medications for depression increased post-intervention:
  - Pre-intervention: 69% (n = 11)
  - 6 months post-intervention: 81% (n = 13)
Results

- The number of individuals who used the SRIM-D intervention *rarely or never* and took medications for depression decreased post-intervention:
  - Pre-intervention: 100% (n = 5)
  - 6 months post-intervention: 60% (n = 3)
Results

- Overall, the number of individuals who were engaged in psychotherapy and/or group therapy decreased post intervention:
  - Pre-intervention: 44% (n = 10)
  - 6 months post-intervention: 30% (n = 7)
Results

- The number of individuals who used the intervention *sometimes, often or always* and were engaged in psychotherapy and/or group therapy decreased post-intervention:
  - Pre-intervention: 50% (n = 8)
  - 6 months post-intervention: 38% (n = 6)
Results

- The number of individuals who used the intervention *rarely or never* and were engaged in psychotherapy and/or group therapy decreased post-intervention:
  - Pre-intervention: 40% (n = 2)
  - 6 months post-intervention: 20% (n = 1)
Results

- Beck Depression Inventory (BDI II) scores were significantly lower at 6 months post-intervention:
  - Pre-intervention:
    - 19.1 (SD = 8.6)
  - 6 month post-intervention:
    - 9.7 (SD = 6.4)
  - $M = 6.62, SD = 14.76, t(15) = 5.60, p < .001.$
Figure 2. Pre-intervention and 6 month post-intervention depression scores based on intervention utilization.
Discussion

- Overall, individuals taking medication as part of their treatment decreased pre-intervention to 6 months post-intervention.

- Six months post-intervention, use of medications increased in those who used the intervention more frequently and decreased in those using it less often.

- Individuals who used the intervention thought that it was very helpful, and perhaps more motivated to seek and adhere to medication.

- Medication use may have increased due to the education received during the intervention related to the biology of depression.

- Non-users may have demonstrated lack of adherence, questionable motivation and not finding medications and the intervention useful.
Discussion

- Engaging in psychotherapy and/or group therapy also decreased from pre to post intervention in both users and infrequent users.
- Use of the intervention may have decreased use of therapy by becoming a substitute, or for high users, replaced by medications.
- Participants found the intervention different from and more helpful than other types of therapy (e.g. CBT, DBT)
Conclusion

• The SRIM-D intervention has the potential to help manage recurrent depression.
• It empowers the individual to self-manage their illness.
• Most continued to use the intervention at 6 months with no booster.
References


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