Title:
Influence of Treatment of Depression and Utilization of a Self-Management Intervention

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Keywords:
depression, self-management and treatment

Abstract Summary:
Little is known about the influence of depression treatment on self-management. This study explored the influence of medications and psychotherapy on usage of a self-regulation strategy for managing depression (PIM-D) and found that a higher percentage of individuals taking medications than receiving psychotherapy used the intervention more often.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>Identify the mainstay of treatment for depression.</td>
<td>Discuss the use of medications and psychotherapy as the mainstay of depression treatment.</td>
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<tr>
<td>Identify the influence of medication and psychotherapy treatment on the usage of a self-management intervention for depression.</td>
<td>Review what is known about self-management of long-term depression and the interventions and strategies used to control this condition.</td>
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<td>Review PIM-D intervention and types of treatment elicited from participants.</td>
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Discuss how usage of intervention may have impacted and/or been impacted by psychotherapy.

Discuss how usage of intervention may have impacted and/or been impacted by medication usage.

Abstract Text:

Purpose: Antidepressant drugs and different types of psychotherapy represent the mainstay of treatment for depression (Driessen et al., 2015; Marcus & Olsen, 2010). Depression is a chronic condition requiring self-management (Chambers, et al. 2015). However, little is known about self-management of long-term depression and the interventions and strategies used to control this condition. The purpose of this research was to identify the influence of medication and psychotherapy treatment on the usage of a self-management intervention for depression.

Methods: The Preventive Illness Management (PIM-D) intervention, a self-regulation strategy for preventing or lessening the severity of depressive episodes, was presented to 23 individuals diagnosed with recurrent major depression. Participants were asked to provide information regarding types of therapy and/or medications used to treat their depression pre-intervention and 6-months post-intervention. Descriptive and comparative statistics were used to identify effects of therapies on use of the PIM-D intervention.

Results: PIM-D is based on metacognition and self-regulation theories. Self-regulation is identification of predetermined prodromal symptoms, judgment making and strategy utilization. Metacognition is knowledge of thinking in order to self-reflect, plan, strategize, monitor, and regulate cognitive processes. The percentage of individuals who took medications for their depression was 78.3% (N=23) and 75% at 6 months post-intervention (N=16). Those engaged in psychotherapy and/or group therapy pre-intervention and 6 months post were 41.7% and 33.3% respectively. Of those who used the PIM-D self-management intervention sometimes, often or always, 50% and 62.5% were taking medications pre and 6 months post-intervention. Of those who rarely or never used PIM-D, 18.7% took medications pre-intervention and 12.5% post-intervention. More individuals (37.5%, N=6) who used the PIM-D intervention sometimes, often or always were receiving psychotherapy treatment than those utilizing the intervention rarely or never (12.5%, N=2). However, use of psychotherapy for those using the intervention more frequently decreased slightly after 6 months (43.8% to 37.5%) while it increased slightly (6.2% to 12.5%) with those rarely or never using the intervention.

Conclusion: Individuals taking medication as part of their depression treatment remained consistent pre-intervention to 6 months post-intervention. Engaging in psychotherapy and/or group therapy decreased from pre to post-intervention. Six months post-intervention, use of medications increased in those individuals who used the intervention more frequently and decreased in those using it less often, indicating adherence and potential commitment to long term treatment. Subsequently, those who used the intervention more frequently had a higher percentage of individuals utilizing psychotherapy than those using it rarely or never, yet usage of psychotherapy increased after 6 months in those using it less. Results suggest those who did not use PIM-D as often may have resorted to shorter-term treatments such as psychotherapies.