

Preventing depression and anxiety in visually impaired (older) adults

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Visio 

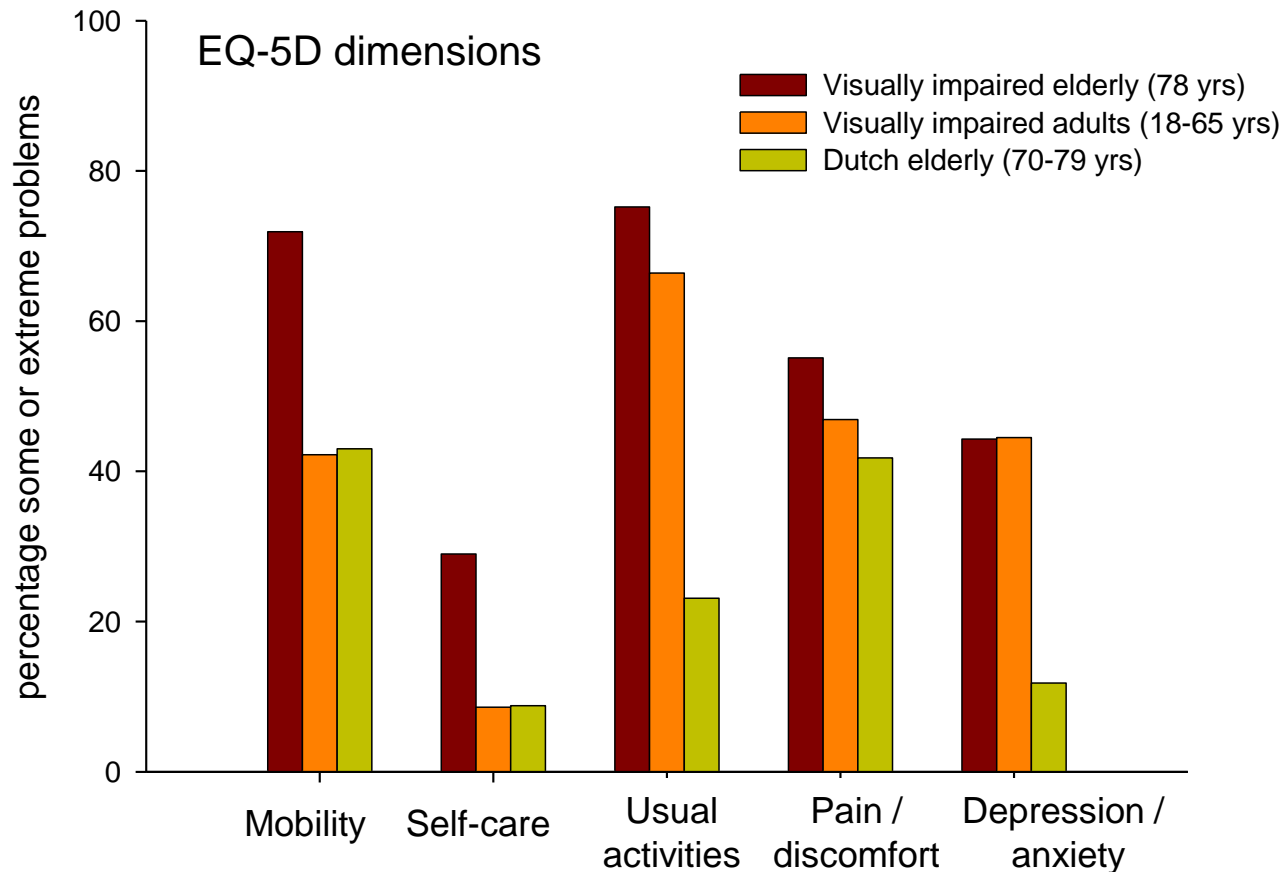


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Depression and anxiety

1. Why should we worry?
2. How do we recognize symptoms?
3. What can we do about it?

Burden of visual impairment

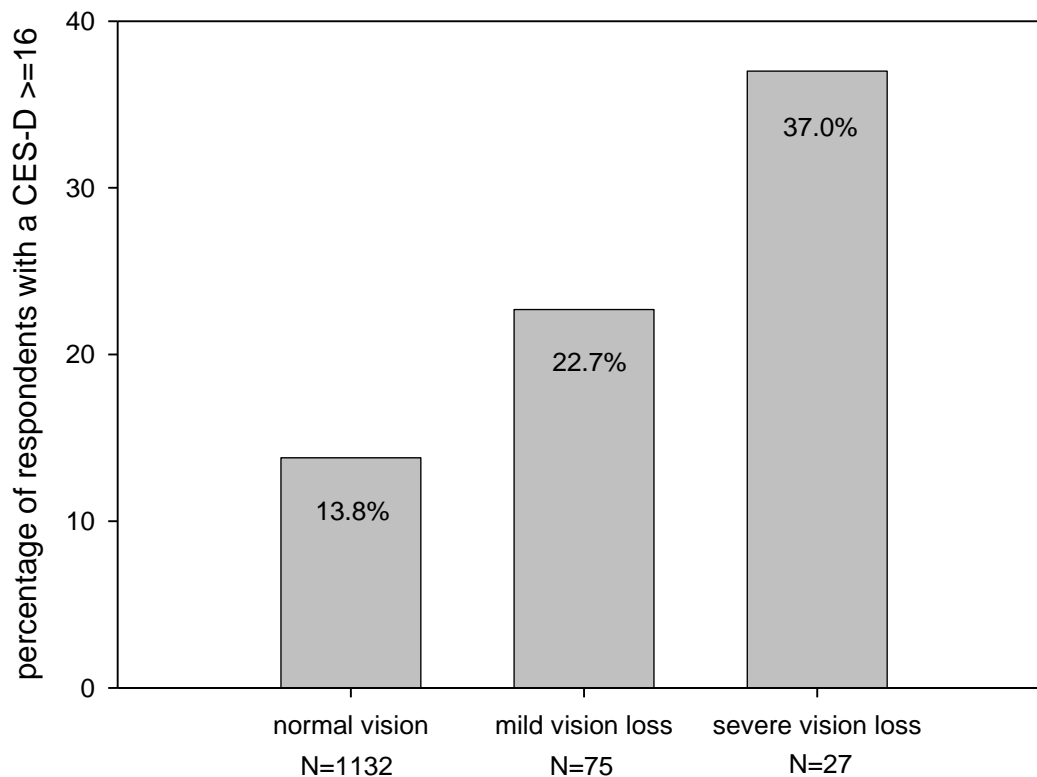


Source: Van Nispen et al., 2009

1. Why should we worry?

- Subthreshold symptoms
 - already debilitating
 - most important predictor for developing disorders
- Major health problem:
 - extra burden of disease and societal costs
 - mortality
- Prevalence is high among visually impaired (appr. 30%) compared to normally sighted (older) adults (10-15%)

Subthreshold depression among vision subgroups in the general older population



Functional
limitations

Source: van Nispen, Vreeken, Comijs, Deeg, van Rens, 2014 (submitted)

Prevalence of disorders

- Comparison:
 - Visually impaired (N=615)
 - NL and BE
 - Normally sighted (N=1232)
 - LASA, NL
 - ≥ 60 years
 - MINI-international psychiatric interview





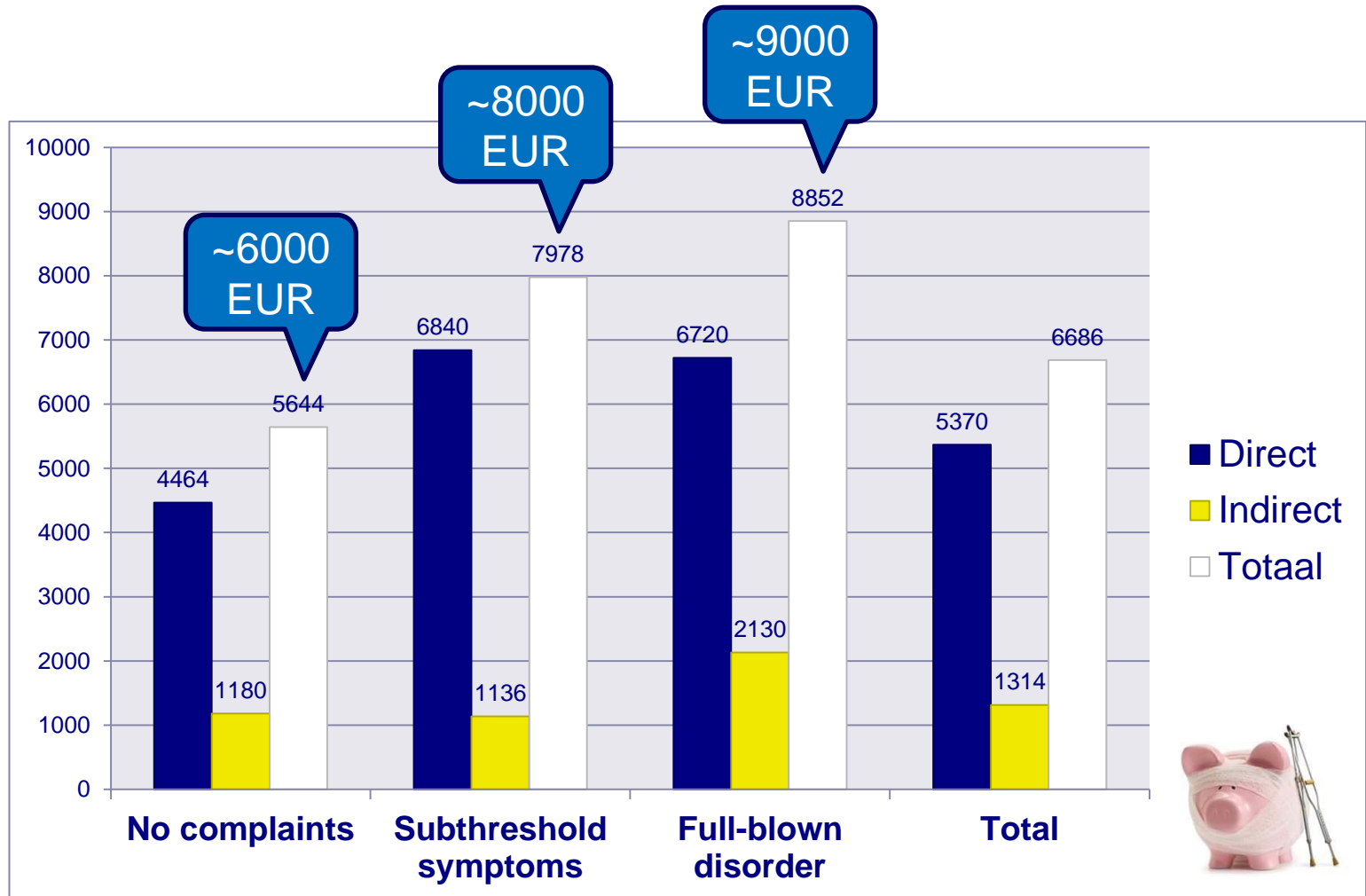
Disorder	Visually impaired (N=615)	Normally sighted (N=1232)
Major depressive disorder*		
Panic disorder		
Agoraphobia*		
Social phobia		
General anxiety disorder*		
Anxiety and/or depression*	8%	3%

Lifetime depression*	11%	4%
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Source: van der Aa, Comijs, van Rens, Twisk, van Nispen, 2014 (submitted)

Cost-of-illness evaluation

(p.p. / 6 months / n=709)

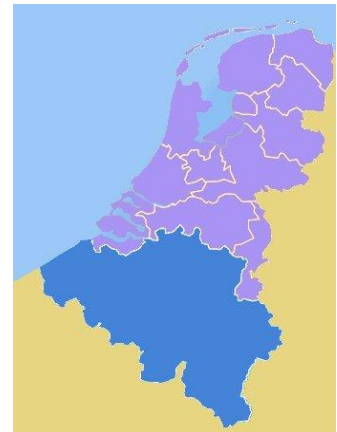


2. How do we recognize symptoms?

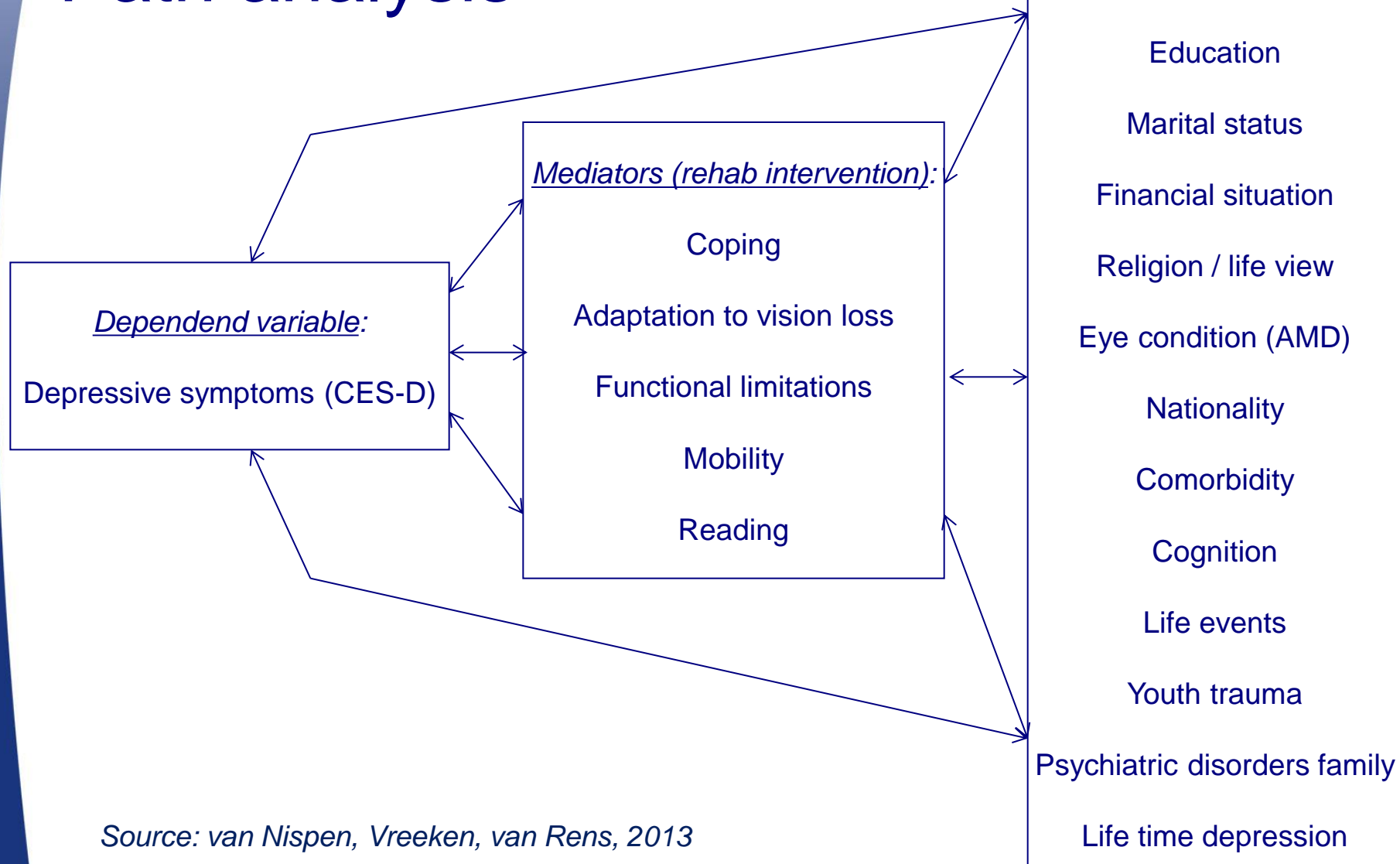
- Depression and anxiety often not recognized
 - Clients don't easily talk about it
 - If symptoms become apparent, we tend to be too late!
- Why do some develop symptoms, while others do not?
- Which factors are associated?

Associated factors

- Cross-sectional study (N=384)
- Goal: prevalence and severity and associated factors of depression
- Visually impaired older adults (mean 78 years)
- Low vision rehab Netherlands and Belgium
- Face-to-face interviews at home

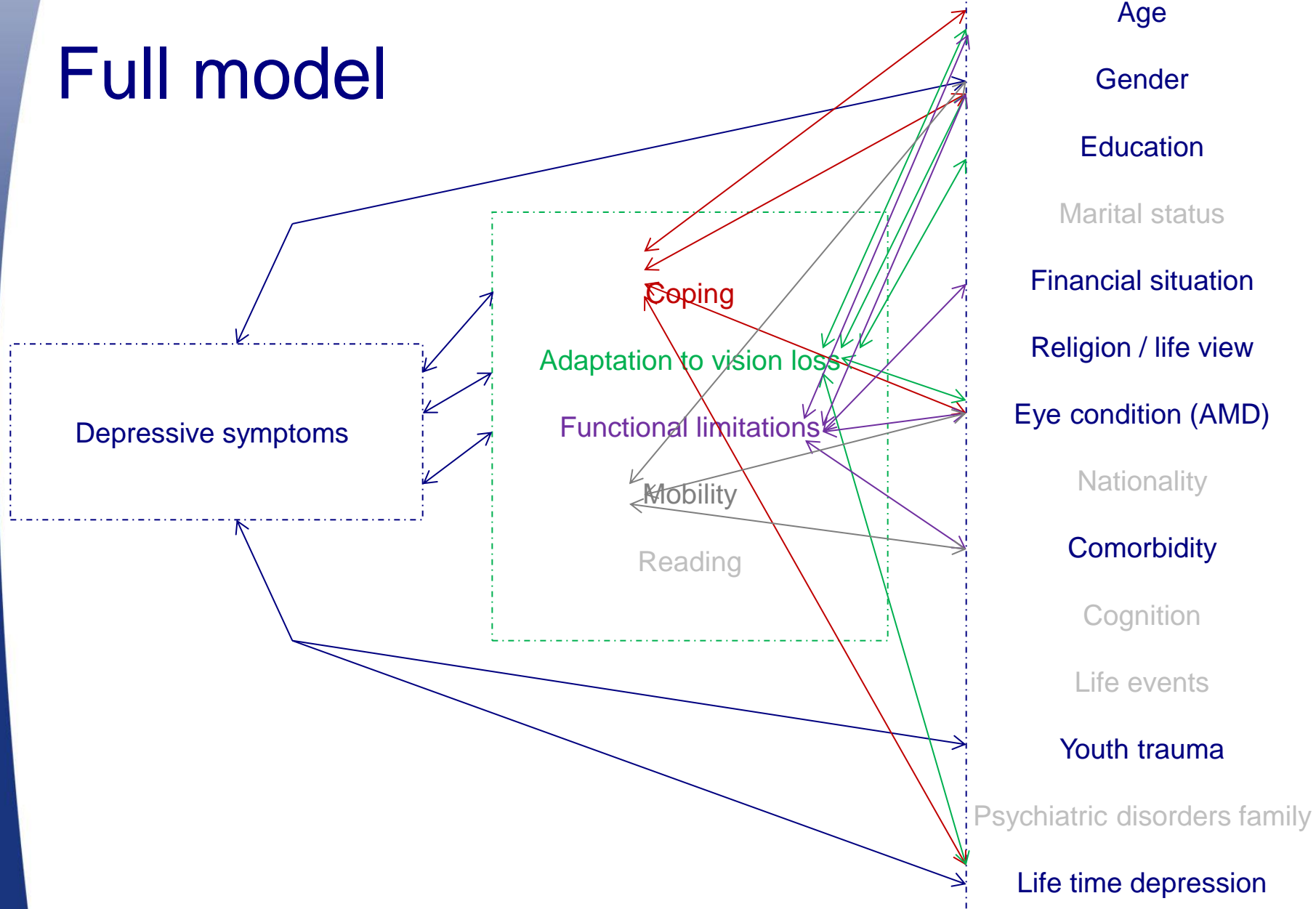


Path analysis

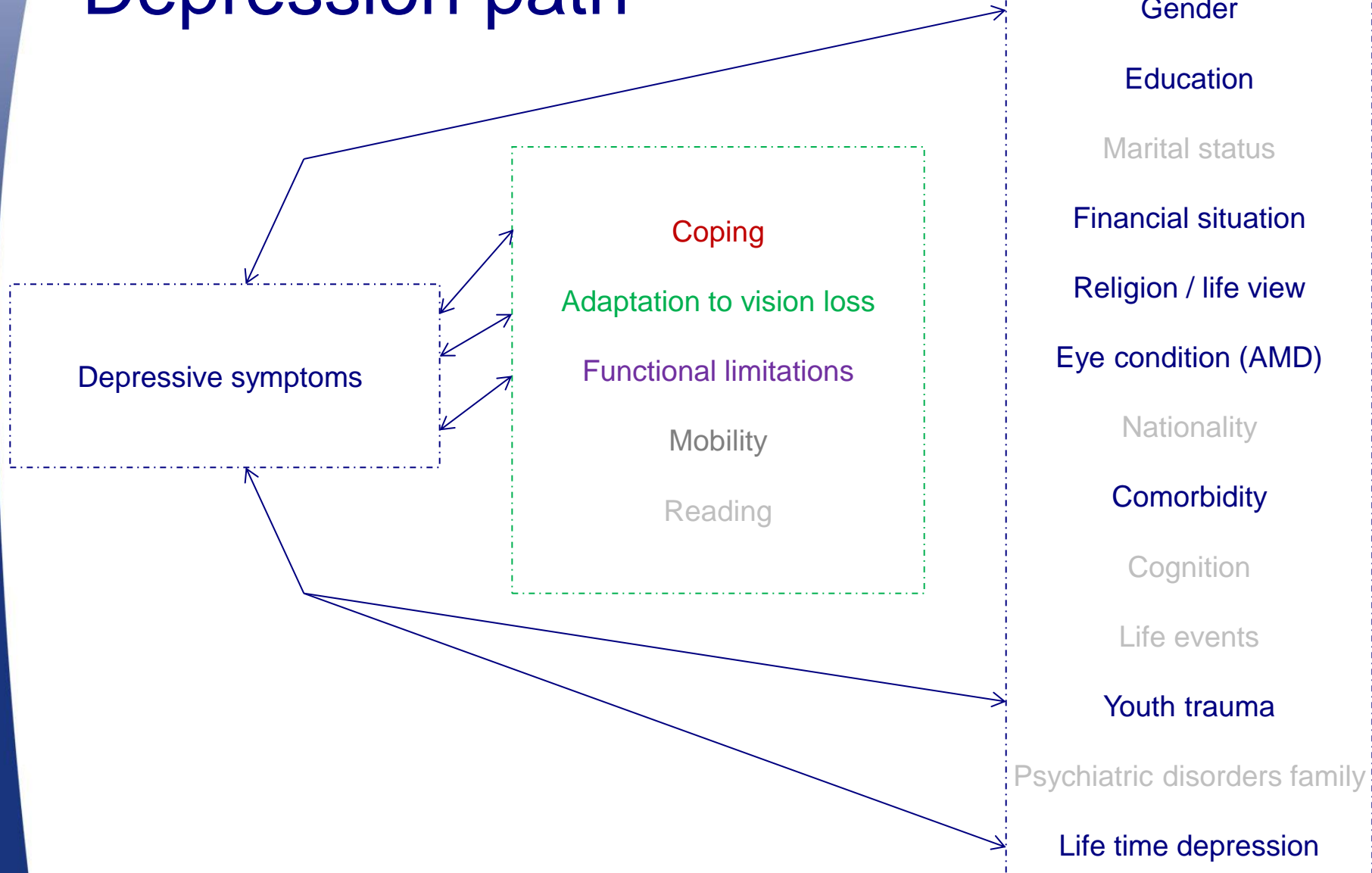


Source: van Nispen, Vreeken, van Rens, 2013

Full model



“Depression path”



3. What can we do about it?

Cochrane systematic review: effects of rehab (e.g. psychological/group interventions)

Some evidence (RCTs)

- Cochrane: pooled effect size small (SMD -0.2)
- Brody et al., 2006: **Self-management program**
 - Result: effective in lowering subthreshold depression after 6 months, effect size moderate 0.5
- Rovner et al., 2007: **Problem Solving Treatment**
 - 2-month incidence of depressive disorder diminished with half (OR=0.46): PST (N=9) vs. control (N=23)
 - Effect did not last after 6 months!
 - Recommended to address rehab skills and booster-sessions



New evidence needed

- No strong evidence from former studies
- Disappointing maintenance effects (long term) or not studied
- Anxiety not taken into account

van der Aa et al. *BMC Psychiatry* 2013, **13**:209
<http://www.biomedcentral.com/1471-244X/13/209>



STUDY PROTOCOL

Open Access

Stepped-care to prevent depression and anxiety in visually impaired older adults – design of a randomised controlled trial

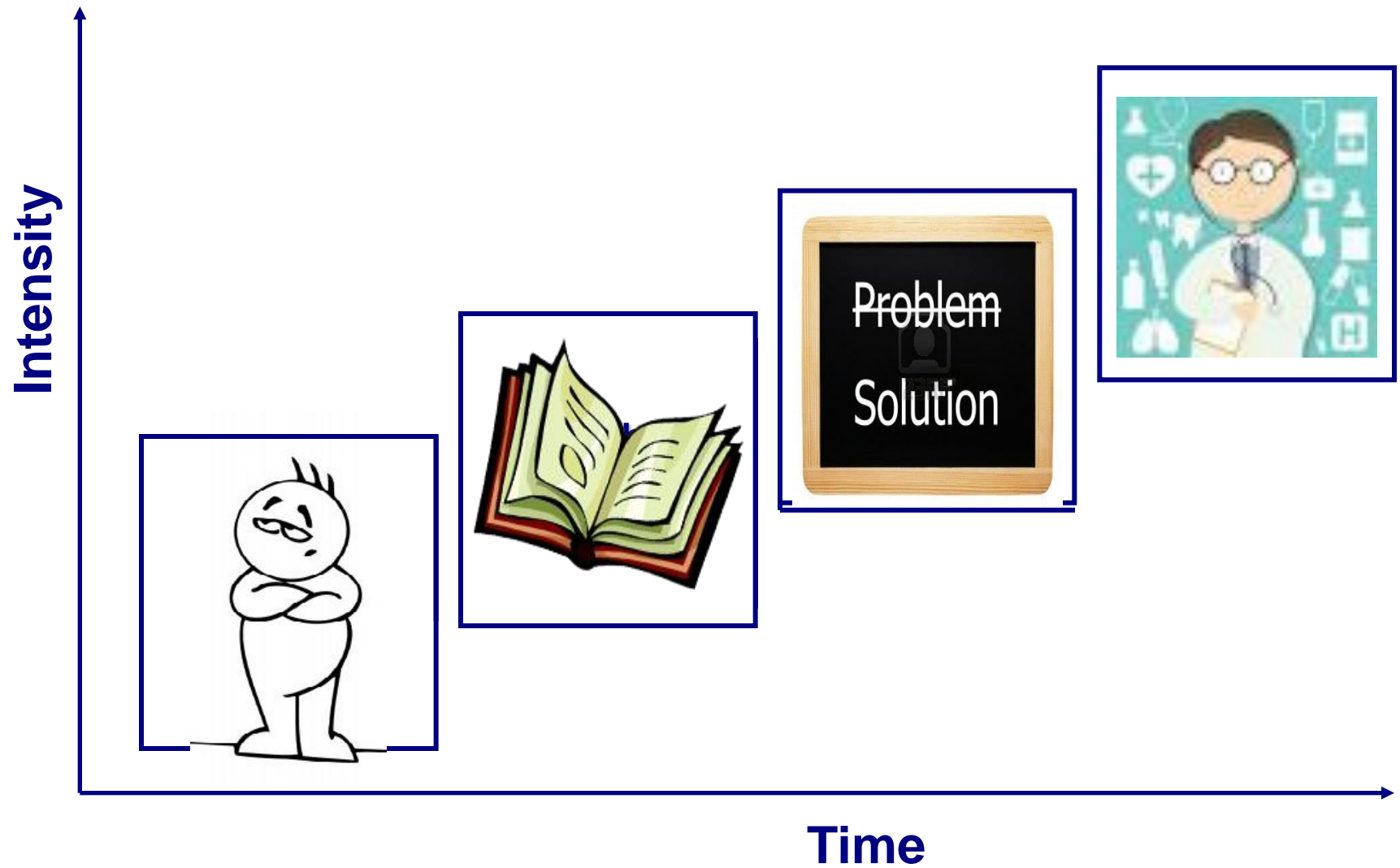
Hilde PA van der Aa^{1,2*}, Ger HMB van Rens^{1,2,3}, Hannie C Comijs^{2,4}, Judith E Bosmans⁵, Tom H Margrain⁶ and Ruth MA van Nispen^{1,2}



Stepped-care

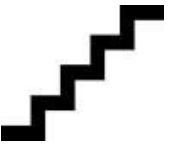
- RCT (Van der Aa et al. 2012 – 2016)
- Previous research, longer lasting effects
(Van 't Veer – Tazelaar et al., 2009; 2010; 2011)
- Development of protocol (2012): focus groups with professionals and client representatives

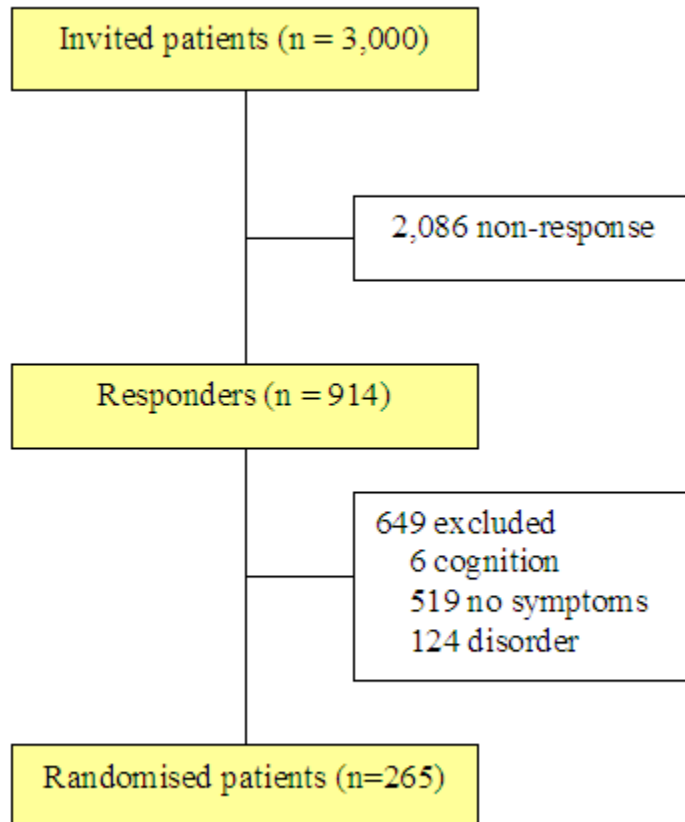


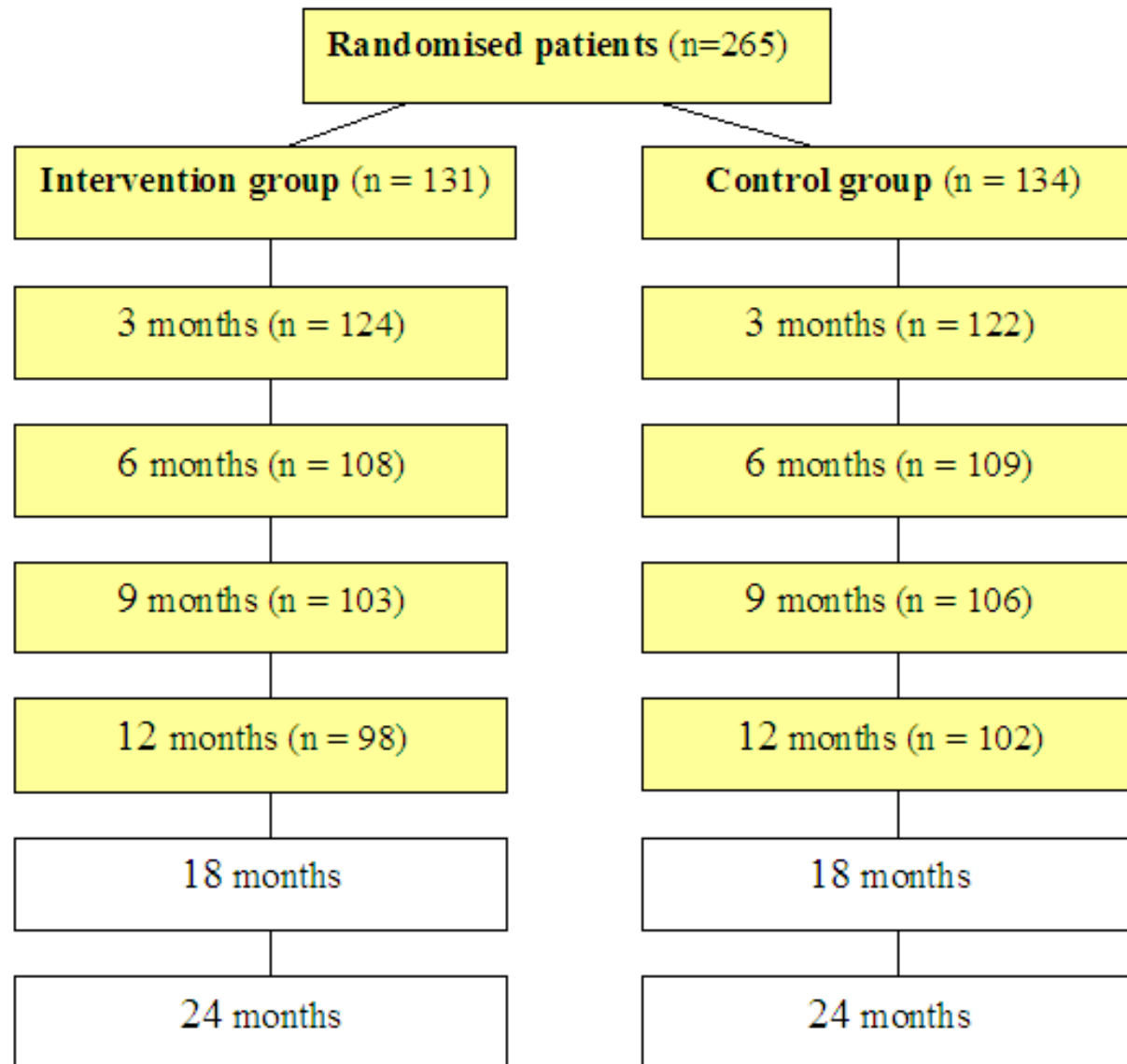


Goals

1. Prevent depression and / or anxiety disorders >> indicated prevention
2. Diminish symptoms of depression and anxiety
3. Cost effective program







Stepped-care

- Is an **effective method** to prevent depressive and anxiety disorders in visually impaired older adults (≥ 50 years)
- The pragmatic design increases the generalizability and implementation possibilities
- A quarter still developed a disorder, however, they are monitored
- Preliminary results: secondary outcomes, process evaluation, long-term follow-up and cost-effectiveness

Conclusion



Why worry about it?

- One out of three has subthreshold disorders
- >7% has a major depression and/or anxiety disorder
- Burden on top of visual impairment and impact on quality of life
- Societal costs



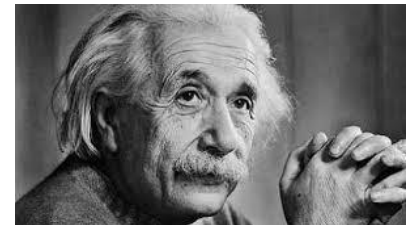
How do we recognize symptoms?

- Depression associated with (female) gender, youth trauma, life time depression, but also coping, adaptation to vision loss and functional limitations.
- SCREENING
 - 2 or 4 item screener
 - (PHQ-4; Kroenke et al., 2009; PHQ-2; Holloway et al., 2014)
 - Further diagnostics



What can we do about it?

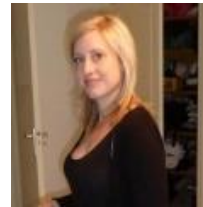
Problem solving requires new approaches



Stepped-care is the best we've seen so far...

Acknowledgements

- Depression - anxiety team



- Rehabilitation centers & funding agencies



- Participants in our studies

Welcome to the 12th International Conference on Low Vision

the Netherlands
the Hague, 25-29 June 2017

www.vision2017.org



A low-angle photograph looking up at the intricate, dark silhouettes of bare tree branches against a bright, hazy sky. A strong light source, likely the sun, is positioned in the center, creating a prominent rainbow-like lens flare that radiates across the frame. The overall mood is serene and hopeful.

Thank you