

ESTRATÉGIAS NÃO FARMACOLÓGICAS UTILIZADAS NA REDUÇÃO DA DEPRESSÃO EM IDOSOS: REVISÃO SISTEMÁTICA

STRATEGIES IN PHARMACOLOGICAL USED AT REDUCTION OF DEPRESSION IN ELDERLY: SYSTEMATIC REVIEW

ESTRATEGIAS NO FARMACOLÓGICAS UTILIZADAS EN LA REDUCCIÓN DE LA DEPRESIÓN EN ANCIANOS: REVISIÓN SISTEMÁTICA

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RESUMO

Objetivo: Sintetizar as evidências científicas de ensaios clínicos sobre métodos não farmacológicos utilizados na tentativa de controlar a depressão em idosos. **Método:** Estudo de revisão sistemática, cuja busca foi realizada nas bases eletrônicas MEDLINE, LILACS, Cochrane, BDNF, CINAHL e Web of Science. Das 2410 referências encontradas, três foram selecionadas. **Resultados:** Nos estudos encontrados houve distinção bastante significativa nas estratégias utilizadas para reduzir a depressão em idosos. Um dos ensaios utilizou uma abordagem psicoterápica denominada Terapia de Adaptação de Problemas – PATH. Outro estudo investigou a eficácia da musicoterapia. E o terceiro artigo buscou explorar os efeitos da revisão da história de vida sobre os transtornos depressivos, ressalta-se que os métodos citados mostraram efetividade no que tange à redução dos índices depressivos, de modo que todos apresentaram ($p = 0,001$). **Conclusão:** Os resultados obtidos neste estudo indicaram que é possível diminuir a depressão em pacientes mais velhos adotando métodos não farmacológicos, todavia, ficou claro que há uma grande necessidade de que as mesmas sejam melhor estudadas e mais difundidas na prática clínica.

Descritores: Idoso; Depressão; Terapêutica

ABSTRACT

Objective: Synthesize scientific evidence from clinical trials on the non-pharmacological methods used to control pressure in the elderly. **Method:** a systematic review study, whose search was performed at the electronic bases MEDLINE, LILACS, Cochrane, BDNF, CINAHL and WEB OF SCIENCE. Of the 2.410 references found, 3 were selected. **Results:** There was a significant difference in the strategies used to reduce depression in the elderly. One of the trials used a psychotherapeutic approach called Problem Adaption Therapy PATH; another study investigated the effectiveness of music therapy; and the third article sought to explore the effects of life history review on depressive disorders, It is worth noting that the aforementioned methods showed effectiveness in the reduction of depressive indexes, so that all presented ($p = 0.001$). **Conclusion:** The results obtained in this study indicated that it is possible to reduce depression in older patients using non-pharmacological methods, however, it was clear that there is a great need for them to be better studied and more widespread clinical practice.

Descriptors: Aged; Depression; Therapeutics

RESUMEN

Objetivo: Sintetizar las evidencias científicas de ensayos clínicos sobre los métodos no farmacológicos utilizados en el intento de controlar la depresión en ancianos. **Método:** Estudio de revisión sistemática, cuya búsqueda fue realizada en las bases electrónicas MEDLINE, LILACS, Cochrane, BDNF, CINAHL y Web of Science. De las 2410 referencias encontradas, tres fueron seleccionadas. **Resultados:** En los estudios encontrados hubo una distinción bastante significativa en las estrategias utilizadas para reducir la depresión en ancianos. Uno de los ensayos utilizó un abordaje psicoterápico llamado Terapia de Adaptación de Problemas - PATH; Otro estudio investigó la eficacia de la musicoterapia; Y el tercer artículo buscó explorar los efectos de la revisión de la historia de vida sobre los trastornos depresivos, se resalta que los métodos citados mostraron efectividad en lo que se refiere a la reducción de los índices depresivos, de modo que todos presentaron ($p = 0,001$). **Conclusión:** Los resultados obtenidos en este estudio indicaron que es posible disminuir la depresión en pacientes mayores adoptando métodos no farmacológicos, sin embargo, quedó claro que hay una gran necesidad de que las mismas sean mejor estudiadas y más difundidas en la práctica clínica.

Descriptores: Anciano; Depresión; Terapéutica

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Como citar este artigo:

Junior CRP, Jesus FQ, Almeida IO, et al. Estratégias não Farmacológicas Utilizadas na Redução da Depressão em Idosos: Revisão Sistemática. Revista de Enfermagem do Centro Oeste Mineiro. 2018;8:e2273. [Access_____]; Available in:_____.DOI: <http://dx.doi.org/10.19175/recom.v8i0.2273>

INTRODUCTION

Brazil is a clearly aging country and the changes in its population dynamics are evident. Projections by the Brazilian Institute of Geography and Statistics (IBGE) indicate that there is a new demographic pattern in Brazil characterized lower fertility/birth rates and increased number of elderly people. The percentage of elderly people in the country in 2000 was 5.61%. Currently, this rate has risen to 7.90% and estimates indicate that this percentage will continue to grow, so that in 2030, people over sixty-five will represent 13.44% of the Brazilian population, almost twice the current mean. This growth has produced significant changes in the national economic and epidemiological profiles⁽¹⁾.

This demographic transition is considered a progress because it reflects in better living conditions for the population. This is due to factors such as the drop in birth and death rates, the improvement of the quality of life, and the insertion of women into the labor market resulting in a reduction in the number of children per couple⁽²⁾. However, it is necessary to consider the particularities of this demographic transition. If, on the one hand, the change in the epidemiological profile brought about improvements in people's health and living conditions, on the other hand, it is possible to see that longer life expectancy together with the modern society's lifestyle increase the chance that the elderly population be affected by chronic, degenerative and psychic conditions. Thus, senescence associated with pathological events leads to frailties in individuals older than 60 years, causing them less autonomy and reduced functional capacity, followed by physical, psychological and emotional dependence⁽³⁾.

In addition, it is worth emphasizing that aging is a complex process that involves morphological, physiological, biochemical and psychological changes with the appearance of several diseases before which the elderly need to have internal and external coping resources. Among these diseases, neuropsychiatric disorders are the most common among the elderly people, especially depression⁽⁴⁾.

Depression is a major public health problem. It can be affirmed that this pathology is an emotional alteration that raises the morbidity and mortality rates among the elderly population⁽⁴⁻⁵⁾. Conceptually, depression is a

pathological condition in which there is massive emotional imbalance in the individual, with development of chronic sadness, a persisting and strong feeling that may provoke ideas of frustration and dissatisfaction so pronounced to the point of leading to suicidal ideation or the actual consummation of the suicidal act⁽⁶⁾. It is important to note that several countries list people over 65 years of age as the greater risk group for suicide. Moreover, most of the elderly people who take away their lives have some mental disorder, and most frequently depression⁽⁷⁾.

In relation to the motivations in depressive disorder, these are not completely defined. However, when related to senescence, sociodemographic factors associated with multiple diseases and the limitations brought about by aging may further favor the fragility and social isolation of the elderly, and this often contributes to the installation and worsening of depressive conditions⁽⁸⁾.

Despite the scientific advances have covered a wide range of studies, the treatment of depression is still a challenge for health professionals, especially for the nursing team, because their practice is fundamental in the decisions of appropriate interventions to minimize side effects and disabilities, as well as to promote knowledge and skills for adaptive coping of depressive disorder in elderly people and to include the family as an ally in care⁽⁹⁾. Some studies indicate that some of the depressive illnesses improve with time, with or without treatment; however, it is known that the use of non-drug interventions plays a very significant role, helping to reduce the impact of the disease and accelerate the recovery of the individual⁽¹⁰⁾.

It is worth noting that pharmacological treatment alone is not capable of solving all the aspects involved in depression. The attention of a multiprofessional team willing to resort to specific and non-pharmacological methods of care is necessary. This team, in turn, should make the depressed people feel useful and able to solve their problems minimally, thus stabilizing their self-esteem and attenuating negative feelings⁽¹¹⁾.

Among the non-drug strategies used to control depressive disorders, psychotherapies, physical activities and various ludic approaches can be mentioned. Behavioral psychotherapies

are measures employed by psychologists with the purpose of increasing the patients' awareness by teaching them how to deal with the difficulties in their environment and with the situations related to the symptoms of the disease⁽¹²⁾.

In addition to psychic therapy, encouraging regular physical exercise is a strategy that has been widely applied by different professionals. These activities are intended to help reduce depression, since regular body activity increases the body's levels of endorphins, a hormone capable of reducing stress levels and providing a better quality of life for practitioners, thus reducing depressive symptoms⁽¹³⁾.

The realization of different ludic activities by multidisciplinary health teams has also proved to be effective in helping the depressive disorder. They include games, talk wheels, hand work, use of music, and other actions intended for fun with therapeutic purposes. They promote cognitive stimulation, self-esteem and social interaction of the elderly, as well as the improvement of quality of life and depressive symptoms⁽¹⁴⁾.

It was considered relevant, therefore, to investigate the scientific evidence on the non-pharmacological strategies used to reduce depression in the elderly, collecting information about what these strategies are, how they are performed and who are the professionals involved with the use of these methods. In this perspective, this study aimed to synthesize the scientific evidence of clinical trials on non-pharmacological methods used in the attempt to control depression in elderly people.

METHOD

This is a Systematic Review of the Literature, method of synthesis of evidence that aims to critically evaluate and interpret all relevant research available for critical appraisal and synthesis of selected information⁽¹⁵⁾.

In clinical research, regardless of the study design, the research questions to be investigated should be clear and objective; it was agreed, therefore, to structure the guiding question of the study using the components of the acronym

PICO, an instrument used to construct research questions of diverse nature in order to define an appropriate research question, in which each letter represents a component of the question⁽¹⁵⁾. Thus, the question elaborated to achieve the proposed goal was: "what are the non-pharmacological strategies used to reduce depression in the elderly?"

The inclusion criteria for the studies were: clinical trials (including non-controlled studies, controlled studies, and randomized controlled trials) published in Portuguese, English and Spanish, performed with patients who presented evidence or symptoms of depression, and who used non-pharmacological strategies as an intervention to treat depression. The search time was limited to the five years prior to the collection date, i.e. 2010 to 2015, to include only current studies.

The search for the studies was carried out from August to October 2016 in seven electronic databases, namely: Medical Literature Analysis and Retrieval System online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Cochrane Central Register of Controlled Trials of the Cochrane Library (COCHRANE), Nursing Database (BDNF), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science (WEB OF SCIENCE) and Scientific Electronic Library Online (SciELO).

The controlled descriptors of the MeSH vocabulary of the U.S. National Library of Medicine (NLM) were used together: "aged", "depression" and "reduction". The Boolean operator AND was used to restrictively combine the descriptor "aged" with the other descriptors.

The use of the previously mentioned descriptors resulted in 2410 articles. However, 2407 studies were excluded due to: different theme (2339); duplicity (15); study design that differs from the proposal (40); general population or partially elderly population (13). Table 1 describes the reasons for the exclusion of articles and their databases.

Table 1- Selection of publications in the databases according to established criteria for the exclusion of studies.

Exclusion criteria	PubMed (n=399)	CINAHL (n=282)	Cochrane (n=36)	BDEF (n=1)	Lilacs (n=64)	SciELO (n=10)	Web of Science (n=1618)	Total
It has no relation with the theme	391	275	0	1	61	9	1602	2339
Language	0	0	0	0	0	0	0	0
Duplicity	2	1	4	0	1	1	6	15
Year of publication	0	0	0	0	0	0	0	0
Study design that differs from the proposal	0	4	32	0	0	0	4	40
General population or partially elderly population	5	1	0	0	0	0	7	13
Total articles Excluded	398	281	36	1	63	10	1615	2410
Sample	1	1	0	0	0	0	1	3

Source: Databases PubMed, Cinahl, Cochrane, Bdenf, Lilacs, SciELO, Web of Science.

An instrument was used for data extraction based on the Cochrane Handbook of Systematic Reviews of Interventions, which identifies the following data: title, journal, year of publication, database, place of data collection, objective, methodological path, interventions, outcome measures, results, implications for practice, level of evidence, and the Jadad scale⁽¹⁵⁾.

The Jadad scale has the purpose of evaluating the methodological quality of the study, assigning a point for each positive response. However, if any study is considered inappropriate, a point is taken for each item. The total can vary from zero to five and a score greater than or equal to three indicates studies with appropriate methodological quality⁽¹⁵⁾.

RESULTS AND DISCUSSION

During the study, three articles were found in three different databases, namely, PubMed, CINAHL, and the Web of Science. The studies were published in the following journals: *Jama Psychiatry*⁽¹⁶⁾; *Complementary Therapies in Medicine*⁽¹⁷⁾; and *Health and Social Care*⁽¹⁸⁾. The information of the studies with respect to the authors, country and year of publication, objective, sample, eligibility criteria, variables evaluated and the results obtained are described in Figure 1.

Figure 1 - General information about authors, country and year of publication, objective, sample, eligibility criteria, verified variables and results.

Author, Year, country	Objective	Sample	Eligibility criteria	Verified variables	Results
Kiosses, D. N. et al.(17), 2015, United States	To test the effectiveness of the Problem Adaptation Therapy (PATH) and the supportive therapy for patients with cognitive insufficiency (ST-CI) in reducing depression and disability in the elderly with major depression, cognitive disability and incapacity.	74 elderly people Intervention group PATH: 37; Control group ST-CI: 37.	Non-psychotic diagnosis; Having at least mild cognitive deficits; Disability (at least one commitment in instrumental activities of the daily living); Limited mobility.	Age; Sex; - Race/ethnicity; Educational level; Use of antidepressants; Level of dementia	The participants of PATH had a significantly greater reduction in depression and cognitive impairment than the participants of the ST-CI over the 12-week period. Furthermore, PATH participants had higher remission rates of depression than ST-CI patients.
Chan, M. F.; Chan, E. A.; Mok. J.(18), 2010, China	To evaluate the effects of music therapy on sleep quality in elderly people and to analyze effects on vital signs and depression levels.	42 elderly people Intervention group: 21; Control group: 21.	60 years old or over; To participate in the Hong Kong community service center.	Age; Sex; Educational level; Religious belief; Source of the monthly income; History of chronic diseases or others; Having tested music therapy before.	In the experimental group, there were statistically significant reductions in geriatric depression score and sleep quality at week 4. In the control group, there were no statistically significant reductions in depression or improvement in sleep quality over the 4 weeks.
Chan, M. F. et al.(19), 2013, Asia	To examine the effects of life history review on levels of depression in elderly residents of Singapore.	29 elderly people Intervention group: 15; Control group: 14.	60 years old or over; Ability to understand and communicate in the English or mandarin language; Normal cognitive function; History of diseases.	Age; Sex; Educational level; Religious belief; Marital status; Presence of chronic diseases Use of medicines; Writing habits.	The study showed that there was a significant distinction between groups (intervention and control) after being controlled for: age, sex, use of medications, existence of chronic diseases, and daily writing experience. The depression score changed sharply over the weeks (2, 3, 4 and 8), ranging from 7.9 in the first evaluation to 2.5 in the last, according to the GDS 15.

Source: Database PubMed, CINAHL, Web of Science.

When evaluating the articles using the Jadad scale, all scored three, because they were randomized, described satisfactorily the randomization process, and reported sample losses⁽¹⁷⁻¹⁹⁾. It should be noted that none of the trials included in the study were double blinded.

Regarding the interventions applied, there was a very significant distinction in the strategies used to reduce depression in the elderly people. One of the trials used a new psychotherapeutic approach called Problem Adaptation Therapy - PATH⁽¹⁶⁾. Another study investigated the efficacy of music therapy, evaluating not only its effect on the depression of the patients, but also the implication in the quality of sleep of the patients⁽¹⁷⁾. And the third article sought to explore the effects of life history review on depressive disorders⁽¹⁸⁾.

Interventions applied

Problem Adaptation Therapy

This is a method of psychosocial intervention, whose purpose is the emotional regularization of the patients in an attempt to minimize negative feelings, promote positive feelings and expand their problem solving capacity. The therapy consists of five distinct and interdependent stages, such as: selection of conditions to which the elderly are exposed, modification of negative situations through strategic mechanisms, intentional implantation to change the elderly's focus in the face of adversity, cognitive change, that is, remodeling of thinking about the various situations, and modulation of the response, which is the way of acting in different circumstances⁽¹⁶⁾.

To develop the therapeutic process, the elderly were accompanied by trained professionals to guide and support them, including psychologists and social workers. Thus, a specific plan was developed for each participant to deal with the problem situations. In these, practical methods of aids were listed, such as: calendars, checklists, division of tasks (step-by-step), and other strategies aimed at helping the elderly to solve their difficulties⁽¹⁶⁾.

In the article analyzed, participants undergoing intervention had mild cognitive impairment, functional disability and depression. However, the study analyzed the effects of the PATH only on the last two aspects. It is worth mentioning that the procedure took place in the participants' homes and had the voluntary

participation of their caregivers. At the same time, individuals in the control group received supportive therapy for the elderly with STCI, a non-systematic method of support. In this, those involved reported their feelings/questions and were listened to by professional who conveyed optimism to them. The intervention required twelve weeks for its outcome⁽¹⁶⁾.

Music therapy

This is a model whose therapeutic principle focuses on the idea that the individuals' musical perception can alter their physical and psychological parameters. Biologically, music exerts a direct influence on the limbic system of the patients, responsible for modulating their emotions, so that they can positively regulate their emotional state⁽¹⁷⁾.

The subjects of the research, guided and supervised by an evaluator, had the opportunity to choose from a preselected set of soft, slow songs without lyrics, the music of their preference to be heard weekly during the home visit for forty five minutes. It should be emphasized that the study used the terms "researcher" and "evaluator" to talk about professionals involved in mediation of the process, not listing their professional class⁽¹⁷⁾.

Some standardized instructions were passed on to all participants in the survey, such as: choosing the location and comfortable clothing during the process, turning off the lights, closing the eyes, sitting or lying in bed, not thinking about anything and relaxing, staying in silence and raising the hand in case they felt any discomfort, avoiding being worried about time or other external disturbances, and playing the mp3 at a comfortable volume. The instructor watched the individuals at a distance, and after the stipulated period the music stopped. Data on vital signs, sleep quality, and depression were then collected for further evaluation. The participants in the control group, on the other hand, were in absolute rest during the established period and, after that, had their parameters evaluated. Regarding the period of intervention, the study performed the proposed activities in a total of four weeks⁽¹⁷⁾.

Life history review

It refers to the elaboration of a diary with crucial points in the life history of the elderly. The perspective of attenuation of depressive

symptoms is centered in the conception that reports of important moments lead the elderly to develop their autonomy, promote positive emotions, and can help in the resolution of conflicts and give the elderly a feeling of significant affection⁽¹⁸⁾.

The interventions took place in the home of the elderly and were guided by a researcher, who encouraged them to share thoughts about their lives in the present moment. However, in the fourth and last interview, the elderly were able to summarize their stories as a whole. Each session lasted from thirty to forty minutes and the reports were recorded by the professional, who raised guiding questions about the different stages of life of the participants. These questions were based on Erickson's theoretical model of psychosocial development, which seeks to refer to the various stages of the individuals' life, allowing them to focus on relevant moments of its development⁽¹⁸⁾.

After the period of collection of information, the recordings were transcribed and synthesized in a life story book. At this point, the participants were able to review each chapter of their narrative and provide the photographs they wished to include before publication. In the last meeting with the participants, the material was given as a gift for the elderly. The individuals in the control group met with the researchers the same number of times as the members of the intervention group; however, the researchers' contact with the elderly was minimized and was limited only to the collection of the level of depression. Regarding the professionals involved in the therapy, the study mentioned a nurse who evaluated the participants regarding the eligibility; however, during the procedure, the professional team mentioned is not specified⁽¹⁸⁾.

Instruments applied

The instruments used for the evaluation of depression in the included studies were the Geriatric Depression Scale - GDS15⁽¹⁷⁻¹⁸⁾ and the Montgomery-Asberg Rating Scale - MADRS⁽¹⁷⁾. The GDS15 is a popular measure for depression and its goal is to check the feelings of the elderly and compare them to their feelings in the previous week. Thus, a point is given to each question and the sum of all responses results in a total that varies from 0 to 15, which allows the applicator to identify the presence of depressive symptoms when the total value is greater than 5⁽¹⁷⁾. The MADRS evaluates depression through 10

items that include the descriptions of the manifestations of symptoms. Each of these items has four alternatives, and the total score ranges from 0 to 50. Thus, a value equal to or greater than 17 indicates symptoms of depression. A especial aspect of the MADRS is that its verification involves not only verbal, but also of nonverbal indicators⁽¹⁶⁾.

Besides depressive parameters, one of the studies measured the vital signs and the sleep condition of the subjects of the research. The Pittsburgh questionnaire (PSQI) was applied to measure the level of sleep, which has several components that subjectively analyze whether there is dysfunction in the individual's sleep. The scores of the questionnaire vary from 0 to 21, and a result higher than 5 indicates poor sleep quality⁽¹⁷⁾.

In addition, an article also evaluated the functional capacity of the participants. The World Health Organization Disability Assessment Schedule (WHO DAS II) was used for this purpose. This tool evaluates six distinct domains: comprehension, communication, movement/circulation, interactivity, occupational involvement/domestic activities, and community participation⁽¹⁶⁾.

Main results obtained

With regard to reduction of depression, the data found showed positive effects⁽¹⁶⁻¹⁸⁾. At one study, the intervention group showed a decline of depression of 0.36 points per week according to the MADRS scale, that is, the elderly in the IG had a 43% higher regression of depressive symptoms when compared to the control group ($p = 0.001$). It should be noted that the therapy in question evaluated the depression that is resistant to pharmacological methods. However, during the intervention process, patients continued to use the medications. In the same study, 94% of the participants (70 people) had the participation of a caregiver in the therapy⁽¹⁶⁾.

In the life history review approach, depression rates were measured by the GDS15 and had, in the experimental group, an average of 7.9 in the first week, falling to 2.5 in the eighth and last week of therapy. In the control group, this index initially obtained a mean of 6.3 and, in the last evaluation, 5.3, a relatively lower change. This evidenced the positive implication of the intervention ($p = 0.001$)⁽¹⁸⁾.

The last mentioned trial, as well as the others, showed improvements in the

psychological aspects of the elderly patients, reducing their depression and increasing their quality of sleep. The values shown in the study indicated that the means obtained for patients with depressive symptoms according to the GDS scale at the first verification for the experimental and control groups were 4.1 and 1.8, respectively. According to the research, after the application of music therapy, the experimental group had a mean of 2.1, showing a beneficial effect of the therapy ($p = 0.001$). In turn, the control group finished the study with a mean of 2.0⁽¹⁷⁾.

Thus, the results obtained in this study indicated that it is possible to reduce the depressive indices in older patients adopting non-pharmacological methods. In contrast, the small amount of research aimed at evaluating the efficacy of such strategies has shown that, although the harm of continuous and exacerbated use of drugs is recognized, especially in elderly patients, treatment for depression is still centered in the use of drugs⁽¹⁸⁾.

Furthermore, in one of the studies, according to the authors, the medical resources available to treat depression in the participants were exhausted and the disorder became resistant. In this same study, the elderly patients submitted to the intervention continued to use their medications⁽¹⁸⁾.

A study in Portugal that evaluated the use of benzodiazepines in depressed elderly patients showed that the elderly who consume this class of drugs are those with higher levels of depression. In view of these results, the authors considered it necessary to raise awareness among health professionals about the prescription of benzodiazepines, favoring non-pharmacological approaches in the care of elderly patients⁽¹⁹⁾. The medicalization of depression may be related to the existence of a hospital-centered care model, coupled with the cultural view of the population which still has the tertiary care and the use of strong drugs as reference to relieve suffering⁽²⁰⁾.

Regarding the use of music therapy as a treatment for depression, different studies pointed to its positive effect, in agreement with the results in the present research. A controlled clinical trial evaluated the effectiveness of music therapy in elderly patients with depressive symptoms and anxiety and measured their quality of life post-intervention. The study identified that the quality of life and depression scores presented satisfactory performance in the

experimental group when compared to the control group ($p = 0.004$)⁽²¹⁾.

Another qualitative exploratory study carried out in a long-stay institution for the elderly (LSIE) in Araguaína - TO tested the influence of music therapy on the participants' self-esteem, and reported that, in general, during the application of therapy the elderly patients experienced positive sensations that relieved their unhappiness; however, in some moments of the therapy, they were sad and had bad memories⁽²²⁾. This result also resembles the one identified in the present study, since in some cases the music led the elderly involved to unexpected reactions, for which it would be necessary to receive psychological support. So it is clear that even in the use of non-drug strategies there is a need for a multiprofessional work and the professionals must be prepared for possible eventualities⁽¹⁷⁾.

With regard to the method of reviewing life history, there is little scientific evidence to explore its effectiveness. However, a pilot study with elderly residents of a community in Singapore showed quite different levels of depression in the group of people exposed to the method. The GDS15 scores ranged from a mean of 5.9 at the beginning of the study to 1.9 at the end of the study ($p < 0.001$), coinciding with that of the present study⁽²³⁾. The effectiveness of this strategy to reduce depressive indices in the populations studied raises the need for its diffusion as a therapeutic possibility in clinical practice⁽¹⁸⁾.

The third non-pharmacological method included in the present study had in another study its effect randomly compared to dietary instructions for improving depressive symptoms and preventing new episodes of depression in 247 participants for two years. The results, similar to this study, dictated effectiveness ($p < 0.01$)⁽²⁴⁾. In view of the efficiency of this new non-pharmacological approach, attention is drawn to the role of psychology professionals, because problem-solving therapy is a working method of psychology and requires specific training and knowledge⁽¹⁶⁾.

Although the results of the three studies analyzed showed success in the reduction of depressed mood in the elderly patients, a point raised by two of these works⁽¹⁷⁻¹⁸⁾ as fragilities and that deserves to be better evaluated is the so-called "hawthorne effect" to a positive change in results, due to the fact that the group had an

expectation linked to the intervention and because of being observed by one or more professionals⁽²⁵⁾.

In addition, to administer all the described interventions, it was necessary that the professionals were in direct contact with the patients throughout the process, and in one of the studies the caregivers of the elderly were also present. In this sense, it is necessary to call attention to socialization as a reducer of depressive indices, considering the data portrayed in studies that place social interaction as a method that decreases sadness and improves mood⁽²⁶⁾.

Only one of the studies mentioned⁽¹⁹⁾ cited nurses as participants in the application of the strategy to fight depression; thus, it is not possible to verify the effective participation of nurses in the use of non-pharmacological therapies.

Although the present study did not provide a way to delineate the role of nurses in the care of the elderly patients with depression, a survey carried out in New Zealand to evaluate the experience of nurses in the recognition of depression in older people interviewed 40 nurses from different areas and identified that many professionals did not know how to deal with this pathology or how to advise the elderly. Yet, some nurses did not include care for the depressed in their activities because they did not feel that this was their responsibility⁽²⁷⁾.

In this context, an important point to be considered in the follow-up of the elderly is the solidarity of the presence of a qualified and attentive health professional to recognize the value of this patient⁽²⁸⁾. Thus, it is up to nurses to work with the other professionals, acting in an interdisciplinary and systematized manner, elaborating a plan of specific care for each patient, not leaving the depressed elderly unassisted or at the mercy of the unrestrained and exclusive use of drugs.

FINAL CONSIDERATIONS

This study made it possible to synthesize some of the interventions used in different places with the purpose of reducing depressive indices in elderly people. It was evidenced that although the increase of the elderly population is notorious and that depression is a clinic condition of serious importance, diffused worldwide and negatively impacting the quality of life of the affected

individuals, the number of studies on non-drug alternatives to treat such disorder is quite limited.

The analysis of the results showed a significant effectiveness of the methods included in this research. The three strategies mentioned, PATH, music therapy and life history review, were able to reduce the depressed mood of the elderly patients. Regarding the way of use of these methods, it was noted that not only multiprofessional engagement is necessary, but also a strategic plan for each type of intervention.

It was considered relevant to carry out the present study to summarize the scientific evidence on strategies aimed at reducing the levels of depressive disorders in the elderly public. By improving the quality of life of these patients in a practical and less aggressive way than with the use of drugs, non-pharmacological methods become a useful tool for nurses and other professionals to act positively. However, the study had limitations, among which, the low number of studies addressing this topic in a more specific and systematized manner, which ended up making it impossible to effectively verify the performance of nurses regarding the non-pharmacological approach to treat the depression. Further studies in this area are recommended, seeking to explain strategies to the conventional treatments of depression, since research that emphasizes less harmful methods than psychotropic drugs to treat depressive disorders, especially in the elderly population, are primordial for the construction of a scientific literature in this context.

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Note: This article was constructed through the end-of-course work of nursing students of the Federal University of São João del-Rei as part of the requirements for obtaining a baccalaureate degree in nursing

Received in: 11/07/2017

Approved in: 03/12/2018

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