ผลของการบำบัดทางจิตสังคมแบบบูรณาการต่อภาวะซึมเศร้าและความคิดฆ่าตัวตายในผู้ป่วยโรคซึมเศร้าไทย

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บทคัดย่อ

ที่มา การบำบัดทางจิตสังคมหลายแบบมีประสิทธิภาพในการรักษาภาวะซึมเศร้า แต่ยังมีการศึกษาเกี่ยวกับประสิทธิภาพของการบำบัดทางจิตสังคมแบบบูรณาการในผู้ป่วยซึมเศร้าไทยอยู่จำกัด

วัตถุประสงค์ เพื่อประเมินประสิทธิภาพของการบำบัดทางจิตสังคมแบบบูรณาการต่อภาวะซึมเศร้าและความคิดฆ่าตัวตายในผู้ป่วยซึมเศร้าไทย

วัสดุและวิธีการ กลุ่มตัวอย่างเป็นผู้ป่วยโรคซึมเศร้าหลักจำนวน 40 ราย จากแผนกจิตเวชผู้ป่วยนอก โรงพยาบาลจุฬาลงกรณ์ในช่วงเดือนมีนาคม - กรกฎาคม พ.ศ. 2551 จัดเข้ากลุ่มทดลองและกลุ่มควบคุมอย่างละ 20 รายโดยอาศัยวิธีการจับคู่ 1:1 โดยจับคู่เพศ อายุ รายได้ และความรุนแรงของภาวะซึมเศร้าเหมือนกันเป็นคู่ๆ กลุ่มทดลองได้รับการบำบัดทางจิตสังคมแบบบูรณาการ โดยพยาบาลจิตเวชที่มีประสบการณ์และผ่านการอบรมการใช้โปรแกรมบำบัดดำเนินการบำบัดสัปดาห์ละครั้ง เป็นเวลา 6 สัปดาห์ ส่วนกลุ่มควบคุมได้รับเพียงการดูแลรักษาตามปกติโดยแพทย์ ใช้แบบประเมินภาวะซึมเศร้าและความคิดฆ่าตัวตายของ Beck และใช้สถิติ independent t-test ในการเปรียบเทียบความแตกต่างของคะแนนที่ลดลงของคะแนนซึมเศร้าและความคิดฆ่าตัวตายก่อนและหลังโปรแกรมระหว่าง 2 กลุ่ม โดยกำหนดระดับนัยสำคัญทางสถิติไว้ที่น้อยกว่า 0.05

ผลการศึกษา คะแนนซึมเศร้าและความคิดฆ่าตัวตายของกลุ่มทดลองลดลงอย่างมีนัยสำคัญมากกว่ากลุ่มควบคุม [ค่าความแตกต่างของคะแนนที่ลดลงของคะแนนซึมเศร้าหว่างกลุ่มทดลองและกลุ่มควบคุมเป็น 9.65 (ช่วงความเชื่อมั่นที่ร้อยละ 95 = 6.95-12.35, $p<0.01$) และของคะแนนความคิดฆ่าตัวตายเป็น 3.30 (ช่วงความเชื่อมั่นที่ร้อยละ 95 = 0.72-5.88, $p<0.05$)]

สรุป การบำบัดทางจิตสังคมแบบบูรณาการมีประสิทธิภาพในการลดภาวะซึมเศร้าและความคิดฆ่าตัวตายในผู้ป่วยซึมเศร้าไทยได้

คำสำคัญ การบำบัดทางจิตสังคมแบบบูรณาการ ภาวะซึมเศร้า ความคิดฆ่าตัวตาย

วารสารสมาคมจิตแพทย์แห่งประเทศไทย 2555; 57(2): 151-164

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Effects of Integrated Psychosocial Intervention on Depression and Suicidal Ideation in Thai Patients with Major Depressive Disorders

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ABSTRACT

Background: Many psychosocial interventions have shown the efficacy of the treatment of depression. There are still limited studies concerning the efficacy of integrated psychosocial intervention in Thai depressed patients.

Objective: To determine the effectiveness of the integrated psychosocial intervention for depression and suicidal ideation in Thai patients with major depressive disorders (MDD).

Material and Method: Forty patients with major depressive disorders were recruited from the Outpatient Psychiatric Department, King Chulalongkorn Memorial Hospital during March - July 2008. The subjects were assigned into the experimental group (20 subjects) and the control group (20 subjects) by using a matching technique (1:1). The matching variables were subjects' gender, age, salary, and severity of depression. The experimental group received six-week integrated psychosocial intervention conducted by experienced and well-trained psychiatric nurses, while the control group received only regular treatment by psychiatrists. Depressive symptoms and suicidal ideation of the subjects were assessed by using the Beck Depression Inventory - Thai version (BDI-Thai) and the Beck Scale for Suicidal Ideation -Thai version (BSS-Thai) before and after the intervention program. Independent t-test was used to compare the differences of score reduction on depression and suicidal ideation before and after the program between two groups. A p-value of less than 0.05 was considered statistically significant.

Results: Both depression and suicidal ideation scores of the experimental group were significantly decreased over those of the control group. Difference of score reduction on depression between the experimental group and the control group was 9.65 (95% CI = 6.95-12.35, $p < 0.01$) and that on suicidal ideation was 3.30 (95% CI = 0.72-5.88, $p < 0.05$).

Conclusion: The integrated psychosocial intervention was effective in reduction of depression and suicidal ideation in Thai patients with MDD.

Keywords: Integrated psychosocial intervention, depression, suicidal ideation

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Introduction

Nowsaday many social problems and crises such as the economic, social, political crises, and disasters are complex. These problems tended to be rising. This results in the increase of people's mental health problems, including depression and suicidal behaviors. From the report of the Ministry of Public Health of Thailand in 2007, the number of depressed patients from the mental health services of the Department of Mental Health, Ministry of Public Health were 123,876 (196.51 depressed patients/ 100,000 people)[1]. Depression, a common psychiatric disorder, is one of the leading causes of worldwide disease burden and disabilities. From the report of the World Health Organization (WHO) in 1990, depression was shown to be the fourth leading cause of disabilities in 1990[2]. It was also estimated to be the second rank and the first rank of disabilities in 2020 and 2030 respectively[3]. About the lifetime prevalence of depression, it was approximately 15% for major depressive disorder and 3-6% for dysthymic disorder[4,5]. In Thailand, depression is also the common mental disorders, accounting for 5.7-20.9%[6,7]. Depression is characterized by a distinct period of depressed mood and decreased interest or pleasure in activities, poor appetite, weight loss, sleep problem, poor concentration, excessive guilt, feeling of worthlessness, and feeling of hopelessness or helplessness. Besides leading to impairment of functioning, the course of depressive disorder is relapsing and recurrent, and tended to be chronic. From the previous study, 50-80% of depressed patients had relapsing and recurrent course[8,9]. The untreated depression also increases risk of suicidal behaviors[4,5,10].

Depression has shown to be composed of biological and psychosocial contributes. Biological factors of depression are abnormalities in neurotransmitter systems, especially in biogenic amines, and neurohormonal systems. Psychosocial factors are composed of stressful life events, maladaptive coping or adaptive abilities, negative appraisal of the stressful events or negative cognitions, and lack of social support or social isolation. In the aspects of depressive symptoms, symptoms of depression are composed of the changes of mood, somatic or physical symptoms, cognitive and behavior symptoms, and social symptoms as well. This leads to a concept of new integrated psychosocial intervention for treatment of depression[10,11].

Integrated psychosocial intervention is a group-based psychosocial therapy that integrates the multi-modalities of psychosocial interventions[11]. Multimodalities of psychosocial interventions include psycho-educational program, counseling program, psychosocial support, coping skills and social skills training, cognitive-behavior therapy, and family intervention, and group therapy[11]. This integrated psychosocial treatment is based on the underlying assumption that the basic deficits in coping and social skills, cognitive and behavioral skills, and social support, including the family dysfunctions are core features commonly found in the depressed patients. These deficits are underlying mechanisms that precipitate and aggravate symptoms of depression when they encounter

the life adversities. Besides that, these also have a pervasive effect on a higher social and independent functioning. This intervention is developed to reduce the depressed patients' symptoms, and to improve the patients' adaptive or coping, cognitive, behavioral skills, and social functioning[11]. Integrated psychosocial intervention has been widely adopted, especially in Europe. In general, the group sessions are held 1-2 times a week. The sessions stretch from 30 to 90 minutes. The number of sessions varies from 8 to 30 sessions, depending on the severity and chronicity of the disorder. The program contains 5-6 subprograms including enhancing the skills described above. From previous studies, integrated psychosocial intervention was found to be an effective treatment of schizophrenia, depression, substance use disorders, co-morbid anxiety or depression in substance use, and pediatric bipolar disorder[12-14]. Moreover, it was adapted to use in treatment of the emotional distress in childhood leukemia[15].

As the above, depression is the interplay between biological and psychosocial components. From the previous studies, the antidepressants still had greater benefits on the severe depressed patients than the psychosocial interventions, while the psychosocial interventions benefits in the depressed patients with less severe symptoms and helped the depressed patients to adjust themselves to their lives[16]. The integrated psychosocial intervention is the psychiatric treatment that uses multi-modality approach and holistic approach concept. Besides using multimodalities of psychosocial treatment, the patients having severe symptoms are allowed to receive the medication treatment.

In Thailand, there were still limited practice on integrated psychosocial intervention on depression and researches on its efficacy. The authors tried to develop the manualized treatment of integrated psychosocial intervention for Thai depressed patients and tried to investigate its efficacy. This study aimed to examine the effectiveness of the integrated psychosocial intervention on depression and suicidal ideation of Thai depressed patients.

Material and Method

All participants were recruited from the depressed patients aged 18-65 years from Department of Psychiatry, King Chulalongkorn Memorial Hospital, Bangkok during March-July 2008. The sample size was determined by using Cohen's method with the beta = 0.80 and alpha = 0.05. The approval for the study was obtained from the Ethics Committee, the Institutional Review Board (IRB) of Chulalongkorn University and King Chulalongkorn Memorial Hospital. The principal investigator (PI) contacted the director of the hospital and the nursing department for the permission in data collection. The PI made all contacts and recruitments with the help of psychiatric nurses at the out-patient unit. The appointment was scheduled with the potential participants. At the first meeting, one of the researchers introduced the research team and briefly explained the research objectives, the process of the study, the benefits, and the risks of the study. If the participants volunteered to enter the study, they gave their written informed consents to the researchers and the procedure of this study was started. During the study, the researchers were prompt to evaluate the participants, and refer them

to the psychiatrist immediately, if any participants expressed severe depression or high risk of suicide during the study.

About the recruitment, the inclusion criteria of the participants were the patients with major depressive disorder based on Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) criteria[17] and scores of at least 10 points of Beck Depression Inventory-Thai version (BDI-Thai)[18]. The exclusion criteria were schizophrenia, schizoaffective disorder, bipolar disorder, and coexisting anxiety disorders or substance use disorders. All forty participants who met the eligibility criteria were recruited into the study. All forty participants were assigned into 2 groups: 20 subjects in the experimental group and 20 subjects in the control group by using matching technique (1:1). The matching variables included the subjects' gender, age, salaries, and their severity of depressive symptoms. The experimental group received the integrated psychosocial intervention for six-week sessions conducted by the experienced and well-trained psychiatric nurses, while the control group did not. The depressed patients in experimental and control groups were allowed to follow their regular treatment such as receiving the psycho-pharmacotherapy, especially antidepressants as usual by their psychiatrists. All participants completed the Beck Depression Inventory-Thai version (BDI-Thai) and the Beck Scale for Suicidal Ideation -Thai version (BSS-Thai) before entering the intervention program in the first week and repeated BDI-Thai and BSS-Thai again when they immediately finished the program in the sixth week. (Figure 1)

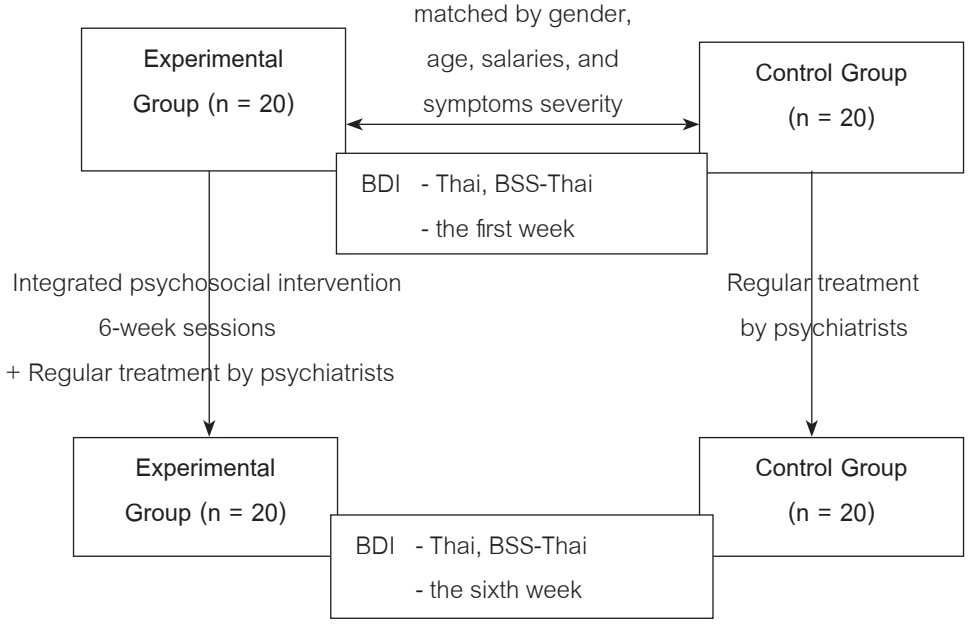

Figure 1 Flowchart of the Study of Efficacy of Integrated Psychosocial Intervention

The integrated psychosocial intervention was developed by Lueboonthavatchai and Soonthornchaiya[11]. The program was based on the concept of integrated psychosocial therapy, a group intervention program aimed at the adaptive, cognitive, behavior, and social abilities of depressed individuals[11]. The goal of the treatment is to reduce the depressive symptoms and suicidal ideation by enhancing the patients' adaptive strategies in cognitive, behavior, and social dimensions[11]. The program is composed of six weekly sessions: 1) establishing a therapeutic relationship, 2) group counseling, 3) relaxation training, 4) psycho-education, 5) cognitive-behavior restructuring, and 6) treatment review and summarization[19]. Each session was 1-2 hours long. The group was composed of 6-8 group members and was conducted by two experienced, well-trained psychiatric nurses as the group leader and co-leader[19]. The description of the integrated psychosocial intervention program was explained in the Table 1.

The Beck Depression Inventory-Thai version (BDI-Thai version) was translated and developed from the Beck Depression Inventory (BDI)[18], the widely used instrument to measure the severity of depression, by Mookda Sriyong. It is a self-reporting scale, consisting of 21 items. The cut-off scores of the Thai version contain five levels: normal (0-9 score), mild depression (10-15 scores), moderate depression (16-19 score), less severe (20-29 score) and severe depression (30-63 score). The instrument's properties showed the good validity and reliability. In the present study, the Chronbach's alpha coefficient was 0.88. The Beck Scale for Suicide Ideation-Thai version (BSS-Thai version), was translated and adjusted from the Beck Scale for suicidal Ideation[18], a 19-item questionnaire for measuring the suicidal ideation in psychiatric patients, by Priyoth Kittiteerasack. Total scores sum up all 19 items and ranges from 0-38. The high scores indicate the high level of suicidal ideation. The instruments showed good validity and reliability. In the present study, the Chronbach's alpha coefficient was 0.81.

The data analysis was performed by using the Statistical Package of Social Sciences (SPSS) version 11.0. The demographic and clinical characteristics of the participants were presented in frequency and percentage. The comparison of score reduction on depression and suicidal ideation between the experimental and control groups was conducted by using independent t-test. A p-value of less than 0.05 was considered statistically significant.

Results

Forty participants were composed of 20 male and 20 female depressed patients. The ages ranged from 22 to 65 years, with the mean age of 38 years. About 60% of them (57.5%) were self-employed. Sixty percent of subjects had the mild depression and 40% had the moderate, less severe, and severe depression. Sixty percent of participants presented the suicidal ideation. All the participants had the varied duration of depression and received antidepressants from their psychiatrists. Twenty subjects were in the experimental group, and 20 subjects were in the control group. The demographic characteristics of the subjects in the experimental and the control group are shown in Table 2.

Table 1 Description of Six Sessions in Integrated Psychosocial Intervention

Session	Goals of Treatment	Therapeutic Techniques
1) Opening Session	Self-introduction of group members, setting the treatment goals, sharing some experiences about their problems and symptoms, and developing therapeutic relationship	Self-introduction, Ventilation, Therapeutic relationship
2) Group Counseling Session	Identifying the difficult situations and examining the maladaptive problem solving patterns. Finding the appropriate solutions and adaptive problem-solving patterns for the difficult situations	Exploratory techniques: clarification, Empathic listening, Mutual group support, and Problem solving and decision making
3) Relaxation Training	Training and practicing the relaxation techniques: breathing exercise, progressive muscle relaxation, and mental imagery by using the recorded audio-CDs	Didactic techniques by using slides and videotapes, Behavior techniques: demonstration and practicing
4) Psycho-education	Psycho-education and group discussion about depression and suicide: contributing factors, symptoms, treatment, and strategic self-management	Didactic techniques, knowledge sharing, and group discussion
5) Cognitive-Restructuring	Identification of the underlying cognitive distortions or cognitive errors and learning to adapt their cognition realistically and reasonably, and enhancement of positive attitudes toward others and themselves	Didactic techniques, Cognitive techniques
6) Treatment Review and Termination	Review of the treatment sessions and increase of sense of mastery and self-independence before treatment termination	Group discussion and sharing experiences

Table 2 Demographic characteristics of the participants in the experimental and the control groups

Characteristic Demographics	Experimental group (n = 20)		Control group (n=20)	
	Number	Percentage	Number	Percentage
Gender				
Male	10	50.0	10	50.0
Female	10	50.0	10	50.0
Age (years)				
18-25	4	20.0	5	25.0
26-35	1	5.0	1	5.0
36-45	8	40.0	6	30.0
46-55	3	15.0	5	25.0
56-65	4	20.0	3	15.0
Occupation				
Students	3	15.0	4	20.0
Housewives/ or The unemployed	4	20.0	5	25.0
Employees	12	60.0	11	55.0
Governmental officers	1	5.0	0	0.0
Incomes (baht/month)				
None	8	40.0	9	45.0
1,000-5,000	1	5.0	1	5.0
5,001-10,000	7	35.0	7	35.0
10,001-30,000	4	20.0	3	15.0
Severity of Depression				
Mild	12	60.0	12	60.0
Moderate	3	15.0	3	15.0
Less severe	4	20.0	4	20.0
Severe	1	5.0	1	5.0
Scores of BDI-Thai				
Mean ± SD	15.55 ± 6.28		15.75 ± 6.29	
(Min-Max)	(10-30)		(10-30)	
Scores of BSS-Thai				
Mean ± SD	4.00 ± 4.59		5.05 ± 4.22	
(Min-Max)	(0-14)		(0-13)	

The effects of the integrated psychosocial program on symptoms of depression and suicidal ideation are shown in Table 3. After completing the program, the mean differences of the BDI-Thai and the BSS-Thai of the experimental group and the control group are shown in Table 3. From the baseline, the scores on the BDI-Thai and the BSS-Thai of the experimental group were decreased more than those of the control group. The independent t-test was used to compare the score reduction on the BDI-Thai and the BSS-Thai between the experimental group and the control group after the intervention program. The results showed that the scores on the BDI-Thai and the BSS-Thai of the experimental group was greater decreased than that of the control group (difference of score reduction on BDI-Thai = 9.65, 95% CI = 6.95-12.35, $p < 0.01$; difference of score reduction on BSS = 3.30, 95% CI = 0.72-5.88, $p < 0.05$). (Table 3) The result showed that the experimental group showed the superior efficacy on reduction of depressive symptoms and suicidal ideation than the control group. (Table 3)

Comparing the number of depressed patients turning to normal state after the intervention, there were 15 depressed patients (75.0%) in the experimental group turning to normal state (no depression), while that of the control group were only 2 patients (10.0%). (Table 4)

During the treatment program, all the participants attended the treatment program throughout the 6-week sessions. They cooperated and felt enthusiastic in attending the program. After finishing the treatment program, they felt satisfactory with the treatment program.

Table 3 The score reduction on BDI-Thai and BSS-Thai between the experimental and the control group after the intervention program

Scores	Experimental Group (n = 20)		Control Group (n = 20)		Difference between 2 Groups	95% CI of Difference	p-value
	Difference	SD	Difference	SD			
BDI-Thai	- 9.45	5.75	0.20	1.54	- 9.65	6.95-12.35	< 0.001**
BSS-Thai	- 3.50	4.41	- 0.20	3.62	- 3.30	0.72-5.88	0.014*

* $p < 0.05$, ** $p < 0.01$

Table 4 Comparison of severity of depressive disorder between experimental and control group before and after the intervention program

Severity of Depression (by BDI-Thai)	Before the intervention				After the intervention			
	Experimental Group (n = 20)		Control Group (n = 20)		Experimental Group (n = 20)		Control Group (n = 20)	
	N	%	N	%	N	%	N	
Normal	-		-		15	75.0	2	10.0
Mild	12	60.0	12	60.0	4	20.0	9	45.0
Moderate	3	15.0	3	15.0	1	5.0	4	20.0
Less severe	4	20.0	4	20.0	-		5	25.0
Severe	1	5.0	1	5.0	-		-	

Discussion

This study examined the effectiveness of the integrated psychosocial intervention on depressive symptoms and suicidal ideation for depressed patients. The results showed that the participants in the experimental group displayed the significant decrease in depressive symptoms and suicidal ideation after the intervention program, compared to those in the control group. The findings confirmed that the integrated psychosocial intervention program would be of benefit to treat the depressed patients.

The integrated psychosocial intervention was a group psychosocial treatment using multi-modalities of psychosocial interventions. Six-session treatment program reduced the patients' symptoms of depression and suicidal ideation by several processes. In the first session, the therapists as the group leader and co-leader provided the information about the objectives and the process of treatment to the group members. The therapists build up the therapeutic atmosphere with trust to the members. Then the therapists provided the opportunities to the members in ventilating their encountering difficulties or their symptoms that bringing them to the treatment program. All members received the genuine and empathic attention from the therapists, leading to the development of the members' positive attitude, the rapport, and the readiness for behavior change. In the second session, the group counseling techniques were used to facilitate the group members' understanding of their problems leading to the symptoms of depression including precipitating stressors and previous maladaptive coping or problem-solving styles[20]. The therapists offered the group members to share their life-experiences and how to deal with the problems. By the group process, the group members were learned to develop the

abilities to deal with their problems related to depression and also the new coping or problem-solving skills[20,21].

In the third session, the therapists trained the group members to develop self-relaxation skills such as deep breathing, progressive muscle relaxation, meditation, and guided-imagery. The group members also received the pamphlets about the strategies to deal with stress or tensions, anxiety, and depression by themselves. The fourth session, supportive psycho-education session, focused on learning about depression and suicide, the etiologies, symptoms, course and prognosis, treatment, and self-management including suicidal prevention. The group members took the roles in sharing their own experiences of having depression and how to deal with it among other members in a warm and supportive atmosphere. They reported that they better understood what the depression is and how to deal with it. Previous studies showed that the supportive psycho-educational program helped depressed patients to better cope with their depressive disorders[22].

In the fifth session, cognitive-behavioral restructuring session, the therapists used cognitive-behavior techniques to explore and identify the members' negative thoughts and maladaptive behaviors leading to depression. The other group members helped to find the alternative explanations of the stressful situations and to reframe these situations. With the group process, the members practiced reframing their negative thoughts and then gained the positive reinforcement from the others. Changing the negative cognition leads to the reduction of their depressive symptoms and suicidal ideation[23]. Besides that, the increased capacity to deal with the stressful difficulties results in the increase of the sense of mastery, self-esteem, and self-worth[24,25]. All these led to the reduction of depressive symptoms and suicidal ideation. In the sixth session, the therapists summarized the treatment, reviewed adaptive cognitive, behavior, and coping strategies, assessed the improvement of members' depressive symptoms, and terminated the treatment. In this session, the members felt that they had increased their senses of mastery to encounter the future difficulties.

The findings of this study have significant implications for psychiatric nurses and other mental health care professionals. The integrated psychosocial intervention program is a manualized treatment of depression developed for use in hospitals and in the communities. The therapeutic manual was developed to make the treatment a uniform and guide the psychiatric nurses and mental health care professionals to follow. However, the therapists may adjust the treatment steps and sessions according to their treatment settings. From this study, the treatment program showed the benefit on the acute treatment of the moderate-to-less-severe depressed patients. The long-term effects of the treatment program may be further investigated in future studies by following patients with attenuated maintenance treatment in the 3-month and 6-month periods. Besides using in depressed patients, mental health care professionals

may adjust this treatment model to use and evaluate the efficacy in the other psychiatric disorders such as anxiety disorders by adapting the some steps according to the varied disordered patients.

Conclusion

The integrated psychosocial intervention was effective in reduction of patients' depression and suicidal ideation in depressed patients. This manualized treatment seems to be suitable to use in psychiatric nurses and mental health care professionals for patients suffering from depression.

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