Evidence in brief
Dementia
Psychological treatments may be effective in treating symptoms of anxiety and depression that are associated with dementia

Treating depression and anxiety in people with dementia

In this article...
- The link between depression, anxiety and dementia
- Effectiveness of psychological treatments
- What further research is needed

Depression and anxiety are common in all types of dementia and at all stages of the disease, including mild cognitive impairment (MCI). For some people with dementia, depression and anxiety may coexist but, in general, depression tends to be more common in those with mild-to-moderate dementia, while anxiety is more common in the later stages of the disease.

In people with MCI, symptoms of both depression and anxiety have been linked with higher rates of dementia progression and decreased levels of independence.

A common approach to treating depression and anxiety is to use drugs such as antidepressants but these are not particularly effective and may cause adverse side-effects in the presence of dementia and MCI. An alternative is to use psychotherapeutic treatments such as cognitive behavioural therapy, psychodynamic therapy, interpersonal therapy and supportive counselling – these may be particularly effective for mild-to-moderate symptoms of depression and anxiety in patients with dementia and MCI.

A Cochrane review, summarised here, aimed to assess the effectiveness of psychological interventions to reduce anxiety and depression in people with dementia or MCI (Orgeta et al, 2014).

Method
The review included randomised controlled trials that compared the effectiveness of a psychological intervention with usual care or a placebo intervention, across any care setting including home, community and institution. Participants were required to have a diagnosis of dementia or one of MCI without dementia.

Results
Six studies were included in the review and involved 439 participants with a confirmed diagnosis of dementia. The studies evaluated the effects of psychological treatment on depression – of these, only two evaluated the effects of psychological treatment on anxiety. No studies were identified that evaluated participants with MCI. Two studies were based in the UK, three in the US, and one in Denmark. The mean age of participants ranged from 75.87 years. Care settings included: community, outpatient clinics, community day centres specialising in dementia care and long-term care facilities.

Meta-analysis showed a positive effect of psychological treatments on depression (six trials, 439 participants) and on clinician-rated anxiety (two trials, 65 participants), but not on self-rated anxiety (two trials) or carer-rated anxiety (one trial).

Conclusion
The results of this review support the view that psychological interventions added to usual care can reduce symptoms of depression and clinician-rated anxiety for people with dementia. The authors conclude that psychological interventions have the potential to improve patient wellbeing but further research is needed to investigate which treatments are most effective and evaluate the effect of psychological interventions in people with MCI.

This review highlights the surprising paucity of current literature examining two symptoms commonly experienced by patients with dementia and MCI that can have a detrimental effect on their wellbeing and independence. It also highlights the need for nurses to be aware that patients in their care may have symptoms such as depression and anxiety that may be attributed to dementia or MCI. Raised awareness could lead to improved recognition and treatment of these symptoms, and the use of psychological interventions to improve outcomes for those affected.

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References