54 Cognitive Profiles of Older Adults with Depression in Psychotherapy Trials: A Scoping Review

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Objective: Cognitive impairment is often comorbid with depression and anxiety, and the cognitive status of older adult patients can drastically impact depression treatment outcomes. The cognitive status of these patients invariably changes psychological treatment approaches that otherwise are viable and feasible in older adults. For example, although cognitive behavioral therapy is effective in treating cognitively intact patients with depression, it often relies on executive function (such as flexible thinking and problem solving) and other cognitive abilities that are impaired in patients with comorbid cognitive impairment. Practically, this results in unstandardized modifications to psychotherapy that may impact the fidelity—and thus effectiveness—of treatment. It is important to assess and classify cognitive dysfunction in depression treatment-seeking older adults in trials. This can help generalize research findings and identify potential barriers in transferring psychotherapeutic approaches for older adults with depression from treatment trials to practical clinical use, particularly in hard-to-treat populations with comorbid cognitive impairment.
Participants and Methods: A systematic literature search was conducted in PubMed for the period 2000-2022. Study inclusion criteria was operationalised as follows: participants were identified as older adults (55 years and older), their primary psychiatric diagnosis was depression, and the study was a trial for depression treatment. Key search terms included: depression, treatment, psychotherapy, therapy, counseling, intervention, older adult, senior, late-life, elder, aged, clinical trial, and randomized controlled trial.
Results: An initial search of the key terms returned 3,972 articles. 178 of these articles were subject to full text review. Of those, 45 articles met inclusion criteria. Overall study quality was acceptable. A portion of treatment trials did not assess for cognitive functioning. A majority of the articles excluded patients with cognitive impairment, with no further elaboration on the potential impact of cognitive functioning on treatment outcomes. A smaller portion of studies were more inclusive of the cognitive range of patient participants; however, they did not comment on the cognitive heterogeneity of their samples. Only three studies used a more extensive neuropsychological battery to examine cognitive profiles of patient participants. However, two of these studies also excluded individuals that fell below the cognitively intact range based on brief cognitive screening measures. Of the few studies that examined depression treatment in cognitively impaired and dementia patient populations, two trials examined cognitive functioning as a predictor or moderator of depression treatment outcome.
Conclusions: Given that cognitive status can significantly impact depression treatment outcomes for older adults, there is a shocking dearth of inclusion of cognitively impaired patients in depression treatment clinical trials. Moreover, the limited studies that examined depression treatment in cognitively impaired populations, there is a lack of comprehensive cognitive assessment, and lack of exploration on how different types of cognitive dysfunction may contribute to variable depression treatment response. Future depression treatment trials in older adults should expand to include a variety of cognitive functioning ranges, as well as a more detailed assessment of how specific cognitive domains may impact treatment outcomes.

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55 Hoarding Behaviors in Late Life Depression are Associated with Increased Burden of Executive Dysfunction, Disability, and Poorer Response to Depression Treatment

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Objective: Late Life Major Depressive Disorder (LLD) and Hoarding Disorder (HD) are common in older adults with prevalence estimates up to 29% and 7%, respectively. Both LLD and HD are characterized by executive dysfunction and disability. There is evidence of overlapping neurobiological dysfunction in LLD and HD suggesting potential for compounded executive dysfunction and disability in the context of comorbid HD and LLD. Yet, prevalence of HD in primary presenting LLD has not been examined and potential compounded impact on executive functioning, disability, and treatment response remains unknown. Thus, the present study aimed to determine the prevalence of co-occurring HD in primary presenting LLD and examine hoarding symptom severity as a contributor to executive dysfunction, disability, and response to treatment for LLD.
Participants and Methods: Eighty-three adults ages 65-90 participating in a psychotherapy study for LLD completed measures of hoarding symptom severity (Savings Inventory-Revised: SI-R), executive functioning (WAIS-IV Digit Span, Letter-Number Sequencing, Coding; Stroop Interference; Trail Making Test-Part B; Letter Fluency), functional ability (World Health Organization Disability Assessment Schedule-II-Short), and depression severity (Hamilton Depression Rating Scale) at post-treatment. Pearson's Chi-squared tests evaluated group differences in cognitive and functional impairment rates and depression treatment response between participants with (HD+LLD) and without (LLD-only) clinically significant hoarding symptoms. Linear regressions were used to examine the association between hoarding symptom severity and executive function performance and functional ability and included as covariates participant age, years of education, gender, and concurrent depression severity.
Results: At post-treatment, 24.1% (20/83) of participants with LLD met criteria for clinically significant hoarding symptoms (SI-R≥41). Relative to LLD-only, the LLD+HD group demonstrated greater impairment rates in Letter-Number Sequencing ($X^2(1)=4.0$, $p=.045$) and Stroop Interference ($X^2(1)=4.8$, $p=.028$). Greater hoarding symptom severity was associated with poorer executive functioning performance on Digit Span ($t(71)=-2.4$, $\beta=-0.07$, $p=.019$), Letter-Number Sequencing ($t(70)=-2.1$, $\beta=-0.05$, $p=.044$), and Letter Fluency ($t(71)=-2.8$, $\beta=-0.24$, $p=.006$). Rates of functional impairment were significantly higher in the LLD+HD (88.0%) group compared to the LLD-only (62.3%) group, ($X^2(1)=5.41$, $p=.020$). Additionally, higher hoarding symptom severity was related to greater disability ($t(72)=2.97$, $\beta=0.13$, $p=.004$). Furthermore, depression treatment response rates were significantly lower in the LLD+HD group at 24.0% (6/25) compared to 48.3% (28/58) in the LLD-only group, $X^2(1)=4.26$, $p=.039$.
Conclusions: The present study is among the first to report prevalence of clinically significant hoarding symptoms in primary presenting LLD. The findings of 24.1% co-occurrence of HD in primary presenting LLD and increased burden on executive functioning, disability, and depression treatment outcomes have important implications for intervention and prevention efforts. Hoarding symptoms are likely under-evaluated, and thus may be overlooked, in clinical settings where LLD is identified as the primary diagnosis. Taken together with results indicating poorer depression treatment response in LLD+HD, these findings underscore the need for increased screening of hoarding behaviors in LLD and tailored interventions for this LLD+HD group. Future work examining the course of hoarding symptomatology in LLD (e.g., onset age of hoarding behaviors) may provide insights into the mechanisms associated with greater executive dysfunction and disability.

Categories: Mood & Anxiety Disorders
Keyword 1: executive functions
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Keyword 3: treatment outcome
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56 Dunning-Kruger Effect and Anxiety in a Mexican population

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