

# The usage of memory strategy of depressive elderly. Is there a difference between healthy elderly and depressive elderly?

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The primary research question is:1. Is there a difference in the usage of memory strategies between both groups?The secondary research questions are:2. Is there a difference between both groups in the types of memory strategies they use or don't use...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Mood disorders and disturbances NEC
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON33794

### Source

ToetsingOnline

### Brief title

The usage of memory strategy of depressive elderly.

### Condition

- Mood disorders and disturbances NEC

### Synonym

affective disorder, depression

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Delta Psychiatrisch Centrum (Portugaal)

**Source(s) of monetary or material Support:** Ministerie van OC&W

## **Intervention**

**Keyword:** aging, cognitive rehabilitation, depression, elderly, memory, mnemonics

## **Outcome measures**

### **Primary outcome**

The primary research variables are the differences in test results on the memory tasks between the both groups. It is expected that the elderly with an affective disorder will get the lower scores on these tasks compared with the healthy group.

### **Secondary outcome**

The secondary research variables are the differences in types of memory strategies and the differences in the amount of complaints between both groups. It is expected that the elderly with an affective disorder will use less efficient memory strategies, measured by the questionnaire on memory strategy use in daily life and reported in the interview. Also it is expected that they will report more complaints on the questionnaire on cognitive complaints.

Furthermore, it is expected that elderly with a lot of cognitive complaints are using less effective memory strategies. This will be found in lower scores on the memory tasks for the elderly who have high scores on the complaint questionnaire. And it is expected that elderly who score high on the complaints will report that they use less memory strategies in daily life (on the questionnaire).

# Study description

## Background summary

This study is a first study that is part of a larger project on developing a psychosocial memory strategy training for elderly with a chronic depression. The goal of the present study is to find out if there is a difference between the usage of memory strategies between elderly who receive treatment for a longer existing affective disorder and healthy elderly. It is expected that the depressive elderly will be using less effective memory strategies than the healthy controlgroup will do. For the development of the training it is assumed that the depressive elderly can be trained in using memory strategies. The present study also makes clear which cognitive complaints these patients are having, what knowledge they have about memory and memory strategy usage and what they would like to learn if they get a training. This way the training will be totally adjusted to the wishes and needs of the patients.

## Study objective

The primary research question is:

1. Is there a difference in the usage of memory strategies between both groups?

The secondary research questions are:

2. Is there a difference between both groups in the types of memory strategies they use or don't use? In other words: do healthy elderly use different (more effective) memory strategies than depressive elderly use?
3. Is there a difference between both groups in subjective cognitive complaints?
4. Is there a relation between the number of subjective cognitive complaints and the number of memory strategy use?

## Study design

The present study is an observational research without invasive measurements (according to the ABR-form). The participants will get, after a few short tests for screening the in/exclusion criteria, a couple of memorytasks and questionnaires. After that, they will be interviewed. By using T-tests primarily, but also some non-parametric tests for the secondary research questions, the four research questions and -hypotheses will be statistically processed.

## Study burden and risks

The psychodiagnostic procedure (containing a couple of short tests for the in/exclusioncriteria, an interview, 2 questionnaires and neuropsychological tasks) will take at a maximum 2 hours and will be done in one go. The research

is without risk for the participants and is not invasive. As seen in the short pilotstudy we have already done, it was just a small effort for these participants to participate.

## Contacts

### Public

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Nederland

### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

chapter 4.2 protocol

Inclusion criteria patients:

- age  $\geq 60$
- patients with a chronic depression, depression partly in remission or dysthyme, according to DSM-IV criteria, receiving treatment
- affective disorder must exist over at least 6 months (psychofarmacological treatment is allowed, but the name and dosis of the drug must be known)

- Scores on the Geriatric Depression Scale (GDS) between 11 en 19 (mild depressive symptoms)
  - Scores on the Mini-Mental State Examination (MMSE) equal or higher than 25
  - Scores on the Visuele Associatie Test (VAT) higher than percentile 10;chapter 4.4
- inclusion criteria healthy elderly:
- age  $\geq 60$
  - no psychiatric problems in history nor current
  - $GDS < 11$
  - $MMSE \geq 25$
  - $VAT > \text{percentile } 10$

## Exclusion criteria

chapter 4.3 exclusion criteria patients:

- Patients who might have dementia or delirium and patients with MMSE-scores lower than 25 at the start of the research
- $GDS < 11$  (no depressive symptoms) of  $GDS > 19$  (severe depressive symptoms)
- Severe behavioral problems, psychiatric or cognitive problems (for example CVA, but also other DSM-IV diagnoses or personality disorders), which cause that the patient cannot be instructed or cause that the patient is not suitable for a testsession
- Extreme and invalidating physical or conditional problems
- Patients who cannot travel to the testlocation in Poortugaal
- $VAT \leq \text{percentile } 10$
- Estimated verbal IQ  $< 90$  measured by the Nederlandse Leestest voor Volwassenen (NLV);chapter 4.5 exclusion criteria healthy elderly:

chapter 4.5 exclusion criteria healthy elderly:

- Elderly who might have dementia or delirium and elderly with MMSE-scores lower than 25 at the start of the research
- $GDS \geq 11$
- Having psychiatric problems currently or in history
- Severe behavioral problems, psychiatric or cognitive problems (for example CVA, but also other DSM-IV diagnoses or personality disorders), which cause that the elderly cannot be instructed or cause that the elderly is not suitable for a testsession
- Extreme and invalidating physical or conditional problems
- cannot travel to the testlocation (in Poortugaal or elsewhere in the Netherlands)
- $VAT \leq \text{percentile } 10$
- Estimated verbal IQ  $< 90$  measured by the NLV

## Study design

### Design

Study type: Observational non invasive

Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

## Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-01-2009
Enrollment:	68
Type:	Anticipated

## Ethics review

Approved WMO	
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL20300.097.08