Poster # 26

Title of poster: A Mindfulness Intervention in Long-Term Care for Frail Elderly, Families and Formal Caregivers

Abstract

The main objective of this study is to implement a mindfulness-based intervention (MI) to improve mood and quality of life for frail elderly and caregivers in long-term care (LTC). Depression is the most prevalent mood disorder among elderly in LTC and is also common in family caregivers. In addition, LTC staff working with elderly clients experience stress and burnout more than other personnel. We plan to implement a modification of Mindfulness-Based Cognitive Therapy (MBCT): a group intervention that combines techniques from Mindfulness-Based Stress Reduction (MBSR) with Cognitive Behavioral Therapy (CBT). MBSR is a group program in which participants learn mindfulness mediation to decrease stress, anxiety and suffering associated with various problems. CBT is a one-on-one approach for depression, in which patients learn to restructure irrational thought processes. MBCT has shown to be effective at preventing relapse in recurrently depressed individuals, as well as reducing symptoms of depression and anxiety. We hypothesize that our MI will 1) Improve depression and quality of life for frail elders and may also have a positive effect of daily functioning and physical health; 2) Improve mood, stress, burden, and quality of life for caregivers and may also have a positive effect on physical health; and 3) Improve mindfulness, self-compassion and satisfaction with life in both groups.

We plan to use a Randomized Controlled Trial consisting of two interventions: One MBCT intervention for frail elderly and one MBCT intervention for caregivers. The intervention will be 1.5 hours once per week for eight weeks. Questionnaires will be administered both before and after the MBCT interventions and waitlist period for all participants. The following scales will be completed by frail elders: Geriatric Depression Scale; Geriatric Quality of Life Questionnaire; and Frail Elderly Functional Assessment Questionnaire. The following scales will only be completed by caregiver participants: Beck Depression Inventory-II; Caregiver Strain Index; Zarit Burden Interview, and Quality of Life scale. All participants will complete the Depression, Anxiety and Stress Scale; Health Survey (SF-36) for physical and emotional health symptoms, a visual analogue to assess intensity and frequency of pain, Five Facet Scale for mindfulness; Self-Compassion Scale, and Satisfaction with Life Scale.

Analyses will be conducted using Analysis of Covariance (ANCOVA) models with group (intervention or control) as the independent variable, the post-intervention score as the dependent variable and the pre-intervention score as the covariate. We predict greater change in the intervention group compared to the control group for all analyses in both frail elders and carers.

By supporting frail elders and their caregivers through MBCT, we anticipate improvements in mental and physical health, stress and quality of life. Importantly, reducing work-related stressors in caregivers may improve their quality of care for frail elderly as lower stress levels in caregivers are related to increase quality of care. Because MBCT is a time-limited structured group program, it may be a cost-effective method by which to sustain the TVN's strategic priority of improving outcomes and quality of care for frail elderly and supporting caregivers and families.