Gedragsactivatie “beyond belief”
Pragmatisch, effectief en potentieel innovatief bij ouderen met depressie

Prof. Dr. Gert-Jan Hendriks, psychiater
Bijzonder hoogleraar behandeling angststoornissen en depressie bij ouderen
Radboud Universiteit Behavioural Science Institute
Hoofd onderzoekslijn Angst-, Dwangstoornissen en PTSS Pro Persona

g.hendriks@propersona.nl of gertjan.hendriks@ru.nl
https://repository.ubn.ru.nl/handle/2066/250829

Behavioural Science Institute

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

IN DEI NOMINE FELICITAS

NijCare

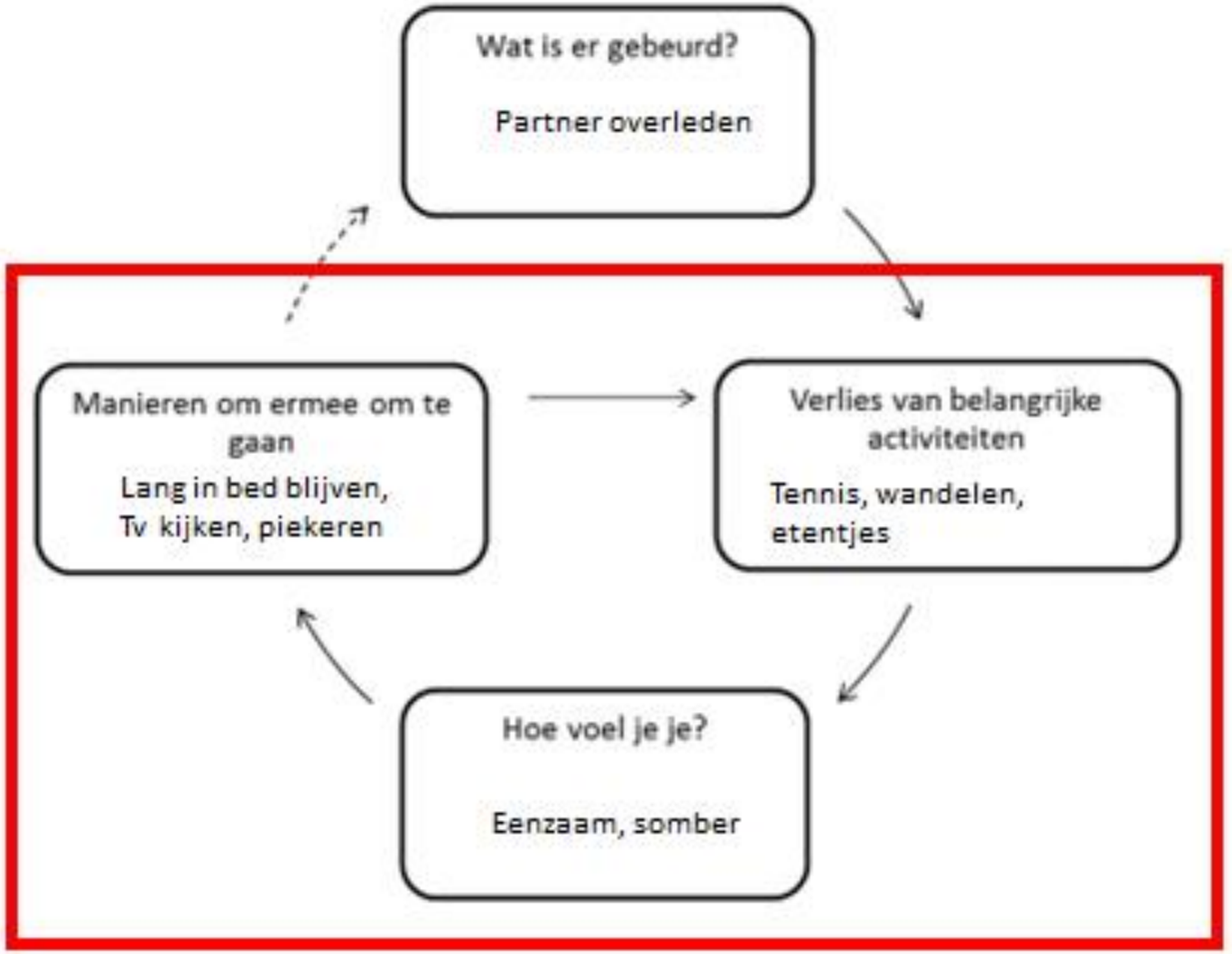
Disclosure

(potentiële) Belangenverstrengeling	
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Geen
• Sponsoring of onderzoeksgeld • Honorarium of andere (financiële) vergoeding • Aandeelhouder • Andere relatie, namelijk …	• Diverse ZonMw-subsidies • Honoraria voor symposia/congressen/nascholingen

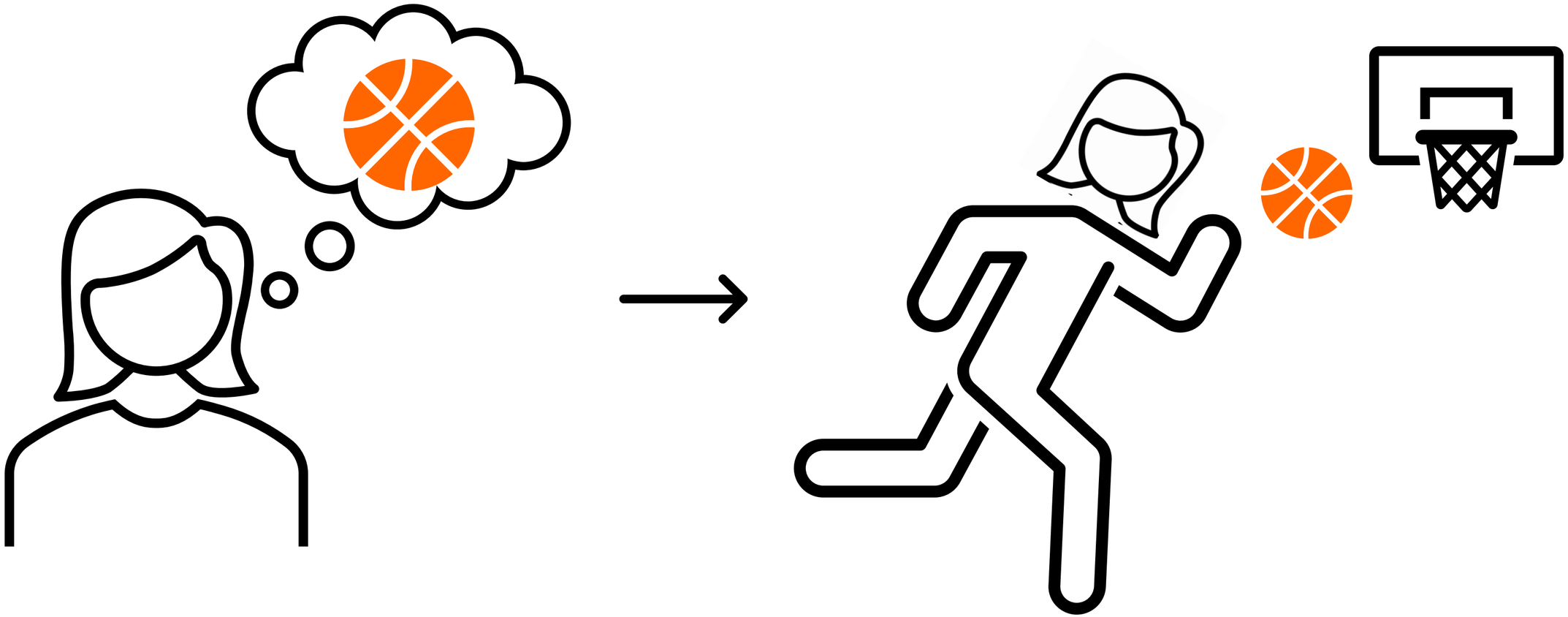
Gedragsactivatie/Behavioural activation

Wat is het ook al weer?

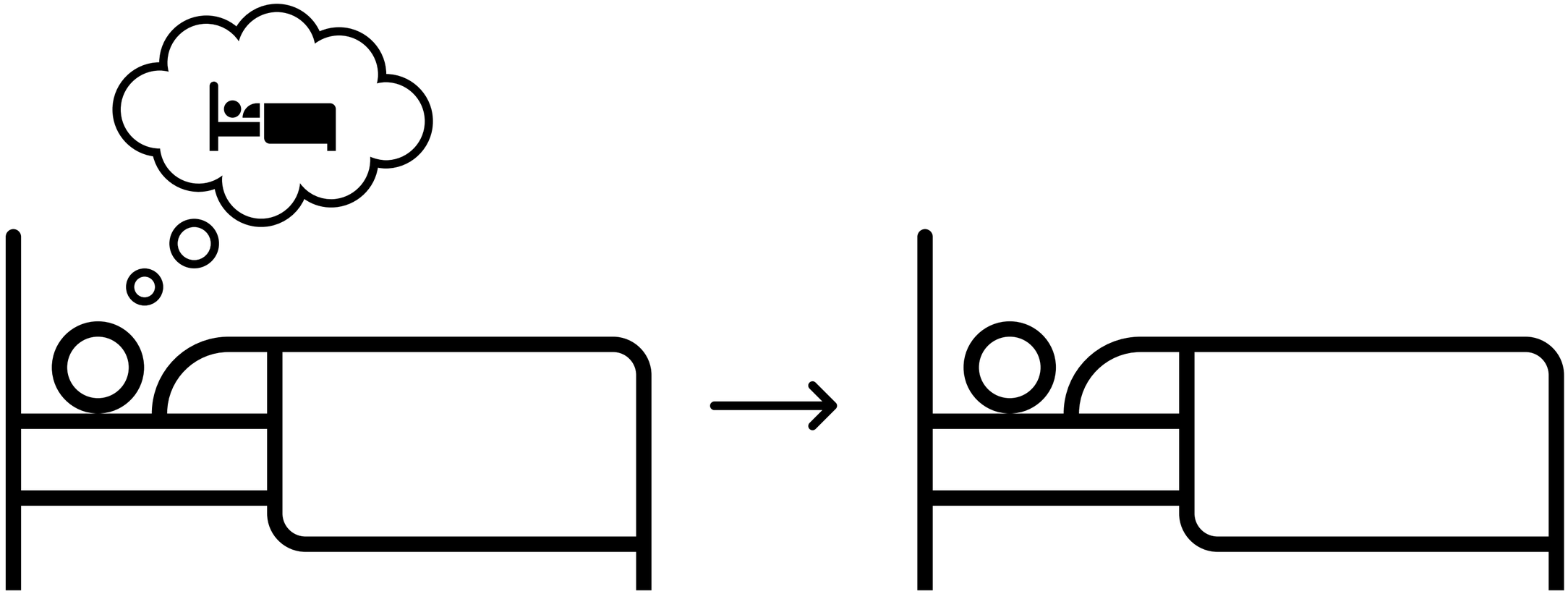
Functieanalyse



Gevoel → Gedrag



Gevoel → Gedrag …



Gedragsactivatie

- Gevoel → ~~Gedrag~~
- Plan → Gedrag → Gevoel

“Gebruik de zeer beperkte energie die u hebt wanneer u zich depressief voelt, strategisch, om de dingen te doen die uw stemming het meest waarschijnlijk zullen verbeteren”

→ Doorbreken van vermijdingspatroon

! Vergt bij ouderen soms creativiteit

RESEARCH
Pro Persona

Radboud Universiteit Nijmegen

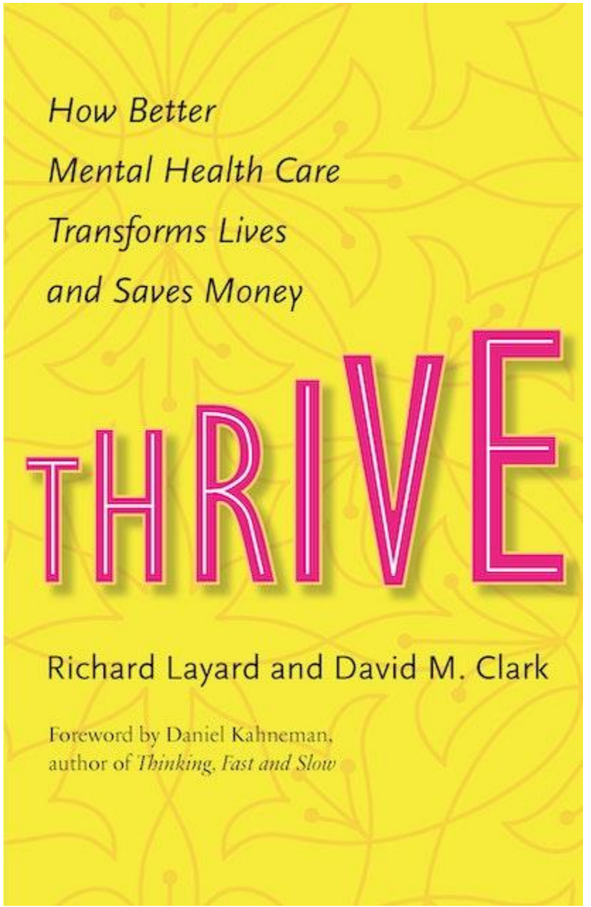
Pro Persona
geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

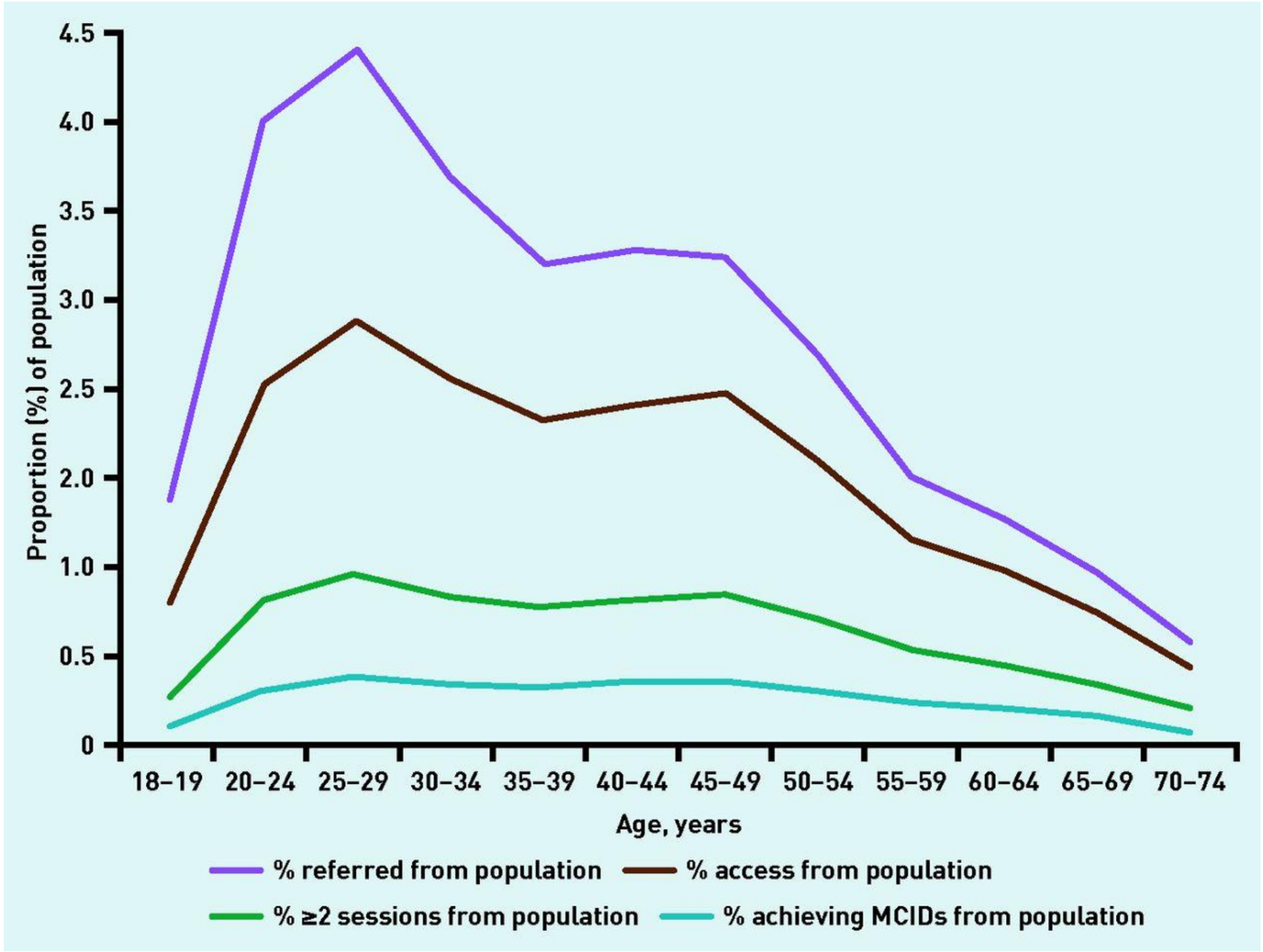
NijCare

Mentale zorg voor ouderen – waar staan we?

I-APT Data – United Kingdom



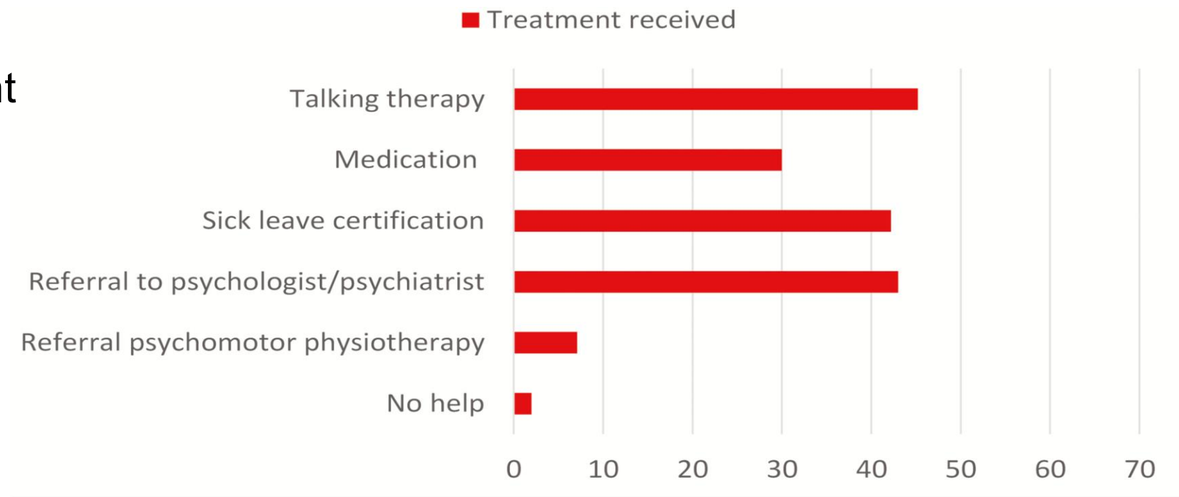
Proportion of those: referred, with access, with ≥2 sessions, achieving MCID of total population across age in the South West of England.



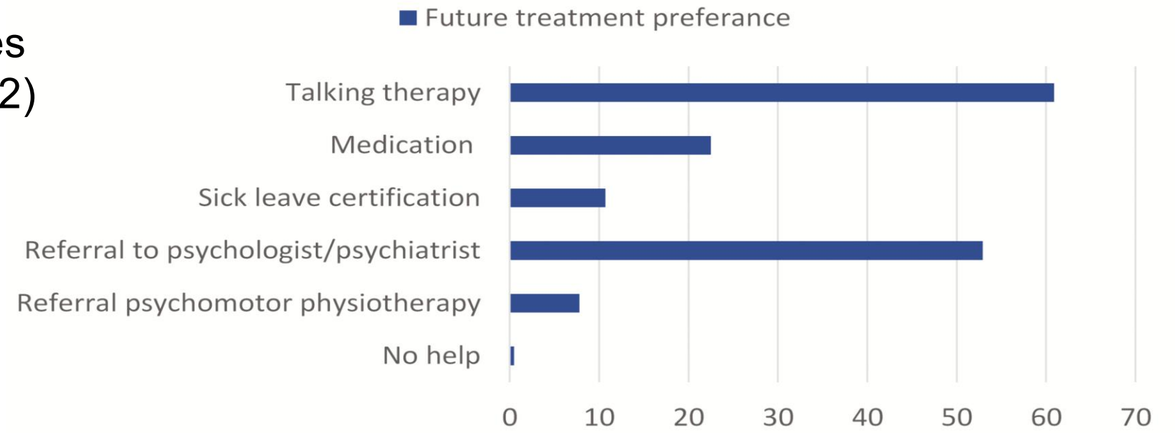
Sophie Pettit et al. Br J Gen Pract 2017;67:e453-e459

Voorkeur bij depressie

Patient-reported depression treatment received from the GP (n = 770)



Patient-reported treatment preferences in case of future depression (n = 1.782)



Hetlevik et al., Fam Pract, Volume 36, Issue 6, December 2019, Pages 771–777, https://doi.org/10.1093/fampra/cmz026

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

NijCare

International Psychogeriatrics (2017), 29:3, 389–398 © International Psychogeriatric Association 2016
doi:10.1017/S1041610216001885

Treatment preferences for depression in the elderly

Claudia Luck-Sikorski,[1,2] Janine Stein,[1] Katharina Heilmann,[3] Wolfgang Maier,[3] Hanna Kaduszkiewicz,[4] Martin Scherer,[5] Siegfried Weyerer,[6] Jochen Werle,[6] Birgitt Wiese,[7] Lilia Moor,[7] Jens-Oliver Bock,[8] Hans-Helmut König[8] and Steffi G. Riedel-Heller[1]

[1] *Institute of Social Medicine, Occupational Health and Public Health, University of Leipzig, Leipzig, Germany*
[2] *SRH University of Applied Sciences, Gera, Germany*
[3] *Department of Psychiatry, University of Bonn, Bonn, Germany*
[4] *Institute of General Practice, Medical Faculty, University of Kiel, Kiel, Germany*
[5] *Institute of Primary Medical Care, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*
[6] *Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany*
[7] *Institute of General Practice, Hannover Medical School, Germany, Hannover, Germany*
[8] *Department of Health Economics and Health Services Research, Hamburg Center for Health Economics, University Medical Center Hamburg-Eppendorf, Hamburg, Germany*

ABSTRACT

Background: If patients are treated according to their personal preferences, depression treatment success is higher. It is not known which treatment options for late-life depression are preferred by patients aged 75 years and over and whether there are determinants of these preferences.

Methods: The data were derived from the German "Late-life depression in primary care: needs, health care utilization, and costs (AgeMooDe)" study. Patients aged 75+ years (N = 1,230) were recruited from primary care practices. Depressive symptoms were determined using the Geriatric Depression Scale (GDS-15). Support for eight treatment options was determined.

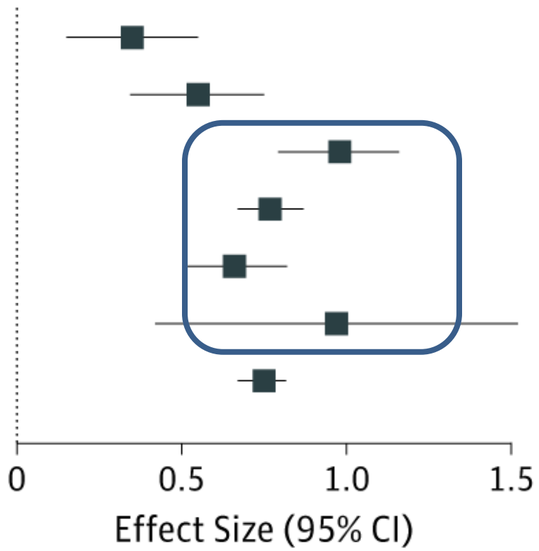
Results: Medication, psychotherapy, talking to friends and family, and exercise were the preferred treatment options. Having a GDS score ≥ 6 significantly lowered the endorsement of some treatment options. For each treatment option, the probability of choosing the indecisive category "I do not know" was significantly increased in participants with moderate depressive symptoms.

Conclusions: Depressive symptoms influence the preference for certain treatment options and also increase indecision in patients. The high preference for psychotherapy suggests a much higher demand for late-life psychotherapy in the future. Healthcare systems should begin to prepare to meet this anticipated need. Future studies should include previous experience with treatment methods as a confounding variable.

- Gemiddelde leeftijd 80+.
- Mild tot matig-ernstig depressief
- Voorkeuren komen overeen met vorige dia.
- Naarmate depressie ernstiger vaker "ik weet het niet".
- De drie gebruikelijke behandelvormen, i.c. FT, PT, combinatie, zijn ongeveer gelijk qua voorkeur.
- Contrast met de veronderstelling dat oudere ouderen een voorkeur hebben voor FT.

Psychotherapie bij depressie over de levensloop

Age Category	No.	Effect Size (95% CI)
Children	15	0.35 (0.15-0.55)
Adolescents	28	0.55 (0.34-0.75)
Young adults	27	0.98 (0.79-1.16)
Middle-aged adults	304	0.77 (0.67-0.87)
Older adults	69	0.66 (0.51-0.82)
Older old	10	0.97 (0.42-1.52)
All studies	453	0.75 (0.67-0.82)



Cuijpers et al., Psychotherapy for Depression Across Different Age Groups: A Systematic Review and Meta-analysis, *JAMA Psychiatry.* 2020;77(7):694-702. doi:10.1001/jamapsychiatry.2020.0164

Psychotherapie bij jongere (werkend) en oudere volwassenen (pensioen)(Chaplin et.al., Int.J.Ger.Psych., 2015)

Ondanks I-APT-inspanningen wordt de oudere leeftijd in verband gebracht met een driemaal zo hoog risico om niet te worden doorverwezen als werkende volwassenen.

Table 1 Experiences and outcomes of people or working age and older adults of psychological therapies

	Working age adults		Older adults		Significance	Odds ratio (95% CI)
Number referred for therapy	114 741	(93.6%)	7786	(6.4%)		
General Population	34 882 472	(79.9%)	9 223 073	(20.9%)		3.90 (3.81–3.99)
Numbers expected in morbidity adjusted sample	106 804	(87.0%)	15 936	(13.0%)		2.20 (2.14–2.26)
Diagnosis	40 446		2450			
Depressive disorders	13 160	(32.5%)	790	(32.2%)	Not significant	
Generalised anxiety disorder	4865	(12.0%)	389	(15.9%)	$X^2 = 31.8$, $p < 0.0001$	
Mixed anxiety and depressive disorders	11 737	(29.0%)	669	(27.3%)	Not signifcant	
Number (%) completing therapy, whole sample	55 796/114 741 (48.6%)		4642/7786 (59.6%)		$X^2 = 392$, $p < 0.0001$	1.56 (1.49–1.63)
Number (%) dropping out, whole sample	28 195/114 741 (24.6%)		970/7786 (12.5%)		$X^2 = 352$, $p < 0.0001$	2.19 (2.04–2.34)
Number (%) completing therapy, those reaching clinical caseness	42 476/69 393 (61.2%)		3064/4150 (73.8%)		$X^2 = 265$, $p < 0.0001$	1.79 (1.67–1.91)
Number (%) dropping out, those reaching clinical caseness	15 622/69 393 (22.5%)		394/4150 (9.5%)		$X^2 = 390$, $p < 0.0001$	2.77 (2.49–3.08)
Waiting for assessment < 13 weeks	104 540/113 822 (91.8%)		7243/7744 (93.5%)		$X^2 = 27.6$, $p < 0.0001$	1.37 (1.24–1.50)
Waiting for treatment < 18 weeks	90 726/100 206 (90.5%)		6353/6854 (92.7%)		$X^2 = 34.8$, $p < 0.0001$	1.33 (1.21–1.45)
Individual therapy only	11 579/12 977 (90.4%)		1146/1305 (87.8%)		$X^2 = 11.7$, $p = 0.0006$	1.15 (0.965–1.37)
Group therapy only	724/12 997 (5.6%)		103/1305 (7.9%)		$X^2 = 11.6$, $p = 0.0007$	1.45 (0.965–1.80)
Treatment sessions: mean (range)	4.8 (0–600)		4.6 (0–90)		Wilcoxon $p = 0.982$	
Baseline: met criteria for clinical caseness	69 553/78 206 (88.9%)		4157/5219 (79.7%)		$X^2 = 409.9$, $p < 0.0001$	2.05 (1.91–2.21)
Treatment outcome 'recovered' (on those only who met initial criteria for caseness)	28 914/63 499 (45.5%)		2248/3841 (58.5%)		$X^2 = 245$, $p < 0.0001$	1.69 (1.56–1.80)
Treatment outcome 'recovered' or 'reliably improved' (on those only who met initial criteria for caseness)	37 086/63 499 (58.4%)		2626/3841 (68.4%)		$X^2 = 148$, $p < 0.0001$	1.54 (1.44–1.65)
Satisfied with waiting time	8500/12 956 (65.6%)		1008/1294 (77.9%)		$X^2 = 79.5$, $p < 0.0001$	1.85 (1.61–2.12)
Therapy helped me understand my difficulties	11 522/12 993 (88.7%)		1156/1297 (89.1%)		$X^2 = 0.44$, $p = 0.50$	1.05 (0.871–1.26)
Therapy helped me cope with my difficulties	10 733/12 972 (82.7%)		1085/1293 (83.9%)		$X^2 = 1.06$, $p = 0.30$	1.09 (0.932–1.27)
I am receiving the right number of sessions	8630/12 831 (67.3%)		887/1265 (70.1%)		$X^2 = 28.4$, $p < 0.0001$	1.14 (1.01–1.30)
If I have similar difficulties in the future, I would have this therapy again	10 813/12 935 (83.3%)		1068/1298 (82.2%)		$X^2 = 1.38$, $p = 0.240$	1.10 (0.945–1.27)

Journal of Affective Disorders
Volume 294, 1 November 2021, Pages 85-93

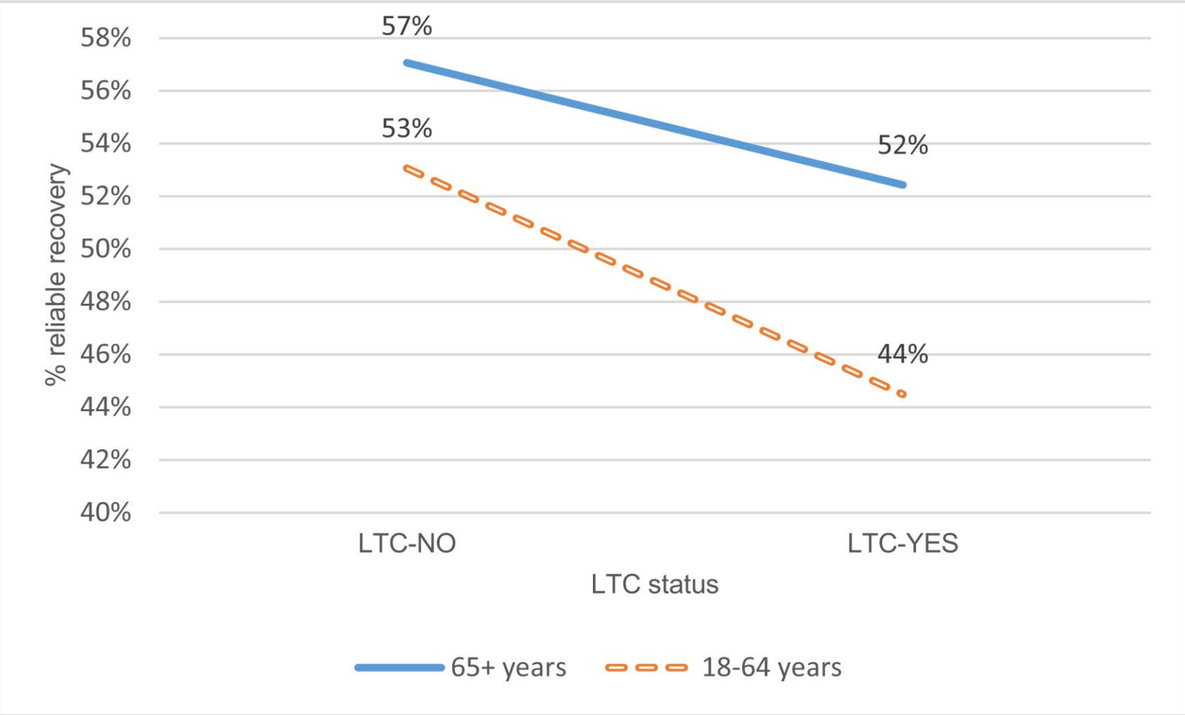
I-APT Leeftijdseffecten psychotherapie

Research paper

Older adults respond better to psychological therapy than working-age adults: evidence from a large sample of mental health service attendees.

Rob Saunders [a 1], Joshua E.J. Buckman [a b 1], Joshua Stott [c], Judy Leibowitz [b], Elisa Aguirre [d], Amber John [c], Glyn Lewis [e], John Cape [a], Stephen Pilling [a f], NCEL network [2]

Show more



Highlights

- There is a belief that older people do not benefit from psychological interventions.
- Older people had less severe symptoms pre-treatment compared to working-age people.
- Clinical improvement was more likely and attrition less likely among older patients.
- Effects held when adjusting for all baseline characteristics and treatment factors.
- Age-group effects were largest for those with LTCs or anxiety disorders.

Pro Persona geestelijke gezondheidszorg
Radboud Universiteit Nijmegen
NijCare

Effectiviteit gedragsactivatie

- Bij volwassenen: net zo effectief als CGT, ook bij ernstige depressie (Dimidjian et al., 2006; Driessen et al., in press[1])
- Binnen enkele dagen te trainen (Ekers et al., 2011)
- Ook effectief bij ouderen?
- Kleine studies zijn positief (Orgeta et al., 2017).
- Effectief als onderdeel van collaborative care – CASPER trial (o.a. Bosanquet et al., 2017)

[1] Protocol-paper, Driessen E, Cohen ZD, Lorenzo-Luaces L, et al. Efficacy and moderators of cognitive therapy versus behavioural activation for adults with depression: study protocol of a systematic review and meta-analysis of individual participant data. *BJPsych Open*. 2022;8(5):e154. doi:10.1192/bjo.2022.560

RESEARCH Pro Persona

Radboud Universiteit Nijmegen

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

NijCare

World Psychiatry
OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)

331 RCT's – n = 34.285

Research Reports | Free Access

Psychotherapies for depression: a network meta-analysis covering efficacy, acceptability and long-term outcomes of all main treatment types

Pim Cuijpers, Soledad Quero, Hisashi Noma, Marketa Ciharova, Clara Miguel, Eirini Karyotaki, Andrea Cipriani, Ioana A. Cristea, Toshi A. Furukawa

First published: 18 May 2021 | https://doi.org/10.1002/wps.20860 | Citations: 248

The results of the SUCRA are shown in Table 7, separately for response, remission, SMD and acceptability. Life-review and behavioural activation therapy ranked highest for response and SMD; behavioural activation and problem-solving therapy ranked highest for remission; while non-directive supportive counseling and psychodynamic therapy ranked lowest for response, remission and SMD. Psychodynamic therapy ranked lowest for acceptability, while life-review and interpersonal psychotherapy ranked highest.

Table 7. Ranking of psychotherapies and control conditions according to the "surface under the cumulative ranking" (SUCRA) for response, standardized mean difference (SMD), remission and acceptability

	Response	SMD	Remission	Acceptability
Cognitive behavioural therapy	64.0	72.8	75.1	48.4
Behavioural activation therapy	85.2	82.1	86.3	39.1
Problem-solving therapy	62.9	67.2	83.5	40.8
"Third wave" therapies	66.5	75.7	76.3	51.1
Interpersonal psychotherapy	64.6	52.0	62.3	62.1
Psychodynamic therapy	52.8	49.2	46.3	10.0
Non-directive supportive counseling	26.6	30.8	30.5	42.3
Life-review therapy	93.1	87.1	46.5	72.5
Care-as-usual	12.0	14.5	10.7	71.8
Waiting list	0.0	1.10	0.2	97.2
Pill placebo	22.3	17.4	32.2	14.6

Voorbeeld van een korte psychologische interventie in de 1e - lijn

Cuijpers, P., Karyotaki, E., Harrer, M., & Stikkelbroek, Y. (2023). Individual behavioral activation in the treatment of depression: A meta analysis. *Psychotherapy Research*, *33*(7), 886–897. https://doi.org/10.1080/10503307.2023.2197630

ABSTRACT

Objective Behavioral activation (BA) is an extensively examined treatment for depression which is relatively simple to apply in comparison to other psychotherapies. BA aims to increase positive interactions between a person and the environment. All previous meta-analyses focused on BA in groups and guided self-help, but none focused on BA in individual psychotherapy. The goal of the current meta-analysis is to examine the pooled effects of trials comparing individual BA to control conditions.

Methods We conducted systematic searches and conducted random effects meta-analyses to examine the effects of BA.

Results We included 22 randomized controlled trials (with 819 patients) comparing individual behavioral activation with waitlist, usual care, or other control conditions on distal treatment outcomes. Nine studies were rated as low risk of bias. We found a large effect (Hedges' g = 0.85; 95% CI: 0.57; 1.1) with high heterogeneity (75%; 95% CI: 62; 83). When only studies with low risk of bias were considered, the effect size was still significant (g = 0.56; 95% CI: 0.09; 1.03), with high heterogeneity (I^2 = 80%; 95% CI: 66; 89; prediction interval: −0.85; 1.98).

Conclusion BA is an effective, relatively simple type of therapy that can be applied broadly in differing populations/.

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

NijCare

Netwerk meta-analyse - 1

- 68 RCT's
- 4.550 deelnemers
- CBT = 33
- Life review = 8
- Combined = 9
- CT = 8
- BA = 6
- Mindfulness = 5

Journal of Affective Disorders 323 (2023) 409–416

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review Article

Comparative effectiveness and acceptability of psychotherapies for late-life depression: A systematic review and network meta-analysis

Mengmeng Ji [a,1], Yue Sun [a,1], Jia Zhou [a], Xinrui Li [a], Haishan Wei [a], Zhiwen Wang [a,b,*]

[a] School of Nursing, Peking University, Beijing, China
[b] Peking University Health Science Centre for Evidence Based Nursing A Joanna Briggs Institute Affiliated Group, Beijing, China

A B S T R A C T

Background: The purpose of this systematic review and network meta-analysis is to compare the effectiveness and acceptability of psychotherapies for late-life depression.

Methods: We searched PubMed, Embase, PsycINFO, CINAHL, The Cochrane Library, China National Knowledge Infrastructure, WANFANG database, and Chinese Biomedicine literature (CBM) for randomized controlled trials (RCTs) from their respective inception dates to March 30, 2022. Comparative effectiveness and acceptability of these psychological interventions were evaluated by conducting standard pairwise meta-analyses and network meta-analyses. A battery of analyses and assessments, such as the risk of bias and certainty of the evidence were performed.

Results: A total of 68 studies with 4550 participants on six psychotherapies compared with two control groups were included in the final analysis. Notably, there were no statistically significant differences between behavioral activation therapy, cognitive behavior therapy (CBT), cognitive therapy, life review therapy, mindfulness, and combined psychotherapy. Compared with the non-active control group, six psychological interventions were statistically effective in reducing depression symptoms (standardized mean differences (SMDs) range, −1.08 to −0.73). While, only CBT, life review therapy, mindfulness, and combined psychotherapy were more effective than the active control group (SMDs range, −0.85 to −0.74). Life review therapy was ranked as the best option according to effectiveness and acceptability, while behavioral activation therapy was the worst by acceptability. The certainty of the evidence was mostly rated as low to very low.

Conclusions: Despite the scarcity of high-quality evidence, all six psychotherapies were effective for late-life depression, and life review therapy seemed to be the best choice in terms of effectiveness and acceptability. The findings of our review could provide policymakers and service commissioners with evidence-based practice for making decisions among different psychotherapies.

Netwerk meta-analyse -2

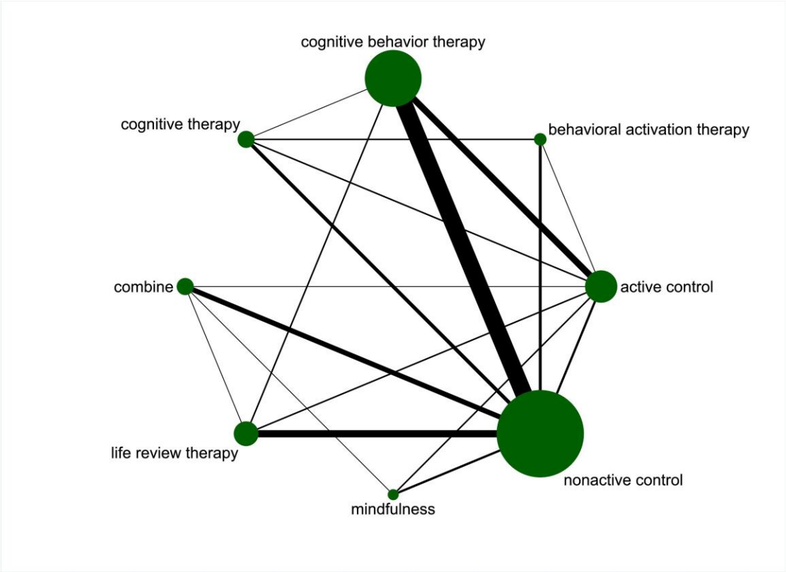


Table 2. Ranking of Psychotherapies by Surface Under the Cumulative Ranking Curve (SUCRA).

Types of Psychotherapies	Effectiveness (%)	Acceptability (%)
Life review therapy	75.8 (1)	78.4 (1)
Combined psychotherapy	67.6 (3)	58.3 (3)
Cognitive therapy	44.4 (6)	58.7 (2)
Cognitive behavior therapy	70.3 (2)	51.6 (6)
Mindfulness	64.9 (4)	55.3 (4)
Behavioral activation therapy	61.1 (5)	9.3 (8)
Active control	14.1 (7)	36.0 (7)
Non-active control	1.8 (8)	52.5 (5)

Verklaring in de paper:

Maar:
- enkel verschil met life-review
- BA ≠ activering
- BA < 3 mnd
- oude studies, slechte kwaliteit

Bitan and Abayed, 2020). And CBT could assist more comprehensively. In addition, the core element of behavioral activation therapy is activity scheduling depending on the activities of daily living of older adults (Thomas et al., 2019). Poor physical conditions in late life (Liu and Gellatly, 2021) and intervention duration mostly longer than 3 months (Raue et al., 2019; Thomas et al., 2019) may have a negative effect on the effectiveness and acceptability of behavioral activation therapy. Combined psychotherapy is also a relatively good choice compared

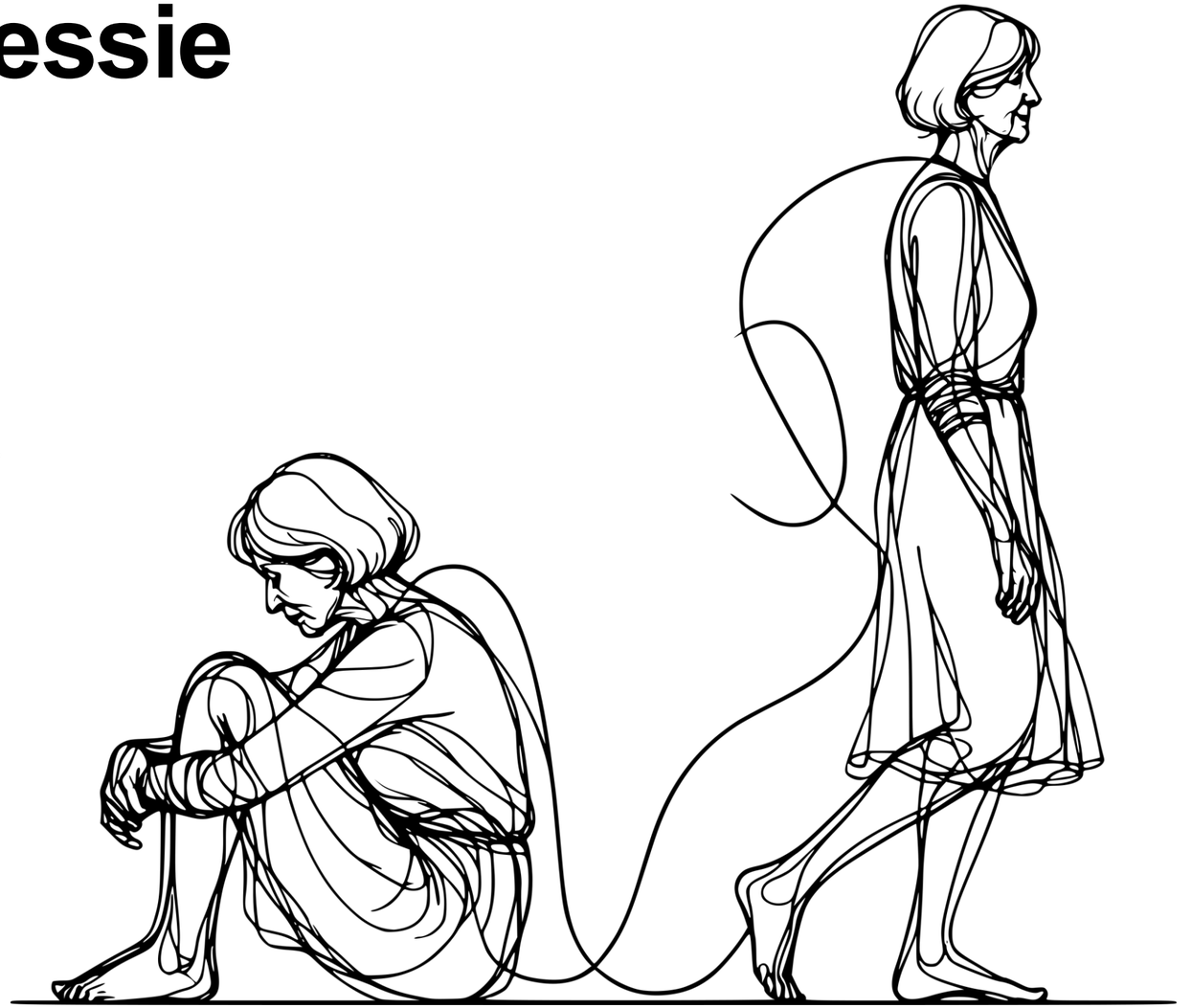
Update acceptatiegraad Behavioural Activation

- Gedragsactivatie (BA) wordt over het algemeen goed geaccepteerd door oudere volwassenen, met **hoge acceptatiegraden** en **lage uitvalpercentages** gerapporteerd in verschillende studies. Deelnemers ervaren de interventie als positief en zijn tevreden, zelfs wanneer deze op afstand wordt geleverd. Dit maakt BA een veelbelovende en schaalbare benadering voor de behandeling van depressie en gerelateerde aandoeningen bij ouderen

Studie	Populatie	Interventie	Uitkomst
Chan et al., (2021) Characteristics and effectiveness of cognitive behavioral therapy for older adults living in residential care: a systematic review, Aging & Mental Health, 25:2, 187-205, DOI:10.1080/13607863.2019.1686457	Oudere volwassenen in residentiële zorginstellingen	Cognitieve Gedragstherapie (CBT) met gedragsactivatiecomponenten	Gemiddelde acceptatiegraad van 72,9%; gemiddeld uitvalpercentage van 19,9%.
Brooks et al., Preliminary Outcomes of an Older Peer and Clinician co-Facilitated Pain Rehabilitation Intervention among Adults Aged 50 Years and Older with Comorbid Chronic Pain and Mental Health Conditions. Psychiatr Q. 2021 Jun;92(2):561-571. doi: 10.1007/s11126-020-09831-5.	Acht deelnemers van 55 tot 62 jaar met chronische pijn en psychische aandoeningen	Gedragsactivatie voor Pijnrevalidatie (BA-PR)	Positieve ervaringen, wervingsgraad van 72,7%, therapietrouw van 100%, 75% bleef in de studie.
Pellas et al., Telephone-based behavioral activation with mental imagery for depression: A pilot randomized clinical trial in isolated older adults during the Covid-19 pandemic. *Int J Geriatr Psychiatry*. 2021; 1-11. https://doi.org/10.1002/gps.5646	41 geïsoleerde ouderen van 65 jaar of ouder met depressieve symptomen tijdens COVID-19	Telefonische gedragsactivatie met mentale beeldvorming (BA-MI)	Interventie was haalbaar en acceptabel, meeste deelnemers waren tevreden, weinig bijwerkingen.
Hernandez-Tejada et al., Feasibility trial of an integrated treatment "Activate for Life" for physical and mental well-being in older adults. Pilot Feasibility Stud. 2022 Feb 11;8(1):38. doi: 10.1186/s40814-022-01000-8.	30 oudere volwassenen met pijn en vermoeidheid	Geïntegreerde eHealth-behandeling "Activate for Life" (met gedragsactivatie)	Ondersteuning voor de haalbaarheid van het programma en patiënttevredenheid.

Gedragsactivatie voor ouderen met een depressie

Noortje Janssen
Promotor: Gert-Jan Hendriks
Promotor: Richard Oude Voshaar
Promotor: Jan Spijker
Co-promotor: Peter Lucassen



Radboud Universiteit Nijmegen

Radboudumc university medical center

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

BEATDEP 65

RESEARCH Pro Persona

Toegankelijke zorg

▲ Ouderenpsychiaters vinden dat bij 75-plussers te vaak depressieve klachten niet worden herkend. © Getty Images

Depressies bij ouderen gemist: 'Ze zitten zonder behandeling thuis te verpieteren'

Eén op de vijf ouderen kampt met depressieve klachten die vaak laat worden ontdekt. Ouderenpsychiaters vrezen dat het aantal gemiste diagnoses stijgt nu er meer ouderen bij komen. ,,Ze belanden onnodig op de spoedeisende hulp."

Ellen van Gaalen 02-11-22, 07:07 **Laatste update:** 02-11-22, 08:32

- Laagdrempelige behandeling in huisartsenpraktijk
- Alternatief voor pillen

Radboud Universiteit Nijmegen

Pro Persona geestelijke gezondheidszorg

Radboudumc university medical center

Radboud Universiteit Nijmegen

RESEARCH Pro Persona

Wat is de potentie van gedragsactivatie als pragmatische, niet-medische behandeling voor depressieve ouderen in de huisartsenpraktijk?

- De(kosten-)effectiviteit onderzoeken van gedragsactivatie als behandeling voor depressieve ouderen in de Huisartsenpraktijk.
- Exploreren van mogelijke mediatoren die de effectiviteit van gedragsactivatie kunnen verklaren.
- Exploreren voor welke ouderen gedragsactivatie een effectieve behandeling is.

STUDY PROTOCOL Open Access

Behavioural activation by mental health nurses for late-life depression in primary care: a randomized controlled trial

Noortje Janssen[1,2,3], Marcus J.H. Huibers[4], Peter Lucassen[2], Richard Oude Voshaar[5], Harm van Marwijk[6,7], Judith Bosmans[7], Mirjam Pijnappels[8], Jan Spijker[1,3,9] and Gert-Jan Hendriks[1,3,9*]

Abstract

Background: Depressive symptoms are common in older adults. The effectiveness of pharmacological treatments and the availability of psychological treatments in primary care are limited. A behavioural approach to depression treatment might be beneficial to many older adults but such care is still largely unavailable. Behavioural Activation (BA) protocols are less complicated and more easy to train than other psychological therapies, making them very suitable for delivery by less specialised therapists. The recent introduction of the mental health nurse in primary care centres in the Netherlands has created major opportunities for improving the accessibility of psychological treatments for late-life depression in primary care. BA may thus address the needs of older patients while improving treatment outcome and lowering costs.The primary objective of this study is to compare the effectiveness and cost-effectiveness of BA in comparison with treatment as usual (TAU) for late-life depression in Dutch primary care. A secondary goal is to explore several potential mechanisms of change, as well as predictors and moderators of treatment outcome of BA for late-life depression.

- Gedragsactivatie (8 Sessies) door de POH-GGZ versus gebruikelijke zorg in de huisartsenpraktijk.

- Inclusiecriteria:
- > 65,
- PHQ > 9
- MoCA >18
- Geen ernstige interfererende comorbiditeit die <u>direct behandeling behoeft</u> (zoals matige tot ernstige suïcidale ideatie)

- Veel hulp beschikbaar

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

NijCare

Cluster-randomised controlled trial

Psychotherapy and Psychosomatics

Innovations

Psychother Psychosom
DOI: 10.1159/000531201

Received: February 2, 2023
Accepted: May 19, 2023
Published online: June 29, 2023

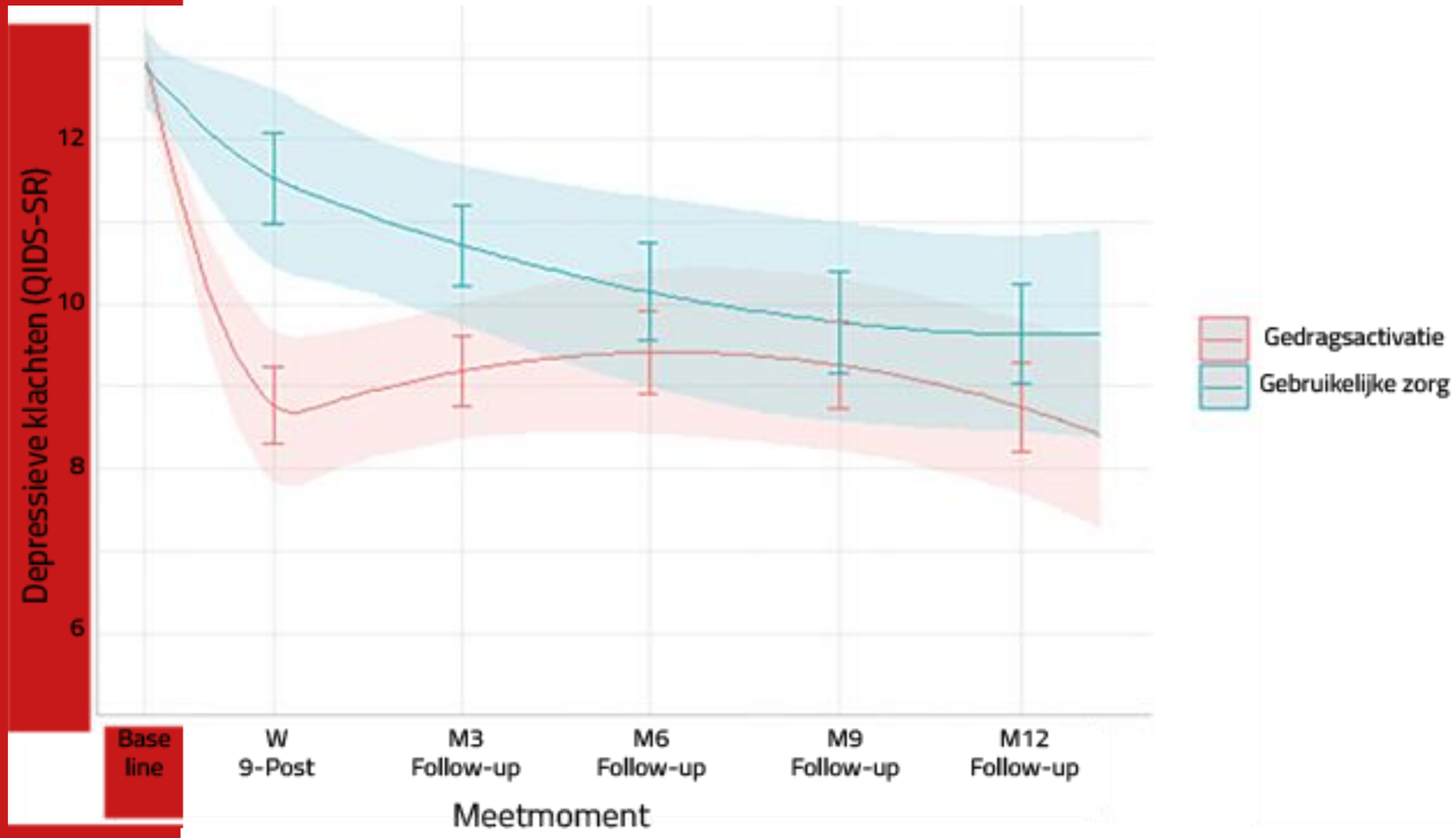
Behavioural Activation versus Treatment as Usual for Depressed Older Adults in Primary Care: A Pragmatic Cluster-Randomised Controlled Trial

Noortje P. Janssen[a, b, c] Peter Lucassen[b] Marcus J.H. Huibers[d] David Ekers[e]
Theo Broekman[f] Judith E. Bosmans[g] Harm van Marwijk[h] Jan Spijker[a, c]
Richard C. Oude Voshaar[i] Gert-Jan Hendriks[a, c, j]

- 161 Ouderen (m = 75)
- Gemiddeld matige tot ernstige depressieve klachten
- Iets meer dan de helft depressieve stoornis
- Ongeveer één derde co-morbide angststoornis
- 25% MoCA <24
- 30% gebruikte stabiel antidepressiva.

- Gebruikelijke zorg:
  - 50% gesprekken met de POH-GGZ
  - 15% verandering antidepressiva

Cluster-randomised controlled trial



- Gedragsactivatie significant beter op post-treatment (ES = .9) en Follow-up na 3 maanden, maar niet meer significant op FU 6 – 12 (ES = .3)
- Na 2 weken al significant verschil
- Betrouwbare klinische verbetering:
- 12 maanden 53% (GA)vs 29% (TAU)
- Betrouwbare verslechtering:
  12 maanden 1.1% (GA), 1.6% (TAU)

Radboud Universiteit Nijmegen

Pro Persona
geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

RESEARCH Pro Persona

NijCare

Kosten-effectiviteit

COST-EFFECTIVENESS OF BEHAVIORAL ACTIVATION BY MENTAL HEALTH NURSES COMPARED TO TREATMENT AS USUAL FOR DEPRESSED OLDER ADULTS IN PRIMARY CARE

Study population

A multicenter cluster randomized controlled trial

21 PCCs BA

16 PCCs TAU

96
Depressed older adults in Behavioral Activation

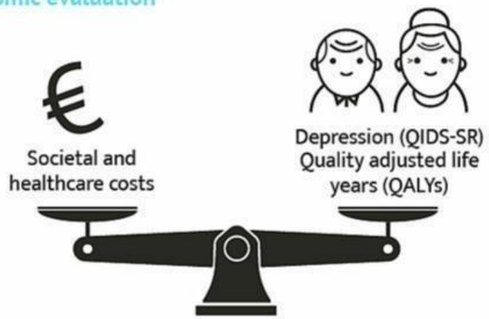
65
Depressed older adults in Treatment as usual

Research question

Is behavioral activation (BA) cost-effective compared to treatment as usual (TAU) for depressed older adults in primary care?

Methods

Economic evaluation



Bivariate linear regression models, uncertainty estimated with bootstrapping

Conclusion

BA may be cost-effective compared to TAU based on the lower costs and larger effects. However, future research should confirm these findings.

Results

Healthcare perspective

Cost saving
1091 euro per patient

Cost effectiveness probability

For a willingness to pay threshold of 0 € per responder from a healthcare perspective for both QIDS-SR and QALYs

Societal perspective

Cost saving
485 euro per patient

Cost effectiveness probability

For a willingness to pay threshold of 0 € per responder from a societal perspective for both QIDS-SR and QALYs

Janssen, N.P., Bosmans, J.E., Sens, R., Huibers, M.H.J., Lucassen, P., Oude Voshaar, R.C., Ekers, D., Van Marwijk, H., Hendriks. G.J. Cost-effectiveness of behavioral activaton by mental health nurses compared to treatment as usual for depressed older adults in primary care: a cluster randomized controlled trial. *Journal of Affective Disorders.* 2023

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

IN DEI NOMINE FELICITAS

NijCare²

Beperkingen in functioneren

European Psychiatry

www.cambridge.org/epa

Functional improvement by behavioural activation for depressed older adults

Noortje P. Janssen[1,2,3], Richard C. Oude Voshaar[4], Sanne Wassink-Vossen[5] and Gert-Jan Hendriks[1,3]

[1]Behavioural Science Institute, Radboud University, Nijmegen, The Netherlands; [2]Department of Primary and Community Care, Research Institute of Health Sciences, Radboud University Medical Centre Nijmegen, Nijmegen, The Netherlands; [3]Institute for Integrated Mental Health Care Pro Persona, Nijmegen, The Netherlands; [4]Department of Psychiatry, University of Groningen, University Medical Centre Groningen, Groningen, The Netherlands and [5]Department of Old Age Psychiatry, GGNet Mental Health, Warnsveld, The Netherlands

Research Article

Cite this article: Janssen NP, Oude Voshaar RC, Wassink-Vossen S, Hendriks G-J (2023). Functional improvement by behavioural activation for depressed older adults. *European Psychiatry*, **66**(1), e62, 1–7
https://doi.org/10.1192/j.eurpsy.2023.2433

RESEARCH
Pro Persona

Radboud Universiteit Nijmegen

Pro Persona
geestelijke gezondheidszorg

Radboudumc
university medical center

Radboud Universiteit Nijmegen

NijCare

Beperkingen in functioneren

WHODAS 2.0 12-Item Questionnaire (Self-administered)

In the past 30 days, how much difficulty did you have in...

	None	Mild	Moderate	Severe	Extreme/ Cannot Do
Q1. Standing for long periods such as 30 minutes?	0	1	2	3	(4)
Q2. Taking care of your household responsibilities?	(0)	1	2	3	4
Q3. Learning a new task, for example learning how to get to a new place?	(0)	1	2	3	4
Q4. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	0	1	(2)	3	4
Q5. How much have you been emotionally affected by your health problems?	(0)	1	2	3	4
Q6. Concentrating on doing something for ten minutes?	(0)	1	2	3	4
Q7. Walking a long distance such as a kilometer (or equivalent)?	(0)	1	2	3	4

beperkingen in het functioneren van mensen met een gezondheidsprobleem

Zes domeinen:

Cognitie
mobiliteit
zelfzorg,
omgaan met anderen,
activiteiten
en participatie

RESEARCH
Pro Persona

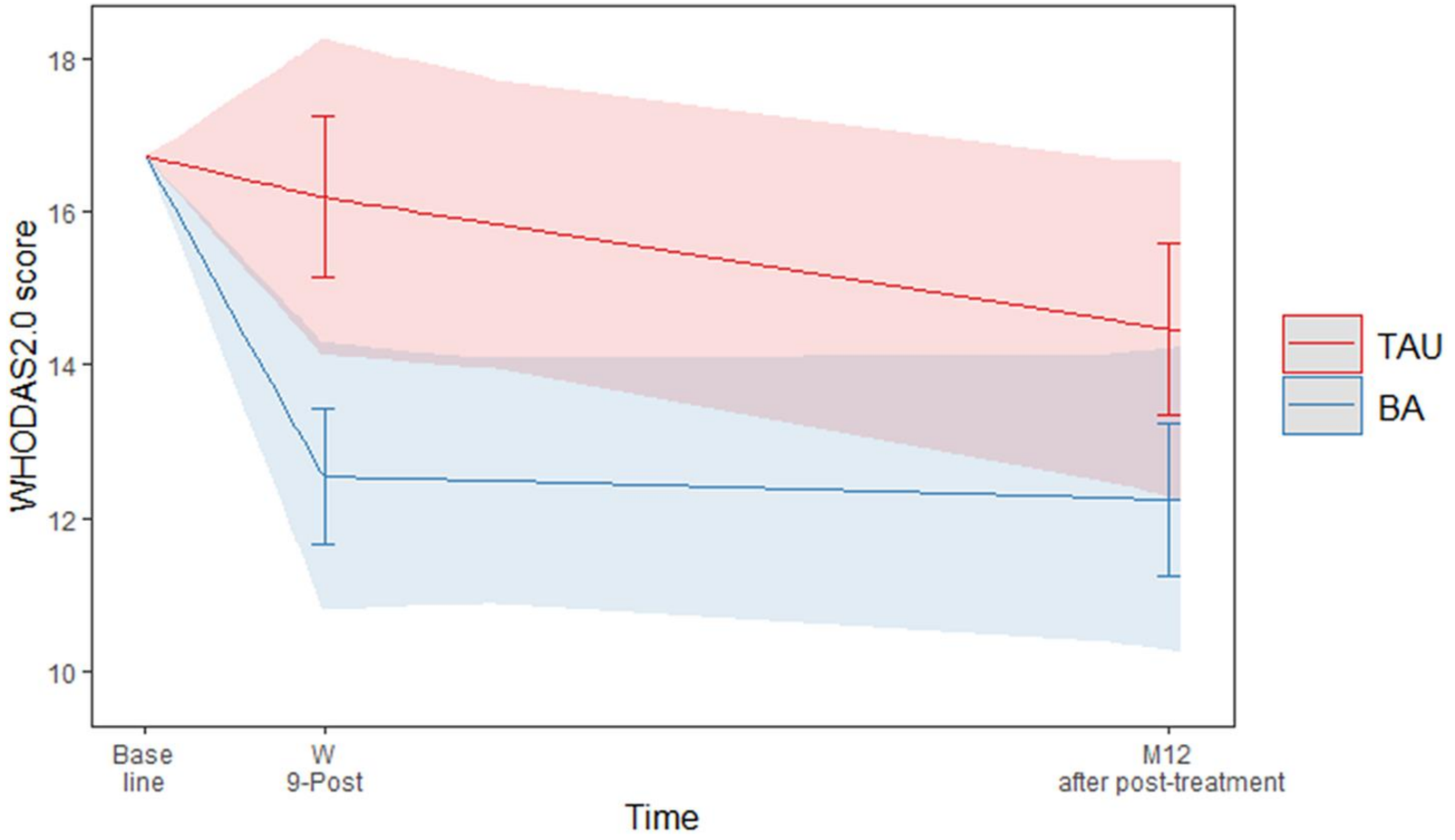
Radboud Universiteit Nijmegen

Pro Persona
geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

NijCare

Beperkingen in functioneren



Radboud Universiteit Nijmegen

Pro Persona geestelijke gezondheidszorg

Radboud Universiteit Nijmegen

NijCare

RESEARCH Pro Persona

Bewegen

Janssen, Pietersma, Hendriks, Lucassen, Smulders, Pijnappels (under review)

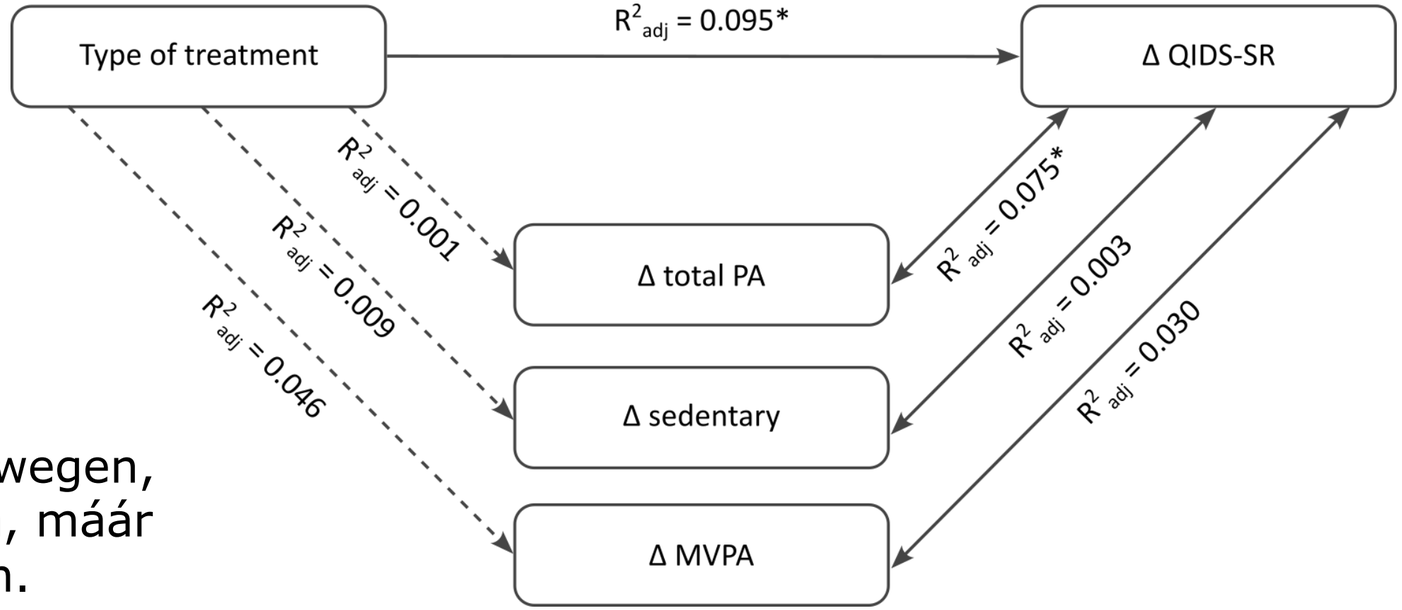
Medieert beweging de effectiviteit van gedragsactivatie?

N= 44

Bevindingen

- Beweging medieert het effect van gedragsactivatie niet.
- Kleine correlatie tussen bewegen en depressie
- **Conclusie:**

  Gebrek aan mogelijkheden om te bewegen, nooit een reden om géén GA te doen, máár bewegen binnen GA biedt wel kansen.



Journal of Affective Disorders 352 (2024) 445–453

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research paper

Depressive symptomatology in older adults treated with behavioral activation: A network perspective

Noortje P. Janssen [a,b,c,*,1], Melissa G. Guineau [a,c,1], Peter Lucassen [b], Gert-Jan Hendriks [a,c], Nessa Ikani [c,d]

[a] Behavioural Science Institute, Radboud University, Thomas van Aquinostraat 4, 6525 GD Nijmegen, the Netherlands
[b] Department of Primary and Community Care, Research Institute of Health Sciences, Radboud University Medical Centre Nijmegen, Nijmegen, the Netherlands
[c] Institute for Integrated Mental Health Care Pro Persona, Nijmeegsebaan 61, 6525 DX Nijmegen, the Netherlands
[d] Department of Developmental Psychology, Tilburg University, Warandelaan 2, 5037 AB Tilburg, the Netherlands

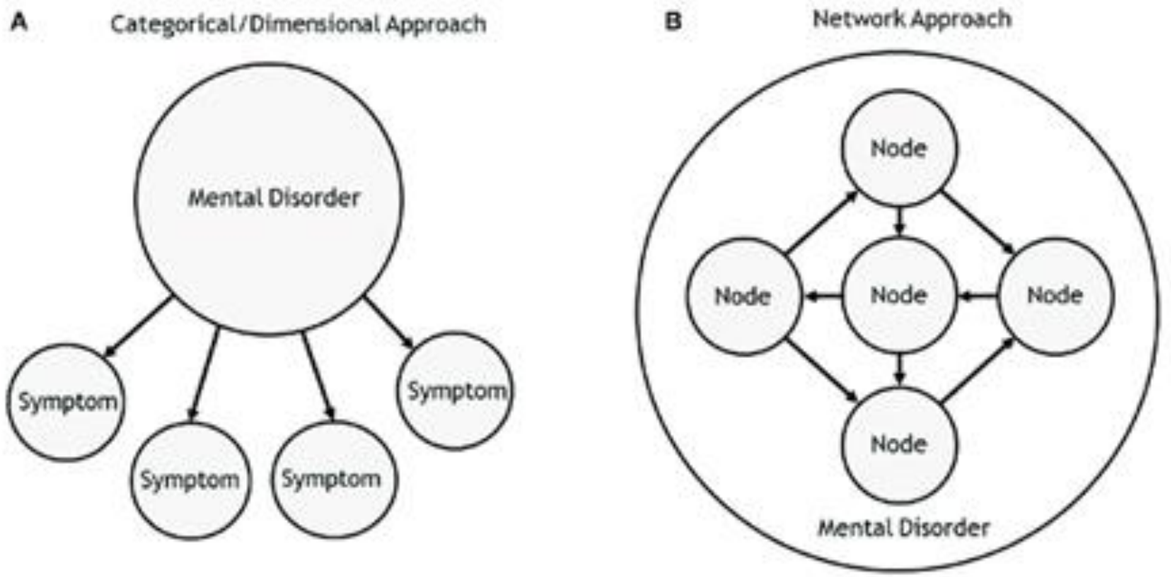
ARTICLE INFO

Keywords:
Behavioral activation
Depression
Older adults
Network analysis

ABSTRACT

Background: Late-life depression is a serious mental health problem. Behavioral Activation (BA) is an effective, accessible psychotherapeutic treatment for older adults. However, little is known about which symptoms decrease and how associations between depressive symptoms change during BA treatment.
Methods: Using data from a cluster-randomized trial for older adults with late-life depression, we estimated a partial correlation network and a relative importance network of depressive symptoms before and after 8 weeks of BA treatment in primary care ($n = 96$). Networks were examined with measures of network structure, connectivity, centrality as well as stability.
Results: The most central symptoms at baseline and post-treatment were anhedonia, fatigue, and feeling depressed. In contrast, sleeping problems had the lowest centrality. The post-treatment network was significantly more interconnected than at baseline. Moreover, all symptoms were significantly more central at post-treatment.
Conclusion: Our findings highlight the utility of the network approach to better understand symptom networks of depressed older adults before and after BA treatment. Results show that network connectivity and centrality of all symptoms increased after treatment. Future studies should investigate longitudinal idiographic networks to explore symptom dynamics within individuals over time.

Netwerk analyse



Radboud Universiteit Nijmegen

Radboudumc
university medical center

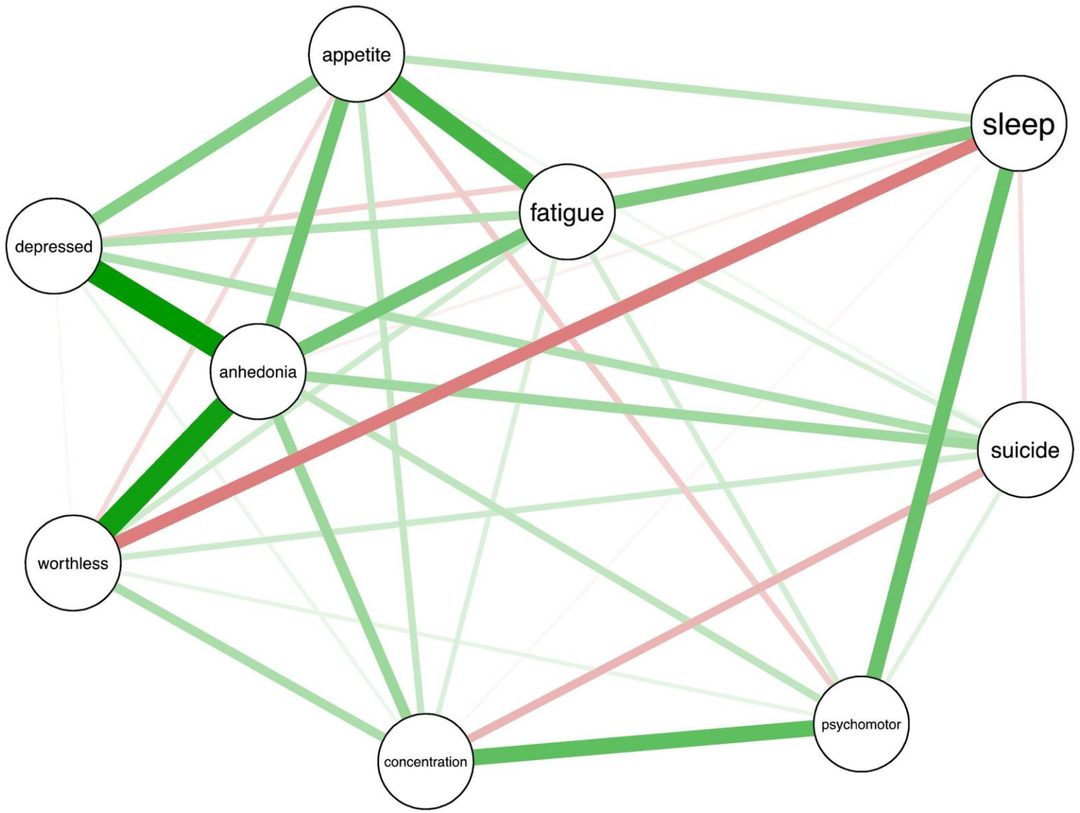
RESEARCH
Pro Persona

Pro Persona
geestelijke gezondheidszorg

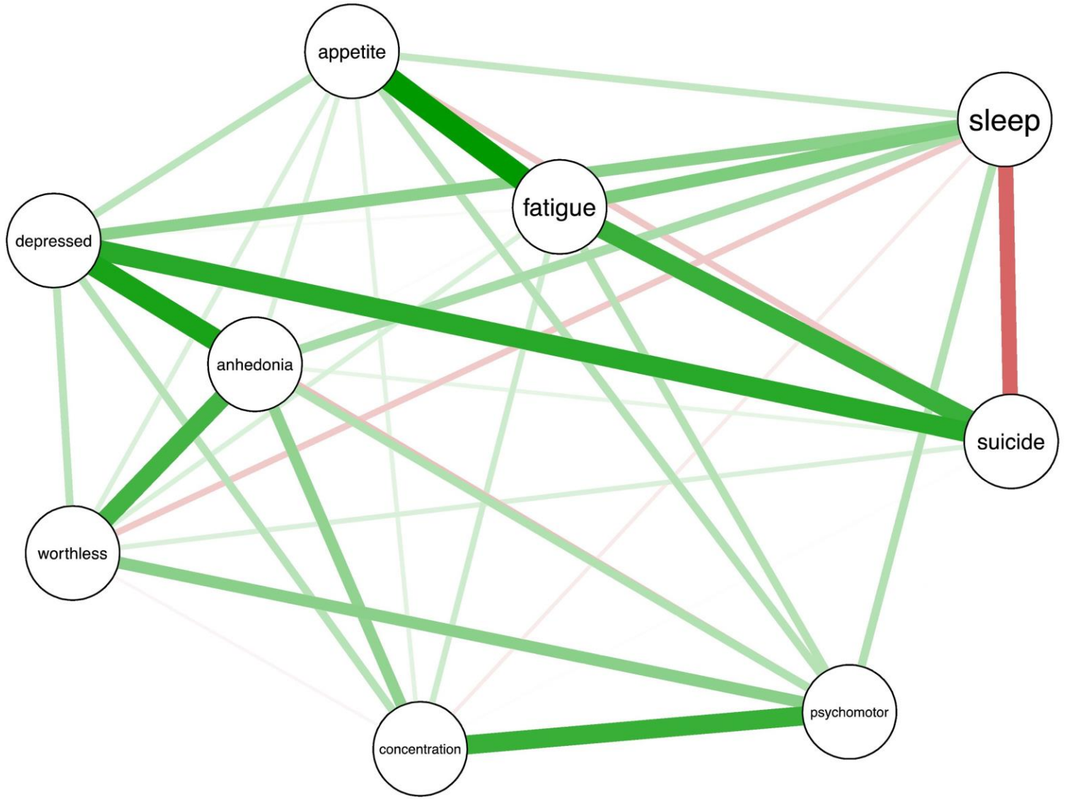
Radboud Universiteit Nijmegen

NijCare

Voor BA


appetite
sleep
fatigue
depressed
anhedonia
suicide
worthless
psychomotor
concentration

Na BA


appetite
sleep
fatigue
depressed
anhedonia
suicide
worthless
psychomotor
concentration

Conclusies netwerk

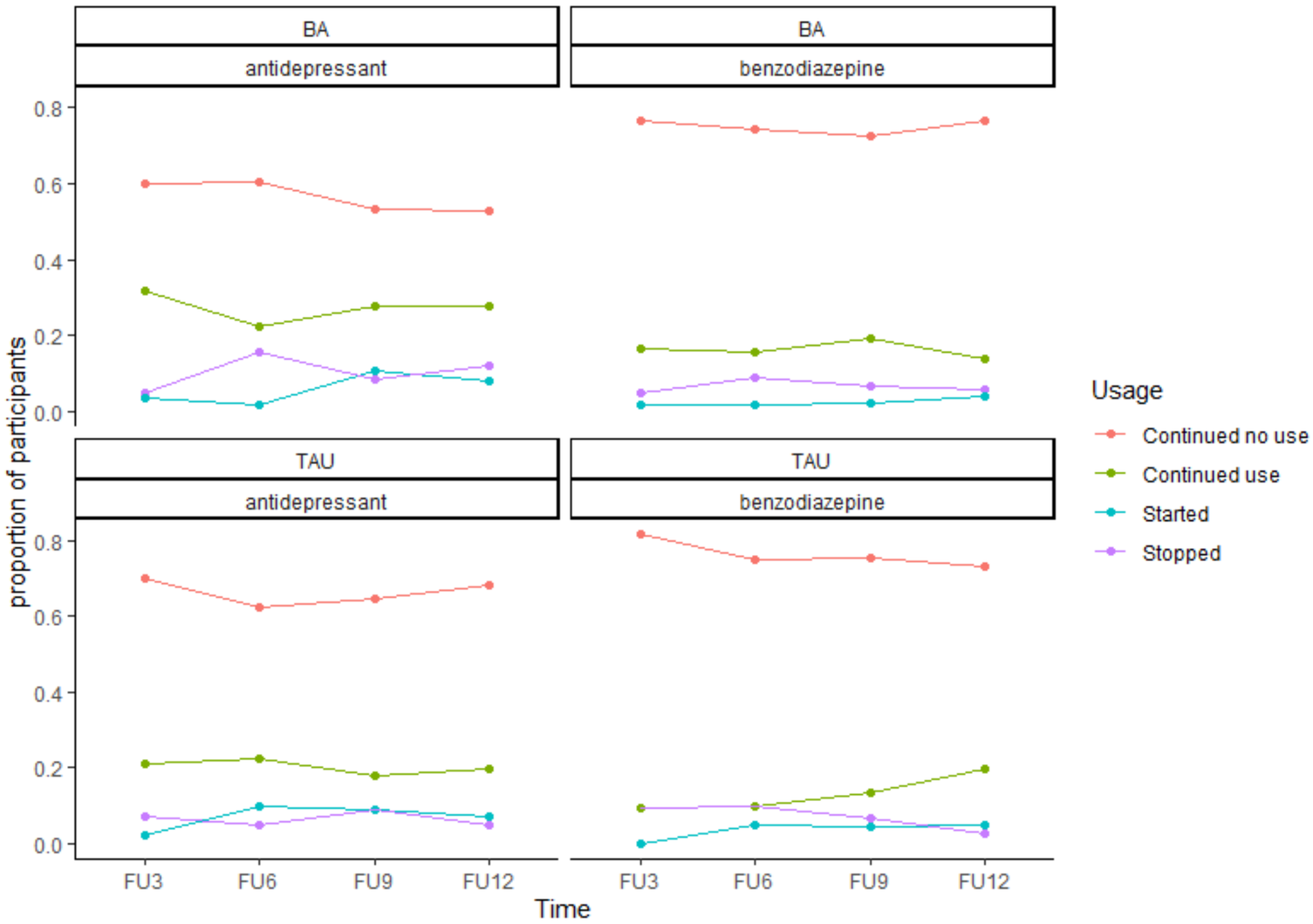
1. Geen significant verschil in de organisatie van het netwerk (M = .313, p = .146).
2. Geen significant verschil op specifieke edges. Figuren kunnen vertekend beeld geven.
3. Wel significant méér connectiviteit na de behandeling dan voor de behandeling
4. Anhedonie meest centraal, slaapproblemen het minst centraal

Voor welke ouderen is gedragsactivatie een effectieve behandeling

Predictoren en moderatoren

- Leeftijd, opleidingsniveau, cognitieve achteruitgang en gender: geen predictor of moderator.
- Hulp bij vragenlijsten was predictor: meer hulp was depressiever.
- Gebruik van psychofarmaca geen predictor of moderator

Psychofarmacagebruik over tijd



Klinische implicaties en conclusies van proefschrift

- Gedragsactivatie, uitgevoerd door POH's-GGZ in de eerste lijn, is effectief en waarschijnlijk kosteneffectief in vergelijking met gebruikelijke zorg in de huisartsenpraktijk.
- Er ontbreekt overtuigend bewijs voor de onderzochte en veronderstelde werkingsmechanismen van GA, vooral bij oudere volwassenen.
- GA is effectief is ongeacht leeftijd, geslacht, gebruik van psychofarmaca en milde tot matige cognitieve stoornissen.
- Beweging kan een waardevol onderdeel zijn van GA, maar niet willen of kunnen bewegen is géén contra-indicatie.

Implementatie – voorbereiding

- **Achtergrond:**
  - Depressie bij ouderen is vaak onbehandeld of onderbehandeld in de eerstelijnszorg.
  - Gedragsactivatie (BA) is effectief en eenvoudig uitvoerbaar door POH's-GGZ, maar nog nauwelijks ingebed in de praktijk.
- **Doel van de studie:**
  Ontwikkelen van een landelijke implementatiestrategie voor BA in de huisartsenzorg.
- **Methode:**
  - Gebruik van de *Tailored Implementation for Chronic Diseases (TICD)*-checklist (7 domeinen, 57 determinanten).
  - 7 focusgroepen (huisartsen, POH's-GGZ, docenten, ervaringsdeskundigen, ouderen, specialisten ouderengeneeskunde).
  - 1 stakeholderbijeenkomst (beroepsorganisaties, patiëntenverenigingen, opleiders).
- **Analyse:**
  Identificatie van belemmerende en bevorderende factoren voor succesvolle implementatie.

Implementatie – voorstel voor strategie

- **Kernbevindingen:**
- **Sterke basis:**
  - BA is effectief, sociaal geaccepteerd, en past bij eerstelijnszorg.
- **Belemmeringen:**
  - Lage bekendheid bij professionals
  - Twijfels over protocollair werken
  - Praktische knelpunten (tijd, ruimte, personeel)
  - Beperkte betrokkenheid beroepsverenigingen
- **Facilitatoren:**
  - Positieve attitudes van POH's-GGZ
  - Samenwerking huisarts–POH
  - Accreditatie en gezondheidswinst als stimulans

Aanbevolen implementatiestrategie:

1. **Betrokkenheid vergroten:**
   POH's-GGZ, huisartsen en beroepsverenigingen actief betrekken.
2. **Gerichte educatie:**
   Training over kennis, vaardigheden én houding (motivationele gespreksvoering, behandelrelatie, protocollair werken).
3. **Praktische oplossingen:**
   In kaart brengen en aanpakken van organisatorische barrières.
4. **Verwachte impact:**
   → Snellere, toegankelijke behandeling van depressieve ouderen.
   → Ontlasting van specialistische GGZ.
   → Integratie van BA in richtlijnen en opleiding van POH's-GGZ.

Combining Behavioral Activation and repetitive Transcranial magnetic stimulation in Late-Life Depression (Combat-LLD study) - Achtergrond en Doel

- **Late-life depression (LLD)** is frequent, ernstig, en leidt tot verminderde kwaliteit van leven, cognitieve achteruitgang en hogere zorgkosten.
- Respons op **farmacotherapie** is vaak beperkt door bijwerkingen, polyfarmacie en trage werking.
- **rTMS** is effectief en veilig, maar remissiepercentages blijven laag (25–33%).
- **Gedragsactivatie (BA)** is een kortdurende, eenvoudig te implementeren psychologische interventie met bewezen effectiviteit bij ouderen.
- **Doel Combat-LLD studie:** nagaan of het combineren van **rTMS met BA** effectiever en kostenefficiënter is dan rTMS met neutrale gesprekken bij therapieresistente LLD.

Studieopzet en Methode

- **Design:** multicenter, dubbelblind, gerandomiseerde gecontroleerde trial.
- **Deelnemers:** 148 ouderen (≥60 jaar) met therapieresistente unipolaire depressie (TRD).
- **Interventie:**
  - 6 weken, 24 sessies rTMS (1 Hz, rechter DLPFC, 120% rMT).
  - 12 BA-sessies van 25 min (twee per week) tijdens rTMS-sessies.
- **Controlegroep:**
  - 12 neutrale, niet-therapeutische gesprekken met gelijke duur en frequentie.
- **Metingen (baseline – 12 maanden):**
  - Primaire uitkomst:
    - verandering in depressieve symptomen (MADRS).
    - zorgkosten (EQ-5D-5L, TiC-P).
  - Secundaire uitkomst: o.a. IDS-SR,Apathy Scale, MoCA, BADS-SF,

Verwachte Resultaten en Betekenis

- **Hypothese:** rTMS + BA resulteert in grotere symptoomreductie, hogere kans op remissie en betere kosteneffectiviteit.
- **Economische evaluatie:** maatschappelijke perspectief; kosteneffectiviteit en QALY-analyses, inclusief budgetimpact over 5 jaar.
- **Verwachte implicaties:**
  - Bevestiging van synergie tussen neuromodulatie en psychotherapie.
  - Integratie van BA in rTMS-zorg voor ouderen mogelijk zonder grote extra belasting.
  - Nieuwe evidence-base voor richtlijnen en multimodale behandeling bij therapieresistente late-life depressie.

Tot slot – Gedragsactivatie ”beyond belief”?

JA

- Het snelle effect bij gemiddeld 75-jarigen is tegen-intuïtief
- Ongeacht cognitief functioneren
- Ongeacht psychofarmacagebruik
- Kosten-effectiviteit waarschijnlijk

NEE

- Business as usual
- Gedragstherapie pur sang
- Methodisch en doelgericht toegepast
- Om verandering in beleving te bewerkstelligen