

ORIGINAL ARTICLE

Effect of Supportive Group Therapy on Depression in Elderly Individuals With Hypertension

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ABSTRACT

Introduction: Hypertension in the elderly can have various effects on the body, mind, and social life. Depression in older adults can lead to behavioral, cognitive, and attitude changes, often resulting in feelings of hopelessness and helplessness. Supportive group therapy is one technique that can be used with older patients who are depressed and have high blood pressure. This study aims to determine the effect of supportive group therapy on depression levels in elderly individuals with hypertension. **Materials and methods:** This study used a quasi-experimental design with pre- and post-test groups. The data were collected from elderly hypertensive patients who attended four sessions at the Ariodillah Palembang Community Health Center, Palembang, Indonesia and received the intervention. Purposive sampling was used to select participants who met the inclusion criteria, including being at least 55 years old and having stage I and II hypertension. A total of sixty individuals, divided into two groups, participated in the study. The Geriatric Depression Scale (GDS) was used to assess the participants' level of depression based before and after the intervention. **Results:** The results indicate that the intervention group's depression scale score decreased from 8.50 ± 2.37 to 3.07 ± 1.99 (p -value ≤ 0.05) while the control group's scores only slightly decreased from 5.87 ± 2.58 to 3.31 ± 2.99 (p -value = 0.428). The control group received positive affirmation. **Conclusion:** Supportive group therapy is recommended for elderly individuals with hypertension to reduce their depression levels.

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INTRODUCTION

Hypertension is a health problem that can lead to disability and death throughout the world, particularly in seniors aged 65 years and older (1). A study found that middle-aged and older adults with hypertension may have a lifetime risk of 90%, highlighting the seriousness of this health issue (2). Elderly people with primary hypertension experience depression, amounting to 32 (36%) (3). Another study reported that 44.7% of elderly people with hypertension suffer from mild depression (4). Depressed elderly individuals may experience physical changes, as well as altered thoughts, feelings and behaviors, which can lead to a diminished quality of life (5).

Several methods are available to address depression,

including various types of psychotherapy. Non-pharmacological therapies such as reminiscence therapy, Cognitive Behavioral Therapy (CBT), and Problem Adaptation Therapy (PATH) are examples of psychological interventions used to treat depression (6). These methods also include music therapy and supportive therapy. Supportive therapy is a form of psychological treatment aimed to helping clients improve through personal support (7). This type of therapy can enhance the quality of life-physically, psychologically, socially and environmentally-in elderly individuals with hypertension (8).

Group therapy can be a beneficial strategy for individuals with depression offering several advantages that may accelerate the healing process and create a supportive environment for participants. Reminiscence therapy, a psychological intervention with therapeutic value in enhancing autobiographical memory, is often used interchangeably with life review intervention in the literature (9). Group interventions for adults with depression include group activity therapy, self-esteem

enhancement, and CBT. In one study, the intervention group showed a reduction in depression levels, with pre-test scores decreasing from 10.89 to a mean score of 15.93 after therapy. The control group also exhibited a slight increase in scores from 10.30 to 10.52. There was a decrease in the level of depression in the elderly from mild to no depression, and from moderate to mild depression (10). Group therapy for elderly individuals with depression is an important factor in addressing psychosocial issues. Although supportive psychotherapy is widely used, research on supportive therapy is still limited (11). Therefore, it is essential to conduct further research on supportive therapy and its effectiveness in a broader population. This study aims to evaluate the effect of supportive group therapy on reducing depression levels in elderly individuals with hypertension.

MATERIALS AND METHODS

Study Design and Participants

This study employed a quasi-experimental design with pre- and post-test groups to evaluate the effect of supportive group therapy on depression levels in elderly individuals with hypertension. Data were collected from elderly hypertensive patients who attended four sessions at the Ariodillah Palembang Community Health Center, Palembang, South Sumatra, Indonesia. The sampling technique used was purposive sampling, with a total of 60 participants selected based on inclusion criteria. These criteria included being at least 55 years old and having stage I or II hypertension. The 60 participants were divided into two groups: an intervention group and a control group, each consisting of 30 individuals

Intervention and Measurement

Participants in the intervention group received supportive group therapy, while the control group did not. The level of depression among participants was measured using the Geriatric Depression Scale (GDS) both before and after the intervention. (12).

Ethical Clearance

This study was approved by the Research Ethics Committee of Poltekkes Kemenkes Palembang, under approval number No. 0741/KEP/Adm2/VIII/2023.

Data Analysis

Statistical analysis was conducted using both univariate and bivariate methods, with paired t-test analysis (13). The t-test was used to evaluate the level of depression in elderly hypertensive patients before and after the implementation of supportive group therapy, with a p-value ≤ 0.05. The results are presented as mean ± SD.

RESULTS

This study found that the majority of elderly individuals with hypertension were female (66.7%) with an average

age of 68.8 years in the intervention group. Similarly, in the control group, 66.7% of the hypertensive elderly were female, with an average age of 67.8 years. Male participants with hypertension accounted for 33.3% in both the intervention and control groups (see Table I).

Table I: Socio-demographic information of participants (n=60)

Variable	Intervention group		Control group		N	
	F	%	F	%	F	%
Gender						
Male	10	33.3	10	33.3	20	33.3
Female	20	66.7	20	66.7	40	66.7
	Mean	Median	Mean	Median	Min	Max
Age (years)	68.8	69.5	67.8	65.5	60	90

The results presented in Table II shows a significant difference in the depression scale before and after the intervention, with a p-value of 0.00. This indicates that the change in the depression scale is attributable to the supportive therapy interventions provided to the elderly. The reduction in depression scores in the intervention group was 5.43, demonstrating that the intervention had a real and measurable effect in reducing the level of depression in this population.

Table II: Differences before and after supportive group in the intervention group (n = 30)

Variable	Intervention group			
	Mean	SD	95%CI	p value
Depression scale				
Pre test	8.50	2.374	4.279 - 6.588	0.000
Post test	3.07	1.999		

As shown in Table III, the depression scale in the intervention group decreased from 8.50 ± 2.37 before the intervention to 3.07 ± 1.99 after the intervention (p-value 0.000). In contrast, the control group, which received only positive affirmation, showed a decrease in the depression scale from 5.87 ± 2.58 to 3.31 ± 2.99 (p-value 0.428). These results indicate that the intervention was more effective in reducing the depression scale in the intervention group compared to the control group, which only received positive affirmation. The difference in p-values between the two groups confirms that the effect of the intervention was significantly more pronounced in the intervention group than in the control group.

Table III: Differences before and after positive affirmation intervention in the control group (n=30)

Variable	Control group			
	Mean	SD	95%CI	p value
Depression scale				
Pre test	5.87	2.583	-0.613 – 0.413	0.428
Post test	3.31	2.99		

DISCUSSION

Depression is a common psychological issue that arises in later life (14). Individuals with primary hypertension often experience depression (3). The incidence of depression among the elderly with hypertension is high (15). Approximately 12–36% of older adults who report having anxiety also report experiencing depression, and about 30–50% of elderly individuals with chronic illnesses and persistent pain suffer from depression (16). Depression in hypertensive patients results in a decline in their quality of life and health condition, as well as in their social functioning (17).

Depression can occur due to the use of maladaptive coping mechanisms and lack of social support (18). Support for depressed patients is provided through individual, family, and group psychotherapy interventions. The effectiveness of psychotherapy and pharmacotherapy is comparable in reducing depressive symptoms and is equally effectiveness for treating mild and moderate depression (19). One of the psychotherapy interventions is supportive therapy (20). In a supportive group, members communicate both verbally and nonverbally to share resources with other group members. This communication helps participants feel happier as they share their experiences, insights, and negative feedback from fellow group members (21).

In this study, the results showed that supportive group therapy administered to the intervention group significantly reduced depressive symptoms, with a p-value of 0.00 (or $p < 0.001$) and a decrease in depression scores of 5.43, which was a much greater decrease compared to the control group. This study demonstrated that supportive group therapy effectively reduced the level of depression in the intervention group. Although positive affirmation therapy also reduced depressive symptoms in the control group, the reduction was not significant. These findings suggest that supportive group therapy is an effective method in reducing depressive symptoms. Previous research has shown that group interventions are effective for people with mild to moderate depression (22). Other studies also indicate that supportive therapy can reduce depression in the elderly (7). Peer support interventions help reduce depressive symptoms and produce greater improvements than usual care, and may be as effective as group cognitive behavioral therapy (23).

Supportive therapy is a type of psychological therapy that aims to help clients improve by providing personal support and reflecting on the problems they are experiencing. This therapy also aims to enhance psychological functioning and adaptive behavior in clients. This therapeutic approach helps individuals gain

a better understanding of their current situation and find alternative support and solutions that are best suited for them (7). Supportive therapy intervention provides to the elderly have yielded positive psychological and social impacts. Elderly participants feel they have a group and friends to share with though ongoing interaction with fellow group members. They also feel calmer when responding to the problems they face (24).

Other research has shown that social support is effective in reducing depression among the elderly. Interventions such as social support, social participation, and social networks (25). These interventions are very effective for elderly individuals ages 60 years and older who experience depression (26). Other research results show that social support is effective in reducing depression among elderly in the community (24). Interventions such as social support, social participation and social networks have been particularly effective for elderly individuals aged 60 and above who are experiencing depression (25). Thus, several interventions have proven effective in reducing levels of depression in the elderly, indicating that programs focusing on holistic and multidisciplinary interventions should be promoted to improve the psychological well-being and overall quality of life of the elderly.

This study has a limitation in that the researcher did not control for the elderly participants' compliance with hypertension medication, which could have led to changes in their blood pressure during the intervention. Future research should include variables related to medication adherence and psychosocial factors affecting depression in the elderly. Additionally, employing qualitative methods could provide a deeper understanding of the depression experienced by elderly individuals with hypertension, helping to offer more comprehensive support for maintaining both physical and mental health.

CONCLUSION

This study demonstrated a significant improvement in depression scale among elderly individuals with hypertension who participated in supportive group therapy compared to those in the control group who received positive affirmation interventions. Therefore, to reduce depression levels in the community, older adults with hypertension should participate in supportive group therapy. This study findings suggest that supportive group therapy is an effective approach for reducing depression levels in this population. It is recommended that routine depression screening be conducted alongside regular blood pressure monitoring in the elderly to promptly identify and address depressive symptoms and other mental health issues. Implementing

supportive group therapy within community health settings could substantially benefit older adults suffering from hypertension and depression.

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