

HVORDAN KAN FAGPROFESSIONELLE UNDERSTØTTE GAMLE MENNESKER I AT BEVARE LIVSLYST, OG HVORDAN MÅLER VI PÅ DET?

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Center for Livskvalitet



HVAD ER TRIVSEL?

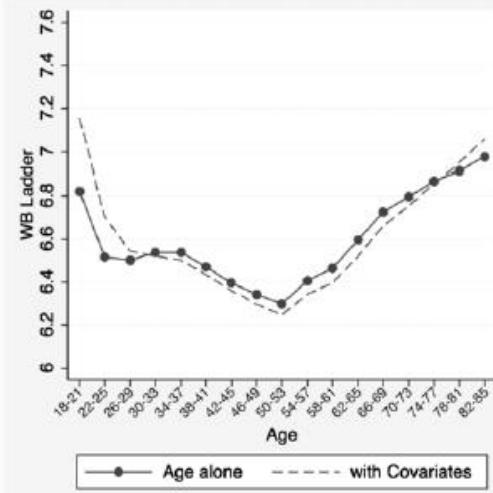


Alder



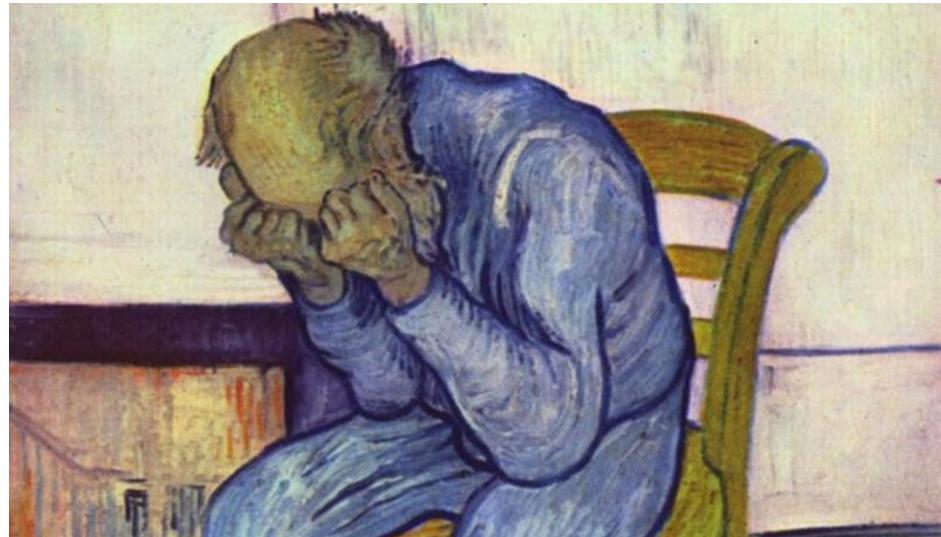
Trivsel

Stone, A.,A., Schwartz, J.E., Broderick, J.E., Angus Deaton, A. (2010).
A snapshot of the age distribution of psychological well-being in the United States
Proceedings of the National Academy of Sciences, 107 (22)
9985-9990.
DOI: 10.1073/pnas.1003744107

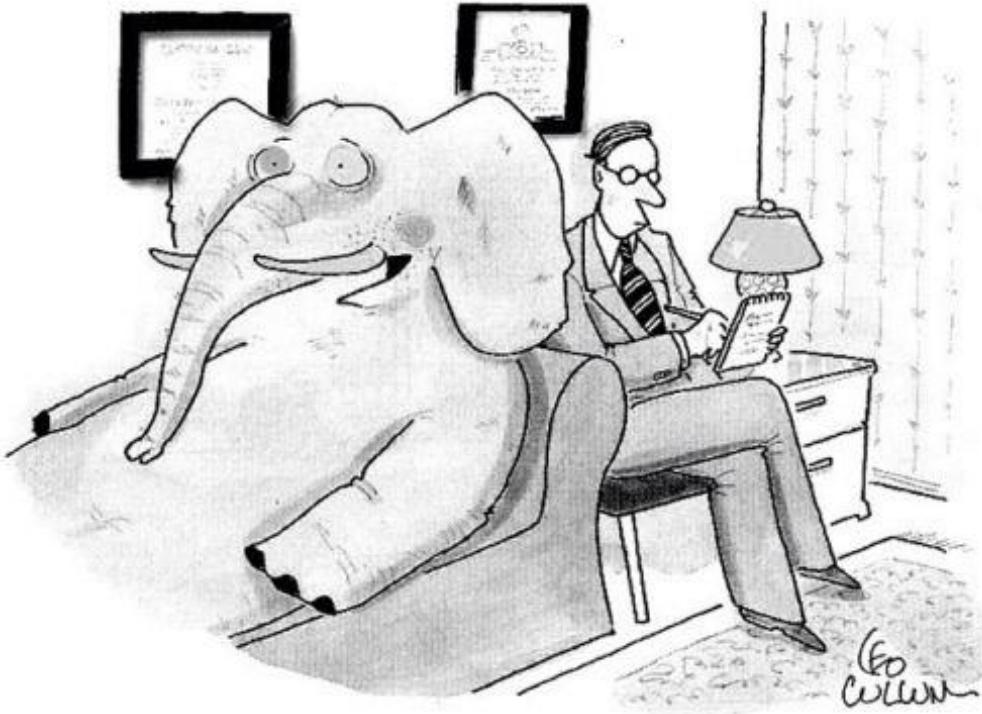


DEN SVÆRE ALDRING

- ❖ Tab af fysisk helbred
- ❖ Tab af mentalt helbred
- ❖ Tab af dagligdagsfunktioner
- ❖ Tab af signifikante andre
- ❖ Kort restlevetid
- ❖ Ofte en kombination af flere alvorlige stressorer



En psykolog burde være oplagt

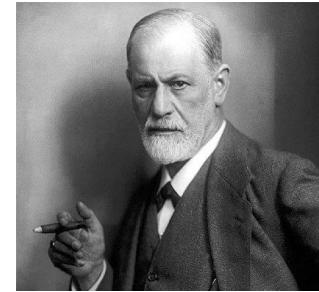


"I'm right there in the room, and no one even acknowledges me."

UNDERPRIORITYERET! HVORFOR?



“Near or about the fifties, the elasticity of the mental processes, on which the treatment depends, is as a rule lacking. Old people are no longer educable”
(Freud, 1905).



Ingen grund til
terapeutisk nihilisme:
Det er alderistisk og ikke
evidensbaseret

PSYKOTERAPI VED PSYKISKE LIDELSER

- ❖ Der er på nuværende tidspunkt foretaget en række reviews og meta-analyser, der dokumenterer effekten af psykoterapeutisk behandling af ældre mennesker, der lider af forskellige psykiske lidelser.
- ❖ Meta-analyser har konsistent vist at psykoterapi er en effektiv behandlingsform til ældre, der lider af depression og angst og at behandlingseffekten svarer til den der findes hos unge og midaldrende mennesker.

Cuijpers, P. (2017). Four decades of outcome research on psychotherapies for adult depression: An overview of a series of meta-analyses. *Canadian Psychology*, 58(1), 7-19. doi:10.1037/cap0000096.

Gonçalves, D. C., & Byrne, G. J. (2012). Interventions for generalized anxiety disorder in older adults: Systematic review and meta-analysis. *Journal of Anxiety Disorders*, 26(1), 1-11. doi:10.1016/j.janxdis.2011.08.010.

PSYKOTERAPI VED EKSISTENTIELLE PROBLEMER

- ❖ Indtil for nyligt ingen systematiske reviews.
- ❖ Vedel, Larsen & Aamand (2019) foretog en systematisk litteraturgennemgang og identificerede blot ni egnede studier med samlet 983 deltagere.
- ❖ Af disse rapporterede 8 studier signifikant positive effekter af psykoterapi i form af stigning i trivsel og fald i depressive symptomer og stress.
- ❖ Den generelle terapeutiske effekt estimeredes til at være mellemstor svarende til effektstørrelsen fundet ved psykoterapi med deprimerede ældre mennesker.

⚡ CENTER FOR LIVSKVALITET, AARHUS



Sundhed og Omsorg tilbyder gratis samtaler med en gerontopsykolog mhp.
at fremme trivsel og livskvalitet for ældre borgere i Sundhed og Omsorg

VORES HOLD



VORES PRIMÆRE EFFEKTMÅL

- ❖ Vi ønskede et kvantitativt mål, en skala.
- ❖ Vi ønskede en skala, der målte positivt udkomme snarere end en skala, der målte reduktion i psykopatologiske symptomer.
- ❖ Vi ønskede en skala af en mere generel karakter, da vi forventede at "behandle" en lang række af forskellige psykologiske problemer.
- ❖ Vi havde brug for en kort skala.
- ❖ Vi ville have en skala med gode psykometriske egenskaber (valid and reliable).

WHO-5 trivselsindex



The WHO-5 questionnaire

Instructions:

Please indicate for each of the 5 statements which is closest to how you have been feeling over the past 2 weeks.

Over the past 2 weeks...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
1 ... I have felt cheerful and in good spirits	5	4	3	2	1	0
2 ... I have felt calm and relaxed	5	4	3	2	1	0
3 ... I have felt active and vigorous	5	4	3	2	1	0
4 ... I woke up feeling fresh and rested	5	4	3	2	1	0
5 ... my daily life has been filled with things that interest me	5	4	3	2	1	0

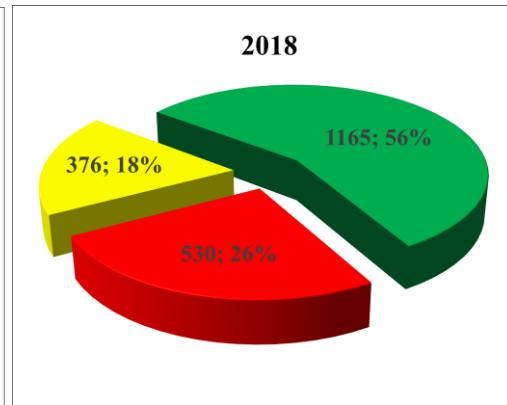
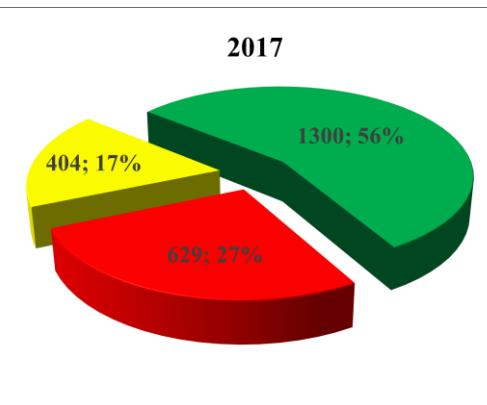
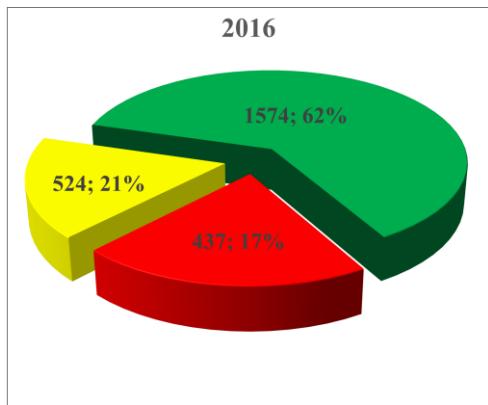
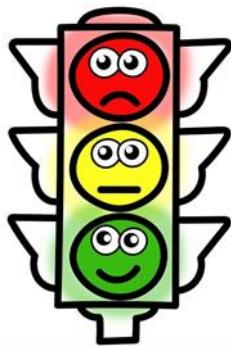
Scoring principle: The raw score ranging from 0 to 25 is multiplied by 4 to give the final score from 0 representing the worst imaginable well-being to 100 representing the best imaginable well-being.

I de sidste 2 uger:

1. .. har jeg været glad og i godt humør
2. .. har jeg følt mig rolig og afslappet
3. .. har jeg følt mig aktiv og energisk
4. .. er jeg vågnet frisk og udhvilet
5. .. har min dagligdag været fyldt med ting der interesserer mig

Source: Topp et al., 2015

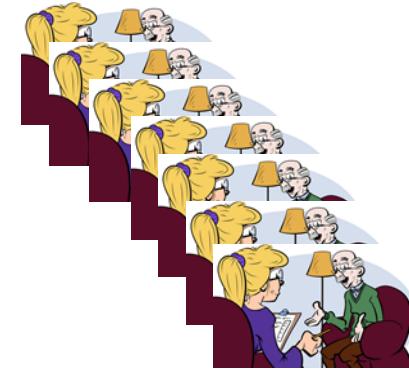
TRIVSEL HOS MODTAGERE AF HJEMMEHJÆLP I AARHUS KOMMUNE



Mean og SD: 56 (24)

Mean og SD: 52 (24)

Mean og SD: 52 (25)



TERAPEUTISKE TEMAER

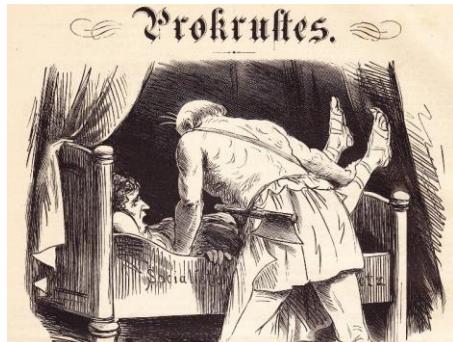
- ❖ Genopbyggelse af et positivt selvbegreb og selvværd
- ❖ Tabshåndtering
- ❖ Håndtering af aldring, sygdom og muligheden for tab af uafhængighed
- ❖ Håndtering af døden og andre eksistentielle spørgsmål
- ❖ Overføring og modoverføring
- ❖ Livsfortrydelser
- ❖ Selvudvikling

Kilde: Atiq, 2006

Terapeutisk tilgang

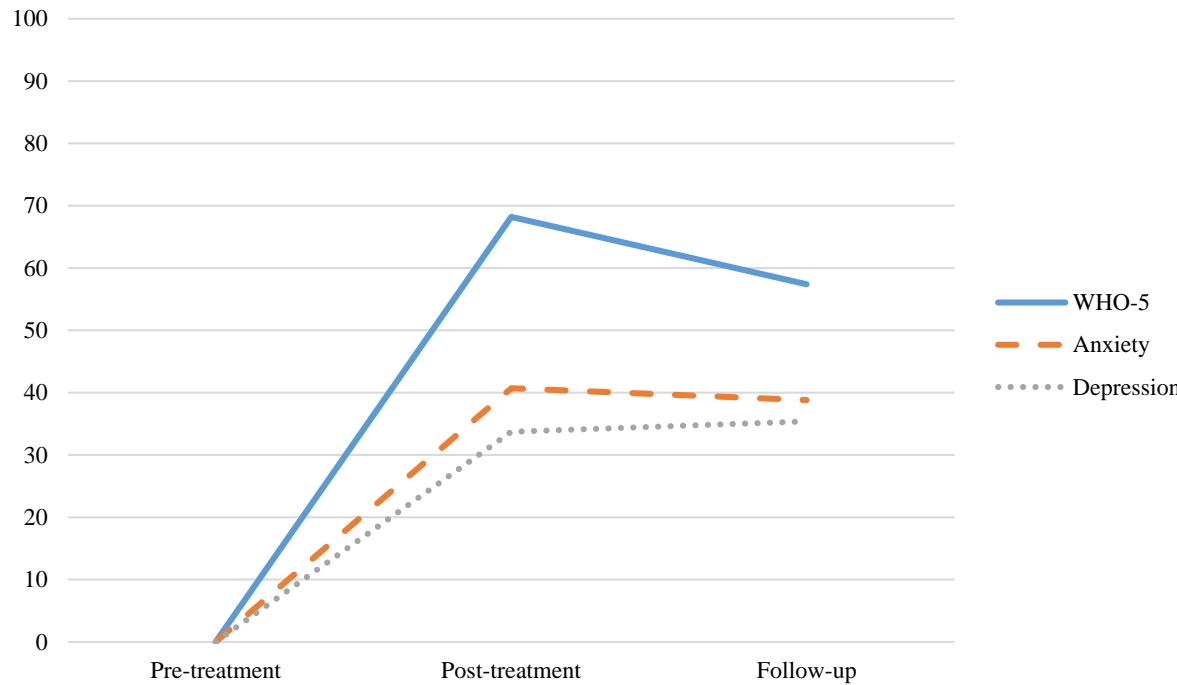
Integrativ tilgang vha. såkaldte fællesfaktorer i form af bestemte strategier og teknikker, som klinikere anvender i terapeutiske seancer for at skabe betydningsfuld forandring, i det mindste, når de er styret af en effektiv strategi:

- ❖ Fremme relationen mellem terapeut og klient
- ❖ Udvikle og fastholde den terapeutiske kontrakt
- ❖ Tilpasning af behandlingen for at matche den unikke patients karakteristika og behov



Mean general well-being scores for pre-, post-treatment and follow-up

	Pre-treatment		Post-treatment		3-month follow-up	
	Mean	SD	Mean	SD	Mean	SD
WHO-5	33.89	17.83	57.00	18.60	53.34	21.11
Anxiety	7.55	3.52	4.40	2.89	4.60	2.98
Depression	10.26	5.16	6.80	4.36	6.63	4.92

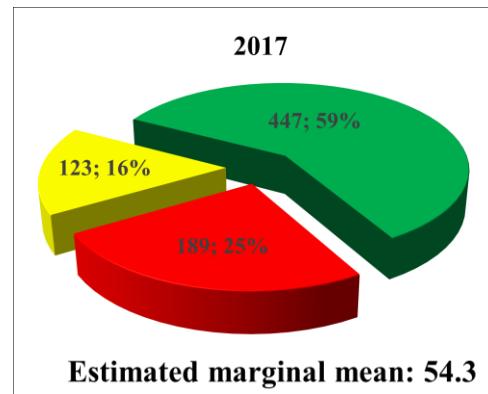
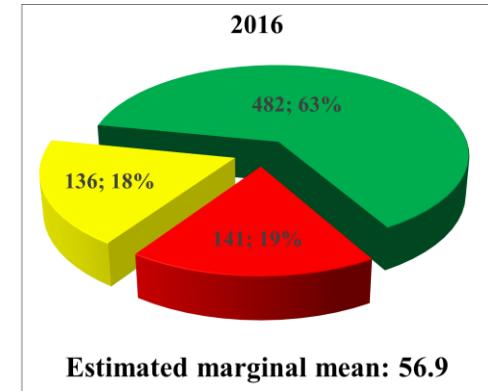


Percentage positive change over time measured with WHO-5 and CMDQ subscales for anxiety and depression. Scores have been transformed to absolute percentage improvements to compare rates of improvement. Due to CMDQ being measured in reverse compared to WHO-5, improvement for CMDQ have been calculated as: $100 - X_{\text{treatment}} / (X_{\text{Pre-treatment}} / 100)$, whereas WHO-5 improvement has been calculated as $X_{\text{treatment}} / (X_{\text{Pre-treatment}} / 100) - 100$.

"KONTROL GRUPPE"

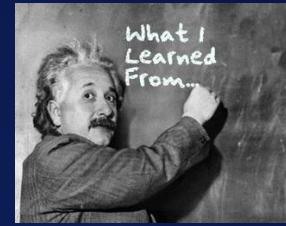
759 home care recipients 65 years or older in The Municipality of Aarhus, Denmark, all answered the WHO-5 Well-being Index as part of a yearly survey on the satisfaction with home care services provided by the municipality. All participants answered the questionnaire twice (in 2016 and 2017), either by telephone interview or by internet.

Repeated measures ANOVA showed a significant small drop in overall well-being over a one-year period. Estimated marginal means were 56.9 in 2016 and 54.3 in 2017.



CASE





HVAD KAN ANDRE FAGPROFESSIONELLE GØRE?

- ❖ *Velbefindende hos ældre mennesker er normalt godt, men hos hjemmehjælpsmodtagere har ca. hver fjerde meget lav trivsel.*
- ❖ *Man kan hjælpe ved understøtte genopbyggelsen af et positivt selvbegreb og selvværd.*
- ❖ *Hjælpe det ældre menneske til bedre at håndtere tab.*
- ❖ *Hjælpe ved at samtale om eksistentielle spørgsmål, som fx livsfortrydelser og døden.*
- ❖ *Understøtte det ældre menneskes selvudvikling.*
- ❖ *Det er, i den forbindelse, vigtigt at fremme relationen.*
- ❖ *Det er vigtigt at udvikle og fastholde aftaler om forandring.*
- ❖ *Det er vigtigt at tilpasse tiltagene til det enkelte individ.*

Tak for jeres opmærksomhed!



W.H.O. ON HEALTH AND MENTAL HEALTH

- ❖ "Health is a state of complete physical, mental and social well-being and **not merely the absence of disease or infirmity.**"
- ❖ "**Mental health is defined as a state of well-being** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."
- ❖ WHO Mental Health Day October 10, 2019.

<https://www.who.int/news-room/events/detail/2019/10/10/default-calendar/world-mental-health-day-2019-focus-on-suicide-prevention>



HISTORY OF THE WHO-5 WELL-BEING INDEX

The WHO Regional Office for Europe held a meeting on quality assurance for mental health in 1993, as part of a broader project supported by the European Forum of Medical Associations; it looked at indicators for acute depression care. The Regional Office held a meeting on patient outcome measures in mental health in 1995 to review the results of studies made since the first meeting and to recommend further application and dissemination of indicators for long-term, acute and community care. The objective of the Meeting on the Use of Wellbeing Measures in Primary Health Care – the DepCare Project was to discuss guidelines for carrying out a range of studies in several European countries, and the use of screening tools to identification and manage depression and psychological problems and stress-related disorders, with a focus on quality of care.

Staehr Johansen, K. (1998): The use of well-being measures in primary health care - the DepCare project; in World Health Organization, Regional Office for Europe: Well-Being Measures in Primary Health Care - the DepCare Project. Geneva, World Health Organization, 1998, target 12, E60246. Retrieved September 3, 2019, from http://www.euro.who.int/_data/assets/pdf_file/0016/130750/E60246.pdf

PRACTICAL USE OF THE WHO (FIVE) WELL-BEING INDEX IN RELATION TO THE ELDERLY (HEUN, 1998)

- ❖ A sample of 254 elderly subjects completed the WHO (22) Well-Being Index which includes the five-item version.
- ❖ The internal validity or consistency of the self-rating scale showed that the short version of the WHO-5 Well-Being Index was as valid as the full 22-item Index. The external validity showed that the sub-scales were as valid as the full indexes as to predicting subjects with acute psychiatric disorders.
- ❖ The WHO (five) Well-Being Index has adequate internal and external validity in a study of elderly persons from the general population.

Staehr Johansen, K. (1998): The use of well-being measures in primary health care - the DepCare project; in World Health Organization, Regional Office for Europe: Well-Being Measures in Primary Health Care - the DepCare Project. Geneva, World Health Organization, 1998, target 12, E60246. Retrieved September 3, 2019, from http://www.euro.who.int/__data/assets/pdf_file/0016/130750/E60246.pdf

CMDQ Anxiety:

“Feeling suddenly scared for no reason”,

“Nervousness or shakiness inside”, “Spells of terror or panic”, “You worry too much”

CMDQ Depression:

“Felling blue”, “Feeling of worthlessness”, “Thought of ending your life”, “Feelings of being trapped or caught”, “Feeling lonely”, “Blaming your self for things”.