



**Efficacy of Cognitive Behavioral Therapy
for Depression and Anxiety Treatment for Geriatric Patients
in a Family Medicine Residency Practice**

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Disclaimer Statement

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Objectives



01

Identify efficacy of CBT for treatment of depression for geriatric patients, using mixed-methods analysis

02

Identify efficacy of CBT for treatment of anxiety for geriatric patients, using mixed-methods analysis.

03

Explore the value of a mixed-methods approach to measuring efficacy of CBT to treat anxiety and depression.



Background

- Depression and anxiety are devastating public health crises, which often present together. Both have significant impacts on mental and physical health, which can cause severe medical complications and increased comorbidities and mortality. [1]
- While there are pharmacologic treatments for depression and anxiety, including Selective Serotonin Receptor Inhibitors and Serotonin-Norepinephrine reuptake inhibitors, Cognitive Behavioral Therapy is a safe, effective, and evidence-based approach to depression and anxiety treatment by utilizing the concept that a person's thought(s) can change their mood as well as physical condition. Cognitive Behavioral Therapy helps geriatric patients identify and correct maladaptive, potentially self-destructive core beliefs. [5]
- The most common screening tools used to monitor depression and anxiety are the PHQ-9 (scores range 0-27) and the GAD-7 (scores range 0-21) screening tools, respectively.
- The goal of this QI project is to identify the efficacy of Cognitive Behavioral Therapy for geriatric patients with diagnosed depression and anxiety.



Project Design / Methods

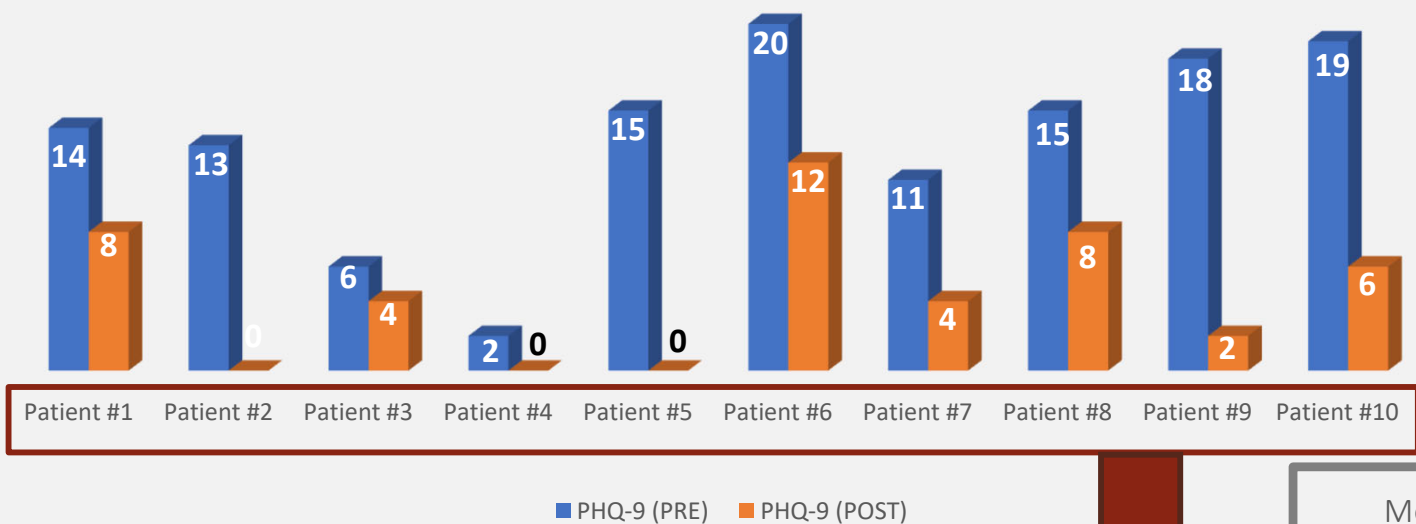


- **Data collection**
 - Database: EPIC EMR
 - Location: Mercy Health Anderson Family and Community Medicine Residency Practice
- **Inclusion criteria**
 - Age \geq 65 years old
 - Diagnosis of anxiety and/or depression
 - Attended \geq 3 CBT psychotherapy sessions during treatment timeline
- **Exclusion criteria**
 - Age $<$ 65 years old
 - History of psychosis or mania
 - Severe active self-harm
 - Active substance use disorder
- **Study Methods:**
 - Data collected: PHQ-9 and GAD-7 scores for each visit for each geriatric patient in study group
 - Data collected: Qualitative 'Evaluation of Psychotherapy' survey for each geriatric patient in study group
 - Timeline: January 2021 to June 2023
- **Outcomes:**
 - Mean difference at start and end of both intervention groups
 - Clinically significant change as defined by a screening score reduction of \geq 5
 - Remission as defined as an end-of-treatment screening score $<$ 5
 - Positive qualitative survey responses
- **Mixed Methods Statistical Analyses**

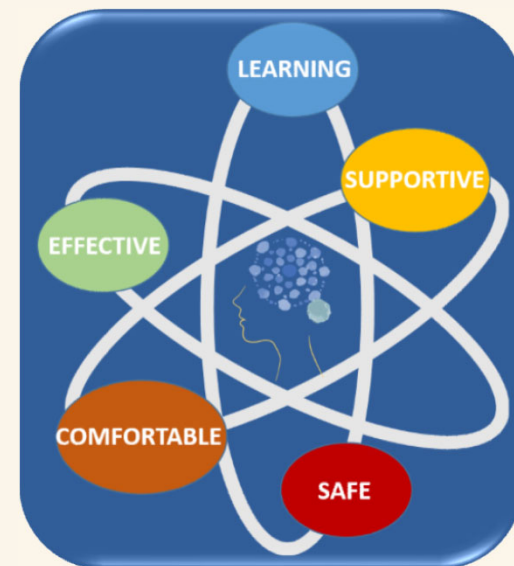


Quantitative Results

PHQ-9 Depression Screening Scores (Pre- and Post-CBT)



Qualitative Results



Mean Average Score Among Study Group

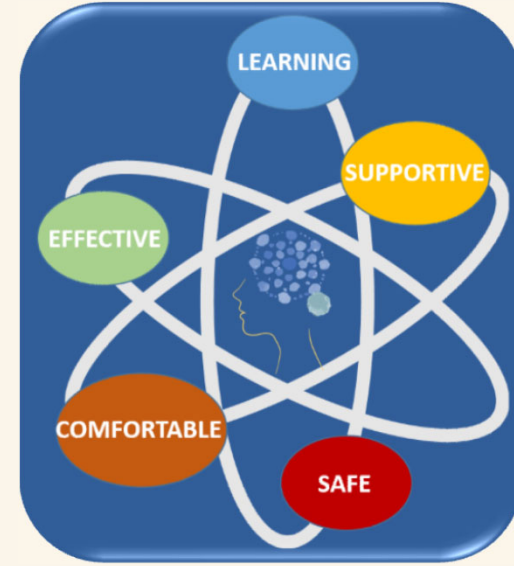
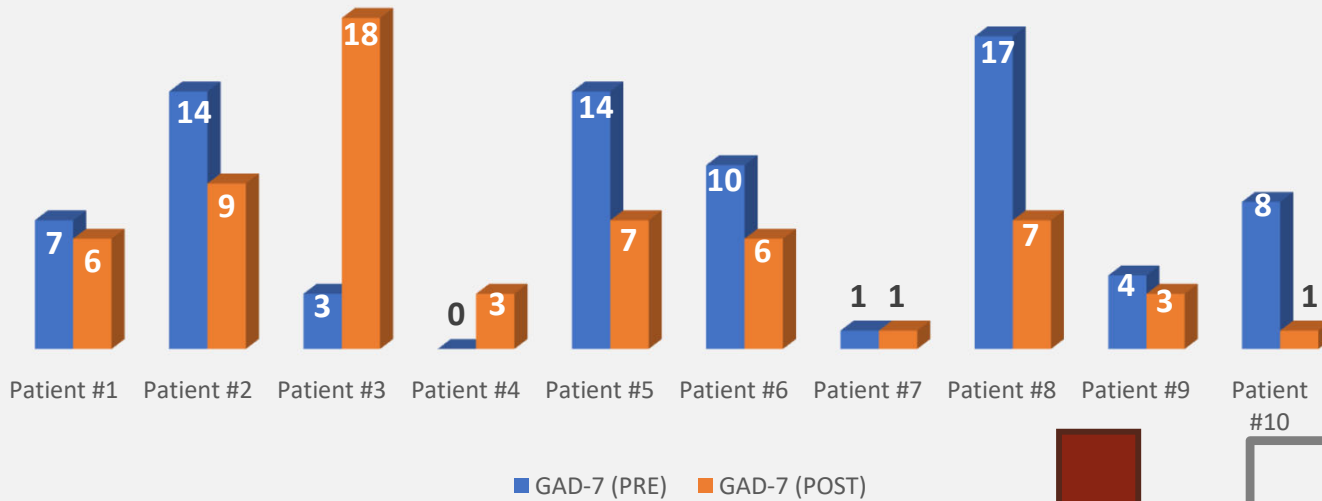


Results: Depression

Qualitative Results

Qualitative Results

GAD-7 Anxiety Screening Scores (Pre- and Post-CBT)




Mean Average Among Study Group



Results: Anxiety



Discussion & Moving Forward...

- This QI project is a start to a much larger study on the treatment of depression and anxiety using the combination of pharmacotherapy and cognitive therapy at our residency practice for all patient populations.
 - **Quantitative analyses:**
 - Analyze the most reliable screening tools for depression and anxiety
 - Evaluate probability and methodology for decreasing pharmacotherapy dosages in patients also participating in cognitive therapy
 - **Qualitative analyses:**
 - Identify barriers to access of behavioral health services in our community
 - Analyze efficacy of in-person vs virtual cognitive therapy
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Thanks!

What questions do you have?



Reach out later...

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