

Target Area: Anxiety, Depression, Stress & Adjustment

<p>Larcombe & Wilson (1984). <i>An Evaluation of Cognitive-Behavioural Therapy for Depression in Patients with Multiple Sclerosis</i>. <i>British Journal of Psychiatry</i> 145: 366-371</p>	<p>PEDro score – 5/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design:</p> <p>Y Studytype: RCT.</p> <p>Y Population: n= 20 patients with a diagnosis of Multiple Sclerosis, aged between 26–61 years (mean = 42.5 yrs) who self-reported depression in the prior 3 months</p> <p>Y Groups:</p> <ol style="list-style-type: none"> 1. CBT group (n=9 study completers, 22% male) 2. Waiting list group (n=10 study completers, 40% male). <p>Y Setting: Specialised centre for multiple sclerosis.</p> <p>Primary outcome measure/s:</p> <p>Y Beck Depression Inventory (BDI).</p> <p>Y Hamilton Depression Rating Scale (HRSD).</p> <p>Y Daily mood ratings (best, worst, and average mood).</p> <p>Y Significant-other rating scale (SORS).</p> <p>Secondary outcome measure/s:</p> <p>Y None.</p> <p>Result: Pre-post analyses showed significant improvements on the BDI, HRSD and SORS and worst mood rating. Participants in the CBT condition improved significantly more than participants in the waiting list control group on each of these measures.</p>	<p>Aim: To reduce levels of depression in patients with Multiple Sclerosis using Cognitive Behavioural Therapy (CBT), thereby increasing the frequency, quality and range of activities and social interactions and reducing negative thoughts.</p> <p>Materials: Shortened version of Pleasant Events Schedule, Cognitive Schedule, and standard monitoring sheets for patients to indicate thoughts and mood</p> <p>Treatment plan/procedure:</p> <p>Y Duration: 6 week program (9 hours total).</p> <p>Y Sequence: 1.5 hr sessions / week for 6 weeks.</p> <p>Y Content: Group format (where groups consisted of 4–5 participants), using Beck et al's (1979) procedures for joint use of behavioural and cognitive techniques as a guideline. First two sessions focused on behavioural procedures (based on Lewinsohn's 1975 behavioural theory of depression), remaining sessions focused on cognitive procedures. Treatment attempted to teach participants to engage in activities that are rewarding and involved deriving an activity schedule, instigating activities, discussing social interactions. Any incorrect or illogical beliefs associated with social interactions were also identified and tested for validity. Individually tailored thought schedules were compiled, and negative thoughts were discussed and monitored.</p>