

Reduced Scores of Depression and Anxiety and Psychological Feeling of Well-Being, in Elderly Practicers of Progressive Self-Focus Meditation Submitted to Cognitive Behavioral Intervention

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Abstract

The aim of the present study was to evaluate if a program composed of self-focus meditation and cognitive-behavioral interventions, produces psychological well-being, reduces anxiety and depression scores and affect the scores of attention in self-evaluation inventories in elderly people. In a randomized controlled trial, thirty volunteers, over 60 years old, not presenting psychiatric or neurologic symptoms were selected. This was a 10 (ten) week program, with weekly sessions. The control group participated of seminars about health self- management, in the same period as experimental group. This program may be effective in produces an increase in well-being feelings of elderly people considering that a decrease in anxiety and depression symptoms were observed and an increase in some important aspects of well-being.

Keywords: Health; Quality of Life; Elderly; Depression; Anxiety; Meditation; Cognitive-Behavior; Well-Being; Attention Concentrated; Stress

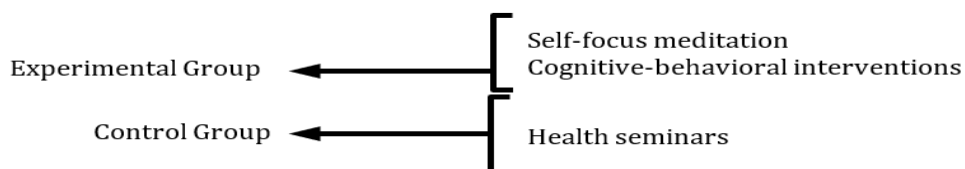
Abbreviations

BDI: Beck Depression Scale; BAI: Beck Anxiety Scale; ISSL: Inventory Stress Symptoms Lipp

Introduction

Behavioral procedures in Health Sciences, with the purpose to improve the quality of life of people, has gained popularity in recent years. These procedures are used to help people to achieve improved lifestyle and to induce positive feelings in everyday life. Elderly people may generally present depressive or other psychological symptoms, which impairs the quality of life of these subjects and consequently their well-being feelings. The aim of the present study was to evaluate if a program composed of self-focus meditation and cognitive-behavioral interventions, produces psychological well-being, reduces anxiety and depression scores and affect the scores of attention in self-evaluation inventories in elderly people. It was also determined if the program may alter systolic/diastolic blood pressure of the subjects, considering that this is a prevalent symptom in elderly [1-14].

Program: 8 weekly sessions



Materials and Methods

In a randomized controlled trial, thirty volunteers, over 60 years old, not presenting psychiatric or neurologic symptoms, were selected after signing an informed consent form. They were submitted to sessions of progressive self-focus meditation (focus on breathing; autogenic relaxation; focus in the universal mantra “Om” and focus in thoughts and images without judgment). Sessions of cognitive-behavioral training of self-control of negatives feelings by modifying dysfunctional thoughts were also done. This was a 10 (ten) week program, with weekly sessions. The control group participated of seminars about health self- management, in the same period as experimental group. Anxiety and depression scores were determined using the Beck self- evaluation scales (BAI and BDI); Lipp’s Stress Symptoms Inventory was used to determine the scores of stress (ISSL); the Ryff’s Self Evaluation Scale, was used to measure each of the dimensions of psychological well- being. Systolic and diastolic blood pressure were measured at the beginning and at the end of the program, with the use of a digital equipment.

Results and Discussion

	Before Intervention	After Intervention	p
BDI			
Control	12.7 (1.3)	11.5 (1.0)	0.466
Experimental	11.5 (2.6)	6.4 (1.7)*	0.030*
BAI			
Control	10.4 (3.0)	9,4 (2.1)	0.667
Experimental	7.8 (1.8)	4.7 (1,3)*	0,004*

Table 1: Anxiety and depression scores of healthy elderly volunteers, before and after eight weekly sessions of progressive self-focus meditation and cognitive behavioral training (Experimental) or seminar presentations (Control). Data are represented by mean and standard error.

*Different from Before - McNemar’s test; Beck self-evaluation scales for depression (BDI) and anxiety (BAI).

	Before Intervention	After Intervention	p
Scores of Attention			
Control	101.0 (23.8)	128.0 (18.6)	0.295
Experimental	53.8 (7.4)	111.0 (9.4)*	0.002*

Table 2: Scores in concentrated attention test, before and after eight weekly sessions of progressive self-focus meditation and cognitive behavioral training (Experimental) or seminar presentations (Control). Data are represented by mean and standard error.

**Different from Before - McNemar’s test; Concentrated attention test (TEACO-FF).

	Before Intervention	After Intervention	p
Autonomy	61.2 (2.6)	66.3 (2.6)*	0.026*
Environmental Mastery	63.0 (3.0)	66.6 (3.3)*	0.035*
Personal Growth	71.6 (1.7)	74.5 (1.5)*	0.04*

Table 3: Scores in dimensions of Ryff’s inventory, of healthy elderly volunteers before and after eight weekly sessions of progressive self-focus meditation and cognitive behavioral training (Experimental Group). Data are represented by mean and standard error.

*: Different from Before - McNemar’s test; Ryff’s Psychological Well-Being Scales (PWB).

Conclusion

- Results in table 1 show that the subjects submitted to the program, presented reduction in anxiety and depression scores in the Beck Inventories.
- Results in the table 2 show that the subjects submitted to the program, presented an increase in concentrated attention. The table 3 shows that the subjects submitted to the program, presented increase in 3 dimensions of Ryff's Scale: Personal Growth, Autonomy and Environmental Mastery.
- No significant difference was observed in stress symptoms and blood pressure of the subjects of both groups.
- It was concluded that this program may be effective in produces an increase in well-being feelings of elderly people considering that a decrease in anxiety and depression symptoms were observed and an increase in some important aspects of well-being as autonomy, environmental mastery and personal growth were also observed.

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