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Short-Term Psychiatric Rehabilitation in Major Depressive Disorder and Bipolar Disorder: neuropsychological and psychosocial outcomes.

presented by.

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Aim

We investigated the efficacy of a short-term (4 weeks) psychiatric rehabilitation program that included no specific cognitive remediation training on the neuropsychological performance and psychosocial functioning in a sample of inpatients with MDD and BD.

Short-term psychiatric rehabilitation program (S-T PsyRP)

- Personal autonomy



- Social skills



- Self-care/management





S-T PsyRP (4 weeks)

- Group rehabilitation activities with the clinical social workers (daily) (e.g. self-care, room management, group discussions, reading newspapers, outdoor experiences, art and singing workshop, stretching/relaxation)
- Individual psychological intervention (twice a week)



Participants



N=80 subjects (60 female and 20 male), with
MDD (n=53) or BD (n=27),
mean age 58.3 yrs (SD12.1),
mean years of education = 9.5 (SD 4.0).



Measures

Psychosocial functioning → At the beginning and at the end of the hospitalization social workers collected information, of patients' functioning with the Rehabilitation Areas Form in the following areas: involvement in the ward life, socio-affective areas, aggressiveness, autonomy, self-care, health self-management.

For each domain scores range from 3 (=extremely severe impairment) to 9 (=excellent functioning).



Measures

At the end of the 4-week hospitalization social workers evaluate participation in the rehabilitation activities

→ VADO Observational Form, a 4-point scale:

0=insufficient

1= sufficient

2= good

3= unclassified

Results (1)

Table 1. Descriptive statistics

Psychometric Assessment	T0		T30			
	Mean	SD	Mean	SD		
BPRS	40,88	7,12	28,53	6,45		
Neuropsychological Assessment	T0		T30		Subjects with equivalent scores of 0, 1 and 2 (T0)	
	Mean	SD	Mean	SD	n	%
Novelli's Story Recall Test	11,05	4,05	13,36	5,09	49	61,25
Attentional Matrices	39,27	9,30	41,97	9,38	50	62,5
Rey-Osterrieth Complex Figure Copy Test	27,30	7,84	28,35	7,48	52	65
Rey-Osterrieth Complex Figure Recall Test	11,18	6,32	15,07	7,18	53	66,25
Phonemic Fluency Test	27,34	9,78	29,54	9,22	34	42,5
Semantic Fluency Test	33,49	8,85	36,27	9,73	45	56,25
Token Test	29,14	3,81	29,75	3,63	58	72,5
Psychosocial Functioning Assessment (RAF)	T0		T30		Subjects with scores less-than or equal to 6 (T0)	
	Mean	SD	Mean	SD	n	%
Socio-affective area	11,58	1,66	11,61	1,70	63	78,75
Aggressiveness	15,54	1,00	15,60	1,03	9	11,25
Autonomies	65,11	4,43	66,73	4,35	67	83,75
Self-care	13,90	1,78	14,64	1,74	25	31,25
Self-management of health	10,87	1,15	11,45	1,21	65	81,25

SD= standard deviation; T0= beginning of the hospitalization; T30= end of hospitalization; RAF=Rehabilitation Areas Form; BPRS = Brief Psychiatric Rating Scale.



Conclusions (1)

- ✓ Even short-rehabilitative programs with no specific cognitive remediation training can improve neuropsychological functioning and psychosocial functioning in MDD and BD.
- ✓ Common leisure and social activities stimulate those brain regions involved in information processing, memory, attention, learning, planning and therefore enhance cognitive functioning.
- ✓ Neuropsychological and psychosocial improvement seems to be independent from clinical symptoms reduction.

..some limits

- ✓ No comparison group that did not receive psychiatric rehabilitation.
- ✓ Relatively small sample size.
- ✓ All the participants were in the depressive phase and were hospitalized (generalizability)
- ✓ Influence of pharmacotherapy on cognitive performance or general well-being of the patients?
- ✓ No follow-up (are the neuropsychological and psychosocial improvements maintained over time?).