



Prevention Research Centers

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)—A Depression Management Program for Elderly Adults

University of Washington
Health Promotion Research Center

Background

Minor depression affects 15%–20% of older adults and is known to profoundly compromise health and quality of life. People who are socially isolated and in frail health are especially at risk for depression. Doctors and their older patients often incorrectly assume that depression is an unavoidable consequence of aging, and many depressed elders do not receive treatment.

Context

The University of Washington's Health Promotion Research Center (HPRC) has collaborated with local agencies to improve the health and quality of life of the elderly for more than a decade. Most recently the HPRC worked with the City of Seattle's Aging and Disability Services agency and Senior Services of Seattle/King County to develop and test a program to reduce depressive symptoms among homebound, chronically ill, and frail low-income elderly adults.

Methods And Results

Researchers conducted a randomized controlled trial among community-dwelling people over the age of 60 (mean age 73) who had minor depression or dysthymia and were receiving home-based social services from the collaborating agencies. The PEARLS* intervention provided eight, 50-minute sessions with a trained social service worker in a client's home over 19 weeks. Counselors used three depression management techniques: problem solving treatment, in which clients were taught to recognize depressive symptoms, define problems that may contribute to depression, and devise steps to solve these problems; social and physical activity planning; and pleasant event planning. Counselors encouraged participants to use existing community services and attend local events. The comparison group received usual care. Depressive symptoms (such as sadness and lack of energy) and other outcomes were followed for one year.

Comparisons of the 72 adults who received the skill-building sessions and the 66 who received usual care showed measurable benefits to seniors who participated in PEARLS. After one year, 43% of seniors in the intervention group reported at least a 50% decline in depressive symptoms. Only 15% of seniors in the control group reported the same decline. Depression resolved completely for 36% of PEARLS participants, compared with 12% of non-participants. In addition, PEARLS participants experienced significant improvements in functional and emotional well-being.

Consequences

Given the impressive success of this program, the HPRC is currently working with Washington State Department of Social and Health Services to assess the need to implement the PEARLS program statewide among older adults who receive social case management. HPRC is also working with local agencies to train social services staff to provide the counseling. The City of Seattle's Aging and Disability Services agency and Seattle's Northshore Senior Center are already implementing this program. Two other Seattle agencies—Senior Services of Seattle/King County and the Asian Counseling and Referral Service—are training their social work staff to provide PEARLS counseling, in preparation to implement the program more widely and assess its effectiveness.

In addition, PEARLS is listed in the National Registry of Evidence-based Programs and Practices, a service of the Substance Abuse and Mental Health Services Administration. This Internet-based listing makes information about PEARLS available to communities everywhere. The HPRC is also working with the Washington State Unit on Aging to develop a PEARLS implementation toolkit.

Program to Encourage Active, Rewarding Lives for Seniors

- Significantly decreased depression
- Improved functional and emotional well-being
- Shows potential for widespread impact
- Listed in the National Registry of Evidence-based Programs and Practices
- Proven sustainable and portable

Impact And Potential Impact

Local participants have spoken movingly about the many ways they have benefited from this program. If shown to be similarly effective in other elderly populations, this program has the potential to substantially improve health and quality of life for large numbers of dually eligible Medicaid-Medicare clients who suffer from minor depression or dysthymia, and are receiving social case management services. Because dissemination can occur within existing community social services programs, eligible older adults could be readily identified and enrolled in the program. Moreover, because most social services agencies have access to mental health experts who could supervise training of existing social services staff and their subsequent implementation of PEARLS, the program need not require large increases in local funding. Thus PEARLS has the potential to benefit large numbers of ill, disabled, and frail elderly adults.

References

Ciechanowski P, Wagner E, Schmalting K, et al. Community-integrated home-based depression treatment in older adults. *Journal of the American Medical Association* 2004;291:1569–77.

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For more information, please contact
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Mail Stop K-45, 4770 Buford Highway NE, Atlanta GA 30341-3717
(770) 488-5395
cdcinfo@cdc.gov
<http://www.cdc.gov/prc>

