

Reducing Depression and Anxiety Symptoms in Patients with Parkinson's Disease: The Effectiveness of Group Cognitive Behavioral Therapy

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Abstract

Introduction: This study examined how well group cognitive behavioral therapy treated anxiety and depressive symptoms in Parkinson's disease patients.

Methods: The experimental and control groups participated in this quasi-experimental study's pretest, posttest, and follow-up phases. Patients aged 60 to 75 from psychiatric and Parkinson's disease centers made up the study

Parkinson's Disease-associated depression. As a result, evidence-based recommendations and consensus on the best treatment choice for this patient population are scarce [9-11]. The previous pharmacological studies have shown that medication traditionally used for depression in older people (e.g., SSRIs) may not be more effective than a placebo in Parkinson's Disease or may be difficult to utilize in this age group due to the aggravation of orthostatic hypotension, constipation, and cognitive impairment (e.g., tricyclic antidepressants) [12-14].

This is the first study in the context of Parkinson's disease suggesting this intervention may be useful in future intervention studies and the emerging themes of this intervention can also help understand and enhance patterns of coping with Parkinson's disease.

The research method was semi-experimental and its design was a pretest, and post-test with a control group and follow-up stage. The study population included patients in the age range of 60 to 75 who had been referred to psychiatric service centers in Tehran in 2022. One clinic was randomly selected from six psychiatric service clinics in Tehran that were willing to cooperate. All 186 patients attending the clinic were contacted, of whom 150 patients agreed to participate in the study. After obtaining their consent, Beck's anxiety questionnaire and Beck's depression scale were provided to them. Then, 90 patients were randomly selected from among patients with high scores on the Beck anxiety scale and Beck depression scale and randomly divided into two groups of 45, the experimental group and the control group. Research suggests that in semi-experimental studies, 15 people should be assigned to each group, and the possibility of dropping out of the study should also be taken into account and a larger sample than what you want to be selected [15]. For this reason, we assigned 45 people to each group.

The criteria for participating in this research; It includes a) being in stages 1 to 3 of Parkinson's disease according to the Hohen and Yaher scale, b) not suffering from debilitating diseases and chronic heart and respiratory diseases, c) not having open surgery in the inner region in the last six months, d) not having high blood pressure, e) not participating in other treatment programs at the same time, f) having literacy and consent to participate in the research, and g) obtaining a score above the cut-off point in the anxiety and sleep quality test. The criteria for leaving the study were 1) unwillingness to continue the intervention, 2) lack of participation and cooperation in the research implementation process, and 3) absence of more than two sessions in the meetings.

Beck Depression Inventory (BDI), for the first developed in 1961 by Beck, Mendelson, Mock, and Erbaugh [16]. Beck and his colleagues at the Center for Cognitive Therapy, Philadelphia, and the University of Pennsylvania presented a new version where the double negative sentences within the same symptoms had previously been removed. The final version was published in 1979. The revised form of the BDI was designed to determine the severity of depression in patients with a psychiatric diagnosis. Shear strengths were obtained from the response of depressed patients, including the four categories. Grades 0-9 show the minimum depression. Grades of 10-16 indicate mild depression. Mean depression scores of 29-17 and 63-30 scores indicating more severe depression [17,18].

Each of the 21 questions on this survey has four possible answers (ranging from 3-0), indicating varying degrees of intensity. Scores can range from 0 to 63. The physiological elements of anxiety are more the focus of this quiz. Its nine items measure the automatic indications of hyperactivity and motor anxiety, with three of them measuring anxious moods and the remaining nine measuring specific anxieties. According to Beck et al., this scale has an internal consistency of 0.91. The score on this scale is a measure of the severity of depression. The score on this scale is a measure of the severity of depression. The score on this scale is a measure of the severity of depression.

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review of studies on the effects of cognitive therapy on mood disorders expressed group cognitive behavioral therapy as compared to a mere cognitive decline and mood disorders, particularly depression is more effective [21]. Group cognitive behavioral therapy with religious origins significant way to reduce anxiety and depression