# Analysis on the Effect of Escitalopram Combined with Supportive Psychotherapy in the First Elderly Patients with Depression

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**Keywords:** Escitalopram, Supportive psychology, Senile depression

**Abstract:** Objective To investigate the effect of escitalopram combined with supportive psychotherapy in the first episode of elderly depression. Methods A total of 100 first-onset elderly patients with depression from January 2018 to June 2019 were randomly divided into groups, treated with olanzapine in the control group, and escitalopram combined with supportive psychotherapy in the experimental group. The results of treatment of the first group of elderly patients with depression were analyzed. Results The total effective rate of first-onset elderly patients with depression in the experimental group was 96.00%, which was higher than the total effective rate of the control group, 82.00%, P <0.05; the ADL scores after treatment were higher in both groups than before treatment, and the sleep quality score and HAMD score were Lower than before treatment, P <0.05; ADL scores in the experimental group were higher than those in the control group after treatment, sleep quality scores and HAMD scores were lower than those in the control group, P <0.05; the incidence of adverse reactions in the experimental group was 6.00%, which was lower than the control The incidence of complications in the group was 22.00%, and the difference was statistically significant (P <0.05). Conclusion The first-generation elderly patients with depression received escitalopram combined with supportive psychotherapy can obtain better results, and the incidence of adverse reactions is low, safe and effective.

## 1. Introduction

Depression is an emotional disorder with a high incidence. Patients may experience symptoms such as low mood, decreased ability, lack of interest, delayed thinking, early awakening, etc., and their disability rate, relapse rate, and suicide rate are high [1] . Depression has a higher incidence in the elderly, and its incidence has gradually increased with age. Studies have shown that the incidence of depression in elderly people over 65 years of age is about 8%, with severe severity. The related incidence of depression is 2% [2]. The occurrence of depression severely reduces the physical and mental health of patients and affects their quality of life. Therefore, it is necessary to strengthen effective interventions for depression. The purpose of this study was to observe the effects of escitalopram combined with supportive psychotherapy in the first episode of elderly depression, as follows:

## 2. Materials and Methods

From January 2018 to June 2019, 100 cases of first-onset elderly patients with depression were randomly divided into 50 cases / group by single and double numbering.

Inclusion criteria: a: Depression was diagnosed, and the disease was first reported; b: Those aged 60 years and over; c: Voluntarily accepted the study.

Exclusion criteria: a: previous antipsychotic or antidepressant medication; b: patients with severe physical illness; c: dementia or neurological disease; d: history of alcohol or drug abuse; e: history of manic episodes; f: It is difficult to actively cooperate with this research.

In the experimental group, the age ranged from 60 to 80 years, with a mean (68.56 ± 3.62) years of age, a course of 1 month to 1 year, and a mean (4.56 ± 1.26) months. There were 29 men and 21 women. In the control group, the age ranged from 61 to 79 years, with a mean (67.89 ± 3.70) years of age, a course of 2 months to 1 year, and a mean (4.62 ± 1.31) months. There were 30 males and

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20 females. There was no significant difference in the basic data of the first group of elderly depression patients in the two groups (P> 0.05).

The control group was treated with olanzapine and the drug was taken orally once a day at 2.5 mg.

The experimental group was combined with escitalopram and supportive psychotherapy, escitalopram, orally, 5 mg 3 times a day. Supportive psychotherapy is based on the patient's psychological state and condition, through the methods of guarantee, interpretation, support, comfort, sympathy, encouragement, persuasion, etc. to eliminate the negative emotions existing in the patient, promote their self-confidence, and make the patient Through the psychological crisis better, guide patients to face the disease with a positive attitude, so as to guarantee the smooth implementation of medical care. Psychological support treatment once a week, each time is 20min-30min, a total of 8 weeks of treatment, that is, a: the establishment of high-quality nurse-patient relationship, the first elderly patients with depression, patient listening, comfort and sympathy, to Euphemistic and consistent language, communicate with patients, try to increase the patient's trust in medical staff to build a high-quality nurse-patient relationship; b: health knowledge, explain the specific causes of depression, the occurrence, development, and prognosis of elderly patients Relevant knowledge to eliminate the stigma and prejudice of the disease, and instruct the patient to face up to their own disease, not to be ill, to avoid medical treatment, to accept the guidance and advice of the doctor in a positive attitude, and to use the medication as prescribed by the doctor; Contact the surrounding environment, establish a healthy lifestyle, and instruct them to reasonably ingest nutrients, arrange work and rest, and exercise appropriately so that they can better build a belief in health and face the disease with an optimistic and positive attitude; d: Patients with physiological disorders And physical discomfort, express sympathy and affirmation, and explain reasonably, increase the understanding of the patient's disease knowledge, and promote Reduction of psychological burden; e: Actively encourage patients to inform their families about their illness, how to get support and encouragement from relatives and friends, and guide patients' families to help, care, and understand patients; f: targeted psychological care, if patients are Empty nest elderly, it is recommended that their children, visit the elderly more, or live with elderly patients; if the patient has just retired, guide the patient to change the surrounding environment as much as possible, maintain a normal mind, and instruct the patient to appropriately social activities to enrich the life.

Observe the treatment effect and adverse reactions of the first group of elderly depression patients in 2 groups, and analyze the HAMD score (evaluation of depression, the higher the score, the more severe the depression), the quality of sleep (the Pittsburgh Sleep Quality Scale evaluation, the score before and after treatment) The higher the quality of sleep, the worse the quality of life (ADL score, the higher the score, the better the ability of daily life).

Evaluation of effect: marked effect: obvious improvement of disease symptoms, normal HAMD score and sleep quality; effective: improvement of disease symptoms, reduced HAMD score, and improvement of sleep quality; invalid: failure to meet the above criteria; sum of apparent efficiency and effectiveness For total effectiveness.

Adverse reactions: dry mouth, constipation, headache, etc.

SPSS21.0 software is used for statistical processing. Count data is represented by the number of cases (%), chi-square test, measurement data is represented by mean ± standard deviation, t test. P <0.05, statistical significance.

## 3. Results

The total effective rate of first-stage elderly depression patients in the experimental group was 96.00%, which was higher than the total effective rate of the control group by 82.00%, P <0.05. As shown in Table 1:

Table 1 Analysis of The Effects of the Two Groups [n (%)]

| Gr | Case(n) | Effect | effective | invalid | Always effective |
|---|---|---|---|---|---|
| test group | 50<br>33(66.00) | 15(30.00) | 2(4.00) | 48(96.00) | |
| Control group | 50 | 20(40.00) | 21(42.00) | 9(18.00) | 41(82.00) |
| $X^2$ | -- | -- | -- | -- | 5.005 |
| P | -- | -- | -- | -- | 0.025 |

The ADL scores after treatment were higher in both groups than before treatment, and the sleep quality score and HAMD score were lower than before treatment, P <0.05; the ADL scores in the experimental group were higher than those in the control group, and the sleep quality scores and HAMD scores were lower than those in the control group. Group, P <0.05. As shown in Table 2:

Table 2 Analysis of Hamd Score, Sleep Quality, and Daily Living Ability of the Two Groups ( $\bar{x} \pm s$ )

| Gr | Case(n) | ADL Points | | Sleep quality score | | HAMD | |
|---|---|---|---|---|---|---|---|
| | | Before treatment | After treatment | Before treatment | After treatment | Before treatment | After treatment |
| Test Gr. | 50 | 52.26±2.57 | 82.20±2.63 | 16.12±3.67 | 8.25±1.20 | 23.12±6.75 | 9.50±1.22 |
| Control Gr. | 50 | 51.95±3.06 | 68.17±2.15 | 16.20±2.85 | 11.03±2.69 | 22.78±5.92 | 15.69±2.30 |
| t | -- | 0.549 | 29.205 | 0.122 | 6.674 | 0.268 | 16.812 |
| P | -- | 0.585 | 0.001 | 0.903 | 0.001 | 0.789 | 0.001 |

The incidence of adverse reactions in the experimental group was 6.00%, which was lower than that in the control group by 22.00%. The difference was statistically significant (P <0.05). As shown in Table 3:

Table 3 Analysis of Adverse Reactions in Two Groups [n (%)]

| Gr | Case(n) | Dry mouth | constipation | headache | TTL |
|---|---|---|---|---|---|
| Test Gr. | 50 | 1(2.00) | 1(2.00) | 1(2.00) | 3(6.00) |
| Control Gr. | 50 | 3(6.00) | 4(8.00) | 4(8.00) | 11(22.00) |
| $X^2$ | -- | -- | -- | -- | 5.316 |
| P | -- | -- | -- | -- | 0.021 |

## 4. Discussion

Geriatric depression has a higher incidence, and its incidence is gradually increasing. At present, clinical treatment of senile depression is mainly based on drug treatment to improve the symptoms of the disease and promote its recovery. However, in the process of implementing drug treatment, it is more likely to be affected by related factors and cause adverse reactions. Situation, therefore, in the treatment of elderly patients with depression, it should be accompanied by psychological and other related supportive treatments [3].

In this study, the total effective rate of first-stage elderly depression patients in the experimental group was 96.00%, which was higher than the total effective rate of the control group, 82.00%; the ADL scores after treatment in both groups were higher than those before treatment, and the sleep quality score and HAMD score were low. Before treatment, P <0.05; ADL scores in the experimental group were higher than those in the control group, and sleep quality scores and HAMD scores were lower than those in the control group. The incidence of adverse reactions in the experimental group was 6.00%, which was lower than the incidence of complications in the control group. 22.00%. It shows that the combination of escitalopram and psychological support in the treatment of first-onset senile depression has good effect and high safety, which can promote the improvement of sleep quality, ability of daily living and depression of patients. Escitalopram can stabilize insulin secretion, increase the level of 5-HT in synaptic clefts, control the amount of 5-HT reabsorbed by relevant neurons in the central nervous system, alleviate the depression symptoms of patients, and promote their emotional stability [4]. Psychological support therapy, combined with

antidepressant drugs, can better alleviate the disease symptoms of patients, improve their psychosocial adaptability, and thus promote the improvement of patients' daily life ability. In the process of implementing psychological support treatment for patients, the method of psychological treatment should be reasonably selected according to the individual differences of patients, so as to obtain better results [5].

In summary, the combination of escitalopram and psychological support therapy in the first elderly elderly patients with depression has good results and high safety, which can promote the improvement of patients' daily living ability and sleep quality, and alleviate their depression mental state. Improving the prognosis of first-onset elderly patients with depression is of positive significance.

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