

EFFECTIVENESS OF REMINISCENCE THERAPY IN REDUCING DEPRESSION AMONG THE ELDERLY CLIENTS

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Abstract:

Elderly people are suffering with many physical, social, emotional and psychological problems which enhance the level of depression. Hence, reminiscence therapy is an intervention which involves the elderly in the active recollection of life experiences. It allows them to relieve personal events from their past in a way that is a vivid and engaging, and encourages them to communicate those experiences to a listener. Interaction with objects and images from the past aids the recollection of memories. The objectives of the study were to identify the socio demographic variables of elderly people, to assess the pre-test level of depression before reminiscence therapy intervention, to evaluate the post-test level of depression after reminiscence therapy, to determine the effectiveness of reminiscence therapy intervention by reducing depression among elderly clients and to find association between post-test scores in reduction of depression with the selected demographic variables. Quantitative approach with pre-experimental one group pre and post-test design was used. A total of 60 samples were enlisted by using convenient sampling technique. The structured geriatric depression scale was used to find out the level of depression. The reminiscence therapy steps were given using reminiscence kit for a period of one month. The finding of the study revealed that depression is decreased with paired t-test P value 0.001. There is a statistical significance in the effectiveness of reminiscence therapy decreases depression among elderly clients. The study concluded that nurse's role in managing the depression is mandatory. Through reminiscence therapy, the elderly client's depression had got reduced 27.9%. So this reduction in depression level reflects the effectiveness of reminiscence therapy.

Key words: Depression, elderly clients, reminiscence therapy.

INTRODUCTION:

The early parts of life changes are evolutionary, in that, they lead to maturity of structure and functioning. In later part of life, by contrast, changes are mainly involutions, involving a regression to earlier stages. These changes are the natural accomplishment of what is commonly known as "aging". They affect physical as well as mental structures and functioning. Individual differences in the effect of aging have been recognized and it makes people difficult to get adapt to them. The aging population has a looming public health challenges.

Concept of "old"

Aging is a process that begins with conception but in practice, aging is regarded as that phase in life when body functioning begins to decline in the loss of adaptive response to depression and in increasing risk of age related disease. Physically the aging process consists of intrinsic, subtle changes in all body systems. Similarly, emotional and intellectual growth is influenced by physical and environmental factors.

Depression

Depression is referred to all processes, whether originating in the external environment or within the people, which impose a demand or requirement up on the organism, the resolution or handling of which necessitates or activity of the mental apparatus before any system is involved or activated. The elderly person who are residing in old age homes and admitted in hospital have more depression because they are staying away from their children and they don't have anyone's support to carry their works and to share their feelings. The National Health Interview Survey shows that 75 % of old age population experiences at least some depression, half of those experience moderate or high levels of depression during their life time. The APA survey shows that two thirds of Americans say they are likely to seek help for depression.

Reminiscence therapy

Reminiscence therapy is an intervention which involves the elderly in the active recollection of life experiences. It allows them to relieve personal events from their past in a way that is a vivid and engaging, and encourages them to communicate those experiences to a listener. Interaction with objects and images from the past aids the recollection of memories.

Need for the study:

Ageing is a universal process. In the word of Seneca “Old Age is an Incurable Disease. Ageing is a natural process that begins at birth, a process that progresses throughout one’s life and ends at death (Prakash, 2008). The majority of old people are self-sufficient human beings who can carry on normal lives. Old age consists of age nearing the average life span of human beings, and thus the end of the human life cycle (Old age Statistics by World Health Organisation 2015). An estimated, worldwide 121 million were currently suffers from depression, in India there are 76 million elderly people constituting 7.7% of the totalpopulation.

With current demographic trends it is estimated to reach 21%by the year of 2050. In this male are 27,258,259 and female are 30,031,289. It would be projected to increase 17.3 crore in 2026.The life expectancy has increased from 24 years in 1900 to 42 years in 1960 and 53 years in 1971 to 58 year in 1981.Old age dependency ratio will go up from 13 % in 2000 to 32.8 % in 2050.In Chennai 4.36 to 7.81% increased elderly population. Depression becomes a significant part of the health care environment, while many traditional depression management techniques may be effective. It plays an important role in depression management and it should be recognized and encouraged. General practitioners themselves sometimes reinforce this attitude by focusing purely on the treatment of physical symptoms.

Many of these problems are exacerbated by a lack of invest age concern in psychological therapies for older people, which limits the range of effective treatment options available to the patient. The investigator felt that age concern measures to break down the barriers of seeking help, will modify the reluctant behaviour of elderly with depression. Since the elderly staying in geriatric homes are left alone without their family members may aggravate the depression episodes. Reminiscence therapy will enable the elderly to discuss openly and thereby improve their mental status and quality of life.

Objectives of the study:

1. To identify the socio demographic variables of elderly clients.
2. To assess the pre-test level of depression before reminiscence therapyintervention.
3. To evaluate the post-test level of depression after reminiscence therapy
4. To determine the effectiveness of reminiscence therapy intervention byreducing depression among elderly clients.
5. To find association between post-test scores in reduction of depression with theselected demographic variables.

Hypothesis:

H 1: There will be statistically significant difference between pre- test and post -test

scores of the elderly clients with depression undergone reminiscence therapy.

H 2: There will be statistically significant association between post-test level of

depression with selected demographic variables.

Research Methodology:

Research approach: Quantitative approach

Data collection period: The study was done for one month.

Study setting: This study was conducted at Kalaiselvi karunalaya old age home at west mogapair, Chennai

Study design: Pre-experimental one group pre-test and post-test study design.

Study population: The population of the study will comprise the elderly people with depression

residing in old age home.

Sample size: The sample size was 60

Criteria for sample selection:**Inclusion Criteria:**

- Elderly clients with depression in the age group of 60-80 years.
- Elderly clients able to communicate in Tamil or English.

Exclusion criteria:

- Elderly clients who are not willing to participate in the program.
- Elderly clients with acute physical and mental health problems.

Sampling technique

The sampling technique used was convenient sampling

Research variables

Independent variable: Reminiscence therapy

Dependent variable: Depression among elderly

Description of Tool:

The tool consisted of Section A and B

1) Section A: Socio – demographic profile

It included the demographic characteristics of the elderly people, such as age, gender, educational qualification, marital status, past occupation, monthly

income, source of income, duration of stay, monthly visit by family members, number of children, physical illness, and social support.

2) Section B: Structured Questionnaire

Geriatric depression scale was used to assess the level of depression among the elderly people. Geriatrics depression Scale (30 points) is a self-report measure of depression in older adults. The investigator collected the data by interview method. It was YES or NO question type. The items were assessed by the tool scores, which was given based on the nature of questions that is in positive manner for positive type questions and in reverse manner for the negative aspect questions.

The tool consists of 30 items, in which 20 items which indicate when answered Yes, and 10 items which indicate depression when answered no. A total Score was provided which consists of one point from each depressive answers. Non depressive answers were scored as zero and do not add to total score. This form can be completed in approximately 5 to 7 minutes.

The GDS may be used healthy, medically ill and mild to moderately cognitively impaired older adults.

- Minimum score = 0
- Maximum score = 1
- Questions = 30

- Total score = 30

Data collection procedure:

The entire data collection procedure was spread out over a period of one month initially the investigator approaches each elderly client after getting permission from the Director. The investigator selected 70 elderly clients as per the inclusion and exclusion criteria. The elderly clients were introduced with the whole programme after an introduction and then a written informed consent was obtained from them for willingness to participate in the study. They were assured that their responses and details will be kept confidential and will be used only for the research purpose. Before the tool was administered some informal discussion were made with participants to establish rapport so that they would be relaxed.

Geriatric depression scale was used to assess the level of depression among the elders. 70 elderly clients were divided into two groups 35 members and then 35 members were sub-divided into five groups. Pre-test level of depression was assessed in first day of first week. Following the assessment 9 sessions of reminiscence therapy was administered in groups. Group sessions were conducted for 45 minutes to 1 hour, reminiscence therapy was administered using visual tropes, video tropes, actress/actor pictures, historical places, national leaders, political leaders, old movies, experiencing life events. After 10 sessions of reminiscence therapy post-test level of depression was assessed on 20th day.

Schedule of Data Collection Procedure

S.NO	Forenoon 10-12		Afternoon 3-5
DAY1	State about introduction purpose, benefits and techniques of reminiscence therapy. Pre-test was conducted.	L	Informed consent was obtained.
DAY2	Group reminiscence therapy given on freedom fighters such as Bhagatsingh, Rani of Jansi, Sarojini Naidu, Bharathiyar, Veerapandikattabomman.	U	Group reminiscence therapy given on experiences of life events.
DAY3	Group reminiscence therapy given pictures of historical places such as Sri Meenakshi temple, Kapaleeshwar temple, Parathasarathy temple, Mahapalipuram, Pambanpalam bridge, Thirupathi, ArupadiMurugan Temple.	N	Group reminiscence therapy given on freedom fighters such as Bhagatsingh, Rani of Jansi, Sarojini Naidu, Bharathiyar, Veerapandikattabomman.
DAY4	Group reminiscence therapy on national leaders like Mahatma Gandhi, Pandit Jawaharlal Nehru, Shrimathi. Indira Gandhi, Nethaji Subash Chandra Bose, Shri. Sardar Vallabha Patel	C	Group reminiscence therapy given on old audio songs.

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DAY5	Group reminiscence therapy on political leaders such as C.N.Annadurai, C.Rajagopalachari, K.Kamaraj, M.G Ramachandran, P.Subbarayan.	H	Group reminiscence therapy given on video songs.
DAY 6	Group reminiscence therapy on actor\actress such as Padmini, Savithri, Srividya, K.R Vijaya, Manorama, Sridevi and actors such as Kamal Hassan, MGR, Shivajiganaeshan,Rajini ,Nakaesh.		Group reminiscence therapy given on actor\actress.
DAY7	Group reminiscence therapy given on audio songs.		Group reminiscence therapy given on political leaders
DAY8	Group reminiscence therapy given on video songs such as Nenaikatheridhamanameunakumaraikatheriaydha, yen endrakelviengakekadhavazkaielai, syarukagaethuyarukaga.		Group reminiscence therapy given on historical places.
DAY9	Group reminiscence therapy given on old movies such as Thangapathakam, PaalumPazhamum, parasakthi, Padagoti,VasanthaMaaligai, ulagamsuttramvalliban, engalvittupilai.		Group reminiscence therapy given on national leaders.
DAY 10	Group reminiscence therapy given on experiencing life events.		Group reminiscence therapy given on old video movies.

Table-1 Distribution of socio demographic variables of the Elderly People

Demographic variables		F	%
Age	60 -65 years	39	65.0%
	66 -70 years	18	30.0%
	71 -75 years	3	5.0%
Gender	Male	29	48.3%
	Female	31	51.7%
Educational Qualification	No formal education	31	51.7%
	Primary	19	31.7%
	High school	8	13.3%
	Higher secondary	2	3.3%
	College	0	0.0%
Marital status	Unmarried	4	6.7%
	Married	55	91.7%
	Widow	1	1.7%
	Separated	0	0.0%
Past occupation	Unemployed	7	11.7%
	Daily wages	46	76.6%
	Professional	7	11.7%
Family Monthly income	Below Rs.5000	20	33.3%
	Rs.5000-10,000	30	50.0%
	Rs.10,000-15,000	10	16.7%
	>Rs.15000	0	0.0%
Source of income	Pension	4	6.7%
	Deposit	17	28.3%
	Family Members	34	56.7%
	Institution	5	8.3%

Duration of stay	One week	27	45.0%
	Fifteen days	29	48.3%
	One month	4	6.7%
	>One month	0	0.0%
Frequency of visit by family members	Daily	10	16.7%
	Once in a week	18	30.0%
	Twice in a week	31	51.6%
	Thrice in a week	1	1.7%
	Never	0	0.0%
Number of children	One	5	8.3%
	Two	30	50.0%
	Three	21	35.0%
	None	4	6.7%
Physical illness	Diabetes Mellitus	20	33.3%
	Hypertension	24	40.0%
	Respiratory problems	10	16.7%
	Others	6	10.0%
Social support	Friends	2	3.3%
	Family members	34	56.7%
	Relatives	24	40.0%
	None	0	0.0%

Table 2: Pre-test Level of depression Score

Level of depression	No. of clients	%
No depression	0	0.0%
Mild depression	4	6.7%
Moderate depression	39	65.0%
Severe depression	17	28.3%
Total	60	100%

Table 3: Post-test Level of depression score

Level of depression	No. of clients	%
No depression	12	20.0%
Mild depression	34	56.7%
Moderate depression	14	23.3%
Severe depression	0	0.0%
Total	60	100%

Table 4: Comparison of Pretest and Posttest Score

	No. of clients	Knowledge score Mean $\pm$ SD	Mean Difference	Student's paired t-test
Pre-test	60	27.55 $\pm$ 3.61	11.18	t=17.43 P=0.001*** significant
Post-test	60	16.37 $\pm$ 4.68		

*** very high significant at $P \leq 0.001$

Table 5 Effectiveness of reminiscence therapy

	Max score	depression score Mean $\pm$ SD	Mean Difference of depression score with 95% Confidence interval	Percentage of reduction score with 95% Confidence interval
Pre-test	40	27.55 $\pm$ 3.61	11.18(9.90 – 12.47)	27.9%(24.7% –31.2%)
Post-test	40	16.37 $\pm$ 4.68		

Table 6: Association between pre-test level of depression score and demographic variables

Demographic variables		Pretest level of depression						Total	Chi square test
		Mild		Moderate		Severe			
		N	%	N	%	N	%		
Age	60 -65 years	1	2.6%	25	64.1%	13	33.3%	39	$\chi^2=5.92$ P=0.20 DF=4
	66 -70 years	3	16.7%	11	61.1%	4	22.2%	18	
	71 -75 years			3	100.0%			3	
Gender	Male	2	6.9%	16	55.2%	11	37.9%	29	$\chi^2=2.66$ P=0.26 DF=2
	Female	2	6.5%	23	74.2%	6	19.4%	31	
Educational Qualification	No formal education	3	9.7%	21	67.7%	7	22.6%	31	$\chi^2=4.58$ P=0.59DF=6
	Primary			12	63.2%	7	36.8%	19	
	High school	1	12.5%	4	50.0%	3	37.5%	8	
	Higher secondary			2	100.0%			2	
Marital status	Unmarried			3	75.0%	1	25.0%	4	$\chi^2=0.94$ P=0.91 DF=4
	Married	4	7.3%	35	63.6%	16	29.1%	55	
	Widow			1	100.0%			1	
Past occupation	Unemployed	1	14.3%	6	85.7%			7	$\chi^2=6.23$ P=0.17DF=4
	Daily wages	1	2.2%	30	65.2%	15	32.6%	46	
	Professional	2	28.6%	3	42.9%	2	28.6%	7	
Family monthly income	Below Rs.5000	2	10.0%	14	70.0%	4	20.0%	20	$\chi^2=3.21$ P=0.52DF=4
	Rs.5000-10,000	2	6.7%	17	56.7%	11	36.7%	30	
	Rs.10,000-15,000			8	80.0%	2	20.0%	10	
Source of income	Pension			2	50.0%	2	50.0%	4	$\chi^2=5.55$ P=0.47 DF=6
	Deposit	2	11.8%	10	58.8%	5	29.4%	17	
	Family Members	2	5.9%	25	73.5%	7	20.6%	34	
	Institution			2	40.0%	3	60.0%	5	
Duration of stay	One year	2	7.4%	18	66.7%	7	25.9%	27	$\chi^2=0.54$ P=0.96 DF=4
	2-5years	2	6.9%	18	62.1%	9	31.0%	29	
	>5years			3	75.0%	1	25.0%	4	
Frequency of visit by family members	Weekly once			5	50.0%	5	50.0%	10	$\chi^2=4.07$ P=0.66 DF=6
	Once in a month	1	5.6%	12	66.7%	5	27.8%	18	
	Twice in a month	3	9.7%	21	67.7%	7	22.6%	31	
	Once in a year			1	100.0%			1	
Number of children	One			4	80.0%	1	20.0%	5	$\chi^2=3.75$ P=0.70 DF=6
	Two	3	10.0%	18	60.0%	9	30.0%	30	
	Three	1	4.8%	13	61.9%	7	33.3%	21	
	None			4	100.0%			4	
Physical illness	Diabetes Mellinus	1	5.0%	12	60.0%	7	35.0%	20	$\chi^2=3.55$

	Hypertension	2	8.3%	17	70.8%	5	20.8%	24	P=0.73DF=6
	Respiratory problems			6	60.0%	4	40.0%	10	
	Others	1	16.7%	4	66.7%	1	16.7%	6	
Social support	Friends			1	50.0%	1	50.0%	2	$\chi^2=0.78$ P=0.94 DF=3
	Family members	2	5.9%	22	64.7%	10	29.4%	34	
	Relatives	2	8.3%	16	66.7%	6	25.0%	24	
	None					0	0.0%	1	

Table 7: Association between post-test level of depression score and demographic variable

Demographic variables		Posttest level of depression						Total	Chi square test
		Mild		Moderate		Severe			
		N	%	N	%	N	%		
Age	60 -65 years	12	30.7%	21	53.8%	6	15.3%	39	$\chi^2=9.68$ P=0.05* DF=4 S
	66 -70 years	0	0.0%	11	61.1%	7	38.9%	18	
	71 -75 years	0	0.0%	2	66.7%	1	33.3%	3	
Gender	Male	10	34.5%	15	51.7%	4	13.8%	29	$\chi^2=8.31$ P=0.02*DF=2 S
	Female	2	6.4%	19	61.3%	10	32.2%	31	
Educational Qualification	Non formal education	8	25.8%	16	51.6%	7	22.6%	31	$\chi^2=6.57$ P=0.36 DF=3
	Primary	2	10.5%	14	73.7%	3	15.8%	19	
	High school	1	12.5%	4	50.0%	3	37.5%	8	
	Higher secondary	1	50.0%			1	50.0%	2	
Marital status	Unmarried			3	75.0%	1	25.0%	4	$\chi^2=5.04$ P=0.28 DF=4
	Married	11	20.0%	31	56.4%	13	23.6%	55	
	Widow	1	100.0%					1	
Past occupation	Unemployed	1	14.3%	5	71.4%	1	14.3%	7	$\chi^2=2.90$ P=0.57 DF=4
	Daily wages	11	23.9%	24	52.2%	11	23.9%	46	
	Professional			5	71.4%	2	28.6%	7	
Family monthly income	Below Rs.5000	0	0.0%	17	85.0%	3	15.0%	20	$\chi^2=16.85$ P=0.01** DF=3 S
	Rs.5000-10,000	8	26.6%	11	36.7%	11	36.7%	30	
	Rs.10,000-15,000	4	40.0%	6	60.0%	0	0.0%	10	
Source of income	Pension			3	75.0%	1	25.0%	4	$\chi^2=8.44$ P=0.20 DF=6
	Deposit	2	11.8%	12	70.6%	3	17.6%	17	
	Family Members	10	29.4%	17	50.0%	7	20.6%	34	
	Institution			2	40.0%	3	60.0%	5	
Duration of stay	One year	9	33.3%	16	59.2%	2	7.4%	27	$\chi^2=10.32$ P=0.04*DF=4 S
	2-5years	3	10.3%	16	55.2%	10	34.5%	29	
	>5years	0	0.0%	2	50.0%	2	50.0%	4	
Frequency of visit by family members	Weekly once			6	60.0%	4	40.0%	10	$\chi^2=6.46$ P=0.37 DF=6
	Once in a month	4	22.2%	12	66.7%	2	11.1%	18	
	Twice in a month	8	25.8%	15	48.4%	8	25.8%	31	
	Once in a year			1	100.0%			1	
Number of children	One	2	40.0%	2	40.0%	1	20.0%	5	$\chi^2=3.59$ P=0.73DF=6
	Two	6	20.0%	17	56.7%	7	23.3%	30	
	Three	4	19.0%	13	61.9%	4	19.0%	21	
	None			2	50.0%	2	50.0%	4	
Physical illness	Diabetes Mellitus	6	30.0%	11	55.0%	3	15.0%	20	$\chi^2=5.31$ P=0.50 DF=6
	Hypertension	4	16.7%	13	54.2%	7	29.2%	24	
	Respiratory problems			7	70.0%	3	30.0%	10	
	Others	2	33.3%	3	50.0%	1	16.7%	6	
Social support	Friends			2	100.0%			2	$\chi^2=2.16$ P=0.70 DF=6
	Family members	6	17.6%	19	55.9%	9	26.5%	34	
	Relatives	6	25.0%	13	54.2%	5	20.8%	24	
	None			0	100.0%			0	

Table 8: Association between posttest level of depression score and demographic variables.

Demographic variables		n	Depression reduction score						Oneway ANOVA F-test and t-test
			Pretest		Posttest		Depression reduction=pre-post		
			Mean	SD	Mean	SD	Mean	SD	
Age	60 -65 years	39	27.82	3.16	13.95	4.95	13.87	5.18	F=3.65P=0.03* S
	66 -70 years	18	27.50	4.54	17.00	3.47	10.50	4.40	
	71 -75 years	3	24.33	1.53	14.80	5.51	9.53	4.53	
Gender	Male	29	27.69	4.14	14.83	4.75	12.86	5.24	F=1.99 P=0.05* S
	Female	31	27.42	3.10	17.14	4.66	10.28	4.77	
Educational Qualification	Non formal education	31	27.19	3.91	16.03	5.00	11.16	5.29	F=0.15 P=0.92
	Primary	19	28.47	2.74	16.95	4.08	11.53	3.19	
	High school	8	27.75	4.17	16.75	4.53	11.00	7.09	
	Higher secondary	2	23.50	.71	14.50	9.19	9.00	8.49	
Marital status	Unmarried	4	29.00	1.63	18.50	4.51	10.50	3.70	F=0.32 P=0.72
	Married	55	27.49	3.72	16.33	4.67	11.16	5.09	
	Widow	1	25.00	.	10.00	.	15.00	.	
Past occupation	Unemployed	7	26.86	2.85	15.29	3.40	11.57	3.26	F=3.00 P=0.06NS
	Coolie	46	27.85	3.63	16.09	4.91	11.76	4.82	
	Professional	7	26.29	4.27	19.29	3.40	7.00	5.89	
Monthly income	Below Rs.5000	20	27.50	3.02	19.50	3.33	8.00	4.29	F=2.41 P=0.03* S
	Rs.5000-10,000	30	27.40	4.31	15.97	5.74	11.43	5.90	
	Rs.10,000-15,000	10	28.10	2.42	14.30	3.40	13.80	2.66	
Source of income	Pension	4	28.50	2.89	16.00	.82	12.50	3.00	F=0.34P=0.79
	Deposit	17	27.47	3.45	16.88	4.27	10.59	5.57	
	Family Members	34	27.06	3.63	15.53	5.00	11.53	4.86	
	Institution	5	30.40	4.04	20.60	3.85	9.80	5.63	
Duration of stay	One year	27	27.37	4.06	14.58	5.34	12.79	5.28	F=2.01 P=0.05*S
	2-5years	29	27.38	3.31	17.38	4.23	10.00	5.06	
	>5years	4	30.00	1.63	19.45	3.59	9.55	2.22	
Frequency of visit by family members	Weekly once	10	30.60	2.22	19.30	4.19	11.30	3.71	F=0.59 P=0.62
	Once in a month	18	27.28	3.56	14.89	4.43	12.39	5.41	
	Twice in a month	31	26.74	3.62	16.23	4.74	10.52	5.13	
	Once in a year	1	27.00	.	18.00	.	9.00	.	
Number of children	One	5	28.40	2.88	14.00	6.08	14.40	3.58	F=2.04 P=0.11
	Two	30	27.47	3.51	16.47	4.82	11.00	4.71	
	Three	21	27.71	4.20	16.14	4.26	11.57	5.14	
	None	4	26.25	2.22	19.75	3.50	6.50	5.51	
Physical illness	Diabetes Mellitus	20	27.65	3.77	15.55	4.77	12.10	5.24	F=0.43 P=0.71
	Hypertension	24	27.54	3.24	16.50	5.05	11.04	4.66	
	Respiratory problems	10	28.50	2.99	18.50	3.24	10.00	4.78	
	Others	6	25.67	5.39	15.00	4.73	10.67	6.28	
Social support	Friends	2	30.50	.71	15.00	.00	15.50	.71	F=0.77P=0.46
	Family members	34	27.74	3.33	16.68	4.88	11.06	4.68	
	Relatives	24	27.04	4.05	16.04	4.67	11.00	5.50	

Discussion:

The pre-test and post-test level of depression score among elderly people before reminiscence therapy is 6.7% of them have mild depression, 65% of them have moderate depression, 28.3% of them have severe depression. After reminiscence therapy, 20% of the elderly have no depression, 0% of them have severe depression, 23.3% of them have moderate depression and 56.7% have mild depression. The post-test depression score was statistically significant.

The comparisons of overall depression score between pre-test and post-test. The elderly people reduced by 27.9% of depression level after reminiscence therapy. In comparing mean depression score, the differences between pre-test and post-test and it shows statistically significant ($P=0.001$). Overall depression score of elderly people between pre-test and post-test difference is 11.15. Differences between pre-test and post-test score was analysed using proportion with 95% CI and mean differences with 95% CI. This results showed the effectiveness of the reminiscence therapy.

CONCLUSION:

Education in evidence based care gives the opportunity to nurses to improve their ability to use theoretical knowledge in practice. Depression is the factors which causes more psychological problems in our life. It occurs when a person has difficulty dealing with life situations, problems and goals. Each person handles depression differently; someone can thrive in a situation that creates great depression for another.

This study concluded that nurse's role in managing the depression is mandatory. Through reminiscence therapy, the elderly people's depression had got reduced 27.9%. So this reduction in depression level reflects the effectiveness of reminiscence therapy. So the nurses should educate the elderly people in old age the advantages of reminiscence therapy.

Recommendation:

- Keeping in view, the finding of the present study can be used as a guide for future research. A similar study can be replicated with on a large sample in different setting.
- A longitudinal study can be undertaken to find out the long term effect of reminiscence therapy on depression.
- A comparative study can be conducted between adults and elderly.
- A comparative study can be conducted between individual reminiscence therapy and group reminiscence therapy.

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