Will Expressive Arts Therapy enhance positive outcomes on symptoms control and quality of life for elderly with mood problem

Chan SM(1), Lam KYE(1), Lee KL(1), Chung CL(1), Wu MP (1)

(1) Psychogeriatric Ambulatory Day Care Centre, Ward L8, Kwai Chung Hospital

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Introduction
In line with Kwai Chung Hospital new service direction in 2014 on “Recovery Oriented Practice for older Adults”, Psychogeriatric Ambulatory Day Care Centre (PGACC) would like to adopt Expressive Arts Therapy as a group activity, to conduct a pilot study for a group of mentally ill elderly who being diagnosis with mood problem like depression, dysthymia or anxiety. Afterward, nurses will evaluate its effectiveness on enhancement of symptoms control and quality of life for the target group. According to International Expressive Arts Therapy Association (IEATA) established in 1994, by integrating the arts processes and allowing one to flow into another, we gain access to our inner resources for healing, clarity, illumination and creativity. The artworks are not primary, and the arts are used to self-express and to gain insight.

Objectives
To explore Expressive Arts Therapy’s effect on improving symptom control for elderly with mood problem To understand Expressive Arts Therapy’s effect on enhancing mood function and psychosocial well-being for elderly with mood problem. To investigate how Expressive Arts Therapy, as a group activity, can enhance communication among mood problem elderly.

Methodology
This pilot study was carried out in Psychogeriatric Ambulatory Day Care Centre (PGACC), Kwai Chung Hospital. A randomized control trial was adopted. A Postgraduate student of Master of Expressive Arts Therapy from University of Hong Kong will conduct the program. Psychiatric nurse will help to coordinate the program, to conduct surveys on pre-assessment and post-assessment and to analysis
collective data to explore the impact of Expressive Arts Therapy on enhancement on symptoms control and quality of life. Various validated and reliable instruments were employed including symptom severity, mood level and psychosocial conditions such as Generalized Anxiety Disorder GAD-7(Hong Kong), Geriatric Depression Scale GDS-15 and Satisfaction with Life Scale SWLS-5. The participants were diagnosed with different levels of mood problem. Two identical sessions were arranged per week in either Tuesday (group A) or Friday (group B). Each session run for 2 hourly. Participants were randomized to be fixed into one of the group.

**Result**

15 elderly consented to join the workshop from July 2014 to Oct 2014. 13 of them with attendance rate meet over 75% to 100%. 2 participants drop out due to physical problem and the other 2 attendance rate below 50%, not invited to complete post-assessment Table 7: Summary of Mean and Standard Deviation of Pre and Post Test on GAD, SWLS and GDS N Mean Std. Deviation GAD (Pre) 15 6.87 5.527 GAD (Post) 11 2.09 2.625 SWLS (Pre) 15 15.27 4.480 SWLS (Post) 11 28.27 2.195 GDS (Pre) 15 5.87 3.461 GDS (Post) 11 1.55 2.162 The numerical data of GAD, GDS and SWLS were summed up and analyzed using SPSS (version 20). By comparing the pre and post assessment data, the mean score of GAD and GDS with significant reduction which indicate there is some degree on positive improvement on symptoms control. For SWLS, the mean score with addition which indicate that the quality of life of the participants with some degree of improvement.