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1. Is a physical activity program not the solution for older people with depressive symptoms?

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This interesting study compares two different approaches for management of depressed feelings in elderly in primary care in a RCT. Both groups of elderly consisted of patients with low mood who did want help for these feelings, when asked. Both groups improved but no differences were found between the intervention group with a physical activity component as well as goal setting and social interaction, and the controls who received only a social interaction ingredient.

How can this be explained?

The authors briefly touch upon the fact that depression in primary care has a rather favorable course and that many patients will improve over time, no matter what the intervention is. They also think that the elderly in the physical activity group might not have improved more than the controls because of the low adherence to the physical activity intervention.

However, there are many other possible explanations to consider. To start a discussion, I would like to discuss the following:

- Inclusion happened after screening. Even though an additional help question was used, these elderly did not consult actively with their depressed feelings as reason for encounter. Screening for depression does not always lead to better outcomes(1;2). Treating patients who do not actively seek help probably means treating many patients who say yes to help, if asked, but might not really need treatment. Many might have improved on their own or with other support. This might dilute the effects of any intervention to a point where no differences are found between groups, as in this case.
- Another reason might be the outcome measures that were used: increase in physical function might not address the symptoms that bother the patient most, even though their physical condition improves in general.
- Even though goal setting seems a very sensible and person centered approach, the fact that every patient gets the same program in which only the intensity of the physical activity is adjusted to the patients level of physical fitness might be too rigid. The uniformity of the physical activities does not sound very person centered and might not lead to the sort of improvement the patients wished for themselves, even though they are fitter.
- In the discussion, authors state that 'this is a group of patients hard to treat'. However, is this true or are we trying too hard, treating many patients who should not be 'formally' treated(3)?

This study again shows that the concept of depression in family practice is difficult to fathom and fully understand, as is its management. There is still a lot to study before we have all the answers, if ever.

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