

Adaptation of a Depression Self-management Intervention for Adults with Chronic Physical Conditions to Include Caregivers: Preliminary findings

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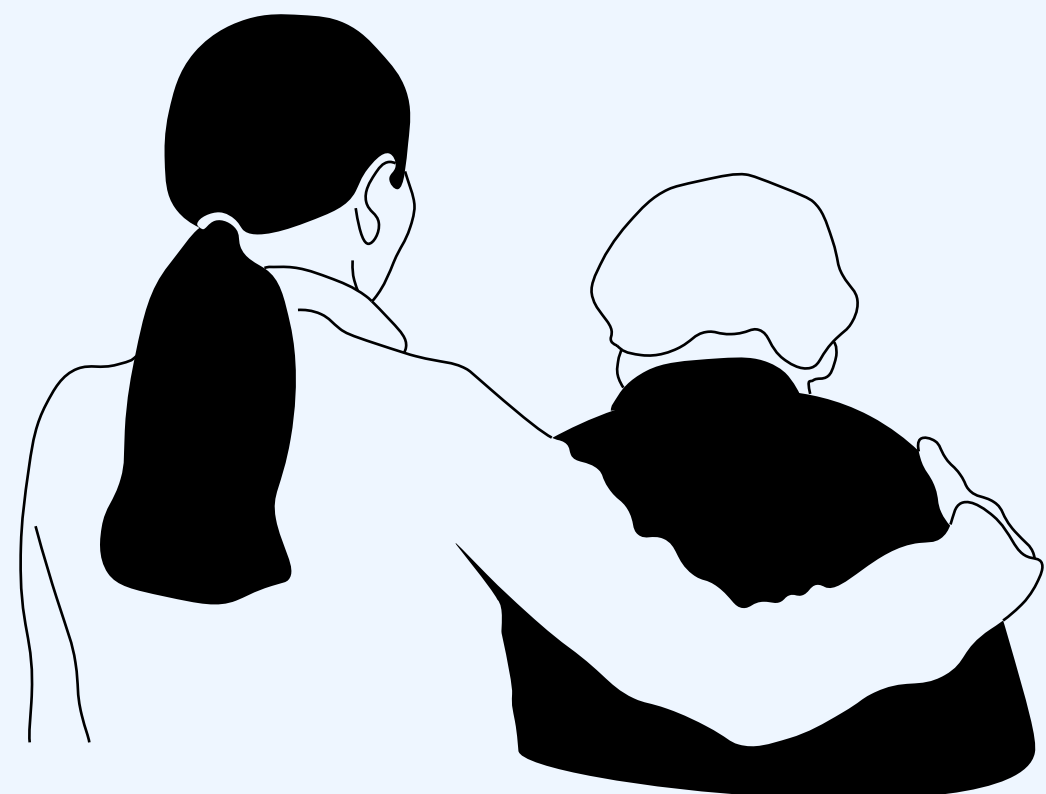
BACKGROUND

Caregivers provide over 70% of the care needed by those with chronic illnesses.¹ Caregiver often experience negative mental health impacts but have access to fewer services than patients.¹

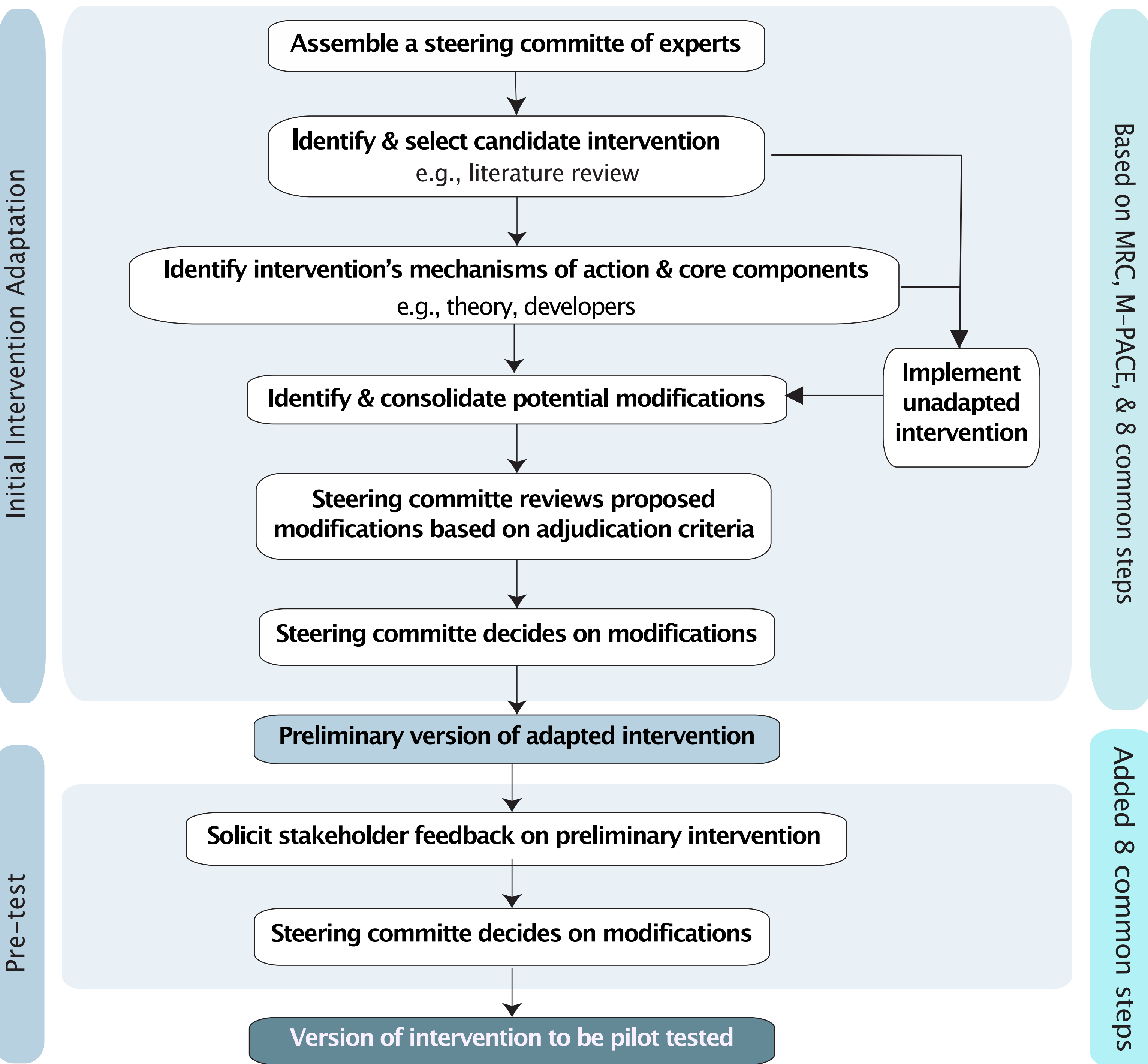
Conservatively, it is estimated that approximately 20% of both caregivers and adults with chronic illnesses experience depression.^{2,3,4}

Dyadic interventions which include both patients and caregivers have been shown to increase adherence and offer an avenue for also targeting caregivers' needs.⁵

One acceptable cost-effective avenue to support those with chronic conditions and their caregivers are **dyadic self-management interventions**.



The Consolidated Intervention Adaptation Process (COINS)



PRELIMINARY RESULTS

Based on a 75% supermajority agreement among committee members:

- 28 of the 35 proposed changes retained (e.g., self-care information for caregivers)
- Those excluded were mainly due to feasibility concerns (e.g., online group chat)

Acceptability questionnaires (n=5 patients/caregivers; n=6 HCPs):

- Median TAP scores: 28/32 patients/caregivers; 25.5/32 for HCPs
- Median CSQ-8 scores: 14/16 for patients and caregivers; 12.5/16 for HCPs

Acceptability interviews indicate:

- Most common concern was that the intervention may only be appropriate for a subset of dyads (e.g., motivated, strong communication skills).
- Volume of material may be overwhelming
- Suggested changes: partitioning content into multiple booklets, adding examples that are more inclusive of different populations (e.g., younger adults)

CONCLUSION

The findings help address two gaps in the literature by providing:

- Data on challenges and potential benefits of dyadic intervention with adults with chronic illnesses and their caregivers
- Detail on actionable steps of a theoretically and empirically informed intervention Adaptation

ACKNOWLEDGEMENTS

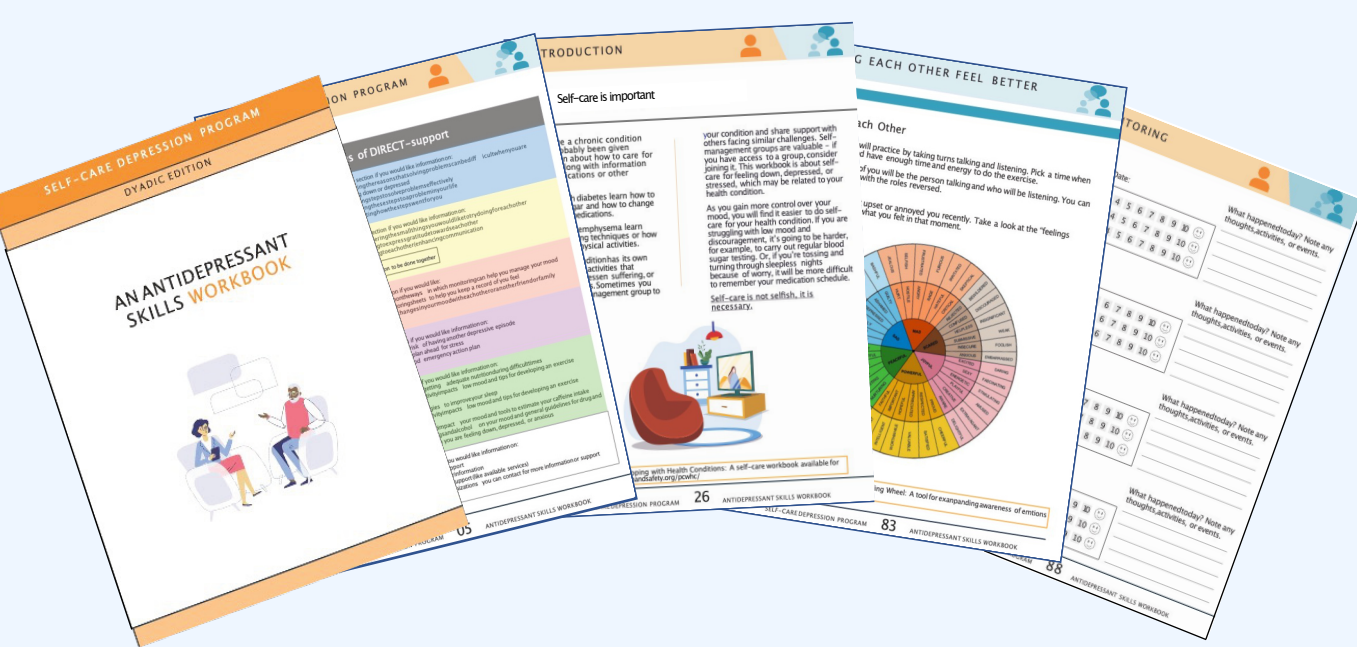
This project was funded with generous support from the Fonds de Recherche du Québec (FRQS), Réseau de recherche portant sur les interventions en sciences infirmières du Québec (RRISQ), Réseau de recherche en santé des populations du Québec (RRSQP), Bureau de coopération interuniversitaire (BCI), and the Nursing Collaborative of the Ingram School of Nursing at McGill University.

METHODS

We developed the **C**onsolidated **I**ntervention **a**daptation **N** proces**S** (COINS). COINS was informed by the Medical Research Council guidance⁶ as well as two frameworks: M-PACE⁷, which outlines broad steps and reflects patient-oriented research, and 2) a scoping review⁸ that identified 8 commonly used steps across adaptation frameworks.

A steering committee of 10 experts adjudicated on proposed changes generated from semi-structured interviews with target users of the adapted intervention and clinicians (n = 21).

Decisions were based on three criteria: **importance for effectiveness, feasibility, and congruence** with core components of the original intervention, relevant theory, and findings of two systematic reviews by our team.⁷



Selected changes were integrated into the intervention. Acceptability of the preliminary dyadic version is being assessed through semi-structured interviews and two validated measures, Treatment Acceptability and Preferences (TAP)⁹ and Client Satisfaction Questionnaire (CSQ-8)¹⁰, being completed by stakeholders.

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