

Conclusion: The results provide some support for the idea that older adults have greater stigma for mental illness and suggest the importance of age-differentiated interventions for reducing the stigma of mental illness.

P158: Efficacy of a self-help cognitive-behavioral therapy (GSH-CBT) guided by lay providers for generalized anxiety disorder (GAD) in older adults: preliminary results

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Background: Only a small proportion of older adults with generalized anxiety disorder (GAD) seek professional help. One reason is the lack of access to mental health professionals licensed to provide psychotherapy. One way to improve access to psychotherapy is through guided self-help (GSH). GSH based on the principles of cognitive-behavior therapy (GSH-CBT) can be guided by trained lay providers (LPs). The purpose of this poster is to report preliminary results from a multisite randomized controlled trial testing the efficacy of a GSH-CBT guided by LPs for GAD in older adults.

Methods: The sample included 150 participants (≥ 60 years old) with a diagnosis of threshold or subthreshold GAD randomly assigned to: 1) GSH-CBT guided by LPs ($n = 75$) or 2) waiting list ($n = 75$). The GSH-CBT lasted 15 weeks. Participants used a manual presenting weekly reading and at-home exercises. They also received weekly support calls (30 minutes maximum) by LPs (undergraduate psychology students) supervised by psychologists. Repeated-measures regression models were used to compare changes in the groups before and after 15 weeks on three outcomes: severity of GAD symptoms (Generalized Anxiety Disorder 7-item; GAD-7), tendency to worry (Penn State Worry Questionnaire; PSWQ), and level of anxiety (Geriatric Anxiety Inventory; GAI).

Results: At the first assessment, both groups were similar in terms of age, sex, level of education, marital status, occupation, and did not differ significantly on outcomes. The GSH-CBT group decreased significantly on all three outcomes (GAD-7: -4.8, 95% CI [-5.7, -3.8], PSWQ: -11.7; 95% CI [-13.6, -9.9], GAI: -5.3 95% CI [-6.5, -4.1]) while the waiting list group remained stable over 15 weeks (GAD-7: -0.3, 95% CI [-1.2, 0.6], PSWQ: 0.7; 95% CI [-1.2, 2.5], GAI: -0.7 95% CI [-1.9, -0.5]).

Conclusions: GSH-CBT guided by LPs appears to be an effective intervention for reducing severity of GAD symptoms, tendency to worry, and level of anxiety in older people with GAD. Further analyses will be conducted to test whether the intervention differs in efficacy between participants with a threshold vs. subthreshold GAD. The maintenance of long-term gains (6 and 12 months after the intervention) will also be tested.

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