

**Title** Development and Pilot Evaluation of a Psychosocial Intervention Program for Patients with Age-Related Macular Degeneration

**Authors** Birk, T., Hickl, S., Wahl, H-W., Miller, D., Kammerer, AN., Holz, F., Becker, S., & Bolvker, H. E.

**Year** 2004

**Target Population** Patients with age-related macular degeneration

**Key Words** psychosocial, macular degeneration, intervention

### Brief Description

A preliminary evaluation of a five-week psychosocial intervention program consisting of six modules was found to produce several positive outcomes in patients with age-related macular degeneration.

### Article Summary

This study found that a program addressing the psychological needs of older adults with macular degeneration increased these patients' positive affect and decreased depressive symptoms. This preliminary evaluation found the program to be easily implemented.

The pilot study, published in *The Gerontologist*, tested a psychological intervention program for patients with age-related macular degeneration. All participants met the definition of macular degeneration by having 20/70 vision or worse and all were aged 60 to 80 years. The program was implemented in a clinical setting and consisted of six modules intertwined through five weeks of group sessions, with specific sessions emphasizing certain modules. The six modules focused on:

1. Learning progressive muscular relaxation, a method that involves participants' tensing and relaxing muscles throughout their bodies;
2. Exchanging personal experiences, with participants sharing difficulties they have faced in life due to macular degeneration and how they dealt with those problems;
3. Understanding the interaction among thought, affect, and behavior, with the goal of learning coping skills for negative thoughts and feelings;
4. Identifying resources and recognizing leisure behaviors in which participants could still participate;
5. Acquiring problem solving skills (e.g., asking for help, using their other senses, and changing their environment) to help participants to address their own current and future problems;
6. Gaining general information such as rehabilitation options, home modification possibilities, and available self-help groups.

Two group leaders trained in psychology taught these modules in groups of three to six participants in the experimental group (n=14). Participants in the comparison group (n=8) received no intervention. Instead, researchers simply informed these participants that the purpose of the study was to learn more about their daily challenges.

---

Birk and colleagues demonstrated that compared to the comparison group, participants who received the intervention had better outcomes on several measures. Experimental group participants reported a decrease in depressive symptoms, increases in functional abilities such as coin identification, increases in the ability to cope with illnesses, and an improved sense of autonomy. Participants who received the intervention did not show an increase in negative affect while those in the comparison group did have increased negative affect. There was no difference in positive affect between the two groups. Researchers obtained these measures by conducting various validated assessments (e.g., Positive and Negative Affect Schedule, Geriatric Depression Scale) during pre- and post-intervention interviews with the participants.

This pilot study, which was conducted in a hospital setting, supports the use of psychosocial interventions with patients diagnosed with macular degeneration and highlights several recommendations. Practitioners can produce positive results by implementing a brief 5-week program that focuses on coping and adaptive skills. This study recommends the use of two trainers to implement this program in order to ensure all the material is covered and that the individual needs of all the participants are met.

---

*The contents of this website were developed under a grant from the [National Institute on Disability, Independent Living, and Rehabilitation Research](#) (NIDILRR grant number 90RT5043). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this website do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.*