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Consequences of Depression Reduction Program for the Chronic Disease Patients through Dharma Practices

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Abstract

This quasi-experimental research was to identify the effects of program to reduce depression in non-chronic disease patients through Dharma practice. 100 Chronic Disease patients admitted for treatments were from the Makarak Hospital, Kanchanaburi Province. The primary data collected was through questionnaires inquiring about their personal data and the application of Thai depression inventory (TDI) to assess their depressions, before and after the being trained by Dharma practice. Content analysis was applied with the qualitative data whereas the descriptive statistics and t-test were used SPSS were used for quantitative analysis has been employed with SPSS, percentage, means, standard deviation and t-test.

The results of the study revealed that the level of depression of the experiment group after experiment significantly decreased at 0.01 levels. The reduction program for depression through Dharma practice could therefore reduce depression in the non-chronic disease patients.

Key Words: Depression, Chronic Disease Patients, Dharma Practice

Introduction

Depression is a complication of the chronic ailment and it is predicted to rise into one third of an individual to be under depression. Chronic diseases require medication, which affects living and leads to stress, despair and depression. Depression comes with diabetes and other critical chronic diseases, i.e. high blood pressure, which is another group of chronic disease. If it were not continually medicated, it could not have been under controlled to normalcy and might have been ensued by complicacy.

Depression might be found among common people upon met with loss, stress and realizing oneself valuelessness. Should such situation grow more intense and prolonged; it signaled encountering depression (Srimo-on et al2011: 108). Mood disorders are the major symptom including behavior and distorted thinking. The emotional symptoms are depressive symptom, boredom, disinterest and loss interest. The behavioral symptoms are anorexia, insomnia and lethargy. The thinking symptoms are feeling valuelessness, helplessness, burdensome to others, feeling despair, thought of death and self-harm. Depression can be found at any age-range especially among the youth and the aged. This disease affects lifestyle of the patients, which disables their working, self-care, and reduces daily routine works. It affects oneself and people around him/her. It also affects the patients on their existing disease

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such as cardiopathy and diabetes and so on. Depression is a group of symptoms affecting the psychological expression and biases (Ek-warangkul, 2010:6-8).

The Makarak Hospital Kanchanaburi Province has organized quality life activities for the non-chronic disease through Dharma practices and applied to treat patients by locally tradition-integrated modern medication to cover four dimensions, i.e. physical health, mental health, intellectual health and social health. The findings would become the process of health promotion and developing an approach to take care patients as in the Buddhist teachings advising to examine ailment is normal and all can be sick and must be treated without any contempt (The Thai Tipitaka Vol. IV No.14, p.21). The Buddhist doctrines attracts and are applied with patients through integrated Buddhist way because no medicinal science in this world can treat patients in all their ailments because medical science is found with some weakness and imperfection. To bridge medication with physical and mental happiness and to enable patients to lead their lives through co-existence with other in societies, it is necessary to introduce "Integrating Buddhism and Modern Science enabling to optimize holistic medication to well settling with the modern medication" (Kulsirichai, 2013). "Exchanging of personal experience on self-treatment" affects the perception of self-care benefits, knowing how to be cautious about disease and receiving other health services and it betters the health" (Phrapalad Somchai Payogo & Uthai Sudsukh, 2015). The studies of Pookkahoot and Phuttikhamin (2012) find that praying brings delights and peace of the mind, relax from worries and during praying, the mind of the prayers is focused with the praying words. This brings contemplation and during contemplation, the body will release endorphin more that prevail absorbed happiness in the body or having happiness.

Therefore, the researchers has experimented the knowledge set in Buddhism to be applied in the health promotion among the chronic patients in order to study their health before and after advised with the health promotion program through Dharma practice. It was expected to gain the appropriate model enabling to design policy leading to constructive practices or to apply or to integrate solutions in treating the current and future chronic disease patients, accordingly.

Research Objectives

To study the effects of reduction program on depression in Chronic Disease patients through Dharma practice.

Hypothesis

Depression in the non-chronic disease patients is more decreased after experiment than before the experiment

Definition of the Terms

Dharma Practice is referred to a process to treat patients who are cared by the integrated medication between Buddhism and Medical Science. It involves three elements: praying, contemplating and dharma talks and three Es: eating, exercising and emotional controls including another one, which is perfecting a routine daily life cycle.

Research Methodology

This was a pre-post quasi-experiment research conducted with non-chronic disease patients diagnosed infected by either diabetes or high blood pressure or cardiovascular diseases medicated in the Makarak Hospital: Kanchanaburi Province under the qualification of on communication limits. The TDI (the Thai Depression Inventory) was applied in order to assess their depression score with the average of more than 35 scores, which is the highest

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value counted as the acute level. 100 patients were willing to participate in the program. They were divided into two groups as below.

1) The control group contained 50 patients under normal medication in the Makarak Hospital but inconvenient to attend training outside the hospital.

2) The experiment group contained 50 patients medicated in the Makarak Hospital and was willing to attend the depression reduction program through Dharma practices in the Good Health Camp in the Buddhist Way: Office of the Buddhist Studies and Dharma Practice of the Buddhiwongsamuni Wangkra Jae, Sai Yok, Kanchanaburi Province.

The organization was divided into three phases, i.e.

1) Operation Period: the researcher has developed the depression reduction program with Dharma practice into Step 1 – exploring texts,, books, writings, researches and articles related to treating the non-chronic disease patients based on the Buddhist doctrines and modern medical principles. Step 2 - developing a depression reduction program with Dharma practice characterized by training being checked by experts for its perfection, and improving its contents as being advised by experts. Step 3 – conducting try-out with the non-chronic disease group medicated in the Makarak Hospital in order to find the reliability of the instrument and re-improve more perfect contents.

2) Application Period contained

(1) Selecting the sample groups as mentioned above,

(2) Pursuing the research as in the timeline; **The Control Group** of 50 patients were medicated in the Makarak Hospital but inconvenient to attend training outside the hospital but they were educated of hygiene, diseases, and non-chronic diseases affecting their health. Dharma practices were considerably introduced for selfcare, i.e. praying to treat tension, appropriate Dharma practices, prudently taking meals, and advised them to continue the practices at their homes. The Experimental Group of 50 patients were also medicated in the Makarak Hospital but were willing to attend the depression reduction program through Dharma practices twice with two nights and three days in the Good Health Camp in the Buddhist Way: Office of the Buddhist Studies and Dharma Practice of the Buddhiwongsamuni. Tambol Wang Kra Jae, Amphoe Sai Yok: Kanchanaburi Province. Activities were 1) three elements: praying, contemplating and dharma talks, 2) three Es: eating, exercising and emotional controls including 3) another one is routine affairs by life clock. The period of training consumed two nights and three days. They were educated from expert on consuming health meals, good health creation, Buddhist self-reliance, and meditation therapy for 30 minutes a day, Quality life development with Dharma practices in the morning and in the evening , 30-minute praying, 30-minute meditation (sit and walk with 15 minutes each), 20-minute Dharma talks, and knowledge exchange activity and so on.

3) Evaluation Period: the TDI was applied with the samples before and after the health promotion with dharma practices. The control group was evaluated before being educated on hygiene and basic Dharma practices. Then they were advised to continue at home for two weeks and they were made appointment for quality life evaluation. On the contrary, the experimental group has undertaken TDI before training and was evaluated again after the second training.

Research Instruments

A TDI questionnaire was employed in this research and it was divided into two parts, i.e. personal information and the Thai Depression Inventory (TDI) in order to evaluate the depression score developed by Lhortrakul and Sukhanitch (1999 : 17-19) aimed to test the depression acuteness among the Thai patients. 20 questions were referred to symptoms studied with the Thai patients and FAQs (frequently asked questions) in the west. Each

question had 3-level scores from 0-3 in order to evaluate the depression of the body, emotion, thinking, adaptation and function ability. The TDI was divided into four levels, i.e.

Total scores	< 20	: Depression free
Total scores	21-25	: Little depression
Total scores	26-34	: Moderate depression
Total scores	> 35	: Acute depression

The TDI was selected in order to be applied with the non-chronic disease patients and it could evaluate the little level of depression, the moderate level of depression and the acute level of depression, which evidently identified the depression changes. This inventory could be repeated for evaluation in the following week after being treated by the Dharma practices. The inventory contained not so many items and had not cultural differences. In addition, the inventory was prevailing used. For example, Vareesangthip (2009) has applied this TDI to evaluate the chronic renal failure of the last stage patients. Pechkul et al. (2012:71-80) have used in comparing the effects of the mental therapy plays and the thought and behavioral therapy among the depressed patients. Kulsirichai (2013) has implemented a part of TDI with the casualty victims.

Data Analysis

The descriptive statistics with frequency and percentage were employed with the personal information to compare the quality life of the control group and the experimental group before the depression reduction program with Dharma practices through using Independent-sample t-test. The comparison of the levels of quality life among the experimental group were conducted on before and after the depression reduction program with Dharma practice through using Paired-samples t-test.

The Protection of the Samples' Rights

This project has been approved on its Research Ethics by the Research Ethic Committee of Mahachulalongkornrajavidyalaya University, No. Vor.01/2556 dated March 12, 2013. The team has [protected the samples' rights through explaining the project details until they signed in the letter of intent to participate in the project with willingness and they could disregard the participation at will without affecting their medication in the Makarak Hospital, and in the Camp of Health, Morals and Ethics Creation.

Results

The personal information was found that the majority was female or at 58%, aged between 41-50 years old or 46%, earned primary education at 36%, with farming career at 54% and using the rights of the state health insurance (30 Baht) at 48%. Their health information showed that they were suffering diabetes, high blood pressure, and cardiovascular disease at 36%. They also led their lives in the Buddhist principles by praying, visiting temples for alms giving, joining dharma practices and sometimes participating Buddhist activities at 56%.

The average depression levels before the experiment of the experimental group was 28.88 while the control group was 26.38. Their depression levels were moderate. It was found with each aspect that the experimental group has moderate depression level at 60 %, whereas the acute depression level was 12% and the very acute depression level was not found. The control group has moderate depression level at 48%, whereas the acute depression level was 14% and the very acute depression level was not found (see Table 1).

The depression levels after the program was significantly different by statistics at 0.01 levels. The average depression levels before the experiment of the experimental group was 24.04 and mild depression and the control group were 26.54 with moderate depression level. By each aspect, the experiment group had mild depression at 30%, moderate depression levels at 42%, depression free at 28% without acute and very acute depression levels. The control group had depression free at 10%, mild depression levels at 38%, moderate depression at 48%, acute depression level at 4% and without very acute depression level (see Table 2).

Table 1 Depression levels of the samples before the program

Depression Levels	Experimental Group	Control Group	p-value
Score: $\overline{X}$ ± SD	28.88 ± 5.10	26.38 ± 5.37	0.09
Depression acuteness/ Frequency (%)			
- Depression free	4 (8)	9 (18)	
- Little depression	10 (20)	9 (18)	
- Moderate Depression	30 (60)	24 (48)	
- Acute Depression	6 (12)	7 (14)	
- Very acute depression	0	0	

Table 2 Depression levels of the samples after the program

Depression Levels	Experimental Group	Control Group	p-value
Score: $\overline{X}$ ± SD	24.04±4.38	26.54±4.45	0.000*
Depression acuteness/ Frequency (%)			
- Depression free	14 (28)	5 (10)	
- Little depression	15 (30)	19 (38)	
- Moderate Depression	21 (42)	24 (48)	
- Acute Depression	0	2 (4)	
- Very acute depression	0	0	

*p<0.01

Discussions

The results of the depression situation of the non-chronic disease patients after the health promotion program with the Dharma practices, it was found that by overview, the depression situation was better. It was possible that the samples have been advised on the knowledge of self-care from the program, which integrated the Buddhist doctrines and the medical process. They were praying, meditation, dharma talks, healthy meals taking, physical exercises, emotional controls and routine affair doing or the three elements, 3Es and the routine affairs by life clock. Such process was a therapy using interdisciplinary approach containing monks, physicians, nurses and psychologists. In addition, there was an experience exchange of self-care, and involving with individuals who had the same disease. The training

process included also Dharma talks, diet controls, emotional controls and opportunity of praying to relax the mood. It was corresponded with the proposal of Phrapalad Somchai Payogo (2015) that "the exchange of healthcare experiences, talking with individuals with the same ailment affects the perception of healthcare benefits, knowing how to be careful about rising diseases and the services provided by the public health bring good health". It was also corresponded with the studies of Pookkahoot and Phuttikhamin (2013) who found that during praying, it emerged delights and the peace of mind, relax from worries and during praying, the mind of the prayers is focused with the praying words. This brings contemplation and during contemplation, the body will release endorphin more that prevail absorbed happiness in the body or having happiness. It was also found in the studies of Kulsirichai (2013) on "Depression Reduction among the Casualty Victims with Praying Bojjhangaparitatra into Subconscious" and she found that the integration between Buddhism and modern sciences could optimize the holistic therapy well along with the modern medication. The results and the follow up showed that the average score of depression decreased while the mental health as a whole increased, stronger mind, friendly, jovial and happier than before the experiment.

In addition, it was also found that the average score of the depression level among the control group samples was positively changed. The average score of the depression level decreased even though they did not attend the Depression Reduction Program with Dharma Practices. It was possible that they have been advised by the nurses who educated them about the disease controls, proper self-care, and proper meals taking and their conditions of ailment was better. It was corresponded with the studies of Nimtrong et. al. (2012) who found that encouraging the sick to be able on properly treating oneself such as encouragement, praise upon appropriate correct self-care, supports and educating lead to better self-care.

Therefore, the Reduction Depression Program among the non-chronic disease patients with Dharma practice experimented at this time was expected to gain appropriate model enabling to design policy, which would lead to a constructive practice. This is to integrate solutions in treating the non-chronic disease patients now and in future.

Recommendations

The results revealed that depression among the non-chronic disease patients through Dharma practices is better after passing the Depression Reduction Program with Dharma practices, the researchers recommend as below.

1. Recommendation for Application

1) The levels of depression decrease after the non-chronic disease patients have attended Dharma practice. The Depression Reduction Program with Dharma practices should be either expanded or integrated to address with other diseases.

2) The agencies involving with healthcare of the patients should consider adopting the Integrated Buddhist Treating Non-chronic Patient model in order to adapt it as a part to treat patients that they would be holistically treated in all dimensions regarding their bodies, mind, intellectual, spirit and social.

3) It is necessary to encourage the non-chronic disease patients to foster positive self-perspective on self-care, and reducing family-member reliance or surrounding people reliance in order to lead their lives happily in societies.

2. Recommendation for further Studies

1) The research should be further conduct on "Following the Depression Reduction Program for the Non-chronic Disease Patients through Dharma Practice" because this study has just follow up only at the first period after the closing the project. The future studies should be designed for long-term follow up on applying on the Integrated Buddhist Treating Non-chronic Patient model at home on how are its effects.

2) Researches should be continually conducted on “The Depression of the Caretakers of the Non-chronic Disease Patients” in order to propose principles and experiences as the living guides for the inexperienced caretakers of the non-chronic patients.

3) Researches should be continually conducted on “Enhancing Appeal Environment in Taking Care of the Non-chronic disease Patients” because environments positively affect patient caretaking.

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