Application of Wild 5, a Wellness Intervention in Individuals Taking Psychotropic Medications Yet Have a Moderate or Higher Severity of Depression (PHQ-9 Score of 10 or Higher)



Saundra Jain, MA, PsyD, LPC and Rakesh Jain, MD, MPH



Introduction

OBJECTIVE:

To examine the efficacy of a multipronged Wellness Intervention as an augmentation strategy in a group of individuals who self-identified as suffering from a mental health disorder, and with a baseline PHQ-9 score of 10 or greater, signifying moderate or greater severity of depression.

METHOD:

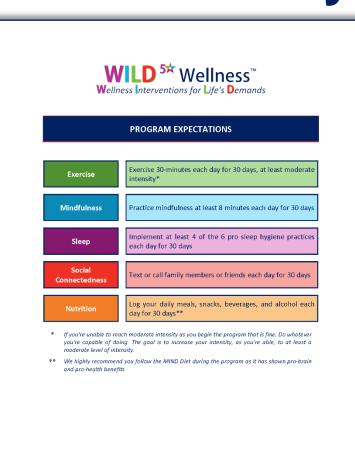
52 adults suffering from a mental health condition, who were taking psychotropic medication/s and still had a PHQ-9 score of 10 or greater, underwent of a 30-day, multi-pronged, highly prescriptive and trackable intervention program called the WILD 5 Wellness Program. This program consists of 30-day daily activities focusing on exercise, mindfulness, sleep hygiene, improved social connectedness, and improved nutrition. Multiple scales were administered at the beginning and the end of the study. The pre-post data was analyzed utilizing the StatPlus statistical analysis software.

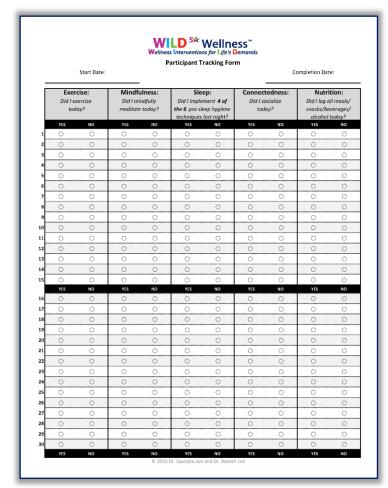
RESULTS:

Both mental illness and mental wellness symptoms were tracked, and pre-post analysis for change and statistical significance was performed. The PHQ-9, a scale measuring depression severity, had a baseline score of 14.75, and after the 30-day wellness intervention it dropped to 8.01 (p<0.0001). This represents a mean improvement of 45% in depressive symptomatology. The GAD-7, a widely-accepted scale measuring anxiety symptoms, changed from a baseline score of 12.3 to 7.3 (p<0.0001), achieving a 40% improvement in anxiety symptoms. The WHO-5, an internationally accepted scale for the measurement of wellness, had a baseline score of 5.9, which after the 30-day WILD 5 Wellness Program improved to a score of 11.2, demonstrating a mean improvement of 89% improvement.

Several secondary scales were utilized in this study and all of them improved numerically and achieved statistical significance. The WILD 5 Wellness intervention demonstrated improvement in: Sheehan Disability Scale (p<0.05); Brief Pain Inventory - Average Pain and Most Pain Perceived (p<0.05); Pittsburg Sleep Quality Index (p<0.05); Endicott Work Productivity Scale (p<0.05); Happiness (p<0.05); Enthusiasm (p<0.05); Resilience (p<0.05); and Enthusiasm (p<0.05). Participants were asked to self-assess how much their mental wellness had improved, and the average reported improvement was 41% at the end of the 30-day WILD 5 Wellness intervention.

30-Day Intervention





Results

DEMOGRAPHICS

on opioid therapy)

World Health

Organization

Well-Being Inde

(WHO-5)

MEASURE OF

WELLNESS

HERO

WELLNESS

SCALE

RESULTS

► Mean Age – 46.6 YEARS years (SD=11.9)

▶ Had co-morbid chronic pain = 19/52 (13 were

► Anxiety Disorder 18/52 ► Sleep Disorder 4/52

TOTAL SCORE

PRE = 5.9 (3.5)

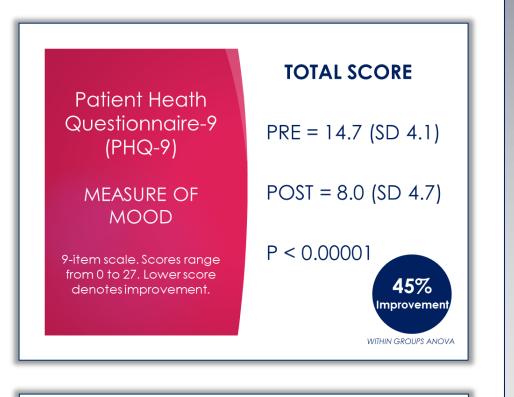
P < 0.00001

P < 0.0001

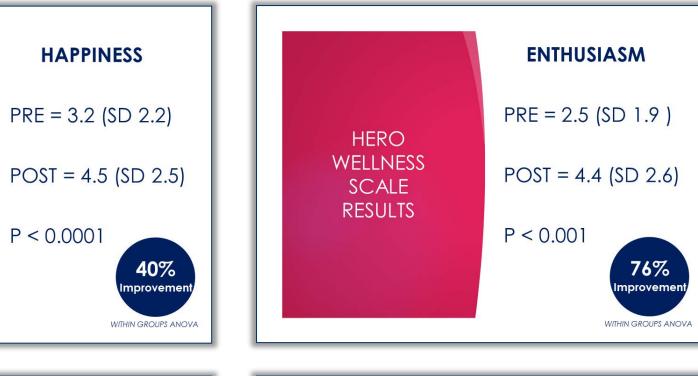
► All 52 currently on psychotropic medication/s

▶ N = 52

► F:M = 42:10

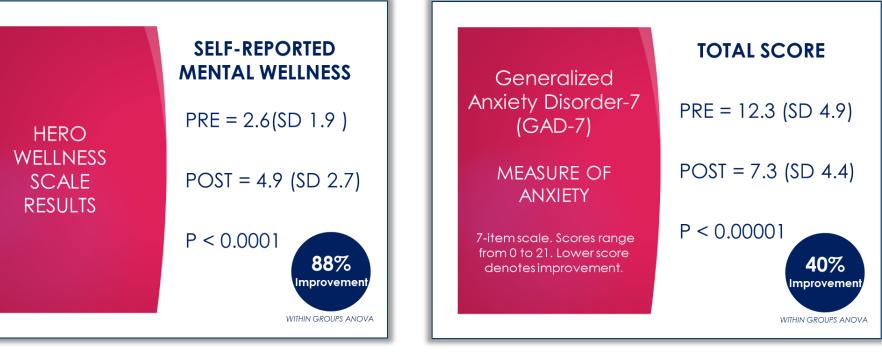


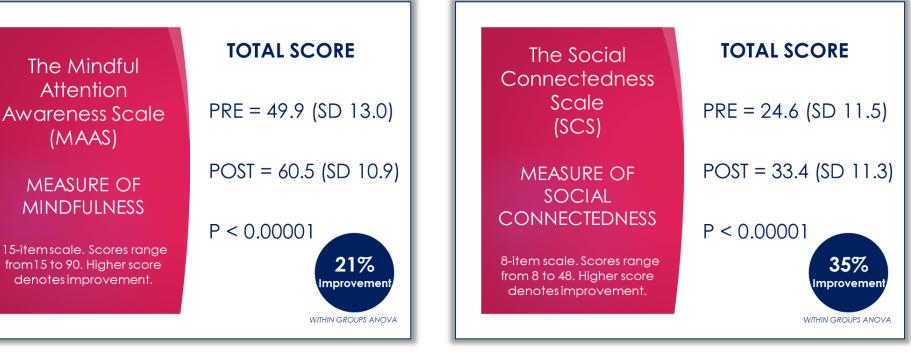


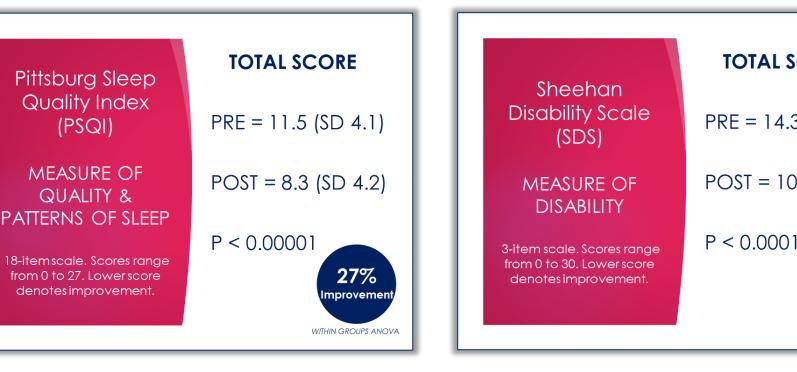


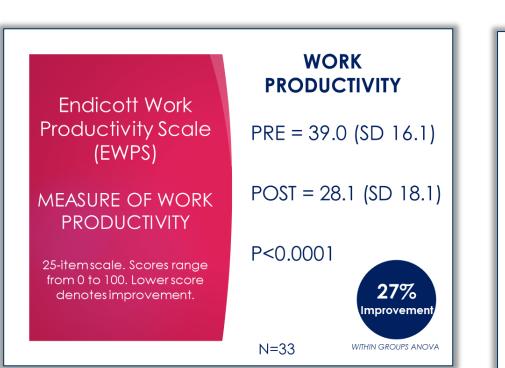
OPTIMISM

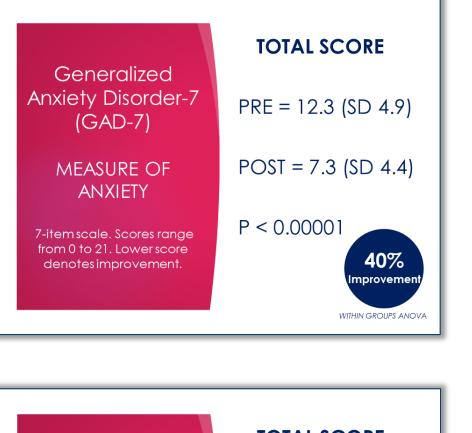


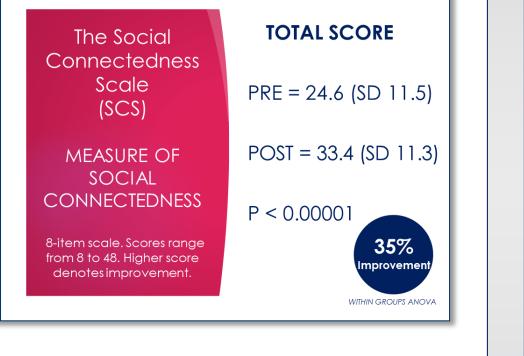












EXERCISE

PRE = 1.7/WEEK

POST = 3.8/WEEK

123% Improvement

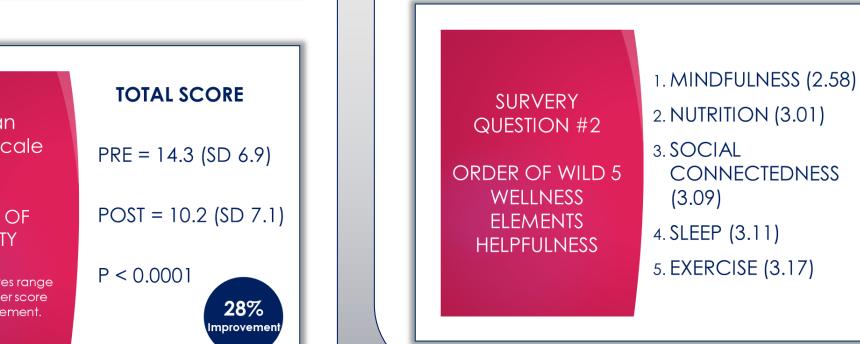
P < 0.00001

THE WILD 5

WELLNESS EFFOR

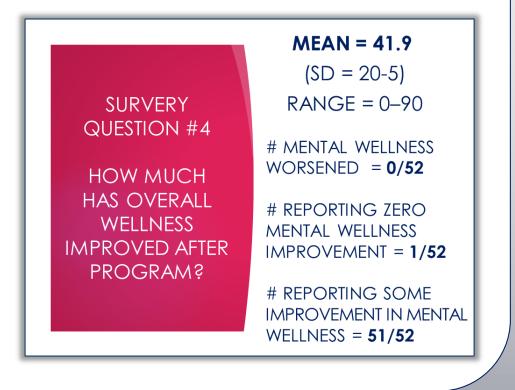
SCALE

QUESTION 1









Conclusions

MINDFULNESS

PRE = 0.9/WEEK

POST = 4.5/WEEK

SOCIAL

CONNECTEDNESS

PRE = 4.7/WEEK

POST = 6.2/WEEK

31%

P < 0.00001

THE WILD 5

vellness effor

SCALE

QUESTION 2

THE WILD 5

VELLNESS EFFOR

SCALE

QUESTION 4

The WILD 5 Wellness Program, a prescriptive and trackable wellness intervention was globally effective in reducing symptoms of mental illness, and improving mental wellness, in this population of individuals suffering from moderate or more severe depressive symptoms despite taking psychotropic medications. Clinicians should consider offering wellness interventions to both medication naïve individuals, as well as those, who despite taking psychotropic medications, are still suffering from mental illness symptoms

Affiliations

Saundra Jain, MA, PsyD, LPC, Adjunct Clinical Affiliate, School of Nursing, University of Texas at Austin; Rakesh Jain, MD, MPH, Texas Tech University School of Medicine, Clinical Professor, Department of Psychiatry, Texas Tech University School of Medicine.