Improving Care for Patients with Depressive and Anxiety Disorders: Effectiveness & Cost-Effectiveness of a Consultation-Liaison Intervention in Primary Care

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Background

• Although more than 10% of the population suffer from depression or/and anxiety only a small number of those affected benefit from prompt and adequate diagnosis and treatment. [1-3]
• Underuse and inadequate treatment increase the risk for prolonged suffering, poor individual health outcomes, chronic courses, as well as increased health care expenditures and societal costs. [4-6]
• Amongst the prominent reasons for inadequate care are poor early detection and treatment selection, as well as wait lists and other thresholds for specialist treatment [7,8].
• Improving management of mental health conditions through low-threshold, multi-disciplinary collaboration in primary care might increase the detection and uptake of evidence-based treatments in patients suffering from depression and anxiety disorders [9].

Objectives

1. To improve the identification, diagnosis and treatment of common mental disorders, particularly depression and anxiety, in the primary care setting.
2. To develop and implement a complex collaborative consultation-liaison intervention.
3. To evaluate the effects, cost-effectiveness, implementation process, feasibility and acceptability of the intervention by the means of a cluster-randomized clinical trial.

Project overview

• Two-group, cluster-randomized clinical trial with an active control with 3-, 6, and 12-month follow-up
• Active control group: Treatment as usual by trained GPs (TAU+)
• Intervention group: Collaborative consultation-liaison intervention offered to trained GPs and patients as an addition to TAU+
• Project duration: 2018-2022
• Funded by the SNSF National Research Programme 74 «Smarter Health Care»
• IT-infrastructure: Center for Psychotherapy Research at the University of Heidelberg, Germany
• International advisory board

Sample

A total of 40 GPs will be randomized and approx. 420 patients will be enrolled during a 24-month recruitment period (Fig. 1).

Primary endpoint

• Clinical response defined as a reduction of 50% in patient-reported depressive or anxiety symptoms between baseline and 12-month follow-up based on patient self-report (PHQ-9; GAD-7)

Secondary outcomes

A broad spectrum of secondary outcomes targets translation and implementation processes

References


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