

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.

“Better detection and treatment of mental disorders in primary care”

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 add-on 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

Consumer Level

- Symptom severity
- Health-related quality of life
- Self-efficacy & self-management skills
- Shared-decision making
- Treatment satisfaction
- Health care utilization & pathways of care
- Cost-effectiveness

Provider Level

- Organizational variables
- Work flow, decisions, procedures
- Adherence & fidelity
- Acceptability & feasibility

System Level

- Implementation process
- Facilitators and barriers
- Translation to routine care

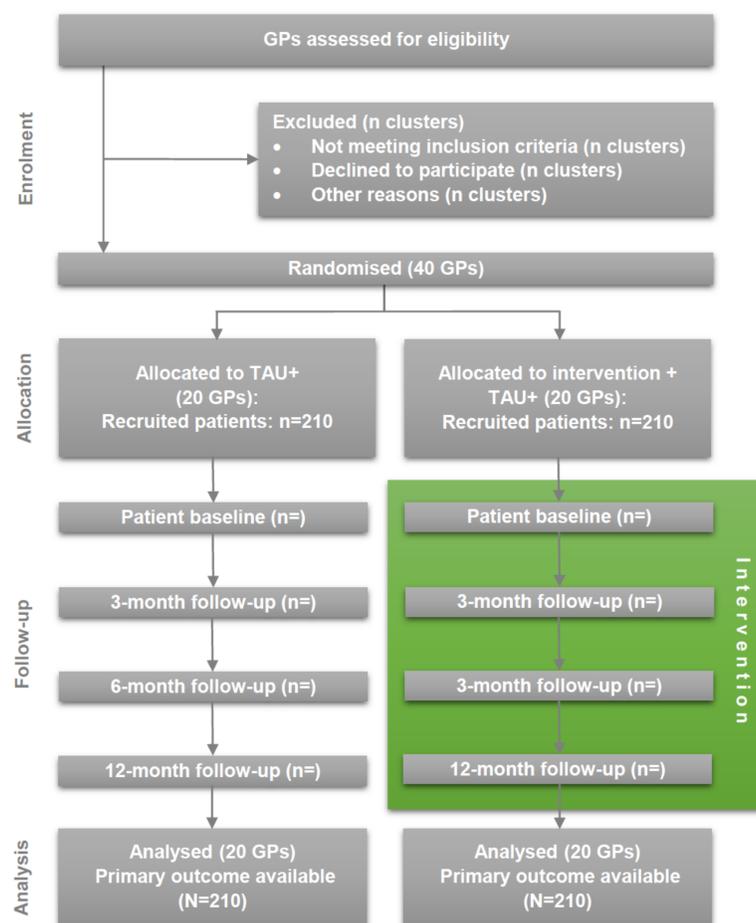


Figure 1: Study design

Intervention

All participating GPs will receive a standardized introduction on the standard screening of mental disorders (TAU+).

GPs of the Intervention group will utilize:

1. Enhanced screening algorithm on depression and anxiety disorders.
2. Consultation hotline: On-demand access to mental-health specialist professions (clinical psychologist/ psychotherapist/ psychiatrist).
3. Liaison service: Low-threshold specialist walk-in service offered to patients based on GP-referral.
 - Undelayed full diagnostic clarification
 - Individual treatment planning / recommendation
 - Psychotherapy/ psychiatric treatment

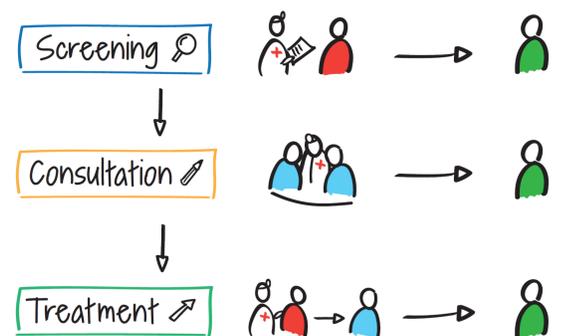


Figure 2: Complex intervention scheme

Conclusions

This project aims to improve the detection, diagnosis and treatment of mental disorders, particularly depression and anxiety, in the primary care setting.

To benefit the patients, the complex intervention aims to impact the treatment process as early as possible, i.e. when the question arises of what disorder the patient has and whether and what treatment is indicated and should be selected.

If feasible and effective, this model can serve as a blueprint with the option of translating it to other medical areas and to other mental health and chronic conditions.

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