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The full report is titled "Depression Decision Support in Primary Care. A Cluster Randomized Trial." It is in the 3 October 2006 issue of *Annals of Internal Medicine* (volume 145, pages 477-487). The authors are S.K. Dobscha, K. Corson, D.H. Hickam, N.A. Perrin, D.F. Kraemer, and M.S. Gerrity.

Decision Support in Primary Care and Depression Outcomes

What is the problem and what is known about it so far?

Depression causes sadness or loss of interest in or enjoyment of life to a degree that interferes with daily activities. It is a medical condition, not a normal reaction to such life situations as the death of a loved one or the loss of a job. About 1 of every 5 people experiences depression at some time in his or her life, and it is common among patients who see primary care providers. Common symptoms are lack of energy, change in sleep or appetite, and prominent thoughts of worthlessness or guilt. Sometimes the condition goes away on its own, but many people with depression need treatment with counseling or medication to speed recovery. Treating depression can be difficult. Treatment strategies that involve collaboration between primary care doctors and mental health specialists have been shown to improve depression outcomes. However, such strategies have been difficult to implement outside of research settings.

Why did the researchers do this particular study?

To find out whether strategies in primary care settings that are less intensive than those previously studied could also improve outcomes for patients with depression.

Who was studied?

375 patients with depression who were receiving care from 41 primary care clinicians within 5 clinics in 1 Veterans Affairs medical center.

How was the study done?

The researchers assigned each primary care clinician to provide either depression decision support or usual depression care. Depression decision support was provided by a team that included a psychiatrist and a nurse care manager. Within 1 to 2 weeks after participant enrollment in the study, the nurse called patients of primary care clinicians assigned to depression decision support to teach them about depression and encourage them to talk to their clinicians about depression. Patients also received invitations to a 2-hour group education program and received written materials about depression by mail. The depression decision support team reviewed patient records at least monthly and mailed a progress report to clinicians every 3 months. If depression scores did not improve, the team contacted patients' clinicians to discuss treatment strategies. The researchers compared depression scores, patient satisfaction, and use of depression treatments for patients who received depression decision support and those who received usual care.

What did the researchers find?

Patients who received depression decision support were more likely to have received an antidepressant medication and were more satisfied with their care than patients who received usual care. However, patients who received depression decision support had depression scores similar to those who received usual care.

What were the limitations of the study?

The study included few women.

What are the implications of the study?

Providing depression decision support for patients with depression in primary care settings improved satisfaction and increased the number of patients who received medications for depression but did not improve depression scores. More intensive strategies may be necessary to improve depression outcomes in primary care settings.

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