

## Depression Care Management and Death among Older Persons with Depression

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The full report is titled “The Effect of a Primary Care Practice–Based Depression Intervention on Mortality in Older Adults. A Randomized Trial.” It is in the 15 May 2007 issue of *Annals of Internal Medicine* (volume 146, pages 689–698). The authors are J.J. Gallo, H.R. Bogner, K.H. Morales, E.P. Post, J.Y. Lin, and M.L. Bruce.

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

Persons with depression are more likely to become sick and to die. The association between depression and death has long been recognized. However, it has never been shown that treatment of depression can prevent persons with depression from dying.

### Why did the researchers do this particular study?

To see whether closely monitored depression treatment can prevent persons with depression from dying.

### Who was studied?

1226 persons older than age 60 years who were cared for in 20 primary care practices in 3 U.S. cities.

### How was the study done?

The researchers randomly assigned the primary care practices to receive the help of depression care managers or to offer usual care. The depression care managers closely monitored the antidepressant drugs that participants received and served as psychotherapists if participants needed such therapy. Participants in the usual care practices did not receive any special services. However, their doctors attended educational sessions about depression and were notified if researchers detected that their patients were depressed. The researchers then followed participants for 5 years to see whether they died and, if so, why.

### What did the researchers find?

Overall, 223 participants died. Only 1 death was caused by suicide. The number of deaths between groups did not differ, but rates of death were significantly lower for patients with major depression who were cared for in practices with care managers. The effect was seen almost entirely among patients who died of cancer-related causes.

### What were the limitations of the study?

The researchers could not detect an effect of treatment on dying among participants with less severe depression. The mechanism by which depression treatment might reduce cancer-related death is not clear. The effect might have less to do with depression treatment and more to do with mislabeling of depression and causes of death.

### What are the implications of the study?

A depression care management program seemed to reduce the rate of dying from cancer among older patients with major depression. The effect seemed to be limited to participants with cancer. The mechanism for such an effect is unclear and warrants further investigation.

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