Collaborative care improves clinical outcomes for adolescents with depression treated in primary care

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Context
Depression in adolescence is common worldwide and although it is treatable, only a minority receive evidence-based interventions.1,2 A recent report by the WHO identifies depression as the leading cause of illness and disability in adolescents and highlights the importance of a coordinated approach to care.3 A Cochrane review has shown collaborative care and disability in adolescents and highlights the importance of a coordinated approach to interventions to improve depression in adults treated in primary care, but included depression response (depression remission, depression remission, and functional status. Outcomes were assessed at 6 and 12 months by blinded research staff.

Findings
One hundred and one adolescents were enrolled and randomised to the intervention (n=50) or control (n=51) groups. There were no significant baseline differences between the two groups. At 12 months, participants in the intervention group had a 9.4 point greater decrease in mean CDRS-R scores of depressive symptoms compared with the control group (95% CI −15 to −3.8, p=0.001). Participants in the intervention group were also more likely than participants in the control group to achieve depression response (67.6% vs 38.6%, OR=3.3, 95% CI 1.4 to 8.2; p=0.009) and remission (50.4% vs 20.7%, OR=3.9, 95% CI 1.5 to 10.6; p=0.007) by 12 months. Both groups experienced improvement in functional status with no significant differences between groups.

Commentary
The study highlights the importance of addressing adolescent depression, which has been linked to increased mortality and morbidity. As such, this is a timely trial, given the global drive to improve the health and well-being of adolescents.

The authors’ approach of adapting a previously established intervention to meet the particular needs of adolescents, including the involvement of parents, is welcome. Parents and caregivers have an important role to play in supporting adolescents with depression and should be engaged at all stages of assessment, diagnosis and treatment.5

The results of the trial suggest that collaborative care can improve depression in adolescents and that the intervention can feasibly be implemented in the primary care setting. Of importance is that the study demonstrates improved access and adherence to evidence-based interventions, key factors in addressing the increasing issue of adolescent depression. It is unfortunate that funding cuts resulted in a smaller sample size which, as the authors identify, may have resulted in decreased statistical power.

Further research is required to support the current findings, especially in non-Caucasian and non-English-speaking populations. As further studies are conducted, meta-regression to identify ‘active ingredients’ will refine the intervention and improve cost-effectiveness.

Implications for practice
Despite the acknowledged limitations, the findings of this study suggest that mental health services for adolescents with depression can be integrated into primary care with improved depression outcomes. Further research is required before widespread adoption of the collaborative care interventions for adolescents with depression, particularly in more diverse populations.

Competing interests None.

References

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