A collaborative care management programme in a primary care setting was effective for older adults with late life depression


**QUESTION:** In older adults with late life depression, is a collaborative care management programme offered in a primary care setting effective?

**Conclusion**

In older adults with late life depression, a collaborative care management programme offered in a primary care setting improved outcomes more than usual care. *See glossary.*

<table>
<thead>
<tr>
<th>Outcomes at 12 months</th>
<th>Intervention</th>
<th>Usual Care</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment response</td>
<td>45%</td>
<td>19%</td>
<td>132% (99 to 172)</td>
<td>4 (3 to 5)</td>
</tr>
<tr>
<td>Complete remission of depression symptoms</td>
<td>25%</td>
<td>8.3%</td>
<td>201% (135 to 286)</td>
<td>6 (5 to 8)</td>
</tr>
<tr>
<td>Any antidepressant or psychotherapy use</td>
<td>82%</td>
<td>61%</td>
<td>35% (27 to 44)</td>
<td>5 (4 to 6)</td>
</tr>
</tbody>
</table>

*Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article.

**Complementary**

The article by Unützer et al reports results that are consistent with a number of randomised controlled trials: comprehensive and multifaceted care for people with depression can lead to a marked improvement in outcome.† Despite these positive results, the approach is not often implemented. Why is there such a reluctance to adopt this approach in primary care?

One explanation is that these interventions are costly and require some input from secondary care, which is often in short supply. The study by Unützer et al reported that the direct costs of the intervention were US $553 per patient per year, although this did not include antidepressant costs. Depression is a relatively common condition in primary care, and thus for a reasonable sized general practice in the UK of about 10 000 patients, about 2–3% of people may have depression. The cost for such a practice may be US $150 000 a year.

It is not clear exactly how these interventions work. A therapeutic effect may be achieved with the additional monitoring and support provided by the case worker.‡ Unutzer et al found that the intervention group was more likely to receive antidepressants or psychotherapy (82% in intervention group v 61% in usual care group), raising the possibility that improved outcomes are a product of traditional psychiatric approaches, and that the case worker increases the patient’s willingness to participate in these approaches. The study did not attempt any explicit investigation of this. Clearly, there is a need to develop cost effective methods of improving the treatment of depression in primary care.³ For many countries, such comprehensive interventions are unaffordable and impractical, though some modifications of this approach could be feasible. Understanding how multifaceted interventions achieve improved outcomes will be a prerequisite before they are widely implemented.

**COMMENTARY**