Collaborative care improves health outcomes in older people with depression and arthritis


Does collaborative care for depression improve pain and functional outcomes in older people with depression and arthritis?

**METHODS**

Design: Randomised controlled trial.

Allocation: Concealed.

Blinding: Assessors blinded to treatment.

Follow up period: 12 months.


Patients: This was a preplanned subgroup analysis of 1001 participants in the IMPACT trial reporting depression plus arthritis at baseline. Inclusion criteria: >60 years of age, current major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV). Exclusions: history of bipolar disorder or psychosis, ongoing psychiatric treatment; major depression or dysthymia (DSM-IV).

Intervention: People received either usual care, or the improving mood-promoting access to collaborative treatment (IMPACT) intervention. IMPACT comprised depression care management by a psychiatrist or primary care expert who provided education and support to assist people in identifying their preferred treatment (antidepressant medication or a brief psychotherapy for depression).

Outcomes: Arthritis pain intensity (0 = no pain to 10 = most severe pain); arthritis related interference with daily activities (0 = no interference to 10 = unable to perform any activities); pain related interference with daily activities (RAND short form assessment; 1 = not at all to 5 = extremely).

Patient follow up: 96.3%.

**MAIN RESULTS**

In people with depression and arthritis, arthritis related pain and functional outcomes significantly improved with collaborative care compared with usual care over 12 months (see web extra table).

**CONCLUSIONS**

In people with depression and arthritis, collaborative care management improves arthritis related pain and functional outcomes compared with usual care.

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Evid Based Mental Health 2004 7: 45
doi: 10.1136/ebmh.7.2.45

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