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**Innovative Approach Offers Hope to Depressed Older Adults**  
**-New BMJ Study Finds Team Care Effective 6 and 12 Months after Treatment-**

A new, comprehensive team approach helps depressed older patients suffer less depression, function better physically, maintain better overall health, and enjoy a better quality of life, according to a new study in this week's *British Medical Journal (BMJ)*. What's more, the benefits of this team treatment were sustained a year after the intervention ended.

"This approach may improve life for millions of older people suffering from a potentially deadly problem, and most importantly, these benefits are long term," says Enid Hunkeler MA, FAHA, lead author of the study, based on the largest clinical trial on depression treatment to date.

Hunkeler and her fellow researchers at the Kaiser Permanente Division of Research in Oakland, California, along with seven other healthcare systems nationwide, followed 1,801 depressed patients over age 60 for two years. Patients were given either standard treatment or IMPACT care (Improving Mood: Promoting Access to Collaborative Care Treatment), a program designed specifically to meet the needs of depressed older adults.

In IMPACT care, a depression care manager (a nurse, social worker or psychologist), in consultation with the primary care physician and a consulting psychiatrist, helps patients treat depression in the primary care setting. The care managers educate patients about depression, closely track depressive symptoms and side effects, help make changes in treatment when necessary, support patients on anti-depressant medications, and conduct brief courses of psychotherapy to help patients make changes in their lives.

In Hunkeler's study, the IMPACT team included primary care and mental health specialists who worked together using a computer program to track each patient's individual needs and provide treatment accordingly, involving both antidepressants and problem solving therapy.

IMPACT patients did significantly better than patients in standard care, and the benefits persisted even one year after the IMPACT program ended.

"Depressed older adults rarely get effective treatment," says Hunkeler. "IMPACT showed that we can engage these patients in treatment in their usual primary care setting and help them to lead happy, productive lives."

According to the National Institute of Mental Health of the 35 million Americans who are 65 years and older, an estimated 7 million may suffer depression, 2 million severely. However, only a small percentage of older depressed patients get adequate treatment in primary care or see a mental health specialist.

### **A Growing Body of Evidence**

The IMPACT program provides a model for how effective depression care can be offered to millions of depressed older adults seen in primary care clinics around the country. Another recent study conducted with the same patients and published in the December 5 issue of the *Archives of General Psychiatry*, demonstrated that this approach can also be very cost effective.

“For the same price as usual care, the IMPACT model provided an additional 107 depression-free days, a whole ‘season of light,’” said Dr. Wayne Katon, professor and vice-chair of psychiatry at the University of Washington (UW) and lead author of the cost effectiveness study. “Our cost data suggest that there is potential for long-term savings.”

According to Dr. Jürgen Unützer, professor and vice chair of psychiatry at the UW and director of the IMPACT Coordinating Center, “The research also showed that in specific subgroups of patients, such as the nearly 25 percent of study participants with diabetes, there were even greater clinical benefits and more medical cost savings.”

The program is currently being disseminated in the U.S. and Canada with funding from the John A. Hartford Foundation ([www.impact.ucla.edu](http://www.impact.ucla.edu)).

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