NEWS RELEASE

GroupHealth
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Key Findings and Q&A on the Arthritis and Depression Study (Project IMPACT)

Key Findings:

A systematic, primary-care intervention for depression in older patients improved ***not only*** depression symptoms. Patients with arthritis also had:

- Less arthritis pain
- Less limitations in function and activities
- Better quality of life

These improvements continued for the entire year of care and were feasible in a wide range of primary-care settings across the US.

Q. Why is this study important?

Arthritis and depression are the leading causes of limited function in older adults.

- More than half of all people over age 65 suffer from arthritis. Almost 80 percent of people have arthritis after age 70.
- About 10 percent of older patients seen in primary care suffer from clinical depression.

Having depression ***and*** arthritis can lead to worse health problems and poorer quality of life than having either of these conditions alone.

Q. How was the study conducted?

The study was part of a large randomized controlled trial of depression care called "Improving Mood—Promoting Access to Collaborative Treatment" or "IMPACT."

IMPACT included 1,80l older adults with depression from 18 primary care clinics at eight diverse health care organizations across the United States. Among these, 1,001 were living with arthritis.

The study participants were randomly assigned to the IMPACT intervention model or routine care, which typically consists of treatment with antidepressants such as selective serotonin reuptake inhibitors (Example: fluoxetine, brand name Prozac) and referral to psychiatric care as needed.

In the IMPACT model of depression management, the patient and their primary care physician worked with a depression care manager located in the general medical clinic. This depression care manager (usually a nurse, or a psychologist):

- Educated patients about depression and effective treatments
- Monitored closely patients' depression symptoms and side effects
- Worked with primary-care physicians and psychiatric consultants to adjust patient treatments when needed
- Encouraged patients to adhere to antidepressant medicines or supported patients in solving daily problems.
- Offered a brief course of psychotherapy to help patients make changes in their lives

The IMPACT intervention did not systematically focus on pain or functional disability due to arthritis.

Q. What are other unique features of this study?

- This is the first study of its kind to examine the effects of improving depression treatment in a primary-care setting for patients with arthritis and depression.
- The effective treatments we provided were not based on new drugs or new technology. Instead, primary-care teams were re-organized in an innovative manner to deliver currently available treatments more effectively.

Q. What comes first, depression or pain?

Pain and depression often occur together. They can influence each other's impact on health, function, and quality of life. The important lesson from our study is that when you improve care for depression in older adults with both depression and

arthritis, as depression gets better, so does pain severity, function, and quality of life.

Q. How much does this kind of care cost?

Previous research shows that patients who are depressed use more health care and have about 50 percent higher health care costs than patients without depression.

The average cost of providing IMPACT services for a 12-month period was $550 per person. This compares to approximately $6,000 - $8,000 in health care costs for the average Medicare recipient with depression.

The IMPACT research team is currently conducting a study to determine how the IMPACT intervention affects overall health care utilization and costs over a two-year period. Data from this study is expected to be available in about six months.

Q. What are the implications of this research for patients and their health care providers?

This study has very good news for both patients and providers!

Current medical treatments cannot cure arthritis or totally eliminate arthritis pain. Therefore, arthritis management is aimed at decreasing pain, improving function, and enhancing quality of life. The IMPACT intervention does just that.

Current usual care for depression is not enough. After a patient starts treatments such as antidepressants or psychotherapy, their clinical progress must be closely followed to ensure progress. The IMPACT intervention does just that.

The IMPACT intervention is feasible in a wide variety of primary-care settings, using currently available treatments:

- Antidepressants such selective serotonin reuptake inhibitors (SSRIs)
- A well-proven primary-care-based form of counseling (Problem-Solving-Treatment in Primary Care) that focuses on helping patients solve day-to-day problems

The IMPACT model uses an innovative, collaborative design to primary care. A care manager such as a nurse, social worker, or psychologist in the patient's regular primary-care physician's office is trained and available to systematically track and

monitor patients with chronic illness such as depression and to follow up when they are not doing well.

Innovative primary-care practices across the country are beginning to use similar models for a variety of common chronic conditions (diabetes, heart care, asthma, depression) and showing good results.

Q. Who conducted the study?

Elizabeth Lin, MD, MPH, a family-medicine physician and scientific investigator at Group Health Cooperative's Center for Health Studies in Seattle, Washington, is the principal investigator of the study to determine the effectiveness of the IMPACT intervention on arthritis.

Jürgen Unützer, MD, MPH, professor and vice chair of the Department of Psychiatry at the University of Washington, is the principal investigator of the study coordinating center for project IMPACT at the University of California, Los Angeles.

Other IMPACT study centers include Duke University in Durham, North Carolina (PI Linda Harpole, MD, MPH; Co-PI Eugene Oddone, MD); Kaiser Permanente of Northern California/Division of Research/Hayward Medical Center (PI Enid Hunkeler, MA; Co-PI Patricia Arean, PhD); Desert Medical Group in Palm Springs, California (PI Mark Hoffing, MD; Co-PI, Stuart Levine, MD, MHA); Group Health Cooperative in Seattle, Washington in collaboration with the University of Washington (PI Wayne Katon, MD; Co-PI: Elizabeth Lin, MD, MPH); the Central and South Texas Veterans Health Care Systems and the University of Texas Health Science Center in San Antonio, Texas (PI John Williams, MD, MHS; Co-PI Polly Hitchcock-Noel, PhD); Kaiser Permanente of Southern California (Co-PI Lydia Grypma, MD; Co-PI Richard Della Penna, MD); Indiana University, Indianapolis, Indiana (PI Christopher Callahan, MD; Co-PI Hugh Hendrie; Co-PI Kurt Kroenke, MD).

Q. Who funded this work?

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