

Grypma L, Little S, Haverkamp R, Unützer J. **Taking an evidence-based model of depression care from research to practice: making lemonade out of depression.** *General Hospital Psychiatry*. 2006; 28: 101-107.

Abstract

Objective

The Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial [randomized controlled trial (RCT)] found that collaborative care management of depression in older primary care patients was significantly more effective than the usual care. We examined how an adapted version of IMPACT is working in the "real-world" setting of an HMO 3 years after the conclusion of the trial.

Method

Two hundred ninety-seven adults treated according to IMPACT protocol "poststudy" (PS) at a large group model HMO were compared to the 141 participants (historical control) in the intervention arm of the RCT at the same site. The Patient Health Questionnaire (PHQ-9) was used to compare depression severity at baseline and 6 months. We also compared treatment contacts, use of antidepressants and psychotherapy and total health care costs.

Results

The RCT and PS groups were equivalent regarding baseline depression scores (14.5 vs. 14.2, $P=.72$), 6-month scores (5.6 vs. 6.3, $P=.28$) and percent experiencing 50% improvement in depression (68% vs. 70%, $P=.83$). Antidepressant use was similar (85% and 90%, $P=.57$). Treatment contacts were fewer in PS than RCT (14 vs. 20, $P<.001$).

Conclusions

An adapted version of the IMPACT program implemented at a large HMO achieved similar clinical improvements in depression as the clinical trial despite a lower number of intervention contacts.

Keywords: Depression; Managed care; Primary care; Mental health; Collaborative care