

Team Care Doubles Effectiveness of Depression Treatment for Older Adults; UCLA-led Study Shows Benefits of Model Primary Care Program

A new study shows that a team care approach more than doubles the effectiveness of depression treatment for older adults in general medical settings. The findings appear in the December 11 edition of the Journal of the American Medical Association (JAMA).

The study followed 1,801 depressed older adults from primary care clinics in California, Indiana, North Carolina, Texas and Washington for one year. Half were assigned to care as usual and the other half were assigned to a new model of team care. The model program, titled Improving Mood -- Promoting Access to Collaborative Treatment (**IMPACT**), assigned patients age 60 and older to a depression care manager in their usual primary care clinic. These specially trained nurses or psychologists worked in close collaboration with the patients' regular physicians for up to 12 months to educate and support patients, track symptoms and side effects, assist with changes in antidepressant treatment, and provide counseling. At each site, a team psychiatrist consulted on the care of all IMPACT patients and saw about 10 percent for consultations.

The study found that the IMPACT care model was significantly more effective than usual care for depression at each of the 8 participating study sites. About half of the participants assigned to the IMPACT program reported a 50 percent or greater reduction in depression symptoms at 12 months, compared with 19 percent of those in usual care.

"Most of the patients in usual care received prescriptions for antidepressant medications from their primary care physicians, but it may not be enough for physicians to diagnose depression and write a prescription. We found that, with the added support and the close follow-up provided by the IMPACT team, patients felt better, functioned better, and enjoyed life more fully than patients treated in usual care," said Dr. Jürgen Unützer, an associate professor of psychiatry at the David Geffen School of Medicine at UCLA who directed the study coordinating center at the UCLA Neuropsychiatric Institute. "IMPACT participants told us that it was not only the medication that made them feel better, but it was like having someone in their corner, someone they could talk to."

Other findings include following:

- IMPACT patients at each study site reported less depression, less impairment in day-to-day functioning and greater improvements in quality of life at three-, six- and 12-month evaluations.
- IMPACT patients had closer follow-up and more frequent adjustments in medications.
- IMPACT patients were more likely to receive desired counseling or psychotherapy.
- The average cost of providing IMPACT services totaled \$550 per person for 12 months, a modest amount given total Medicare spending of over \$ 6,000 per year for depressed older adults. An upcoming report will examine the effect of IMPACT on patients' overall health care costs over two years.

“A number of the organizations that participated in the study are now working on ways to incorporate the IMPACT model into their routine care for older depressed patients. Many health care settings have access to staff such as nurses, social workers, or psychologists who could be trained to provide IMPACT care.” Unützer said. “Similar models of care management have proved successful with younger depressed patients, and in treating other chronic diseases such as diabetes and congestive heart failure.”

Of the 31 million Americans age 65 and older, nearly 5 million experience symptoms of depression. Five to ten percent of older adults who visit a primary care physician suffer from a condition called major depression. Such depression causes functional impairment, diminished quality of life, and tremendous suffering for patients and their families, as well as increased health care costs and deaths from medical illnesses and suicide. For example, older white men make up 10 percent of the nation’s population but account for 33 percent of all suicides.

While late life depression can be treated successfully with antidepressant medications or with psychotherapy, few older adults receive effective treatment. Older adults, their family members, and their physicians may view depression as a “normal” part of the aging process and not a medical illness that can or should be treated. In addition, primary care providers are busy looking after many other medical problems and often don’t have time in a 10-15 minute office visit to properly diagnose or treat depression.

The John A. Hartford Foundation of New York City, the California HealthCare Foundation, the Hogg Foundation and the Robert Wood Johnson Foundation funded the \$11 million study.

According to Corinne H. Rieder, the Executive Director of the Hartford Foundation, the lead sponsor of the project, “These findings demonstrate how effective team work by trained health care professionals can improve the health of older people and are an example of how health care must change to increase its capacity to meet the needs of our nation’s aging population.”

The study was coordinated at the UCLA Neuropsychiatric Institute. Participating study sites include Duke University, Durham, N.C.; The South Texas Veterans Health Care System, The Central Texas Veterans Health Care System, and The San Antonio Preventive and Diagnostic Medicine Clinic in association with the University of Texas Health Sciences Center at San Antonio; Indiana University School of Medicine and Health and Hospital Corporation of Marion County, Indianapolis; Group Health Cooperative of Puget Sound in cooperation with the University of Washington, Seattle; Kaiser Permanente of Northern California, Oakland and Hayward, Calif.; Kaiser Permanente of Southern California, San Diego; and Desert Medical Group, Palm Springs, Calif.