Challenges in Implementing Depression Self-care Interventions for Adults with Chronic Physical Illness

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Project DIRECT-sc

Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

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Conflict of interest

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- The authors have no conflicts of interest to report

Symposium Outline

- Overview of research program (J. McCusker)
- Challenges in implementing depression self-care interventions for older vs middle-aged adults (M. Cole)
- Exploration of family members'/friends' roles (T. Sussman)
- Family doctors' involvement in depression self-care (M. Yaffe)
- Discussion

Why focus on adults with chronic physical illness in primary care?

- Increased prevalence and incidence of depression
- Depression reduces ability to manage the physical illness
- Intervention may improve chronic disease management and prevent exacerbation and/or use of more costly services.

Our research program

- Adults aged 40 and over in family practice settings
  - One or more chronic physical illnesses
  - At least mild symptoms of depression.
- Two phases:
  - Phase 1) Feasibility study: patient, family doctor, and family member aspects
  - Phase 2) RCT of a supported vs unsupported intervention

Feasibility study: Eligibility criteria:

- Age 40+
- One or more of 6 high impact chronic conditions (asthma, COPD, diabetes, heart disease, hypertension, arthritis)for 6+ months
- At least mild depressive symptoms (PHQ-9 5+)
- No suicidal plans
- Not more than mild cognitive impairment
- Communicates in French or English
- Not currently receiving psychotherapy
- Community-dwelling

Feasibility study : Intervention

- Supported self-care :
  - Self-care toolkit (incl. paper, video, audio, and internet tools)
  - Short phone calls from trained self-care coach (non-therapist) for up to 6 months
    - Scripted to provide information, guide, and encourage
    - Non directional, no therapy

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Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

An illustrated guide to the toolkit

HELPING PEOPLE WITH CHRONIC ILLNESS AND DEPRESSED MOOD

Project DIRECT-sc

Depression Intervention
via Referral, Education and Collaborative Treatment - Self Care

Welcome to your Self-Care Tool Kit!

You are receiving this self-care tool kit because you have agreed to be part of the DIRECT-sc study. Please note that the items in the kit are yours to keep, you do not need to return them. You may write on the tools, share them with family or friends, make copies... they now belong to you!

As you can see from the note from your doctor, familiarizing yourself with the self-care tool kit may help you feel better in the long run.

Your self-care coach will call you in the next few days to help you make sense of these items. You have no obligation to use these tools and you are certainly *not* being tested. If you don't like any of the tools, you can tell your self-care coach. Telling us your honest opinion on the tools will actually help us make them better!

McGill

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Helping people with Chronic Illness and Depressed Mood

Depression Information Brochure

Start with this for basic information on the causes and treatments for low mood.

Movie: "Finding a Way Out of Depression"

This short movie (30 minutes) features interviews with experts and with patients who have overcome depression. If you don't feel like reading the *Depression Information Pamphlet* right away, you can start with this film. You may even want to watch it with a friend or family member.

Booklet for a family member or friend

If you live with or know someone who is often helping you take better care of your health, you may want to give them this booklet. It will help them better understand how to better help you. You are not obligated to give this to anyone and may keep it for yourself if you prefer.

Mood Monitoring Notebook

Use this tool to keep track of your daily mood. More detailed instructions are provided in the notebook.

Action Plan

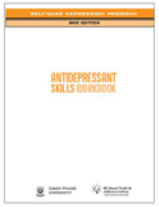
The Action Plan suggests actions that you can take that may help you feel better. Using this tool can be quick and easy if you read the instructions inside. If you are feeling confused about the tool, don't worry—your self-care coach can help. He/she will call you soon.

Community Resources List

If you can't think of a new activity to plan, this will be a useful list for finding physical activities, chronic illness support groups or information, and self-help groups and activities for low mood and anxiety. Call one of the phone numbers, or visit their website, to find out more about what's offered and when!

Antidepressant Skills Workbook

The workbook tool offers much more information on the causes and symptoms of depression. This tool requires more reading, but you will find a CD inside the Workbook that will allow you to simply listen to the information printed inside. Again, if you have questions or concerns about this tool, your self-care coach will be able to help.



E-couch Instructions

(This will only apply to you if you like using the Internet – if you do not have Internet access, you need not to read these instructions)

Your portal to the E-couch website is here! These instructions will help you access the website, create a free and confidential account, and get started. The E-couch website relies on text, animations, and audio to teach you about depression, and skills that you can use to overcome low mood which rely on increasing your activity level, rethinking the way you think, problem solving, and learning to better communicate.

Feasibility study: Methods

- Sample of family doctors recruited
- Short screening form in family doctors' offices (PHQ-2)
- Telephone full screening
- Written informed consent
- Telephone follow-up at 2 and 6 months

Feasibility study: Conclusions

- A telephone-supported depression self-care intervention is feasible in middle-aged and older, chronically ill primary care patients
- Support may not be essential for all patients
- The intervention is feasible either alone or in addition to antidepressant medications
- Use of CBT-based tools was associated with greater improvement in depressive symptoms
- Low FP participation was a barrier to study implementation

McCusker et al., A feasibility study of a telephone-supported self-care intervention for depression among adults with a co-morbid chronic physical illness in primary care. Mental Health in Family Medicine. 2013;9:257-273.

Phase 2: RCT (in progress)

- RCT to compare a supported vs unsupported intervention
- Main changes made as result of feasibility study:
  - Eligibility criteria expanded to include any chronic physical illness or chronic pain
  - Clinics recruited, FP involvement voluntary
  - “Watchful waiting” period (4 weeks) included
  - Intervention changes:
    - Toolkit: structured into core and optional tools
    - Participants guided to most relevant tools and components

RCT status

- 223 patients enrolled and randomized
- Follow-up will be complete in October, 2013
- Poster on patient-reported adherence to self-care tools at 3 months:
  - Support significantly increases active engagement with CBT-based tools

Challenges in implementing depression self-care interventions for older vs. middle-aged adults

Table 1: Eligibility and consent by age group

	Age ≤ 59	Age ≥60
	n	n
Eligible	43	55
Not eligible	24	32
PHQ-9 score 0-4	7	16
Cognitive impairment	3	10
Receiving counselling at least once a month	6	1
No target chronic disease for at least 6 months	5	2
Reported a suicide plan	3	0
Visual and/or physical problems with reading, writing	0	3
Cannot read in English or French*	5	
Consented to participate	30	33

*If subject could not read in En or Fr, we did not proceed to collect any other information (including date of birth).

Table 2: Baseline characteristics of study sample by age group (n=63)

Characteristic	age ≤ 59	age ≥ 60
N	n = 30	n = 33
Sociodemographic:		
Age (mean(SD))	51.1(4.3)	69.2(7.0)
Female(%)	76.7	72.7
Lives alone(%)	20.0	39.4
Married/common-law(%)	46.7	42.4
High school or greater(%)	86.7	78.8
Born in Canada(%)	76.7	75.8
French-speaking(%)	53.3	48.5
Low income(%)	30.8	24.0

Table 2: Baseline characteristics of study sample by age group (n=63) - continued

Characteristic	age ≤ 59	age ≥ 60
	n = 30	n = 33
Health measures		
3+ chronic diseases(%)	10.0	33.3
Charlson Comorbidity Index (mean (SD))	1.9 (2.1)	1.5 (1.4)
PHQ-9 score (mean (SD))	13.1 (4.9)	11.9 (5.1)
Depression diagnosis:		
Major depression	33.3	30.3
Minor depression	26.7	21.2
Panic	23.3	18.2
Anxiety disorder(%)	40.0	27.3
Somatoform	56.7	39.4
Alcohol abuse (%)	31.3	17.7
Mild cognitive impairment(%)*	23.3	12.1

* Score of 6-9 on the BOMC

Table 2: Baseline characteristics of study sample by age group (n=63) - continued

Characteristic	age ≤ 59	age ≥ 60
	n = 30	n = 33
Health measures (continued)		
Total number of medications (mean (SD))	4.8 (3.6)	6.2 (2.9)
Antidepressant medications:		
Current(%)	28.6	37.9
Previous only(%)	42.9	24.1
Current benzodiazepines(%)	26.7	18.2
Previous psychological treatment(%)	64.3	51.9
SF-12 MCS (mean (SD))	37.4 (10.7)	41.3 (10.9)
SF-12 PCS (mean (SD))	40.6(10.6)	40.1 (11.7)
Daily activities		
Social activities (mean (SD))	10.9 (7.5)	12.5 (6.8)
Solitary activities (mean (SD))	5.5 (3.8)	6.8 (3.5)
Productive activities (mean (SD))	3.4 (3.7)	4.7(3.3)

Table 2: Baseline characteristics of study sample by age group (n=63) - continued

Characteristic	age ≤ 59	age ≥ 60
N	n = 30	n = 33
Health services utilization		
Hospitalization past 12 months(%)	30.0	12.5
ED visits past 3 months(%)	26.7	15.6
Homecare services past 30 days(%)	23.3	9.1
With FP for 10+ year(%)	43.3	71.9

Table 3: Adherence to and acceptability of intervention at 6 month follow-up by age group

Measure	age ≤ 59 (n=24)	age ≥ 60 (n=31)
Coach calls attempt (mean (SD))	20.9 (6.4)	18.5 (6.1)
Completed coach calls (mean (SD))	9.9 (3.9)	11.1 (4.0)
Ratio of call completed (mean(SD))	0.5 (0.2)	0.6 (0.2)
Mean duration of coach calls (minute) (mean (SD))	11.0 (4.2)	10.4 (3.3)

Table 3 (cont'd): Adherence to and acceptability of intervention at 6 month follow-up by age group

Measure	age ≤ 59 (n=24)	age ≥ 60 (n=31)
Informational Tools		
Information brochure (n=54)		
Did not try n (%)	0 (0.0)	2 (6.5)
Tried, did not find helpful n (%)	12 (50.0)	11 (35.5)
Tried, found helpful n (%)	12 (50.0)	18 (58.0)
Internet programs		
Did not try n (%)	18 (75)	23 (74.2)
Tried, did not find helpful n (%)	2 (8.3)	3 (9.7)
Tried, found helpful n (%)	4 (16.7)	5 (16.1)
Film (n=54)		
Did not try n (%)	7 (30.4)	6 (19.4)
Tried, did not find helpful n (%)	7 (30.4)	7 (22.6)
Tried, found helpful n (%)	9 (39.1)	18 (58.1)
Any informational tool found helpful n (%)	15 (62.5)	24 (77.4)

Table 3 (cont'd): Adherence to and acceptability of intervention at 6 month follow-up by age group

Measure	age ≤ 59 (n=24)	age ≥ 60 (n=31)
Behavioural Tools		
Action plan (n=54)		
Did not try n (%)	8 (33.3)	9 (30.0)
Tried, did not find helpful n (%)	3 (12.5)	4 (13.3)
Tried, found helpful n (%)	13 (54.2)	17 (56.7)
Antidepressant skills workbook (n=53)		
Did not try n (%)	3 (13.0)	14 (46.7)
Tried, did not find helpful n (%)	6 (26.1)	2 (6.6)
Tried, found helpful n (%)	14 (60.9)	14 (46.7)
Mood monitoring notebook		
Did not try n (%)	7 (29.2)	11 (35.5)
Tried, did not find helpful n (%)	7 (29.2)	1 (3.2)
Tried, found helpful n (%)	10 (41.7)	19 (61.3)
Any behavioural tool found helpful n (%)	18 (75)	24 (77.4)

Table 3 (cont'd): Adherence to and acceptability of intervention at 6 month follow-up by age group

Measure	age ≤ 59 (n=24)	age ≥ 60 (n=31)
Any tool found helpful n (%)	19 (79.2)	27 (87.1)
Coaching		
Coach calls were important n (%)	21 (91.3)	27 (90)
Could have used tools without coach n (%)	13 (56.5)	11 (39.3)
Satisfaction (CSQ-8) (mean (SD))	25.2 (4.5)	25.1 (6.3)

Summary

Good News

•Older subjects who participated in the study were easier to contact

•Older subjects used the tools as much as or more than younger subjects.

Challenges

•Older subjects were more often excluded from the study because of cognitive or sensory impairment.

•Older subjects who participated seemed to be the 'well elderly' with better overall physical and mental health than the younger subjects who participated.

•Older subjects used the Antidepressant Skills Workbook less often than younger subjects.

Exploration of family members'/friends' roles

Background

- Much consideration has been devoted to defining the roles, responsibilities and interactions between patients and physicians to engage in self-care practices

- Less attention to involvement of family and friends(F/F)
  - Limited chronic physical conditions

F/F involvement in self-care for physical conditions

- Illness-specific support (e.g. support with diet for diabetes) better than general emotional support (e.g. listening and providing empathy).
- F/F support with ADLs (instrumental support) positive impact
- F/F support can be experienced as positive or negative

Objectives

- Examine the role F/F play in a self-care intervention offered to individuals with depression and comorbid chronic physical illnesses

- Explore the relationship between different types of F/F involvement and use of self- care tools in the SCI.

Methods: Sample & Recruitment

- Patients:
  - Patients in larger study completed questions on F/F involvement at 2 months (N= 57)
- F/F:
  - At enrollment, patients invited to name F/F
  - At 2 months, consenting F/F were asked to complete a brief mail-back questionnaire
  - At 6 months F/F invited to participate in qualitative interview

Methods: Patient Measures

- Patients Perceptions of F/F Support Received:
  - 4 category variable
    - (1) did not talk about depression or SCI
    - (2) talked about depression not SCI
    - (3) talked about depression and SCI but no support received
    - (4) talked about depression and SCI and received support
  - what support was most helpful?
- Patient Report of Tool Use:
  - Patients identified tools used and extent of use (0) not at all to (5) completed
  - Mean tool use scores computed <1 = minimal use, 1-2 = moderate use; 3-5= high use.

Methods: F/F Measures

- Patients Perceptions of Support Provided:
  - Emotional Involvement Scale
    - 3 sub-scales urging (0-32); tension (0-36); worrying (0-24)
  - F/F Instrumental Support Provided:
    - (1) yes (0) no
  - Qualitative Interviews
    - Semi-structured one on one interviews
    - Probed general help; help with SCI and recommendations for F/F involvement with SCI

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Table 1 : Characteristics of Patients with and without a Family Member/ Friend in the Study (n=57)

	Overall (n = 57)	Without F/F (n = 39)	With F/F (n = 18)	p-value (chi-square)
Sociodemographic:				
Age (mean(sd))	60.6(10.5)	60.6(10.3)	60.6(11.2)	0.992*
Female (%)	73.7	69.2	83.3	0.342**
Lives alone (%)	28.1	35.9	11.1	0.053
Married/common-law (%)	45.6	35.9	66.7	0.030
High school or greater (%)	84.2	84.6	83.3	1.000
Born in Canada(%)	75.4	71.8	83.3	0.511
French-speaking (%)	50.9	48.7	55.6	0.631
Low income (%)	26.7	29.0	21.4	0.725
Health measures				
Number of chronic diseases:				0.239
2 chronic diseases(%)	33.3	35.9	27.8	
3+ chronic diseases(%)	21.1	25.6	11.1	
Depressive symptom				0.101
Mild Moderate (%)	70.2	76.9	55.6	
Moderately sever-severe(%)	29.8	23.1	44.4	

* T-test

**Fisher's exact test

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Table 2: Family Member/Friend Demographics and Perceptions of Support Provided (n=18)

Variables	n	(%)
Relationship with FM		
Spouse/partner	7	(38.9)
Adult child	3	(16.7)
Brother/sister	2	(11.1)
Friend/other	6	(33.3)
Female	12	(70.6)
(missing)	(1)	
Age		
30-49	5	(29.4)
50-59	7	(41.2)
60-79	5	(29.4)
(missing)	(1)	
Born in Canada	14	(82.4)
(missing)	(1)	
Marital status		
Single, never married, widowed or divorced	7	(40.2)
Married or living common-law	10	(59.8)
(missing)	(1)	
Education		
High school or less	5	(27.8)
More than high school	13	(72.2)

continued

Variables	n	(%)
Household Income		
Less than $25,000	5	(27.8)
$25,000 to less than $75,000	8	(44.4)
$75,000 and more	4	(22.2)
Unknown	1	(5.6)
Instrumental Support		
Instrumental support	12	(66.7)
SF-12	**n**	**mean(sd)**
Mental mean(SD)	16	50.6 (8.0)
Physical mean(SD)	16	53.0 (7.9)
Involvement score[2] (mean)		
Urging mean(SD)	17	1.1(0.7)
Tension mean(SD)	18	0.5(0.4)
Worrying mean(SD)	17	0.9(0.6)

[1] Based on the sum of all items related to the scale

[2] Based on the mean of all items related to the scale

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Table 3: Patient Perspectives: Partial Support Provided by F/F and Patients' Self-Care Tool Use (n=57)

Family members involvement and support with tools	n	Use of informational tools** Median	[Q1-Q3]	p value*	Use of behavioural tools** Median	[Q1-Q3]	p value*
				0.107			<0.001
Did not talk about depressed mood	11	0.67	[0.33; 1.67]		0.67	[0.00; 1.00]	
Talked about depressed mood but not about the tools	14	1.67	[1.67; 2.67]		1.00	[0.67; 2.67]	
Talk about the tools but no support	12	2.00	[0.83; 3.33]		1.50	[0.67; 1.83]	
Talk about the tools and have received support	20	1.67	[1.17; 3.17]		3.00	[2.00; 3.50]	

* Kruskal-Wallis test

** <1 minimal, 1-2 moderate, 3-5: high

Most Helpful Form of Support Received
(11) general emotional support
(6) tool-specific support
(3) activity-specific support

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Table 4: Type of F/F Involvement and Patients' Self-Care Tool Use (n=18)

Family/Friend Baseline Involvement	n	Use of informational tools** Median	[Q1-Q3]	p value*	Use of behavioural tools** Median	[Q1-Q3]	p value*
Instrumental support				0.362			0.012
no	6	1.7	[1.3; 2.0]		0.5	[0.0; 0.7]	
yes	12	1.5	[0.0; 1.7]		2.0	[0.8; 3.2]	
Emotional involvement:							
Urging				0.422			0.806
<8	10	1.7	[1.3; 1.7]		1.0	[0.7; 2.3]	
≥8	7	1.0	[0.3; 1.7]		1.7	[0.0; 3.3]	
Tension				na			na
<9	17	1.7	[0.3; 2.0]		1.0	[0.7; 2.7]	
≥9	1	1.7	[na]		2.3	[na]	
Worrying				0.329			0.314
<6	12	1.3	[0.2; 1.7]		0.7	[0.2; 3.2]	
≥6	5	1.7	[1.7; 1.8]		1.7	[1.7; 2.3]	

* Mann-Whitney test

Low involvement= less than or equal to sum of items

Qualitative Interviews (N=7)

- Providing General Emotional Support Seen as Important to F/F
  - *“Oh yes she loves to be called – she wants that, she wants me to do the calling. She feels – well no, she’ll call me if she doesn’t hear from me but she would prefer if I show the initiative” [adult daughter]*
- Uncertainty and Confusion about F/F Role in SCI
  - “*I’m not a professional, I can’t, I can talk to her so much but what if I don’t ask the right questions or say the right things?*”
- F/F Involvement in SCI Requires More Support and Direction

Discussion

- General emotional support seen as helpful by F/F and patients (illness specific support for depression?)
- Patient reported F/F support with SCI was associated with patient reported behavioural tool use but
  - most patients did not report receiving F/F support with self-care tools
  - F/F expressed confusion and uncertainty about role
- Interventions with F/F and patients could help to clarify roles and improve adherence and experiences of self care

Family doctors' involvement in depression self-care

RCT FP Demographics

- 42 FPs consented to participate:
  - 78.6% (33) indep. of patient involvement,
  - 21.4% (9) with patient enrollment.
- 59.5% (25/42) completed at least part of study entry questionnaire

RCT FP Demographics

- Female: 54.2%
- Predominant (≥ 95%) source of pay:

  Fee for service: 72% (18)

  Hourly or salary: 28% (7)

RCT FP Demographics

AGE (n=24)	%	N (n=24)
20-30	16.7	4
31-40	12.5	3
41-50	33.3	8
51-60	20.8	5
60+	16.7	4

RCT FP Demographics

Years in practice	%	N (n=24)
0-5	25.0	6
6-10	4.2	1
11-20	25.0	6
21-40	45.8	11

RCT FP Demographics

FMG				Non FMG			
17				8			
CR	FMU	CLSC	Solo	GrP	Poly	Solo	FMU
8	7	1	1	3	2	2	1

RCT FP Demographics

- 22/25 have RNs in practice, 77.3 of RNs working on doctors' patient roster.
- 16/24 have psychologist on-site, 56.3% working with their own patients.
- 3/24 have social worker on-site, 2/3 working with doctors' roster.

How do demographics of FPs compare: feasibility study vs. RCT

- No significant differences in distribution of FP age, sex, type of remuneration, years in practice, presence of SW or psychologist,

How do demographics of FPs compare: feasibility study vs. RCT

Significant differences: More RCT FPs

1. in FMGs ($p<0.001$)
2. in practices where government involvement (none, some, high) is some to high ($p< 0.018$)
3. in group practice compared to solo
4. had RNs working with their patients

Use of Depression Screening Tools (ST)
No statistical difference

Use of depression ST for any reason	52% (13/25)
Most common use of ST (n=13)	--38.5% to confirm diagnosis. --38.5% to monitor progress.
If never use:	--72.3% for screening --58.3 % for assessment

For patients with depressive symptoms do you usually?

	Pilot N	Pilot %	RCT N	RCT %	Fisher's exact test P=0.340
Assess and treat	36	81.8	18	72.0	
Assess, consult, then F/U	8	18.2	6	24.0	
Refer for all care	0	0	1	4.0	

Before being recruited to this study, how familiar were you with concept of patient self-care for chronic physical illness?

	Pilot		RCT		Fisher's exact test
	N	%	N	%	P=1.000
Not at all	6	12.0	3	12.0	
Somewhat	23	46.0	11	44.0	
Mod-Very	21	42.0	11	44.0	

Before being recruited to this study, how familiar were you with concept of patient self-care for depression management ?

	Pilot		RCT		Fisher's exact test
	N	%	N	%	P=1.000
Not at all	17	33.3	8	32.0	
Somewhat	27	52.9	13	52.0	
Mod-Very	7	13.7	4	16.0	

Self-care Familiarity: Chronic Disease vs. Depression

- A comparison of familiarity with self-care for depression vs. chronic illness, before study onset, was done for each sample.
- For both the feasibility study and the RCT, because of small sample sizes, Fisher's Exact Tests were performed.
- No statistically significant findings were obtained.
- However, Cramer's V finding of 0.3934 for the feasibility study and 0.400 for the RCT was strongly suggestive that familiarity was greater for chronic illness than for depression within each sample.

Before being recruited to this study, how effective did you believe self-care options are for those with chronic physical illness?

	Pilot		RCT		Fisher's exact test
	N	%	N	%	P=0.075
Not at all / somewhat	14	35.0	2	9.1	
Moderately	16	40.0	12	54.5	
Very	10	25.0	8	36.4	

Before being recruited to this study, how effective did you believe self-care options are for those with chronic physical illness?

	Pilot		RCT		Fisher's exact test
	N	%	N	%	P=0.083
Not at all / somewhat	10	21.7	1	4.5	
Moderately	22	47.8	9	40.9	
Very	14	30.4	12	54.5	

Before being recruited to this study, how effective did you believe self-care options are for those with depressive symptoms?

	Pilot		RCT		Fisher's exact test
	N	%	N	%	P=0.075
Not at all / somewhat	14	35.0	2	9.1	
Moderately	16	40.0	12	54.5	
Very	10	25.0	8	36.4	

Self-care Effectiveness: Chronic Disease vs. Depression

- A comparison of effectiveness of self-care for depression vs. chronic illness, before study onset, was done for each sample.
- For both the feasibility study and the RCT, because of small sample sizes, Fisher's Exact Tests were performed.
- For the feasibility study, those who felt there was effectiveness for chronic disease also felt effectiveness for depression ($p=0.009$, Cramer V=0.4277).
- For the RCT this relationship approached significance ($p=0.06$), while a Cramer V of 0.4126 supported the correlation.

Conclusion about FP recruitment

- The data obtained from the FPs appears comparable, regardless of how the FPs are recruited.

Challenges in Implementing Depression Self-care Interventions for Adults with Chronic Physical Illness

Discussion

Outline (reminder)

- Overview of research program (J. McCusker)
- Challenges in implementing depression self-care interventions for older vs middle-aged adults (M. Cole)
- Exploration of family members'/friends' roles (T. Sussman)
- Family doctors' involvement in depression self-care (M. Yaffe)