THE FEASIBILITY OF DELIVERING A SUPPORTED DEPRESSION SELF-CARE INTERVENTION IN PRIMARY CARE FOR OLDER ADULTS WITH COMORBID CHRONIC PHYSICAL ILLNESS (Project DIRECT-sc)

Jane McCusker
McGill University, St. Mary’s Research Centre
CCMHC June 16, 2012
Project DIRECT-sc
Depression Intervention via Referral, Education and Collaborative Treatment
Self-Care

PRINCIPAL INVESTIGATOR
Jane McCusker, MD DrPH
Department of Epidemiology, Biostatistics and Occupational Health, McGill University; St. Mary’s Research Centre

CO-INVESTIGATORS
Martin Cole, MD
Department of Psychiatry, McGill University; Geriatric Psychiatry Division, St. Mary’s Hospital Center

Kim Lavoie, PhD
Professor, Department of Psychology, Université du Québec à Montréal; Researcher, Hôpital du Sacré-Coeur de Montréal and Montreal Heart Institute

Maida Sewitch, PhD
Department of Medicine, McGill University

Erin Strumpf, PhD
Department of Economics and Department of Epidemiology, Biostatistics and Occupational Health, McGill University

Tamara Sussman, PhD
School of Social Work, McGill University

Mark Yaffe, MDCM MCISc
Department of Family Medicine, McGill University; Family physicians, St. Mary’s Hospital Center
Outline

• Background

• Feasibility study:
  • Methods
  • Results

• RCT
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.
Policy relevance

• Depression self-care interventions widely recommended in depression management:
  • Part of stepped-care programs (e.g., NICE)
  • Component of chronic disease management models for depression care
• But – little empirical evidence!
Our research program

• Adults aged 40 and over in family practice settings
  • One or more chronic physical illnesses
  • At least mild symptoms of depression.

• 2 phases:
  • Phase 1) Feasibility study: patient, family doctor, and family member aspects
  • Phase 2) RCT
Phase 1: 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
Phase 1: 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
Project DIRECT-sc
Depression Intervention via Referral, Education and Collaborative Treatment
Self-Care

An illustrated guide to the toolkit
Phase 1: Specific objectives

- Barriers to recruitment of family doctors and patients
- Choice of and adherence to self-care tools, and adherence to coach phone calls
- 6 month outcomes: Changes in depressive symptoms and health behaviors
- Compare adherence and outcomes by age and severity of depression
Methods

- Short screening form in family doctors’ offices (incl. PHQ-2)
- Telephone full screening
- Informed consent
- Telephone follow-up at 2 and 6 months
Characteristics of participants (n=63)

- Median age: 60
- Range in depression severity (PHQ-9) from mild to moderately severe.
- 75% female
- French-speaking: 52%
Adherence to self-care tools at 2 months
(n = 57)

Informational tools
- Brochure: 40%
- Internet: 10%
- Film: 60%

Any informational tool: 80%

Behavioral tools
- Action plan: 40%
- Mood monitoring: 60%
- Workbook: 40%

Any behavioral tool: 80%

Legend:
- □ Completed most / all
- ○ Tried
Project DIRECT-sc
Depression Intervention via Referral, Education and Collaborative Treatment
Self-Care

PHQ-9 score, baseline (screening) and 6 months
(n = 53)

%
Depression diagnoses at screening and 6 months (n = 53)
Antidepressant medications at baseline and 6 months, by age (n = 55)
Factors associated with 6-month change in PHQ-9 change

• At least moderate adherence to behavioral tools
• Higher initial PHQ-9
• Not associated with change:
  • Adherence to informational tools
  • Severity of physical illness
  • Age
6 month perceptions of intervention

- Among users of tools, the behavioural tools were the most helpful (78-81%)
- 90% found coach calls helpful
- But ~1/2 thought coach was not essential
Conclusions

• Intervention was feasible and acceptable among those recruited
  • BUT Physician and patient barriers to recruitment
• Clinically significant improvement in depression
• Adherence to behavioural tools may be the most effective component;
• Similar adherence and outcomes in age 60+ and those with more severe depression
Limitations

• Uncontrolled study
• Modest sample size
• No “watchful waiting” period
Phase 2: RCT (in progress)

- RCT to compare a supported vs unsupported toolkit
- Eligibility criteria expanded to include any chronic physical illness or chronic pain
- Recruitment procedures modified
- “Watchful waiting” period (4 weeks) included
- Intervention more structured and individualized