Stepped care in depression and anxiety: from primary to secondary care.

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24367

Source
NTR

Brief title
SAD

Health condition

Depressive disorders (major and minor), Anxiety disorders (major and minor).

Sponsors and support

Primary sponsor: VU University Medical Center, Department of Clinical Psychology, EMGO institute
Source(s) of monetary or material Support: ZonMW: The Netherlands Organization for Health Research and Development.

Intervention

Outcome measures

Primary outcome

Speed of recovery in terms of symptom reduction (QIDS for depression, and the HADS-A for anxiety) at baseline and after 8, 16 and 24 weeks.

Secondary outcome

At baseline and after 8, 16 and 24 weeks:
1. DSM diagnosis (CIDI);
2. Quality of life (SF36 and Euroqol);
3. The use of health care services (TIC-P);
4. The use of medication (TIC-P);
5. Productivity losses (TIC-P);
6. Satisfaction with delivered care / continuity of care (Quote).

Study description

Background summary

Primary care patients with depressive and / or anxiety disorders are randomly assigned to stepped care or care as usual. Stepped care consists of 4 interventions of increasing intensity: (1) watchful waiting (2) bibliotherapy (3) problem solving therapy (4) medication and / or psychotherapy in mental health care. Patients will be monitored at baseline and after 8, 16 and 24 weeks on primary outcomes (symptoms of depression and anxiety) and secondary outcomes (quality of life, use of health care services, medication use, productivity loss, satisfaction with care / continuity of care.

Study objective

A stepped care program in primary care for patients with depressive and/or anxiety disorders is more effective than care as usual.

Intervention

In the current study a stepped care program will be developed for primary care patients with anxiety and/or depression. A stepped care program is characterized by different steps of treatment that are arranged in order of increasing intensity. After each step, the patient will be monitored, to determine if symptoms have been sufficiently reduced. The program consists of evidence based interventions: 1. Watchful waiting;
2. Bibliotherapy;
3. Problem solving treatment;
4. Medication and/or an evidence based treatment in specialised mental health care.
The control condition is care as usual.

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Eligibility criteria

Inclusion criteria

They are recruited through screening (all patients who visited their GP). They have to meet the following criteria:
1. Between 18-65 years;
2. A DSM diagnosis of minor depression, major depression, dysthymia, panic disorder (with or without agoraphobia), generalised anxiety disorder, or social phobia. Patients with minor anxiety (not fulfilling any DSM criteria of an anxiety disorder) will also be included.

Exclusion criteria

Patients are excluded if they:
1. Have psychotic or bipolar symptoms;
2. Have a high suicide risk;
3. Are currently under treatment or received treatment for depression/anxiety in the past twelve months;
4. Cannot read or write Dutch sufficiently enough to complete the questionnaires.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-01-2007
Enrollment:	200
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL787
NTR-old	NTR799
Other	: N/A

Register	ID
ISRCTN	ISRCTN17831610

Study results

Summary results
N/A