

Dutch Indicated Prevention (DIP) of depression and anxiety in homes for the elderly

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To evaluate the effects and costs of indicated prevention by a multicomponent, demand led stepped care programme, compared to usual care.

Ethical review	Approved WMO
Status	Pending
Health condition type	Psychiatric disorders
Study type	Interventional

Summary

ID

NL-OMON29852

Source

ToetsingOnline

Brief title

DIP

Condition

- Psychiatric disorders

Synonym

anxiety, depression, fear, mood disorder

Research involving

Human

Sponsors and support

Primary sponsor: Vrije Universiteit Medisch Centrum

Source(s) of monetary or material Support: ZONMW

Intervention

Keyword: anxiety, depression, Prevention, stepped care

Outcome measures

Primary outcome

Incidence of depressive and/or anxiety disorders in residents after one and two years as compared to usual care

Secondary outcome

Psychological measures such as life-satisfaction and wellbeing, satisfaction with care and treatment costs

Study description

Background summary

Indicated prevention aims to counter the onset or development of a disorder in those who already have symptoms. In homes for the elderly, psychiatric illnesses, mostly depressive and anxiety disorders, are very common and have an enormous impact on well-being and daily functioning. As the Dutch population is ageing rapidly and the policy is to keep elderly at home for as long as possible, the level of psychological and physical frailty in homes of the elderly has been increasing rapidly. Nurses and care workers supply generic care, while GPs are medically responsible. However, residents with mental problems require a different approach from everyday opportunistic general practice. Several evidence based interventions are available for different levels of symptoms. This stepped care model aims to maximize effectiveness and efficiency of decisions about allocation of resources in therapy.

Study objective

To evaluate the effects and costs of indicated prevention by a multicomponent, demand led stepped care programme, compared to usual care.

Study design

Randomised Clinical Trial

Intervention

Residents are screened with a validated self report Centre for Epidemiological Studies Depression Scale. Subjects are randomized to a stepped care programme or usual care. The Stepped Care program consists of biblio-therapy, Life-review/PST and consultation of a mental health specialist.

Study burden and risks

Risks for the residential population are neglectable.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

living in residential home, age 75 and older, symptoms of depression and/or anxiety

Exclusion criteria

depressive and/or anxiety disorder according DSM-IV criteria, dementia

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Prevention

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-09-2006
Enrollment:	180
Type:	Anticipated

Ethics review

Approved WMO	
Application type:	First submission
Review commission:	METC Amsterdam UMC

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
CCMO	NL13363.029.06