

# Stepped care for depression and anxiety: from primary to secondary care

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To examine the effectiveness of stepped care in primary care for patients with (mild) mood- and anxiety disorders.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON30245

### Source

ToetsingOnline

### Brief title

SAD (stepped care anxiety depression)

### Condition

- Other condition
- Psychiatric disorders

### Synonym

anxiety disorder, depression, mooddisorder

### Health condition

depressieve stemmingsstoornissen en -afwijkingen

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Vrije Universiteit

**Source(s) of monetary or material Support:** ZonMw

## Intervention

**Keyword:** anxiety disorder, depression, primary care, stepped care

## Outcome measures

### Primary outcome

DSM-IV diagnosis (CIDI), depressive symptoms (QIDS), symptoms of anxiety (HADS-A).

### Secondary outcome

Quality of life (SF36, euroqol), health care use (TIC-P + registrations), workproductivity (TIC-P), continuity of care (CAHPS/Quote).

## Study description

### Background summary

Mood and anxiety disorders are highly prevalent and have important consequences on the lives of the affected individuals. Furthermore, they are leading causes of the burden of disease on a societal level and generate high economic costs. Therefore, for the individual patients as well as for society in general, it is crucial that the patients are treated optimally. Currently, there are many undertreated as well as overtreated patients. The introduction of a stepped care model in primary care might be a way to enhance care. In stepped care all patients are offered the same low intensity (evidence based) treatment as a first step. Only those patients that do not recover, step up to a more intensive treatment. This corresponds with recent developments in Dutch mental health care. More and more, social psychiatric nurses (or psychologists) from mental health institutions work together with a GP in primary care.

### Study objective

To examine the effectiveness of stepped care in primary care for patients with

(mild) mood- and anxiety disorders.

## **Study design**

In this RCT participants are recruited by screening primary care patients. All patients with a positive screen for depression and / or anxiety are screened again after four weeks. All patients who with a second positive screen are interviewed by telephone to check in- and exclusioncriteria. All included patients are randomised to either stepped care or usual care. After 8, 16, and 24 weeks all included patients are asked to fill in questionnaires.

## **Intervention**

Our stepped care model consists of 4 evidence based interventions:

(1) watchful waiting - part of all patients with mood and anxiety disorders recover spontaneously

(2) one session with a psychiatric nurse / psychologist + bibliotherapy - bibliotherapy (either by book or through Internet) can be defined as a standardized psychological treatment which the patient works through independently at home. The patient is supported by e-mail or telephone

(3) 6 session with a psychiatric nurse / psychologist - short behavioral intervention consisting of motivational interviewing, activity scheduling en Problem Solving Treatment

(4) medication and / or a more intensive psychotherapy in a specialised mental health care setting.

All patients are carefully monitored until they are recovered.

## **Study burden and risks**

Every included patient is interviewed and has to fill in questionnaires. This might be viewed as a burden. There are no risks involved.

## **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

adult (18 - 65 year) with DSV-IV disorder: minor depression, major depression, dysthymia, panic disorder (with or without agoraphobia), social phobia, generalised anxiety disorder.

### Exclusion criteria

treatment of anxiety or depression in past 6 months  
suicide ideation

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Health services research

## Recruitment

NL  
Recruitment status: Recruitment stopped  
Start date (anticipated): 14-02-2007  
Enrollment: 200  
Type: Actual

## 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	NL15245.029.06