Supporting primary care in diagnosis and choice of treatment for patients with psychosocial symptoms: SGE-PsyScan.

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Improving primary care for patients with psychosocial symptoms by introducing the SGE-PsyScan.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Mood disorders and disturbances NEC
Study type	Interventional

Summary

ID

NL-OMON38647

Source
ToetsingOnline

Brief title
SGE-PsyScan

Condition

- Mood disorders and disturbances NEC

Synonym
Mental disorders; psychosocial symptoms

Research involving
Human

Sponsors and support

Primary sponsor: Maastricht University
Source(s) of monetary or material Support: CZ groep Zorgverzekeringen,Twee zorgverzekeraars,Zorgverzekeraar VGZ

Intervention

Keyword: Health services research, Mental disorders, Primary care

Outcome measures

Primary outcome

The rate of patients who achieve a successful decrease in the level of psychosocial symptoms as measured with the Symptom Checklist 90 (SCL-90) after 12 months. A successful treatment result is defined as a decrease in the SCL-90 patient score of 50%.

Secondary outcome

1. The level of psychosocial symptoms of patients as measured with the SCL-90 after 3 and 6 months.

2. Health technology assessment. We will measure direct and indirect costs in both groups in order to perform a cost effectiveness analysis. Therefore we will use the Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (TiC-P) and EMR parameters indicating relevant expenditures including treatments, consultations and referrals

3. Quality of life will be measured using the EuroQol-5Dimensions-5Levels (EQ-5D-5L) questionnaire

4. The extent of patient satisfaction with the care they receive, will be measured using the Patient Assessment of Chronic Illness Care (PACIC)

5. Relevant psychosocial care parameters will be extracted from the EMR to monitor changes in care patterns including previous psychosocial episodes, numbers and types of psychosocial diagnoses, use of screening/diagnostic instruments, comorbidity, treatments, medication prescriptions, referrals and

health care consumption.

6. Patient characteristics including gender, age, civil state, postal area code

(4 numbers), education, work and comorbidity will be assessed using the TiC-P

and the EMR. We will administer the Assessment of Chronic Illness Care (ACIC)

to the GPs who participated in the study.

Study description

Background summary

Although effective treatments for psychosocial symptoms and disorders are available, patients frequently do not receive the most appropriate and effective treatment for their symptoms because of inappropriate and unstructured diagnostics of psychosocial symptoms in general practice. The hypothesis is that by using the intervention SGE-PsyScan the clinical symptoms of patients can be assessed more uniformly and earlier as opposed to the GPs* assessment in usual care. As a result, patients are supposed to start a treatment that fits the type and severity of their symptoms better and earlier.

Study objective

Improving primary care for patients with psychosocial symptoms by introducing the SGE-PsyScan.

Study design

Parallel open randomized clinical trial with a 1-year follow-up period in a large primary care organization in the city of Eindhoven (SGE), the Netherlands.

Intervention

The SGE-PsyScan is an internet application to which the GP refers the patient which includes the distress screener, the 4-Dimensional Symptom Questionnaire (4DSQ) and a series of additional questions for differentiating between stress, depressive, anxious and somatization symptoms. Based on the 4DSQ patients and GPs receive advices for possible treatments.

Study burden and risks

No invasive procedures will take place. In the intervention group, the SGE-PsyScan only provides guideline-concordant advices to patients and GPs. The ultimate choice for treatment remains the responsibility of the patients and the GPs. In the information for patients it is pointed out specifically that the SGE-PsyScan does not provide a diagnosis but that it supports the GP with assessing the patient*s symptoms. The patients in the control group will immediately continue usual care after randomization.

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

Patients with (suspected) psychosocial symptoms
Aged 18 years or older and capacitated
Adequate understanding of Dutch language

Able to perform SGE-PsyScan at home, individually

Exclusion criteria

Clear and treatable somatic causes of symptoms
Acute distress/danger
No written informed consent

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):	04-12-2013
Enrollment:	648
Type:	Actual

Ethics review

Approved WMO

Date:	18-09-2013
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

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	NL44597.068.13