Early Diagnostics of Depression in Primary Care.

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Which of two strategies for early detection of depression in primary care performs best, i.e. results in higher number of identified depressions. The two strategies are: 1. Active case finding of high risk patients by a nurse practitioner; 2....

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20596

Bron
Nationaal Trial Register

Verkorte titel
Early Diagnostics of Depression

Aandoening

Early Diagnostics of Depression

Ondersteuning

Primaire sponsor: University Medical Centrer Utrecht
Overige ondersteuning: Agis insurance, Amersfoort, the Netherlands

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The number of depressive complaints and the number of diagnosed depressions in the year follow-up (cumulative year incidence) on the basis of ICPC codes from the routine care

records (EMD) of the LRJG.

Toelichting onderzoek

Achtergrond van het onderzoek

Depression is one of the top five diseases with the highest diseaseload. If untreated, depression has a large impact on quality of life and brings high costs for society.

Structured early detection of high risk patients is an important strategy to reduce the disease load of mood disorders in primary care. Early detection of non-diagnosed depression in primary care and care for high risk patients in primary care may reduce the development of depression. This will result in a reduction of caseload and costs of care.

It is important to evaluate different strategies for early detection to learn which intervention has the best results and can be incorporated in primary care on a larger scale in the future.

In this randomised clinical trial design we will compare two strategies for early detection of depression in highrisk patients.

Our objective is to determine which of two strategies for early detection of depression in primary care performs best, i.e. results in higher number of identified depressions. The two strategies are: 1) active case finding by a nurse practitioner and 2) routing of high risk patients in electronic dossiers of the general practitioner.

The study involves a randomised trial design; we compare two strategies for a period of 1 year. In two Leidsche Rijn Julius healthcarecenters (LRJG) (Parkwijk and Terwijde, n = 16.000) identified high-risk patients (by known risk factors for
depression) will be randomised on practicelevel. In two other LRJG centers (Vleuterweide and Velthuizen, n = 16.000) we do nothing, as to be able to control for possible time-trends. Highrisk individuals are detected on the basis of known riskfactors for depression from the PREDICT study (King ea 2008).

Doel van het onderzoek

Which of two strategies for early detection of depression in primary care performs best, i.e. results in higher number of identified depressions. The two strategies are:

1. Active case finding of high risk patients by a nurse practitioner;

2. Routing of high risk patients in electronic dossiers of the general practitioner.

Onderzoeksopzet

Interventions will run for 1 year. After a year we will measure the primary and secondary outcomes during the year of intervention.

Onderzoeksproduct en/of interventie

The first strategy involves a nurse practitioner (POH-GGz) who actively approaches (by phone) highrisk patients on account of the general practitioner. The POH-GGz makes an inventory of complaints using the 4DKL. When suspecting a diagnosis of depression, a diagnosis may be made together with the general practitioner and treatment as usual is provided.

In the second strategy, the general practitioner is informed about the patient being at highrisk for depression by active routing in the EMR. The general practitioner will provide diagnostics and treatment during regular consultation (care as usual).

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All patients in primary care between 18 and 70 years old.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. A current diagnosis of depression (ICPC-code P96 in the last 6 months);

2. Current use of antidepressives (ATC-code N106A in the last 3 months);

3. A diagnosis of schizophrenia (ICPC-code P72), affective psychosis (P73), or bipolair disorder (P99), or suicide attemt (P77).

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	15-01-2012
Aantal proefpersonen:	32000
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	01-11-2011
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3002
NTR-old	NTR3150
CCMO	NL35141.041.10

Resultaten

Samenvatting resultaten
N/A