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

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

Ethische beoordeling	Niet van toepassing
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON24367

Bron
NTR

Verkorte titel
SAD

Aandoening

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

Ondersteuning

Primaire sponsor: VU University Medical Center, Department of Clinical Psychology, EMGO institute
Overige ondersteuning: ZonMW: The Netherlands Organization for Health Research and Development.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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.

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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

Onderzoeksproduct en/of interventie

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.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel:	Parallel
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-01-2007
Aantal proefpersonen:	200
Type:	Verwachte startdatum

Ethische beoordeling

Niet van toepassing

Soort:	Niet van toepassing

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	NL787
NTR-old	NTR799
Ander register	: N/A
ISRCTN	ISRCTN17831610

Resultaten

Samenvatting resultaten
N/A