

A call for standardized measurement of outcomes in depression treatment

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Rhode Island Hospital and Brown University researchers are calling on clinicians to adopt a standardized measurement of outcomes when treating depression. The commentary was published in the June edition of *Primary Psychiatry*.

Researchers led by Mark Zimmerman, M.D., noted that quantified measurement of outcome is rarely done when treating depression, yet to determine the impact of treatment it is necessary to evaluate outcome. It provides the clinician with a concrete way to assess the degree and completeness of treatment success. However, studies among clinicians in both the United States and the United Kingdom confirm that the vast majority of psychiatrists did not routinely use scales to monitor outcome when treating depression, with less than 10 percent reporting that they always used scales to monitor outcome.

Zimmerman and the researchers determined that one issue serving as an obstacle to evaluating outcomes is a perception of the added burden, as clinicians are already overburdened with paperwork. Because of this, the Rhode Island Hospital team has suggested the use of a self-report questionnaire as a cost-effective option that highly correlates with clinician ratings. A self-report can be brief and will provide clinicians with useful information, improve the efficiency of conducting their clinical evaluation and therefore this measure has a practical value for the clinician.

In addition, the team developed a scale for clinical utility. Known as the

Clinically Useful Depression Outcome Scale (CUDOS), it contains 18 items that assess all of the DSM-IV inclusion criteria for major depressive disorder and dysthymic disorder as well as psychosocial impairment and quality of life. The 16 symptoms items are rated on a 5-point Likert scale in order to keep the scale brief. Studies by the research team found the CUDOS to be a reliable and valid measure of depressive symptoms that is sensitive to clinical change and can be used to determine whether depressed patients have remitted from treatment.

Zimmerman notes, "Unlike other areas of medical care that can measure outcomes on numerical values like body temperature, blood pressure and other quantifiable variables, psychiatry is the only medical discipline in which quantified measurements of outcome are not the standard of care. We believe that it is critical to do so, and that systematic outcome assessment will assume an increasing importance during the next decade, if for no other reason that payor mandates will require it."

Zimmerman concludes, "There may be only limited data suggesting that measurement might improve outcome when treating depression; however, there is no reason to wait until such studies are done to provide the benefit of measurement-based care in the treatment of depression. Frankly, there is little downside to adopting this approach as part of an overall treatment plan for the depressed patient."

The commentary and the ensuing recommendations are from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) Project, for which Zimmerman is the principal investigator. Zimmerman said, "The MIDAS project is unique in its integration of research quality diagnostic methods into a community-based outpatient practice affiliated with an academic medical center."

Source: Lifespan

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