

# Online messaging delivers follow-up care for depression

March 16 2011

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Online messaging can deliver organized follow-up care for depression effectively and efficiently, according to a randomized controlled trial of 208 Group Health patients that the *Journal of General Internal Medicine* e-published in advance of print.

After five months, compared to the half of the patients randomly assigned to receive usual care, the half who had three online care management contacts with a trained psychiatric nurse were significantly more likely to feel less depressed, take their antidepressant medication as prescribed, and be "very satisfied" with their treatment for depression. The patients in the trial were starting antidepressant medication that their [primary care](#) providers prescribed.

"While more Americans are taking [antidepressants](#), the quality of care for depression remains among the lowest scores on the U.S. health care report card," said Gregory E. Simon, MD, MPH, a Group Health psychiatrist and Group Health Research Institute senior investigator. "Especially in primary care, where most treatment for depression starts, not enough patients receive follow-up contact or take their antidepressant medication as prescribed."

In previous studies, Dr. Simon and his colleagues have successfully delivered organized care for depression using telephone calls. Organized depression care means systematically reaching out to patients, assessing their depression and whether they are taking their antidepressant medication as prescribed, and following guidelines for evidence-based

care. One such guideline is suggesting that the primary care provider change the dose—or add or switch to another medication—if depression or side effects bother a patient after a standard trial period. The bottom line: persistently tailoring treatment to boost each individual's response.

Why try pursuing these same goals using online messaging instead of phone calls?

"Recently, for each phone contact with a patient, we've wasted a half hour on playing 'phone tag,'" Dr. Simon said. Unlike phone calls, online messages require no simultaneous live contact, so they may boost the convenience and affordability of follow-up care. He and his colleagues have found that secure, asynchronous messages within Group Health's existing electronic medical record can improve care of chronic conditions—and that patients being treated for depression are particularly likely to use online communication with their health care providers.

"We worried that patients might need live voice contact in real time to be understood and feel supported," Dr. Simon said. "But this online care management helped these patients, even though they never met the trained psychiatric nurse in person or talked with her on the phone. And because she spent only one hour per patient to deliver this intervention, it promises to make high-quality [depression](#) care more affordable."

Provided by Group Health Research Institute

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