Patients with post-ACS depression benefitted from active treatment in clinical trial

March 8 2013

A clinical trial of patients with post-acute coronary syndrome (ACS, heart disease) depression finds that a centralized, patient-preference program decreased depressive symptoms and may be cost-neutral over time, according to a report published Online First by *JAMA Internal Medicine*. The study is being released early to coincide with its presentation at the American College of Cardiology's annual Scientific Sessions.

About 1.2 million Americans survive an ACS event every year and many of them have clinically significant and persistent depression. Post-ACS depression is also associated with an increased risk of ACS recurrence and with an increase in the relative risk of all-cause mortality, the authors write in the study background.

Karina W. Davidson, Ph.D., of the Columbia University College of Physicians & Surgeons, New York, and colleagues sought to determine the effects of providing post-ACS depression care on symptoms and health care costs in a multicenter randomized controlled trial.

A total of 150 patients were divided into two groups for six months of treatment. Of the patients, 73 were enrolled in the intervention group in which they could receive centralized depression care that was based on patient preference for problem-solving treatment given by telephone or the Internet, medication, both or neither. The other 77 patients were enrolled in the usual care group in which they were free to obtain depression from their primary care physician, cardiologist or any other

health care practitioner, according to the study.

"For patients with post-ACS depression, active treatment had a substantial beneficial effect on depressive symptoms. This kind of depression care is feasible, effective and may be cost-neutral within six months; therefore, it should be tested in a large phase 3 pragmatic trial," the study notes.

According to study results, depressive symptoms decreased significantly more in the active treatment group than in the usual care group (differential change between groups, -3.51 BDI [Beck Depression Inventory] points. Mental health costs were higher for the active treatment group than for the usual care group (adjusted change, $687), while average hospital costs were lower in the intervention group (adjusted change, -$1010). As a result of the offset, overall health care estimated costs in the study intervention group were not statistically different than in the comparison group (adjusted change, -$325), according to the results.

"A large phase 3 trial would inform evidence-based depression treatment guidelines for patients with an ACS, and even has the tantalizing possibility of answering the important question of whether treating depression in patients with ACS lowers mortality and recurrence rates," the study concludes.

In a related commentary, Gregory E. Simon, M.D., M.P.H., Group Health Cooperative, Seattle, writes: "In this issue of *JAMA* Internal Medicine, Davidson et al describe the benefits of an organized depression care program for outpatients experiencing significant symptoms of depression after acute coronary syndrome (ACS)."

"While the CODIACS [Comparison of Depression Interventions after Acute Coronary Syndrome] investigators conclude that the depression

care program was 'cost neutral,' I would be more cautious in interpreting the finding of no significant difference in cost," Simon wrote.

"Instead of concluding that this depression care program is cost neutral, I would conclude that this sample is far too small to accurately estimate the effect of the program on use or cost of general medical services _ especially the highly variable category of inpatient medical costs," the study concludes.

More information: *JAMA Intern Med*. Published online March 7, 2013. doi:10.1001/jamainternmed.2013.915
JAMA Intern Med. Published online March 7, 2013. doi:10.1001/jamainternmed.2013.925

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