

US depression treatment proved effective for UK

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A US model of treating depression through a network of specialists could effectively be imported into the UK, new research has revealed.

Collaborative care involves depressed people having access to a team of specialists, with advice and support often given over the phone. A trial led by Professor David Richards at the University of Exeter Medical School found that [collaborative care](#) led to improvement of [depression symptoms](#) immediately after treatment. Furthermore, 15 per cent more [patients](#) were still improved after 12 months, compared with those who saw their GP.

Depression is a long-term and relapsing condition, and is set to be the second largest cause of global disability by 2020. At the moment, treatment for 85-95 per cent of UK cases is through GPs, but the organisation of care in this setting is not optimal for managing depression because of barriers between general and specialist health professionals, patients not taking their medication and limited specialist support for patients. In contrast, collaborative care involves a structured management plan, regular follow-ups with patients and better communication between health professionals. To achieve this, a care manager is appointed to act under the supervision of a specialist, and to liaise between GPs and mental [health](#) specialists.

The findings of the CADET study are published in the *BMJ* online today, August 19. The study was funded by the UK Medical Research Council, managed by the National Institute for Health Research (NIHR),

on behalf of the MRC-NIHR Partnership. Professor Richards also receives funding from the NIHR Collaboration for Leadership in Applied Health Research and Care in the South West Peninsula (PenCLAHRC).

Professor Richards said: "This is one of the largest studies of collaborative care internationally, and demonstrates that it is as effective in the UK as it is in the US, and could reliably be imported. Importantly, patients also told us that they preferred the approach to their usual care. This study was carried out in response to a plea for evidence from the National Institute for Clinical Excellence (NICE), which we have now provided. We are now working on a full economic evaluation, and it will be for NICE to decide how to take this forward."

Provided by University of Exeter

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