

Intervention does not improve depression symptoms

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Among depressed patients evaluated in a primary care setting, use of an interactive multimedia computer program immediately prior to a primary care visit resulted in the increased receipt of antidepressant prescription recommendation, mental health referral, or both; however, it did not result in improvement in mental health at 12-week follow-up, according to a study in the November 6 issue of *JAMA*.

"Despite progress, depression in primary care remains underrecognized and undertreated. Barriers to improvement include system, clinician, and patient factors. System-level interventions are effective in increasing recognition and treatment of depression, but these interventions are difficult to disseminate," according to background information in the article.

Richard L. Kravitz, M.D., M.S.P.H., of the University of California, Davis, and colleagues examined whether targeted and tailored communication strategies could enhance patient engagement and initial care for [patients](#) with depression and the extent to which the interventions promoted prescribing or recommendation of [antidepressant medication](#), depression-related discussion, and antidepressant requests among patients who were not depressed. The trial compared a depression engagement video (DEV), tailored [interactive multimedia](#) computer program (IMCP) and control among 925 adult patients treated by 135 primary care clinicians (603 patients with depression and 322 patients without depression) conducted from June 2010 through March 2012 at 7 [primary care](#) clinical sites in California. Patients were randomized to a

DEV targeted to sex and income, an IMCP tailored to individual patient characteristics, and a sleep hygiene (recommendations for improving sleep) video (control).

Of the 925 eligible patients, 867 were included in the primary analysis (depressed, 559; nondepressed, 308). The researchers found that among [depressed patients](#), rates of achieving the primary outcome (a composite measure of receiving an antidepressant recommendation, a mental health referral, or both during the initial visit) were 17.5 percent for DEV, 26 percent for IMCP, and 16.3 percent for control. Both the DEV and the IMCP increased patient-reported requests for information about [depression](#). However, there were no improvements in [mental health](#) (as gauged by a questionnaire) at the 12-week follow-up in response to either intervention.

Among nondepressed patients, no evidence of harm was observed from either intervention for the outcome of clinician-reported antidepressant prescribing, but the authors could not exclude harm (defined as a higher rate of antidepressant prescriptions for nondepressed patients associated with each intervention) based on patient-reported antidepressant recommendation.

"Further research is needed to determine effects on clinical outcomes and whether the benefits outweigh possible harms," the authors conclude.

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