

# Collaborative care model manages depression, anxiety in patients with heart disease

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A telephone-based collaborative care model helped manage depression and anxiety, and improved health-related quality of life in patients with heart disease.

Depression following acute cardiac conditions is common and generalized anxiety and panic disorders occur at higher rates in patients with heart conditions. Depression and anxiety are determinants of health-related quality of life (HRQoL). Collaborative care (CC) models use nonphysician care managers to coordinate treatment recommendations between [mental health professionals](#) and [primary care physicians](#). There has been limited use of CC interventions among patients hospitalized for cardiac conditions.

The Management of Sadness and Anxiety in Cardiology (MOSAIC) study was designed to evaluate a 24-week, telephone-based CC intervention for depression, panic disorder (PD) and [generalized anxiety disorder \(GAD\)](#) among patients hospitalized for cardiac illnesses compared with a [control group](#) of patients who received enhanced usual care. The study included 183 patients (average age 60.5 years, 53 percent women), of whom 92 received the intervention and 91 were in the control group. The intervention used a social work care manager (CM) to coordinate assessments and care of psychiatric conditions and to provide patient support. With enhanced usual care, the CM notified medical providers of a patient's psychiatric diagnosis.

Patients in the intervention had greater average improvement in HRQoL based on mental health scores at 24 weeks compared with patients in the control group. Patients in the intervention also reported better symptom improvement and general functioning, as well as higher rates of treatment for a mental health disorder.

"Adequately powered and randomized trials remain necessary to determine whether refinements to this model (such as adding slightly more postdischarge contact or using a blended care model) can lead to even greater improvements in [mental health](#) and function. Given the relatively low-burden and low-resource nature of this intervention—with telephone delivery of all postdischarge interventions and use of a single social worker as the CM [care manager] for three psychiatric illnesses—such a program may be easily implemented and effective in real-world settings." Jeff C. Huffman, M.D., of Massachusetts General Hospital, Boston, and colleagues write in their *JAMA Internal Medicine* article today.

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