

Effect of decision aid in selecting antidepressant

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Use of a decision aid helped primary care clinicians and patients with moderate to severe depression select antidepressants together but had no discernible effect on depression control and medication use and adherence, according to an article published online by *JAMA Internal Medicine*.

Depression is a common, debilitating, and costly chronic mental illness affecting an estimated 17 percent of Americans. Pharmacotherapy is a primary treatment, but the efficacy of antidepressants is reduced by low patient adherence rates and premature discontinuation. Annie LeBlanc, Ph.D., of the Mayo Clinic, Rochester, Minn., and colleagues studied the effect of the Depression Medication Choice (DMC) encounter decision aid on quality of the decision-making process and [depression](#) outcomes. This aid was designed to help [patients](#) and clinicians consider available antidepressants and the extent to which they improved depression and other issues important to patients.

Primary care practices in 10 rural, suburban, and urban [primary care](#) practices across Minnesota and Wisconsin were randomly allocated to treatment of depression with or without use of the DMC decision aid, which consisted of a series of cards, each highlighting the effect of the available options on an issue of importance to patients for use during face-to-face consultations.

The study included 117 clinicians and 301 patients with moderate to [severe depression](#) considering treatment with an antidepressant.

Compared with usual care, use of DMC significantly improved patients' decisional comfort, knowledge, satisfaction, and involvement. It also improved clinicians' decisional comfort and satisfaction. There were no differences in encounter duration, [medication adherence](#), or improvement of depression control between groups.

"Further work in this area is necessary. The ideal decision support should include nonpharmacological options. A larger and longer trial to study the effect of the decision aid on adherence to therapy in patients selected because of nonadherence may be more informative. Larger studies are needed to identify subgroups (i.e., socioeconomic status) that may benefit more from using the decision aid. Identifying the amount and type of support needed to effectively embed the use of this decision aid in the routines of primary care practices to support its longitudinal use also remains to be determined," the authors write.

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