

**Collaborative care can
be moderately effective
at treating depression
regardless of physical
health status**

**School for
Primary Care
Research**

STUDY SUMMARY

NHS

**National Institute for
Health Research**

Collaborative care is an intensive care model involving several health care professionals working together, typically a physician, a case manager, and a mental health professional. Meta-analyses of aggregate data have shown that collaborative care is particularly effective in people with depression and comorbid chronic physical conditions. However, only participant-level analyses can rigorously test whether the treatment effect is influenced by participant characteristics, such as chronic physical conditions.

Researchers assessed whether the effectiveness of collaborative care for depression is moderated by the presence, type, and number of chronic physical conditions.

This NIHR-funded review pooled individual patient data from 31 trials, mostly from the US. The benefits of collaborative care over usual care were modest. These benefits were not affected by the presence, type and number of chronic physical conditions. No comparisons were made with other approaches used in the UK such as direct primary care access to psychologists and no cost-effectiveness analyses were performed.

This evidence will help inform guideline updates for the treatment of depression. Estimates of overall costs of implementation of collaborative care at scale will be important for commissioners given the current pressures on the health service and the need for new models of care.



Characteristics of patient populations that determine the effectiveness of collaborative care interventions for depression



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Issue:

Meta-analyses of aggregate data have shown that collaborative care is particularly effective in people with depression and comorbid chronic physical conditions. However, only participant-level analyses can rigorously test whether the treatment effect is influenced by participant characteristics, such as chronic physical conditions.

What we did:

Assessed whether the effectiveness of collaborative care for depression is moderated by the presence, type, and number of chronic physical conditions. Data sets from 31 randomized clinical trials including 36 independent comparisons were analyzed. Individual participant data analyses found no significant interaction effects, indicating that the presence, numbers, and types of chronic physical conditions do not influence the treatment effect.

What we found:

There is evidence that collaborative care is effective for people with depression alone and also for people with depression and chronic physical conditions. Existing guidance that recommends limiting collaborative care to people with depression and physical comorbidities is not supported by this individual participant data meta-analysis.

Publication:

Association Between Chronic Physical Conditions and the Effectiveness of Collaborative Care for Depression. An Individual Participant Data Meta-analysis. M Panagioti, P Bower, E Kontopantelis. *JAMA Psychiatry* , 2016.doi:10.1001/jamapsychiatry.2016.1794