A telephone psychotherapy programme improved clinical outcomes in patients beginning antidepressant treatment


In primary care patients who are beginning antidepressant treatment for depression, is a telephone psychotherapy programme (TPP) more effective than usual care (UC) for improving clinical outcomes and satisfaction?

METHODS

Design: randomised controlled trial.
Allocation: unclear.
Blinding: blinded (outcome assessors).
Follow up period: 6 months
Setting: 7 group model primary care clinics of the Group Health Cooperative in Washington State, USA.
Patients: 600 primary care patients (mean age 46 y, 74% women) who were beginning antidepressant treatment for depression. Exclusion criteria included current use of psychotherapy or remission and a diagnosis of bipolar disorder or schizophrenia in the previous 2 years.
Intervention: TPP (n = 198), telephone care management (n = 207), or UC (n = 195); this abstract focuses on the comparison between TPP and UC. TPP comprised 3 outreach calls from care managers who provided crisis intervention as needed, care coordination, and feedback to the treating physician; plus a structured 8 session (30–40 min/session) cognitive behavioural psychotherapy programme delivered by telephone. In the UC group, patients received no regular contact from care managers.
Outcomes: severity of depression (Hopkins Symptom Checklist Depression Scale [SCL]), patient rated improvement, and satisfaction with treatment.
Patient follow up: 96% of patients were included in the intention to treat analyses.

MAIN RESULTS

Reduction in severity of depression was greater in the TPP group than in the UC group throughout follow up (p < 0.02). More patients in the TPP group than in the UC group had ≥50% improvement in SCL depression score (table), described themselves as “much improved” or “very much improved” (p < 0.001), or were “very satisfied” with depression treatment (table).

CONCLUSION

In primary care patients beginning antidepressant treatment for depression, a telephone psychotherapy programme was more effective than usual care for improving clinical outcomes and satisfaction.
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Evid Based Nurs 2005 8: 46
doi: 10.1136/ebn.8.2.46

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