A collaborative care intervention improved depression outcomes, but not glycaemic control, in diabetes and comorbid depression


Q In patients with diabetes mellitus and comorbid major depression or dysthymia, does a pathways collaborative care intervention (PCCI) for depression improve both depression and glycaemic control outcomes?

Main results

Improvement in depression (reduction in SCL-90 scores) from baseline was greater in the PCCI group than in the UC group (p = 0.004). More patients in the PCCI group than in the UC group had a ≥40% decrease from baseline in SCL-90 scores at 12 months (table) or improvement on Global Impression scores at 6 (p = 0.004). More patients in the PCCI group than in the UC group had an improvement of 40% decrease in SCL-90 scores at 12 months (table). The groups did not differ for haemoglobin A1c concentrations throughout follow up.

Conclusion

In patients with diabetes mellitus and comorbid major depression or dysthymia, an enhanced process of care for depression improved depression related outcomes but not glycaemic control.

Commentary

Depression, a common comorbid condition with diabetes, has been found to be associated with hyperglycaemia.1 However, the mechanisms linking depression to glycaemic control are not well understood. The study by Katon et al adds to our knowledge of whether interventions for depression improve both depression and glycaemic control. In 4 previous studies examining these relations, only one2 showed reductions in both glycaemic control and depressive symptoms.

The PCCI involved trained specialty nurses as the centrepiece of the intervention, in collaboration with a primary care physican. Components of PCCI included antidepressant medication, problem solving treatment, and psychiatric consultation.

A pathways collaborative care intervention (PCCI) v usual care (UC) in patients with diabetes mellitus and comorbid major depression or dysthymia *

<table>
<thead>
<tr>
<th>Outcomes at 12 months</th>
<th>PCCI</th>
<th>UC</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥40% decrease in SCL-90 from baseline</td>
<td>54%</td>
<td>38%</td>
<td>42% (10 to 85)</td>
<td>7 (4 to 22)</td>
</tr>
<tr>
<td>Improved patient Global Impression scores (change from baseline)</td>
<td>72%</td>
<td>42%</td>
<td>70% (38 to 113)</td>
<td>4 (3 to 6)</td>
</tr>
</tbody>
</table>

*SCL = Hopkins Symptom Checklist; other abbreviations defined in glossary. RBI, NNT, and CI calculated from data in article.
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