Q Do organisational and educational interventions improve management of depression in primary care settings?

CONCLUSIONS

Most studies examining the effectiveness of organisational and educational interventions for the management of depression in primary care settings used multifaceted interventions. Complex organisational and educational interventions, or the enhanced involvement of nurses or trained counsellors in case management, appear to improve depression outcomes. The sole use of simple guidelines is generally ineffective.

A modified version of the abstract appears in Evidence-Based Medicine.

Commentary

D epression will become the second largest cause of global disability by 2020,1 with 95% of treatment occurring in primary care.2 Nevertheless, patients continue to have inadequate access to effective treatment.3 The systematic, narrative synthesis of organisational and educational interventions by Gilbody et al used rigorous and reproducible procedures. The review methods were pleasingly transparent, with multiple reviewers and clear inclusion and exclusion criteria. Although heterogeneity may have prevented the use of meta-analysis, effect size calculations could have assisted the interpretation of the findings.

The numerous studies investigating these complex interventions suggest that multifaceted approaches appear to be effective. Given the worldwide attention to clinician education and guideline development for depressive illness, the findings that these are ineffective when delivered alone are important for policy makers, educators, and clinicians.

Multifaceted interventions may also require resource reallocation from other competing healthcare priorities. Perhaps the most important finding is that effective interventions combine nurse case management models with collaboration between primary and secondary care providers. Added telephone medication counselling and scheduled patient follow up are also successful components of the effectiveness mix.

Implementing these core components will require that primary care nurses and others work with an information technology system to support collaborative relationships; have shorter, less traditional contacts with patients; and focus more attention and skill on the mental health needs of patients. These findings are vital to those planning effective system wide approaches for depression treatment in primary care.

Finally, although a large number of trials were included in this review, most were done in the US, highlighting an urgent need to evaluate collaborative care models in the UK, Europe, and other healthcare systems.

David Richards, RN, PhD, FEANS
University of Manchester
Manchester, UK