










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

Simon GE, Ludman EJ, Tutty S, *et al.* Telephone psychotherapy and telephone care management for primary care patients starting antidepressant treatment: a randomized controlled trial. *JAMA* 2004;**292**:935–42.

Q 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.

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.

Commentary

In response to the high unmet need for mental health services, innovative interventions for “real world” treatment delivery systems now are being tested. These innovations adapt traditional counselling/psychotherapy and medication management approaches for use in less traditional delivery systems, such as telephone and internet based interventions for managing depression. Care delivered at a distance is often included within a broader programme of integrated primary health care for physical and mental health conditions.¹ These innovations show promise for improving the access and quality of depression care, with results most often equivalent to or better than usual care.^{2,3}

The study by Simon *et al* showed that use of care managers to deliver psychotherapy and care management by telephone can improve clinical outcomes and patient satisfaction. However, the study findings are limited by fairly low generalisability. The sample, consisting mostly of Caucasian women, was drawn from a prepaid health plan in Seattle, Washington, and differs demographically and culturally from other areas in the US and other countries. The prepaid health plan differs from the US fee for service system and the healthcare systems of other countries in structure and process. The intervention was delivered by specially trained care managers, a resource that often is not available within most primary healthcare settings.

Given the limited generalisability, the feasibility, acceptability, and effectiveness of this promising telephone programme will need to be tested in populations, settings, and health systems that differ in key ways from the reported study.

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- 1 Cotroneo M, Outlaw FH, King J, *et al.* Integrated primary health care. Opportunities for psychiatric-mental health nurses in a reforming health care system. *J Psychosoc Nurs Ment Health Serv* 1997;**35**:21–7.
- 2 Miranda J, Schoenbaum M, Sherbourne C, *et al.* Effects of primary care depression treatment on minority patients’ clinical status and employment. *Arch Gen Psychiatry* 2004;**61**:827–34.
- 3 Patten SB. Prevention of depressive symptoms through the use of distance technologies. *Psychiatr Serv* 2003;**54**:396–8.

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”

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A telephone psychotherapy programme (TPP) v usual care (UC) in primary care patients beginning antidepressant treatment for depression*

Outcomes at 6 months	TPP	UC	RBI (95% CI)	NNT (CI)
≥50% improvement in SCL depression score	58%	43%	35% (9 to 67)	7 (4 to 23)
Self rated as “very satisfied” with treatment	59%	28%	107% (59 to 171)	4 (3 to 5)

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