

Project DIRECT-sc

**Depression Intervention via Referral, Education and Collaborative Treatment
Self-Care**

THE FEASIBILITY OF DELIVERING A SUPPORTED DEPRESSION SELF-CARE INTERVENTION IN PRIMARY CARE FOR OLDER ADULTS WITH COMORBID CHRONIC PHYSICAL ILLNESS (Project DIRECT-sc)

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Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

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Outline

- Background
- Feasibility study:
 - Methods
 - Results
- RCT

Why focus on adults with chronic physical illness in primary care?

- Increased prevalence and incidence of depression
- Depression reduces ability to manage the physical illness
- Intervention may improve chronic disease management and prevent exacerbation and/or use of more costly services.

Policy relevance

- Depression self-care interventions widely recommended in depression management:
 - Part of stepped-care programs (e.g., NICE)
 - Component of chronic disease management models for depression care
- But – little empirical evidence!

Our research program

- Adults aged 40 and over in family practice settings
 - One or more chronic physical illnesses
 - At least mild symptoms of depression.
- 2 phases:
 - Phase 1) Feasibility study: patient, family doctor, and family member aspects
 - Phase 2) RCT

Phase 1: Eligibility criteria:

- Age 40+
- One or more of 6 high impact chronic conditions (asthma, COPD, diabetes, heart disease, hypertension, arthritis) for 6+ months
- At least mild depressive symptoms (PHQ-9 5+)
- No suicidal plans
- Not more than mild cognitive impairment
- Communicates in French or English
- Not currently receiving psychotherapy
- Community-dwelling

Phase 1: Intervention

- Supported self-care :
 - self-care toolkit (incl. paper, video, audio, and internet tools)
 - short phone calls from trained self-care coach (non-therapist) for up to 6 months
 - Scripted to provide information, guide, and encourage
 - Non directional, no therapy

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An illustrated guide to the toolkit

HELPING PEOPLE WITH CHRONIC ILLNESS AND DEPRESSED MOOD

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Depression Intervention
via Referral, Education and Collaborative Treatment - Self Care

Welcome to your Self-Care Tool Kit!

You are receiving this self-care tool kit because you have agreed to be part of the DIRECT-sc study. Please note that the items in the kit are yours to keep, you do not need to return them. You may write on the tools, share them with family or friends, make copies... they now belong to you!

As you can see from the note from your doctor, familiarizing yourself with the self-care tool kit may help you feel better in the long run.

Your self-care coach will call you in the next few days to help you make sense of these items. You have no obligation to use these tools and you are certainly *not* being tested. If you don't like any of the tools, you can tell your self-care coach. Telling us your honest opinion on the tools will actually help us make them better!

 
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Helping people with Chronic Illness and Depressed Mood

Depression Information Brochure

Start with this for basic information on the causes and treatments for low mood.



Mood Monitoring Notebook

Use this tool to keep track of your daily mood. More detailed instructions are provided in the notebook.



Antidepressant Skills Workbook

The workbook tool offers much more information on the causes and symptoms of depression. This tool requires more reading, but you will find a CD inside the Workbook that will allow you to simply listen to the information printed inside. Again, if you have questions or concerns about this tool, your self-care coach will be able to help.



Movie: "Finding a Way Out of Depression"

This short movie (30 minutes) features interviews with experts and with patients who have overcome depression. If you don't feel like reading the *Depression Information Pamphlet* right away, you can start with this film. You may even want to watch it with a friend or family member.



Booklet for a family member or friend

If you live with or know someone who is often helping you take better care of your health, you may want to give them this booklet. It will help them better understand how to better help you. You are not obligated to give this to anyone and may keep it for yourself if you prefer.



Community Resources List

If you can't think of a new activity to plan, this will be a useful list for finding physical activities, chronic illness support groups or information, and self-help groups and activities for low mood and anxiety. Call one of the phone numbers, or visit their website, to find out more about what's offered and when!



E-couch Instructions

(This will only apply to you if you like using the Internet – if you do not have Internet access, you need not to read these instructions)
Your portal to the E-couch website is here! These instructions will help you access the website, create a free and confidential account, and get started. The E-couch website relies on text, animations, and audio to teach you about depression, and skills that you can use to overcome low mood which rely on increasing your activity level, rethinking the way you think, problem solving, and learning to better communicate.



Phase 1: Specific objectives

- Barriers to recruitment of family doctors and patients
- Choice of and adherence to self-care tools, and adherence to coach phone calls
- 6 month outcomes: Changes in depressive symptoms and health behaviors
- Compare adherence and outcomes by age and severity of depression

Methods

- Short screening form in family doctors' offices (incl. PHQ-2)
- Telephone full screening
- Informed consent
- Telephone follow-up at 2 and 6 months

Characteristics of participants (n=63)

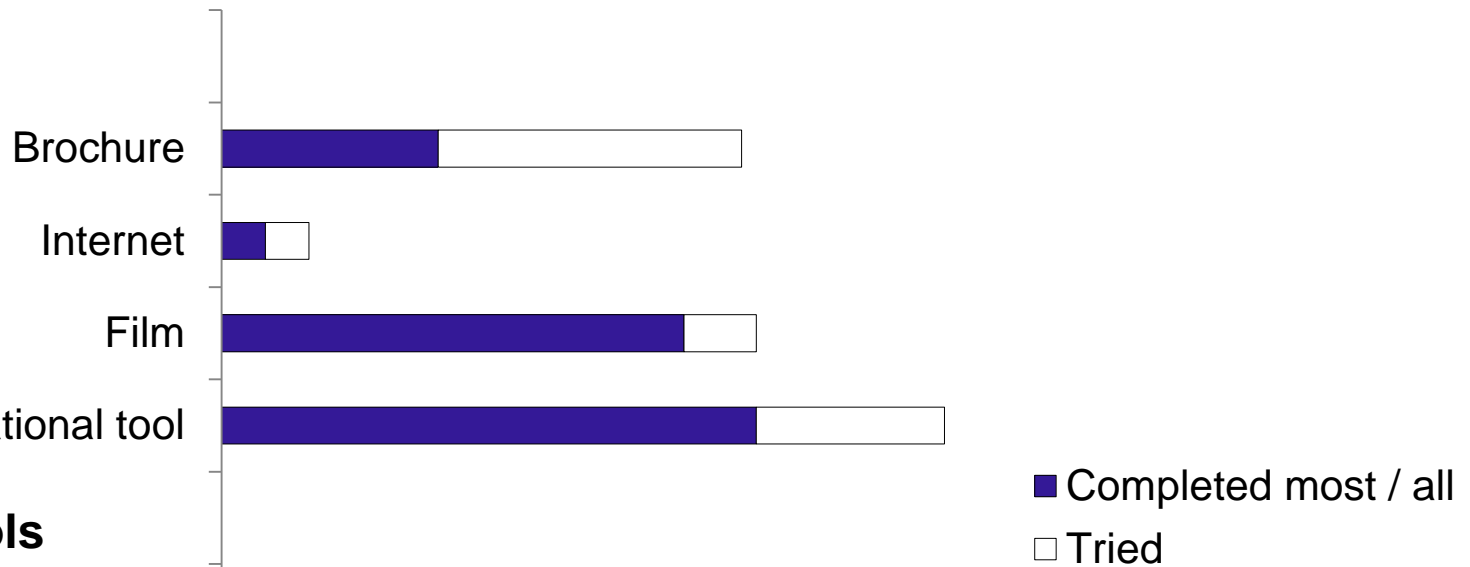
- Median age: 60
- Range in depression severity (PHQ-9) from mild to moderately severe.
- 75% female
- French-speaking: 52%

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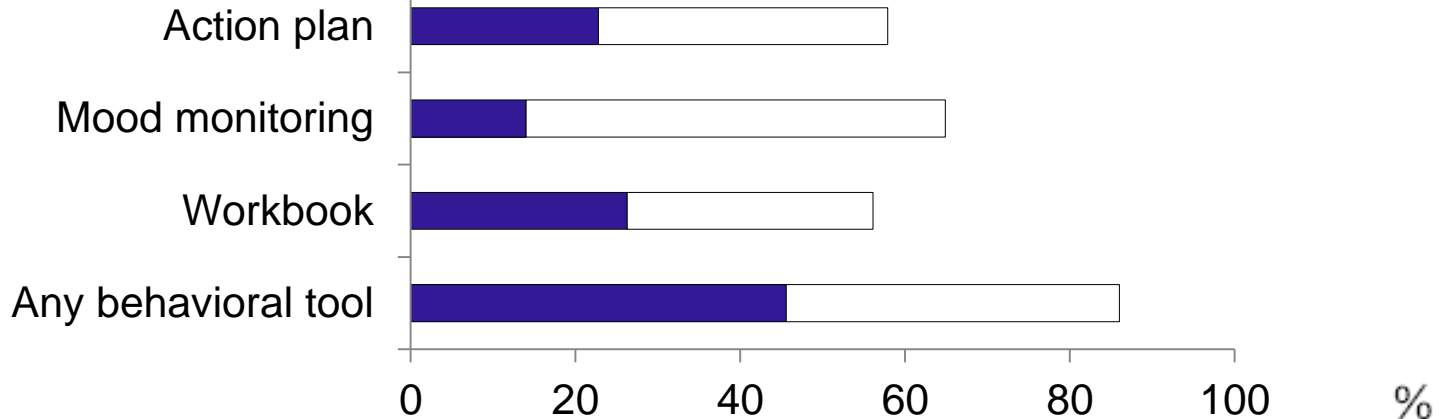
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Adherence to self-care tools at 2 months (n = 57)

Informational tools

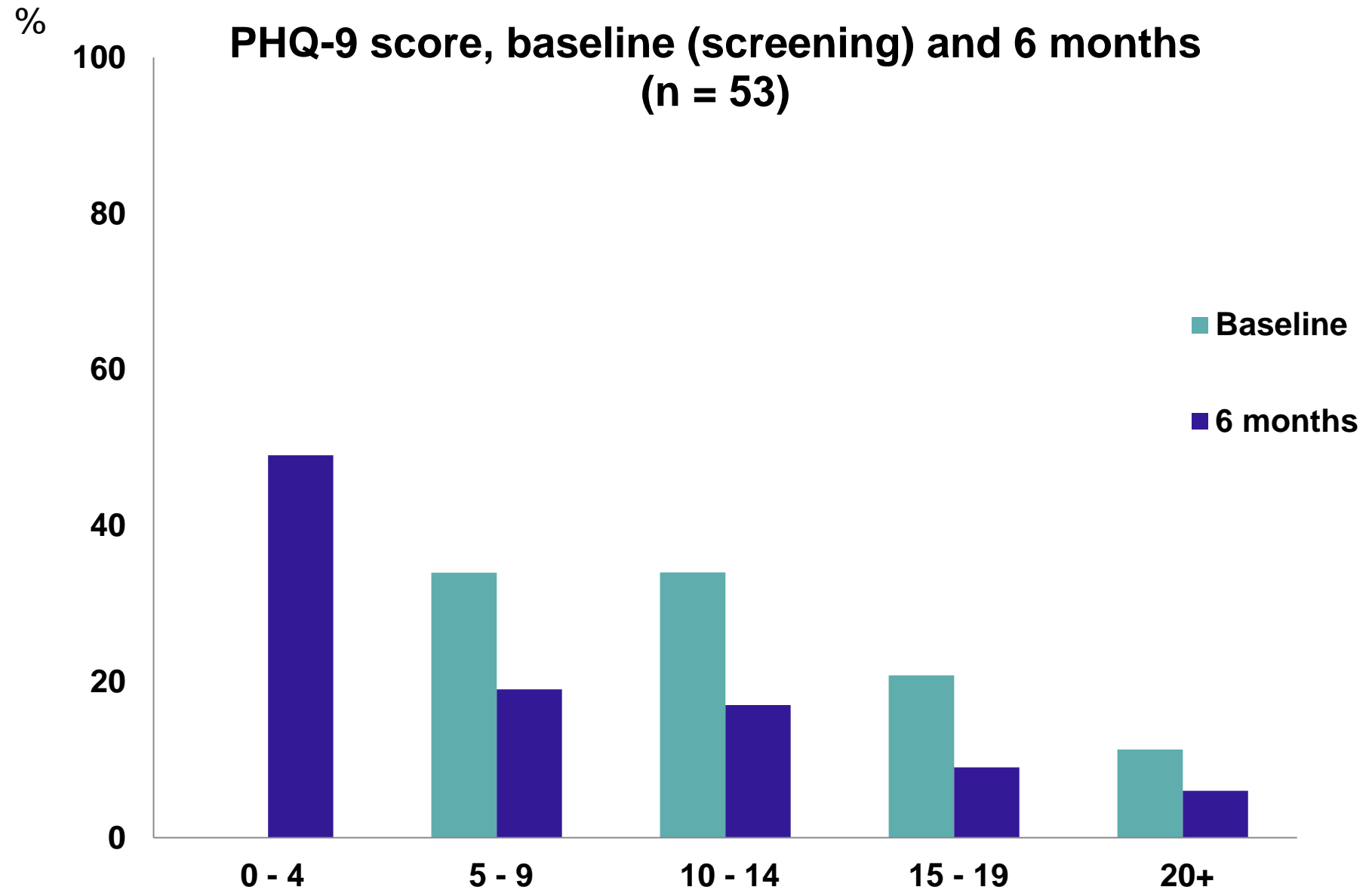


Behavioral tools



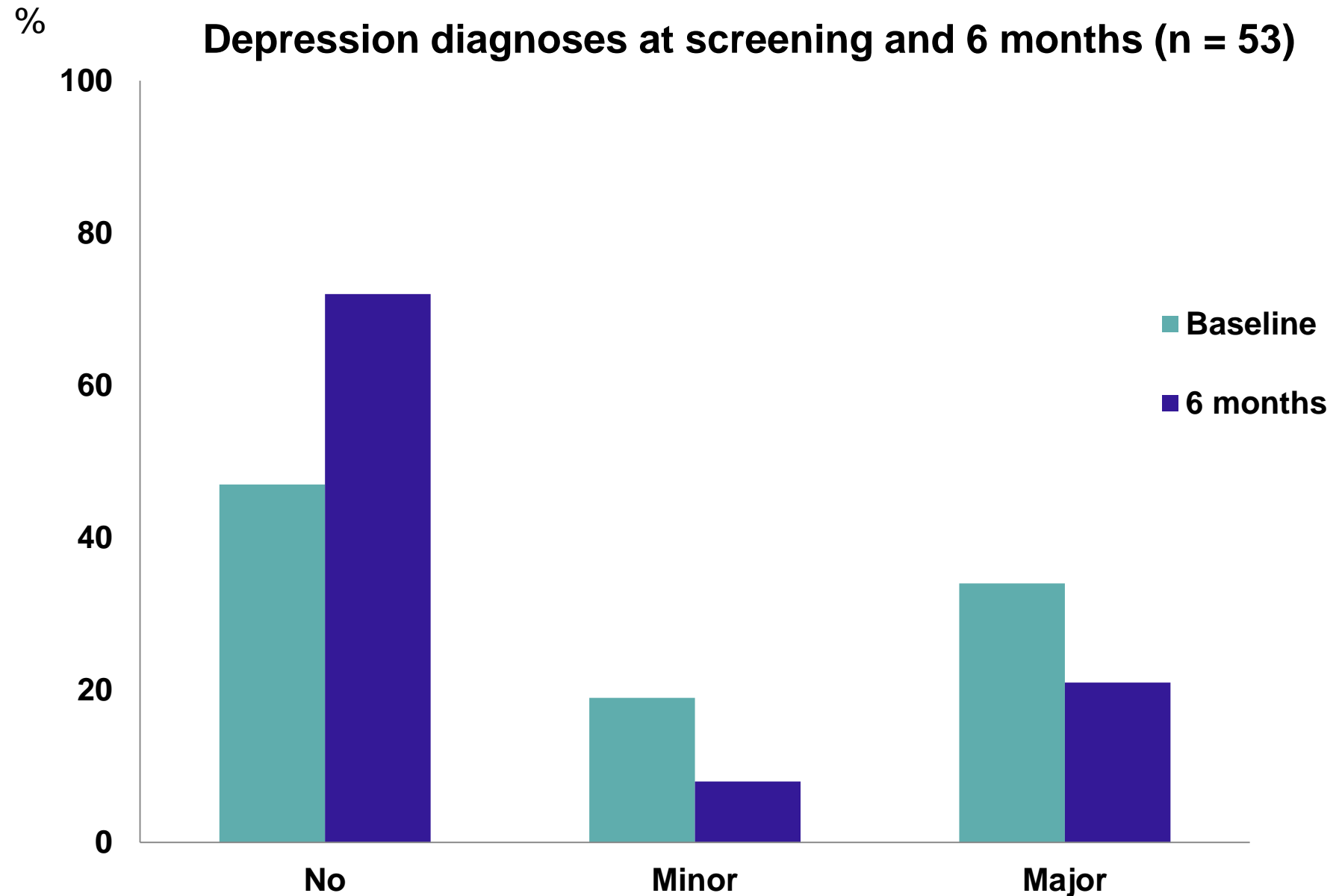
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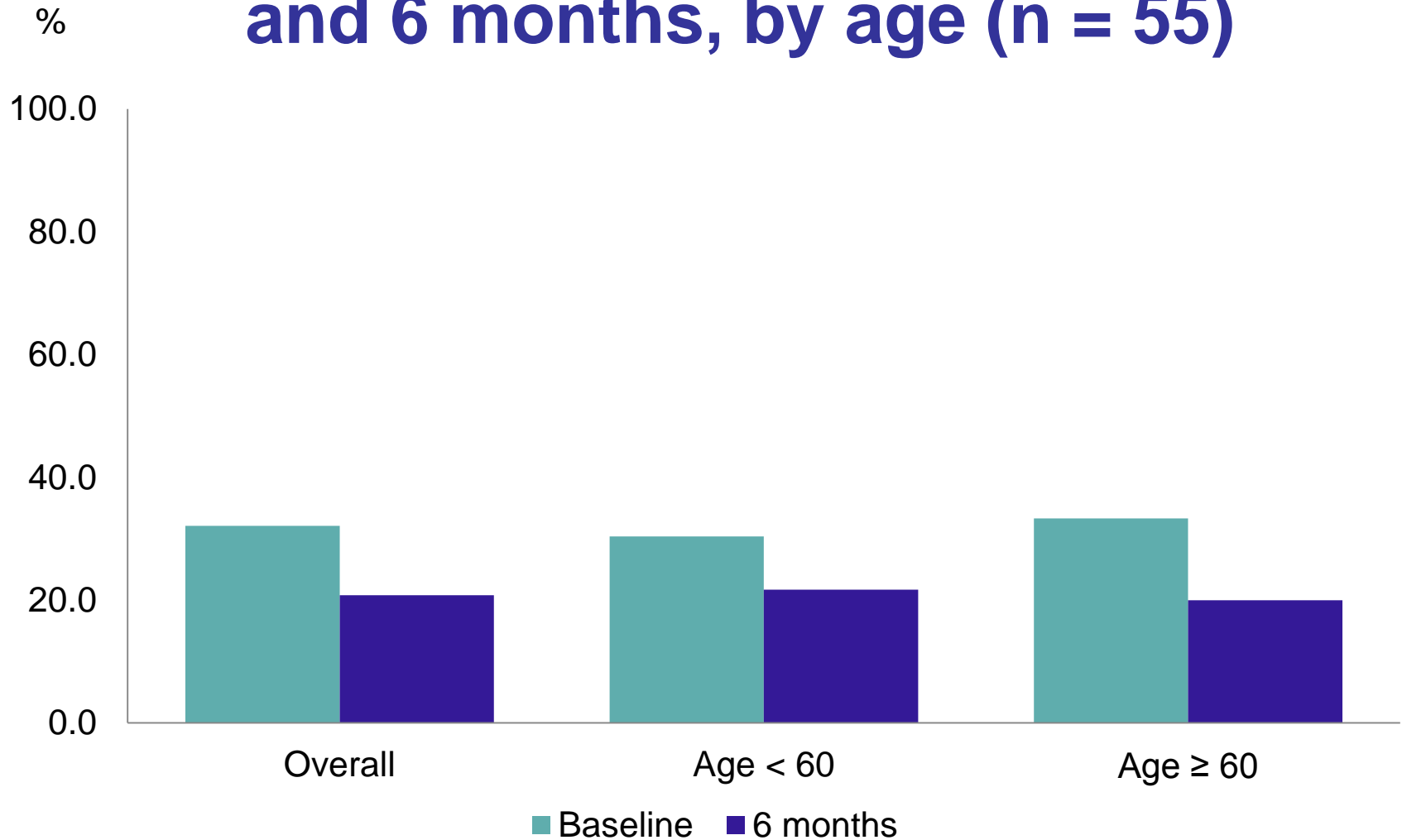
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Antidepressant medications at baseline and 6 months, by age (n = 55)



Factors associated with 6-month change in PHQ-9 change

- At least moderate adherence to behavioral tools
- Higher initial PHQ-9
- Not associated with change:
 - Adherence to informational tools
 - Severity of physical illness
 - Age

6 month perceptions of intervention

- Among users of tools, the behavioural tools were the most helpful (78-81%)
- 90% found coach calls helpful
- But ~1/2 thought coach was not essential

Conclusions

- Intervention was feasible and acceptable among those recruited
 - BUT Physician and patient barriers to recruitment
- Clinically significant improvement in depression
- Adherence to behavioural tools may be the most effective component;
- Similar adherence and outcomes in age 60+ and those with more severe depression

Limitations

- Uncontrolled study
- Modest sample size
- No “watchful waiting” period

Phase 2: RCT (in progress)

- RCT to compare a supported vs unsupported toolkit
- Eligibility criteria expanded to include any chronic physical illness or chronic pain
- Recruitment procedures modified
- “Watchful waiting” period (4 weeks) included
- Intervention more structured and individualized