Interventions to reduce sickness absence with common mental disorders in Primary Health Care Centers

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Two aims

• To study effects on return-to-work and sick-leave duration of single and complex interventions in primary care

• To study effects of Care-as-Usual on depression and Quality-of-life as well as sick-leave outcomes
Primary Care is complex:

• In Sweden with >9 million inhabitants, 40 million visits are made in primary care (almost ½ to GPs), more than 70% of all visits in health care.
• In UK, with 64 million inhabitants, 340 million visits to GPs, >90% of all visits!
• More than 700 different diagnoses are set.
• In Sweden - around 8 % of the visitors to GPs get Depression diagnose, and another 4% Anxiety/Adjustment disorder (= total 12 % CMD)
• The majority of sick certification is effected in primary care – and 40% is caused by mental problems
Primary care is the major platform of Common Mental Disorders in health care:

• Around 70% of all patients with depression are treated in PC
The problem:

• Most clinical trials claiming to test effectiveness of depression treatments are not performed in primary care and do not have Treatment/Care-As-Usual (TAU/CAU) as control arm.
• Many studies use advertisement recruitment, no treatment after diagnose, or even waiting list proceedings for individuals in the control arm.
• When sufficient scientific context conditions are fulfilled, care as usual is often shown to be as effective as or nearly as effective as the intervention.
• ...and most interventions have no effect on return-to-work and sick-leave duration
Results from depression treatment RCTs in primary care in Sweden

- **PRIM-NET** – Internet-CBT in primary care
- **PRI-SMA** – use of self-assessment instruments
- **PRIM-CARE** – Care Manager function at the PCC

Pragmatic primary care trials for depression
Evidence is important – from the primary care context

Per Carlbring, Malin Hagglund, Anne Luthström, Mats Dahlin, Asa Kadowaki, Kristofer Vernmark, Gerhard Andersson. Internet-based behavioral activation and acceptance-based treatment for depression: A randomized controlled trial

Single interventions
Internet Cognitive Behavior Therapy in mild to moderate depression in primary care - effects on depression symptoms, sick listing and quality of life – PRIM-NET study
RCT - 3, 6 and 12 months follow up
Background

• **ICBT** has shown good effects as treatment of depression in RCTs with participants recruited from psychiatric and psychological departments as well as (web-based) advertisements.

• However, few RCTs with patients from ordinary primary care have been performed.
Purpose

To evaluate if treatment of depression (mild-moderate) in the primary care context can be improved by the use of internet based cognitive behavior therapy (ICBT) compared to Treatment as Usual with emphasis on long time outcomes concerning

• depressive symptoms (BDI-II)
• Quality of life (EQ-5D)
• sick listing (days)
Randomised controlled study – PRIM-NET
Randomised on patient level

Patients with mild/moderate depression episode in primary care diagnosed by MINI + positive to ICBT

Intervention 3 months with I-CBT by PCC therapist

Treatment as Usual 3 months

3, 6 and 12 months follow up

3, 6 and 12 months follow up

Education and continuous support from research therapists and research personnel
Results

16 participating PCCs
12 therapists

90 patients
66% women
Mean age 37 years
75% participation rate 3 and 12 months

At Baseline:
No significant differences between intervention and TAU concerning;
• age, gender, ethnicity, socio-economy, education
• baseline BDI-II, EQ-5D
• antidepressant medication
• sick-listing days the year before entering study
BDI (Depressive symptoms) baseline, 3, 6 and 12 month follow-up
EQ-5D (Quality of life) 3, 6 and 12 month follow-up

TAU
ICBT
Conclusions

Psychologist supported ICBT treatment in primary care patients shows

• as good effect on depressive symptoms as TAU
• the same level of increase of Quality of Life compared to TAU.
• about the same level of need of sickness certification with some advantage for ICBT.


Treatment as usual in (Swedish) primary care

Göteborgs Universitet
PRI-SMA – use of self-assessment instrument for depression in regular GP consultations – does it really make a difference?

• Aim: To study if use of a self-assessment instrument in regular GP consultations effects course and depression outcomes and return to work in a long time perspective compared to Treatment as Usual
Randomisation on GP level

23 PCCs

91 GPs
  • 45 GPs randomised to intervention
  • 46 GPs randomised to TAU

258 patients
  • 125 intervention group
  • 133 TAU-grupp.

3-months follow up: 72%
6-months follow up: 72%
12 months follow up: 67%
BDI-II

![Graph showing BDI-II scores over time for control (blue) and intervention (green) groups. Error bars indicate 95% CI.](image)

Blue --- Control group patients

Green   Intervention group
EQ-5D

Blue --- Control group patients

Green  Intervention group

Error bars: 95% CI
The continuous use of self-rating scales in the treatment of primary care patients with depression

- **does not** seem to increase treatment effects compared to the usual treatment provided in primary care in terms of outcomes of

  - **depression symptoms**
  - **quality of life**
  - **consumption of care**
  - **or sick leave**

...but increases adherence to antidepressant medication during full 6 months in a significantly higher frequency than Treatment as Usual (96% vs 81%)

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Complex interventions in depression treatment:
Collaborative care with Care manager for patients with depression at PCC – PRIM-CARE
## Care Manager tasks – complex interventions

### Patient contact
- Makes a structured management plan together with the patient
- Contact every – every second week (telephone)
- Follows with self-assessment instrument
- Keeps close cooperation with the patient’s GP and inter-professional communication

### Organisation
- Supports development of an organization for collaborative care cooperation (physician, psychologist, psychotherapist, counselor, rehabilitation personnel etc.)
- Facilitates cooperation with psychiatry, secondary care, community services, etc.
- Facilitates continuity and accessibility
Randomised controlled study – PRIM-CARE
Randomised on PCC-level

23 PCCs

11 PCCs Intervention
3 months with
Care Manager at the PCC

6 months follow up
12 months follow up

12 Control-PCCs –
Care as Usual 3 months

6 months follow up
12 months follow up

Education and continuous support from research personnel and Health Care Management
Results PRIM-CARE Care Manager study

- 376 patients with newly diagnosed mild/moderate depression disorder were included
  - Control PCCs 184 patients
  - Intervention PCCs 192 patients
- Followed 12 months concerning depressive symptoms, sick-leave
Conclusions

• Care manager function increases depression outcomes compared to Treatment as Usual- and increases RTW and reduces net-sickleave duration

• But Treatment as Usual is very effective...
Treatment-as-usual and Care-as-usual = effective person-centred care

AND

a collaborative care organisation enhances effectiveness of care and rehabilitation in several ways
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