PSITRAIN: METHODOLOGY

Suicide prevention and improved management of common mental disorders: combined intervention of psychoeducation for patients and training for primary care practitioners.

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ABSTRACT

The purpose of the project is to build a combined intervention consisting of a skills-based mental health training program for professionals and psychoeducation for patients. The global burden of mental disorders has been well described, and as a whole they constitute the most disabling group of medical conditions world-wide (WHO, 2001). The existence of a primary care model for mental health management becomes imperative. Recent literature highlights the necessity of approaching mental disorders by combining interventions to several levels (Hegerl, et al., 2007). The study is a randomized controlled trial (RCT). The randomization unit was the primary care practice. Five practices were selected, three were allocated to intervention and two to the control arm. Baseline and follow-up assessments were made using: Well-Being Questionnaire (WHO-5), Clinical Global Impression Severity (CGI-S), Beck Anxiety and Depression Inventories (BAI; BDI), Beck Suicide Ideation Scale (BSI), Patient Health Questionnaire (PHQ-15).
It is expected a reduction in CGI-S (primary outcome measure) and BDI-II, BAI, BSI and PHQ-15 (secondary outcome measures) scores. The project can be important to assist primary care practices in improving its health care systems, strengthening its public health capacities and indirectly prevent suicide in a cost effective way.

INTRODUCTION

Depression and anxiety disorders (common mental disorders) are the leading psychiatric cause of global burden of disease and sometimes are associated with risk of suicide, increased costs in health care and a reduction of economic productivity (Patel & Kleinman, 2003). Common mental disorders are mainly managed in primary care. However, the management of depression and anxiety in primary care is disorganised and often ineffective (Araya, Lewis, Rojas, & Mann, 2001; Jackson, Passamonti, & Kroenke, 2007).
In order to promote quality in primary care for common mental disorders treatment there have been implemented several different interventions.
Psychoeducation or patient education has been used in both anxiety and depression disorders with positive results (Rummel-Kluge, Pitschel-Walz, & Kissling, 2009; Hansson, Bodlund, & Chotai, 2008).
In addition, training primary care practitioners (PCPs) is also one of the most tested interventions to improve recognition and management of common mental disorders in primary care settings. Although, the results are not very clear as there are studies finding no significant differences between primary care practitioners who received training and those who were in the control condition and studies that find improvement on recognition and management of depression (Lin, Simon, Katzelnick, & Pearson, 2001; Roškar et al., 2010; van Os et al., 1999).

OBJECTIVE

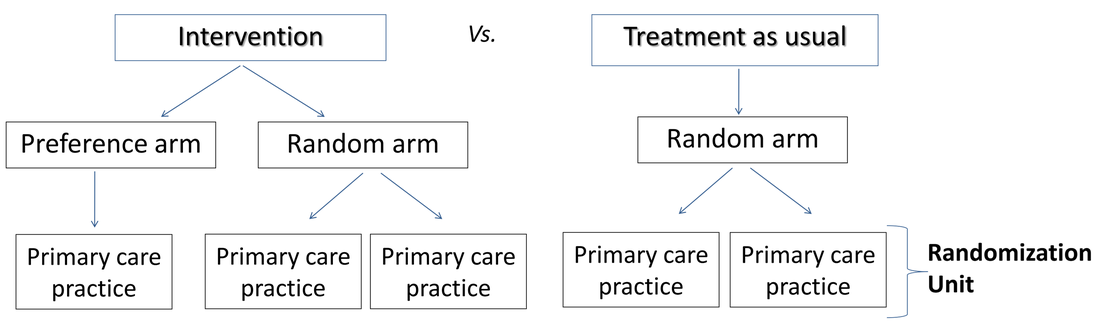
This study aims to understand if training primary care practitioners on identification and management of common mental disorders combined with psychoeducation of patients can be more successful than either of the two applied alone or in comparison with usual care. It is our objective to assess the effect of a combined intervention on patients' symptoms (self-report and physician's clinical impression).

METHODS

Study Design

This study is a randomised controlled trial with three arms: a preference for intervention arm, a control arm and an intervention arm, where enrolled 38 primary care practitioners and 820 patients. After screening we aimed to include 320 patients with a common mental disorder in the study (160 patients per arm).
All Health Services Groups (ACES) and primary care practices received the study overview after approval of the Ethics Committee of the participating institutions.
The 63 primary care practices belonging to Health Regional Administration of Lisboa and Vale do Tejo (ARSLVT) were telephonically invited to participate in the randomisation matrix. Only 39 practices accepted and were included.
Two primary care practices were randomly assigned to the intervention arm and the same happened for the two control primary care practices. The fifth primary care practice with preference and strong motivation to engage the study was assigned to the preference arm.

Randomized controlled trial



This RCT aims to measure the impact of two different interventions: (1) training for primary care practitioners on common mental disorders and (2) psychoeducation for patients on common mental disorders. First primary care practitioners were trained to recognise and manage common mental disorders. They were also trained to recruit patients to participate in the project using several screening measures (WHO-5; CGI-S; ICPC-2). Afterwards baseline assessment of the screened patients took place. All patients included in the study were invited to participate in the psychoeducation groups. Patients that attended the psychoeducational sessions are assessed again 6 months after baseline (t1). All patients in control and in intervention arms are assessed again 12 months after baseline (t2).

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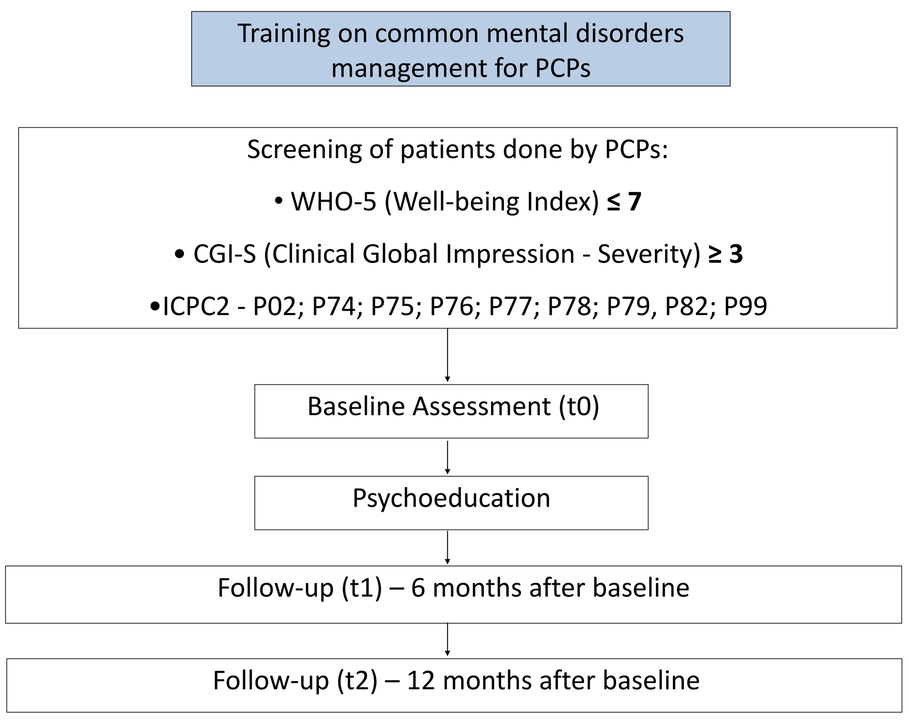

Instruments and Measures

Screening:
• Informed Consent;
• WHO-5 – Well-Being Index.
• ICPC-2 – International Classification of Primary Care.
• CGI-S – Clinical Global Impression for Severity.

Baseline and follow-up assessments:
• Beck Depression Inventory (BDI-II);
• Beck Anxiety Inventory (BAI);
• Patient Health Questionnaire (PHQ-15);
• Beck Scale for Suicide Ideation (BSI).

DATA ANALYSIS AND EXPECTED RESULTS

Patients characteristics and primary care practitioners mental health knowledge, management and attitudes at baseline and follow-up (at 6 and 12 months after baseline for intervention arm and at 12 months for control arm), will be described using descriptive statistics (mean and standard deviation, and percentages). Intervention and control arms will be compared with Student's t-test for independent sample and Chi-square. Data will be analyzed on an intention-to-treat basis. We expect to have access to clinical information regarding medication and changes made by the PCPs throughout the intervention period, namely after the training and again after the psychoeducation. For this analysis we will use the McNemar's test.
We expect to see an improvement in total scores for the primary outcome measures translated in lower scores for the PCPs' and the Interviewers' Clinical Global Impression – Severity. We also expect an improvement for all the secondary measures.

DISCUSSION AND CONCLUSIONS

In spite of the positive results achieved with psychoeducation and PCPs training, separately, several authors decided to enrich the interventions implemented. Multicomponent interventions are constituted of combinations that may include psychoeducational groups, treatment adherence support, pharmacotherapy, on-site psychiatrists collaborating with general practitioners, case management, among other interventions (Araya et al., 2003; Katon et al., 1999; Lin, Vonkorff, Russo, Katon, & Simon, 2000; Rojas et al., 2007; Roy-byrne et al., 2010).
The results reported show not only a symptomatic reduction but also an improvement in the interference of symptomology in patients' work, family life and social activities. So it seems that multicomponent or combined interventions have positive effects on patients' different areas of functioning. But to implement this kind of interventions is important to have a health structure that allows team work, so that the implementation of different interventions combined can be possible and assessed.

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