

Collaborative care program reduces depression, anxiety in heart disease patients

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Participants in the first hospital-initiated, low-intensity collaborative care program to treat depression in heart patients showed significant improvements in their depression, anxiety and emotional quality of life after 6 and 12 weeks, researchers report in *Circulation: Cardiovascular Quality and Outcomes*, an American Heart Association journal.

Depression is a common condition in cardiovascular disease (CVD) patients which can result in poor prognosis and quality of life.

Collaborative care depression management programs use a non-physician care manager to coordinate depression evaluation and treatment among the patient, primary medical physician and a psychiatrist.

In their trial, researchers randomized 175 depressed heart patients (mostly Caucasian and about half women) to either "usual care" (a recommendation for depressive treatment) or "collaborative care," which includes receiving written and verbal education about depression and its impact on cardiac disease, scheduling pleasurable leisure activities post-discharge, receiving detailed treatment options (medicines or counseling referral), and coordinating follow-up care after discharge.

"Collaborative care depression-management programs have been used in the outpatient setting, but such a program had never been initiated in the hospital or used for patients with a wide range of cardiac illnesses," said Jeff C. Huffman, M.D., lead author of the study, assistant professor of psychiatry at Harvard Medical School and director of the Cardiac Psychiatry Research Program at Massachusetts General Hospital in Boston.

"In the real world this program would be applied on cardiac floors and would be much more easily applied to a large group of patients rather than a small subset or single diagnosis," said Huffman. "This kind of economy of scale may make it much more feasible from a resource and cost standpoint."

Six weeks after leaving the hospital, nearly twice as many of the collaborative care patients reported their depression symptoms were cut by half or more, compared to those receiving usual care (59.7 percent vs 33.7 percent). The differences at 12 weeks were also improved with a 51.5 percent depression response rate for collaborative care patients versus 34.4 percent for patients receiving usual care.

Those effects decreased once the intervention ended at 12 weeks and between-group differences lost their statistical significance by the six-month follow-up call, which came three months after the patients' last contact with the researchers.

Although rehospitalization rates were similar between groups, the collaborative care patients' self-reported significantly fewer and less severe cardiac symptoms and better adherence to healthy activities like diet and exercise at six months compared to the usual care group. "These improvements are relevant medical outcomes in themselves, and suggest this type of program may have broad effects on overall health," Huffman said.

Those in the collaborative care group got only a little more attention - three phone calls at most and stronger recommendations from their doctors - than those in the usual care group, which is a less intense follow-up.

The study is a first-step for hospital-initiated collaborative care, Huffman said. "While improved

mental health is a start, a program may require more intensity to see improved medical outcomes, and larger studies will be needed to see results in a more diverse patient population."

"Patients with [heart disease](#) who have depression are more likely to be rehospitalized, have poorer quality of life and are more likely to die from their heart disease than are people without depression. If an efficient program like this one can be used to identify, treat and monitor depression in heart disease patients, this might lead to lower rates of rehospitalization or death in these patients, though this remains to be proven."

The American Heart Association recommends that CVD patients be screened for depression and receive coordinated follow-up care for heart disease and [depression](#) if they have both conditions.

Provided by American Heart Association

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