

Collaborative care provides improvement for older adults with mild depression

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Among older adults with subthreshold depression (insufficient levels of depressive symptoms to meet diagnostic criteria), collaborative care compared with usual care resulted in an improvement in depressive symptoms after four months, although it is of uncertain clinical importance, according to a study appearing in the February 21 issue of *JAMA*.

Depression is the second leading cause of disability worldwide, and one in seven [older people](#) meet criteria for depression. Effective therapeutic strategies are needed in older people with [depressive symptoms](#). Simon Gilbody, Ph.D., of the University of York, England, and colleagues randomly assigned 705 adults age 65 years or older with subthreshold depression to [collaborative care](#) (n=344) or usual primary care (control; n=361). Collaborative care was coordinated by a case manager who assessed functional impairments relating to mood symptoms. Participants were offered behavioral activation and completed an average of six weekly sessions.

Collaborative care resulted in lower scores vs usual care at 4-month follow-up on measures of self-reported depression severity. The proportion of participants meeting criteria for depression were lower for collaborative care (17.2 percent) than usual care (23.5 percent) at 4-month follow-up, and at 12-month follow-up (15.7 percent vs 27.8 percent).

"Although differences persisted through 12 months, findings are limited

by attrition, and further research is needed to assess longer-term efficacy," the authors write.

More information: *JAMA*, [DOI: 10.1001/jama.2017.0130](https://doi.org/10.1001/jama.2017.0130)

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