

Collaborative care cuts depression with diabetes

6 November 2014



PHQ score (3.2) and lower rates of recovery (24 percent; P

"In [patients](#) with [type 2 diabetes](#) who screened positive for depressive symptoms, collaborative care improved depressive symptoms, but physician notification and follow-up was also a clinically effective initial strategy compared with usual care," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Using a nurse case-manager-based collaborative primary care team can cut depressive symptoms in patients with type 2 diabetes, according to a study published online Oct. 14 in *Diabetes Care*.

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Jeffrey A. Johnson, Ph.D., from the University of Alberta in Edmonton, Canada, and colleagues evaluated a nurse case-manager-based collaborative primary care team model. The Patient Health Questionnaire (PHQ) score was used to screen for depression at baseline and at 12 months. Ninety-five patients were assigned to the intervention, 62 to active control, and 71 comparable patients were used as nonscreened usual-care [control subjects](#).

The researchers found that one-quarter of the 1,924 screened patients had a PHQ score >10 (mean age, 57.8 years; 55 percent women; mean PHQ score, 14.5). Compared with active-control subjects, intervention patients had greater 12-month improvements in PHQ (5.2 versus 7.3; P = 0.015). PHQ reduction of 50 percent (recovery from [depressive symptoms](#)) was also greater among intervention patients (61 versus 44 percent; P = 0.03). Nonscreened control subjects had significantly less improvement at 12 months in the

APA citation: Collaborative care cuts depression with diabetes (2014, November 6) retrieved 9 September 2022 from <https://medicalxpress.com/news/2014-11-collaborative-depression-diabetes.html>

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