

## Skal kommunene utvikle samhandlingsplan for eldre med depresjon?

**Problem:** Eldre med depresjon

**Tiltak:** Kommunal samhandlingsplan

**Sammenlikning:** Ingen samhandlingsplan

**Setting:** Primærhelsetjenesten

**Perspektiv:** Systemnivå (kommunen). Individnivå (helsepersonell, pasient).

**Bakgrunn:** Manglende samhandling mellom helsepersonell i kommunen og mellom primær- og spesialisthelsetjenesten kan bidra til suboptimal behandling av eldre med depresjon. En kommunal plan for behandling av eldre pasienter med depresjon (eventuelt som en del av en mer omfattende plan for behandling av pasienter med alvorlige psykiske lidelser) kan bidra til et smidigere og mer effektivt tjenestetilbud og forsterket kommunikasjon mellom helsepersonell som kan tilby oppfølging av pasienten og veiledning av annet helsepersonell.

I dette rammeverket har vi sett på dokumentasjonen for å organisere behandlingen av pasienter med depresjon etter samhandlingsmodellen (collaborative care).

Hensikten med å utvikle en samhandlingsplan er ikke planen i seg selv. Gjennom planarbeidet kan kommunen sikre at tjenestene har organisert behandlingen på en effektiv måte. I tillegg til at samhandlingsplanen kan legge til rette for collaborative care, kan den også legge til rette for et tilbud om personlig koordinator og sosial kontakt.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
PROBLEM	Is the problem a priority?	<p>No    Probably No    Uncertain    Probably Yes    Yes    <i>Varies</i></p> <p><input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input checked="" type="checkbox"/>    <input type="checkbox"/></p>	Samhandling mellom helsetjenestenivåene og mellom helsepersonell innenfor primærhelsetjenesten er først og fremst en organisatorisk utfordring, der helsesystemer og –personell må etablere møteplasser som sikrer kommunikasjon og samhandling for å fremme strukturert og kunnskapsbasert behandling. Anbefalingen må sees i sammenheng med anbefalingen om personlig koordinator.	Problem: Sviktende samhandling er ikke bare et problem ved behandling av eldre med depresjon, men gjelder også pasienter med andre mentale og somatiske lidelser der det er behov for tiltak på tvers av tjenestenivåer og faggrupper. Kommunene må utarbeide plan for samhandling. Organiseringen av behandlingstilbudet til pasienter med alvorlige psykiske lidelser inkludert eldre med depresjon kan være en del av en slik plan.

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS																																																										
BENEFITS & HARMS OF THE OPTIONS	What is the overall certainty of this evidence?	<table border="0"> <tr> <td>No included studies</td> <td>Very low</td> <td>Low</td> <td>Moderate</td> <td>High</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	No included studies	Very low	Low	Moderate	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>Summary of findings: Collaborative care for depression in the elderly</b>  <b>Bibliography Collaborative care adults in general <sup>1</sup>for elderly with depression <sup>2</sup></b></p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>No of participants (studies) Follow up</th> <th>Quality of the evidence (GRADE)</th> <th>Relative effect (95% CI)</th> <th colspan="2">Anticipated absolute effects</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <th>Risk with Control</th> <th>Risk difference with Collaborative care (95% CI)</th> </tr> </thead> <tbody> <tr> <td><b>Depression response short term</b> &gt;50% reduction on depression scale</td> <td>11250 (48 studies) 0-6 months</td> <td>⊕⊕⊕⊖ <b>MODERATE</b><sup>1,2</sup> due to inconsistency</td> <td><b>RR 1.32</b> (1.22 to 1.43)</td> <td><b>394 per 1000</b></td> <td><b>126 more per 1000</b> (from 87 more to 169 more)</td> </tr> <tr> <td><b>Depression response medium term</b></td> <td>8001 (29 studies) 7-12 months</td> <td>⊕⊕⊕⊖ <b>MODERATE</b><sup>1,2</sup> due to inconsistency</td> <td><b>RR 1.31</b> (1.17 to 1.48)</td> <td><b>388 per 1000</b></td> <td><b>120 more per 1000</b> (from 66 more to 186 more)</td> </tr> <tr> <td><b>Depression response long term</b></td> <td>2983 (6 studies) 13-24 months</td> <td>⊕⊕⊕⊕ <b>HIGH</b></td> <td><b>RR 1.29</b> (1.18 to 1.41)</td> <td><b>332 per 1000</b></td> <td><b>96 more per 1000</b> (from 60 more to 136 more)</td> </tr> <tr> <td><b>Depressive symptoms short term</b> Depression scales</td> <td>5984 (30 studies) 0-6 months</td> <td>⊕⊕⊕⊕ <b>HIGH</b><sup>1,3</sup></td> <td></td> <td colspan="2">The mean depressive symptoms short term in the intervention groups was <b>0.34 standard deviations lower</b> (0.41 to 0.27 lower)</td> </tr> <tr> <td><b>Depressive symptoms medium term</b> Depression scales</td> <td>4092 (13 studies) 7-12 months</td> <td>⊕⊕⊕⊖ <b>MODERATE</b><sup>1,2,3</sup> due to inconsistency</td> <td></td> <td colspan="2">The mean depressive symptoms medium term in the intervention groups was <b>0.28 standard deviations lower</b> (0.41 to 0.15 lower)</td> </tr> <tr> <td><b>Unintended effects</b></td> <td></td> <td></td> <td></td> <td colspan="2">No information – no known side effects</td> </tr> </tbody> </table>	Outcomes	No of participants (studies) Follow up	Quality of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects						Risk with Control	Risk difference with Collaborative care (95% CI)	<b>Depression response short term</b> >50% reduction on depression scale	11250 (48 studies) 0-6 months	⊕⊕⊕⊖ <b>MODERATE</b> <sup>1,2</sup> due to inconsistency	<b>RR 1.32</b> (1.22 to 1.43)	<b>394 per 1000</b>	<b>126 more per 1000</b> (from 87 more to 169 more)	<b>Depression response medium term</b>	8001 (29 studies) 7-12 months	⊕⊕⊕⊖ <b>MODERATE</b> <sup>1,2</sup> due to inconsistency	<b>RR 1.31</b> (1.17 to 1.48)	<b>388 per 1000</b>	<b>120 more per 1000</b> (from 66 more to 186 more)	<b>Depression response long term</b>	2983 (6 studies) 13-24 months	⊕⊕⊕⊕ <b>HIGH</b>	<b>RR 1.29</b> (1.18 to 1.41)	<b>332 per 1000</b>	<b>96 more per 1000</b> (from 60 more to 136 more)	<b>Depressive symptoms short term</b> Depression scales	5984 (30 studies) 0-6 months	⊕⊕⊕⊕ <b>HIGH</b> <sup>1,3</sup>		The mean depressive symptoms short term in the intervention groups was <b>0.34 standard deviations lower</b> (0.41 to 0.27 lower)		<b>Depressive symptoms medium term</b> Depression scales	4092 (13 studies) 7-12 months	⊕⊕⊕⊖ <b>MODERATE</b> <sup>1,2,3</sup> due to inconsistency		The mean depressive symptoms medium term in the intervention groups was <b>0.28 standard deviations lower</b> (0.41 to 0.15 lower)		<b>Unintended effects</b>				No information – no known side effects		<p>Denne tabellen viser effekter av å behandle pasienter med depresjon med samhandlingsmodellen. Innholdet i tiltaket kan variere, men skal inneholde disse fire elementene:</p> <ul style="list-style-type: none"> <li>• En flerfaglig tilnærming, alltid inkludert fastlegen</li> <li>• En strukturert og kunnskapsbasert behandlingsplan</li> <li>• Regelmessig avtalt oppfølging</li> <li>• Forsterket kommunikasjon mellom helse- og omsorgspersonell</li> </ul> <p>Det er altså ikke tilstrekkelig at kommunen utvikler planen; helsetjenesten må også følge den. Samhandlingsprinsippet inkluderer også bruk av personlig koordinator, og samarbeid med frivillige organisasjoner for at helsepersonell kan tilby støtte for sosial kontakt (se egne anbefalinger). Effektestimater oppgitt i Summary of Findings-tabeller er fra Archer et al. (2012) <sup>1</sup>. Dette er en systematisk oversikt over effekt av samhandlingsmodell for pasienter med depresjon og angst uavhengig av alder. En systematisk oversikt av Chang-Quan et al. (2009) <sup>2</sup> fant om lag den samme effekten av denne modellen for samhandling for eldre pasienter med depresjon. Vi bruker altså denne oversikten som grunnlag for å si at effektestimater for collaborative care i den voksne befolkningen er overførbart til den eldre populasjonen.</p>
	No included studies	Very low	Low	Moderate	High																																																									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																									
	Outcomes	No of participants (studies) Follow up	Quality of the evidence (GRADE)	Relative effect (95% CI)	Anticipated absolute effects																																																									
					Risk with Control	Risk difference with Collaborative care (95% CI)																																																								
<b>Depression response short term</b> >50% reduction on depression scale	11250 (48 studies) 0-6 months	⊕⊕⊕⊖ <b>MODERATE</b> <sup>1,2</sup> due to inconsistency	<b>RR 1.32</b> (1.22 to 1.43)	<b>394 per 1000</b>	<b>126 more per 1000</b> (from 87 more to 169 more)																																																									
<b>Depression response medium term</b>	8001 (29 studies) 7-12 months	⊕⊕⊕⊖ <b>MODERATE</b> <sup>1,2</sup> due to inconsistency	<b>RR 1.31</b> (1.17 to 1.48)	<b>388 per 1000</b>	<b>120 more per 1000</b> (from 66 more to 186 more)																																																									
<b>Depression response long term</b>	2983 (6 studies) 13-24 months	⊕⊕⊕⊕ <b>HIGH</b>	<b>RR 1.29</b> (1.18 to 1.41)	<b>332 per 1000</b>	<b>96 more per 1000</b> (from 60 more to 136 more)																																																									
<b>Depressive symptoms short term</b> Depression scales	5984 (30 studies) 0-6 months	⊕⊕⊕⊕ <b>HIGH</b> <sup>1,3</sup>		The mean depressive symptoms short term in the intervention groups was <b>0.34 standard deviations lower</b> (0.41 to 0.27 lower)																																																										
<b>Depressive symptoms medium term</b> Depression scales	4092 (13 studies) 7-12 months	⊕⊕⊕⊖ <b>MODERATE</b> <sup>1,2,3</sup> due to inconsistency		The mean depressive symptoms medium term in the intervention groups was <b>0.28 standard deviations lower</b> (0.41 to 0.15 lower)																																																										
<b>Unintended effects</b>				No information – no known side effects																																																										
Is there important uncertainty about how much people value the main outcomes?	<table border="0"> <tr> <td>Important uncertainty or variability</td> <td>Possibly important uncertainty or variability</td> <td>Probably no important uncertainty or variability</td> <td>No important uncertainty or variability</td> <td>No known undesirable outcomes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability	No known undesirable outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																			
Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability	No known undesirable outcomes																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																										
Are the desirable anticipated effects large?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
No	Probably No	Uncertain	Probably Yes	Yes	Varies																																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																									
Are the undesirable anticipated effects small?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
No	Probably No	Uncertain	Probably Yes	Yes	Varies																																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																									
Are the desirable effects large relative to undesirable effects?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
No	Probably No	Uncertain	Probably Yes	Yes	Varies																																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																									

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
			<hr/> <p><b>CI:</b> Confidence interval; <b>RR:</b> Risk ratio;</p> <hr/> <p><sup>1</sup> Most outcomes in most studies are assessed as "low risk" or "uncertain risk of bias"  <sup>2</sup> Heterogeneous studies with different populations, somewhat different interventions and comparisons. Statistically significant and substantial heterogeneity for most outcomes, (<math>I^2=71\%</math> for short term and <math>I^2 =83\%</math> for medium term response, <math>I^2 =34\%</math> short term and <math>I^2= 72\%</math> medium term depressive symptoms).  <sup>3</sup> Systematic review of Chang-Quan et al 2009 which focused on elderly, identified 3 RCTs with 3930 patients, demonstrated similar effects in the elderly population</p> <hr/> <p><a href="#">Link to evidence profile</a></p>	

	CRITERIA	JUDGEMENTS	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS												
RESOURCE USE	Are the resources required small?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tiltaket krever en koordinert planlegging som involverer ulike grupper av helsepersonell i kommunen og mellom kommunen og spesialisthelsetjenesten.
	No	Probably No	Uncertain	Probably Yes	Yes	Varies										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Is the incremental cost small relative to the net benefits?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		En systematisk oversikt over helseøkonomiske studier konkluderer med at collaborative care for pasienter med depresjon er kostnadseffektivt (Verugheze 2012) <sup>3</sup> . En viktig faktor er at tiltaket fører til økt produktivitet for personer som er i arbeid, både ved økt innsats når personen er på jobb og ved redusert sykefravær. Kostnadseffektiviteten er noe mindre for ikke yrkesaktive.	
No	Probably No	Uncertain	Probably Yes	Yes	Varies											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
EQUITY	What would be the impact on health inequities?	<table border="0"> <tr> <td>Increased</td> <td>Probably increased</td> <td>Uncertain</td> <td>Probably reduced</td> <td>Reduced</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Increased	Probably increased	Uncertain	Probably reduced	Reduced	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Gitt at ressurssterke brukere vil ha lettere for å kunne komme til ressursene som kommunen disponerer, vil en systematisk gjennomføring av samhandling overfor eldre med moderat og alvorlig depresjon sikre at pasienter med svake ressurser vil kunne få tilbud om oppfølging gjennom samhandlingsmodellen.
Increased	Probably increased	Uncertain	Probably reduced	Reduced	Varies											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
ACCEPTABILITY	Is the option acceptable to key stakeholders?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Anbefalingen har blitt drøftet med og støttes av en referansegruppe bestående av to brukerorganisasjoner og sju profesjonelle organisasjoner.
No	Probably No	Uncertain	Probably Yes	Yes	Varies											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
FEASIBILITY	Is the option feasible to implement?	<table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably No	Uncertain	Probably Yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Gjennomføring av samhandling krever organisering. Nøkkelpersoner i kommunen med organisasjonsevne og gjennomføringskraft bør lede arbeidet. Utvikling av samhandlingsplan forutsetter at arbeidet gjennomføres i samarbeid med sentrale meningsdannere, interessegrupper og faglige grupper som omfattes av planen (fastleger, hjemmetjeneste, tildelingskontor, psykiatriske sykepleiere, frivillige organisasjoner, representanter for pasienter og pårørende)
No	Probably No	Uncertain	Probably Yes	Yes	Varies											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

<b>Balance of consequences</b>	Undesirable consequences <i>clearly outweigh</i> desirable consequences in most settings <input type="checkbox"/>	Undesirable consequences <i>probably outweigh</i> desirable consequences in most settings <input type="checkbox"/>	The balance between desirable and undesirable consequences <i>is closely balanced or uncertain</i> <input type="checkbox"/>	Desirable consequences <i>probably outweigh</i> undesirable consequences in most settings <input checked="" type="checkbox"/>	Desirable consequences <i>clearly outweigh</i> undesirable consequences in most settings <input type="checkbox"/>
<b>Type of recommendation</b>	We recommend against offering this option <input type="checkbox"/>	We suggest not offering this option <input type="checkbox"/>	We suggest offering this option <input type="checkbox"/>	We recommend offering this option <input checked="" type="checkbox"/>	
<b>Recommendation (text)</b>	<p><b>Vi anbefaler: Hver kommune bør lage og iverksette en samhandlingsplan for omsorgen for pasienter med moderat til alvorlig depresjon. Planen bør klargjøre ansvarsfordeling og kommunikasjon mellom de ulike faggruppene som har kontakt med pasientene, både innen kommunehelsetjenesten og mellom kommune- og spesialisthelsetjenesten, samt utpeke helsearbeidere (personlig koordinator) med spesielt ansvar for oppfølging av pasientene. Planen bør inneholde rutiner for henvisning til spesialisthelsetjenesten.</b></p>				
<b>Justification</b>	<p>Sterk anbefaling, moderat til høy kvalitet på dokumentasjonen. Planen kan omfatte både organisatoriske, pedagogiske og andre tiltak som har dokumentasjon av moderat til høy kvalitet for at de kan føre til bedre behandlingsresultat for pasienter med depresjon. Har gunstig effekt, ingen kjente bivirkninger, men anbefalingen krever organisatorisk tilrettelegging. Når denne er på plass vil det være lett for kommunen og spesialisthelsetjenesten å opprettholde det. Andre pasientgrupper vil også kunne ha nytte av at dette er på plass organisatorisk i kommunen.</p>				
<b>Subgroup considerations</b>	<p>Anbefalingen om Samhandlingsplan er formulert for pasienter med moderat til alvorlig depresjon, men pasienter med tilbakevendende eller kroniske depresjoner kan også ha nytte av tiltaket selv om aktuelle episode/tilstand er en mild depresjon.</p>				
<b>Implementation considerations</b>	<p>Krever organisering og delegering av myndighet til å utvikle og gjennomføre planen. Nøkkelpersoner og viktige interessegrupper bør involveres i planleggingen og gjennomføringen.</p>				
<b>Monitoring and evaluation</b>					
<b>Research priorities</b>	<p>Tiltaket er veldokumentert</p>				

## Evidensprofil: Skal kommunene tilby behandling og oppfølging etter samhandlingsmodell for eldre med depresjon?

Author(s): Granlund, Aakhus, Flottorp

Date: 2013-09-04

Question: Should collaborative care be used for elderly with depression in the elderly?

Settings: Primary care

Bibliography: Adults: Archer et al. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012 Elderly: Chang-Quan et al. Collaborative care interventions for depression in the elderly: a systematic review of randomized controlled trials. J Invest Medicine 2009.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Collaborative care	Control	Relative (95% CI)	Absolute		
<b>Depression response short term (follow-up 0-6 months; assessed with: &gt;50% reduction on depression scale)</b>												
48	randomised trials	no serious risk of bias <sup>1</sup>	serious <sup>2</sup>	no serious indirectness	no serious imprecision	none	3247/6055 (53.6%)	2046/5195 (39.4%)	RR 1.32 (1.22 to 1.43)	126 more per 1000 (from 87 more to 169 more)	⊕⊕⊕○ MODERATE	CRITICAL
<b>Depression response medium term (follow-up 7-12 months; assessed with: &gt;50% reduction in depressive symptoms)</b>												
29	randomised trials	no serious risk of bias <sup>1</sup>	serious <sup>2</sup>	no serious indirectness	no serious imprecision	none	2220/4168 (53.3%)	1487/3833 (38.8%)	RR 1.31 (1.17 to 1.48)	120 more per 1000 (from 66 more to 186 more)	⊕⊕⊕○ MODERATE	CRITICAL
<b>Depressive symptoms short term (follow-up 0-6 months; measured with: Depression scales; Better indicated by lower values)</b>												
30	randomised trials	no serious risk of bias <sup>1</sup>	no serious inconsistency	no serious indirectness <sup>3</sup>	no serious imprecision	none	3056	2928	SMD 0.34 lower (0.41 to 0.27 lower)		⊕⊕⊕⊕ HIGH	CRITICAL
<b>Depressive symptoms medium term (follow-up 7-12 months; measured with: Depression scales; Better indicated by lower values)</b>												
13	randomised trials	no serious risk of bias <sup>1</sup>	serious <sup>2</sup>	no serious indirectness <sup>3</sup>	no serious imprecision	none	2096	1996	SMD 0.28 lower (0.41 to 0.15 lower)		⊕⊕⊕○ MODERATE	CRITICAL

<sup>1</sup> Most outcomes in most studies are assessed as "low risk" or "uncertain risk of bias"

<sup>2</sup> Heterogeneous studies with different populations, somewhat different interventions and comparisons. Statistically significant and substantial heterogeneity for most outcomes, (I<sup>2</sup>=71% for short term and I<sup>2</sup>=83% for medium term response, I<sup>2</sup>=34% short term and I<sup>2</sup>=72% medium term depressive symptoms).

<sup>3</sup> Systematic review of Chang-Quan et al 2009 which focused on elderly, identified 3 RCTs with 3930 patients, demonstrated similar effects in the elderly population

[\(Return\)](#)

## References

---

<sup>1</sup> Archer et al. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012 Issue 10. Art. No.: CD006525. DOI:10.1002/14651858.CD006525.pub2.

<sup>2</sup> Chang-Quan et al. Collaborative care interventions for depression in the elderly: a systematic review of randomized controlled trials. J Invest Medicine 2009;57: 446-455.

<sup>3</sup> Verugese J et al. Economics of Collaborative Care for Management of Depressive Disorders A Community Guide Systematic Review. Am J Prev Med 2012;42: 539 –549.

**Definitions for ratings of the certainty of the evidence (GRADE)\*\***

Ratings	Definitions	Implications
⊕⊕⊕⊕ High	This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different* is low.	This evidence provides a very good basis for making a decision about whether to implement the intervention. Impact evaluation and monitoring of the impact are unlikely to be needed if it is implemented.
⊕⊕⊕○ Moderate	This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different <sup>4</sup> is moderate.	This evidence provides a good basis for making a decision about whether to implement the intervention. Monitoring of the impact is likely to be needed and impact evaluation may be warranted if it is implemented.
⊕⊕○○ Low	This research provides some indication of the likely effect. However, the likelihood that it will be substantially different <sup>4</sup> is high.	This evidence provides some basis for making a decision about whether to implement the intervention. Impact evaluation is likely to be warranted if it is implemented.
⊕○○○ Very low	This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different <sup>4</sup> is very high.	This evidence does not provide a good basis for making a decision about whether to implement the intervention. Impact evaluation is very likely to be warranted if it is implemented.

\*Substantially different: large enough difference that it might have an effect on a decision

\*\*The Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group began in the year 2000 as an informal collaboration of people with an interest in addressing the shortcomings of present grading systems in health care. The working group has developed a common, sensible and transparent approach to grading quality of evidence and strength of recommendations. Many international organizations have provided input into the development of the approach and have started using it.

[\(Return\)](#)