

## Review Article

# Collaborative Care for Women With Depression: A Systematic Review



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**Background:** *The collaborative care model has been found to be effective for depression management in various primary care populations; however, no review has synthesized trials tailored to treat women.*

**Objective:** *The purpose of this systematic review is to evaluate the current evidence for collaborative depression care for women.* **Methodology:** *We searched for English language articles via MEDLINE, CINAHL, PsycINFO, EMBASE, Cochrane Library, and reference lists of key articles. Published English language studies were included if they described collaborative care models that targeted women, regardless of study design. Studies were excluded if components of collaborative care were absent (based on criteria described by the Advancing Integrated Mental Health Solutions Center at the University of Washington), if the focus of the intervention was not women, if the studies were not*

*conducted in primary care or gynecological settings, or if there were no outcome data.* **Results:** *This review resulted in 7 articles that met the inclusion criteria. Included studies were 6 randomized controlled trials and 1 observational study. Among those, 4 studies focused on pregnant or postpartum women. In general, collaborative care interventions focusing on women were more effective than usual care for the management of depressive disorders in women with 5 of the 6 randomized studies showing positive depression outcomes.* **Conclusions:** *There is evidence that collaborative care interventions are effective for treating depressed women in nonmental health settings. Future studies should examine differences in implementation of collaborative care in “real world” settings and define modifications needed based on a woman’s reproductive life stage.*

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**Key words:** women’s health, primary care, depressive disorder, anxiety disorder, mental health services.

### INTRODUCTION

Integrating behavioral health care into the primary care setting is gaining recognition as the standard of care for managing the growing mental health needs in the United States and abroad. The term “integrated care” or “collaborative care” has many definitions; however, there are some general principles that guide implementation of this model. The collaborative care model comprises systematic screening and tracking of a mental health outcome for a panel of patients using a registry and a multidisciplinary team to monitor care. This system uses a behavioral care manager who

provides brief psychological interventions such as problem-solving treatment and behavioral activation.

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## Collaborative Care for Women With Depression

The behavioral care manager runs the registry to ensure that no patient “falls through the cracks” by reviewing cases on a regular basis with a psychiatrist who provides recommendations to the primary care team.<sup>1</sup> Behavioral health interventions can then be modified based on patient outcomes in a stepped-care fashion. Collaborative care models have been shown to reduce depressive symptoms and prevent depression recurrence in general adult populations, improve a multitude of health outcomes, and reduce total health care costs.<sup>2,3</sup>

Although the collaborative care model has been found to be effective for depression management in various primary care populations, there are currently less data on how this intervention works in settings primarily treating women. There are several transition times in a woman’s life when she may be more susceptible to depressive disorders, including the perinatal period and the menopause transition. Depressive disorders during pregnancy have been found to be associated with an increased risk for adverse birth outcomes such as low birth weight and preterm birth,<sup>4</sup> and increased risk for depression of offspring.<sup>5</sup> It is possible that collaborative care interventions would need to be tailored for women because of the many life transitions during which women experience increased risk for depression and the various health care settings in which a woman may receive her health care. For instance, approximately one-third of women receive primary care through their obstetrician-gynecologists suggesting an opportunity for accurate recognition of and high quality of care for women with depression.<sup>6-8</sup> The purpose of this systematic review is to evaluate the current evidence for collaborative depression care for women.

### METHODS

Our systematic review was based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses method.<sup>9</sup> We searched for English language articles via MEDLINE, CINAHL, PsycINFO, EMBASE, Cochrane Library, and reference lists of key articles. The electronic search included studies from the databases with start date February 1, 2012 to December 1, 2015. We chose February 1, 2012 as the start date because that was the month and year of the search end date for the last published systematic

review on collaborative care for depression and anxiety.<sup>2</sup> Studies from that review and other meta-analyses before February 2012<sup>10,11</sup> were included for review. We checked the reference lists of reports of all included studies and other systematic reviews for additional published, unpublished, or ongoing research. For the MEDLINE search, we used the following keywords and their combinations: (Women OR woman OR female\* OR mother\*) AND (depression OR depressive symptoms OR dysthymia OR anxiety OR behavioral health) AND (collaborative care OR integrated care OR depression care OR integrated behavioral health care OR family practice OR primary care OR obstetrics OR gynecology). We also used the following Mesh words and their combinations: (Female OR women’s health) AND (adult OR middle aged OR pregnancy) AND (depressive disorder/therapy OR depressive disorder/diagnosis OR dysthymic disorder/therapy OR dysthymic disorder/diagnosis OR anxiety disorders/therapy OR anxiety disorders/diagnosis OR mental health services) AND (gynecology OR obstetrics OR outpatient clinics, hospital OR primary care). Article titles and selected abstracts found in this search were screened for relevance to the review. These same search terms were used for PsycINFO and the Cochrane library. We modified the search for EMBASE and CINAHL using following keywords and their combinations: (Women OR woman or female OR mother) AND (depression OR depressive symptoms OR dysthymia OR anxiety OR behavioral health) AND (collaborative care OR integrated care OR depression care OR integrated behavioral health). Relevant articles were selected and full-text articles were assessed for eligibility by authors R.K., N.A., and H.H.

Published English language studies were included in this review if they described treatment of women using collaborative care models, regardless of study design. Titles and selected abstracts found in this search were screened for relevance to the review. Relevant articles were selected and full-text articles were assessed for eligibility. Potentially eligible articles were assessed for their collaborative care approach based on modified principles of collaborative care described by University of Washington, Psychiatry and Behavioral Science Division of Population Health, AIMS Center.<sup>12</sup> These principles include (1) patient-centered team care, (2) population-based care, (3) measurement-based treatment to target, and (4)

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