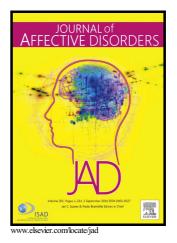
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The effect of comorbid depression on the use of unscheduled hospital care by people with a long term condition: A retrospective observational study

Tom Ricketts, Emily Wood, John Soady, David Saxon, Joe Hulin, Sally Ohlsen, Caroline Mitchell



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ACCEPTED MANUSCRIPT

The effect of comorbid depression on the use of unscheduled hospital care by people with a long term condition: A retrospective observational study.

Dr Tom Ricketts, University of Sheffield

Dr Emily Wood, University of Sheffield

Mr John Soady, Sheffield City Council

Mr David Saxon, University of Sheffield

Dr Joe Hulin, University of Sheffield

Ms Sally Ohlsen, University of Sheffield

Dr Caroline Mitchell, University of Sheffield

Corresponding author: Dr Tom Ricketts, Mental Health Research Unit, School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DT

Abstract

Background: The prevalence of long-term conditions (LTCs) and multiple-morbidity is increasing. Depression prevalence increases with the number of LTCs. Self-management of LTCs improves outcomes, but depression impacts on self-management. Unscheduled hospital care may be a proxy for failure of planned care to support successful self-management.

<u>Methods</u>: Retrospective observational study based on routine NHS datasets covering 19 LTCs. Prevalence of LTCs and depression was identified in all primary care registered adults in one English city (n=469,368). Chi squared was used for hypothesis testing, and logistic regression to determine the influence of depression and LTC(s) on the use of unscheduled hospital care.

<u>Results:</u> At least one LTC was identified in 220,010 (46.9%) adults; 75,107 (16.0%) had depression; and 38,232 (8.1%) had LTC plus comorbid depression. A significantly greater proportion of individuals with LTC and comorbid depression had ≥ 1 unscheduled event over 12 months (31.5%) compared to individuals with LTC(s) only (24.0%), $X^2(1) = 883.860$, p<.001.

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