Enhanced depression care improved arthritis pain and function in older patients


**Question**
In older patients with depression and arthritis, does enhanced depression care improve arthritis-related pain and function?

**Design**
Randomized, unblinded, controlled trial with 12 month follow-up (preplanned subgroup analysis of Improving Mood-Promoting Access to Collaborative Treatment [IMPACT] trial).

**Setting**
18 primary care clinics in 8 health care organizations in 5 U.S. states.

**Patients**
1001 patients ≥60 years of age (mean age 72 y, 68% women) who had major depression or dysthymia, had been diagnosed with or treated for arthritis in the previous 3 years, and planned to use a participating clinic as the main source of general medical services in the upcoming year. Exclusion criteria were history of bipolar disorder or psychosis, ongoing treatment by a psychiatrist, current alcohol use problems, severe cognitive impairment, or acute risk for suicide. 964 patients (96%) were included in the analysis (850 patients [85%] completed 12-month follow-up; missing data were imputed).

**Intervention**
495 patients were allocated to depression care management by a nurse or psychologist who met weekly with a supervising psychiatrist and expert primary care physician. The depression care manager provided education and helped patients to identify treatment preferences (antidepressants and/or a 6- to 8-session psychotherapy program). In-person or telephone follow-up occurred every 2 weeks during acute-phase treatment, with monthly follow-up thereafter. 506 patients were allocated to usual care (antidepressants and referral to specialty mental health services).

**Main outcomes measures**
Outcomes included arthritis pain intensity, arthritis-related interference with daily activities, pain interference with work or other daily activities, and depression (20-item severity scale adapted from the Hopkins Symptom Checklist).

**Main results**
Analysis was by intention to treat. At 12 months, patients in the intervention group had lower pain intensity and less interference with daily activities because of arthritis or pain impairment than did patients in the usual-care group (Table). Intervention-group patients were more likely to have a 50% reduction in Hopkins Symptom Checklist scores than usual-care group patients (41% vs 18%, odds ratio 3.28, 95% CI 2.4 to 4.5).

**Conclusion**
In primary care patients with depression and arthritis, enhanced collaborative depression care reduced arthritis pain intensity and interference with daily activities (because of arthritis or pain) more than usual depression care.

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**Commentary**
The high prevalence of rheumatic disorders in the elderly poses major medical management issues. Joint replacement is often impracticable, more cost-effective than formal antidepressive treatment, however with daily activities because of arthritis or pain impairment than did patients in the usual-care group (Table). Intervention-group patients were more likely to have a 50% reduction in Hopkins Symptom Checklist scores than usual-care group patients (41% vs 18%, odds ratio 3.28, 95% CI 2.4 to 4.5).

**Reference**