

Collaborative Care: Depression Initiative in Primary care

Submission date 01/12/2006	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 01/12/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 27/08/2013	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Acronym

CC:DIP

Study objectives

The aim of the current Randomised Clinical Trial (RCT) is a cost-effectiveness analyses of a collaborative care approach compared to Care As Usual (CAU). The collaborative care approach is expected to be more effective and cost-effective than CAU.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Study approved by the Medical Ethical Board of the Free University Medical Centre, Amsterdam, the Netherlands (reference number: protocol 06.158). Full approval of study design received on the 11th December 2006.

Study design

Randomised controlled parallel armed trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Depressive disorders

Interventions

The collaborative care approach includes care management, contracting, adherence improving strategies, manual guided self help and lifestyle interventions, Problem Solving Treatment (PST), and an antidepressant treatment algorithm; the treatment plan is set based on patient preferences.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

The primary outcome measure is response.

Key secondary outcome(s)

1. Remission as measured by the Patient Health Questionnaire (PHQ-9) and Inventory of Depressive Symptomatology (Self-Reported) (IDS-SR).
2. Effect of chronic physical illness as an effect modifier.
3. Cost-effectiveness as measured with the Trimbos/iMTA questionnaire for Costs associated with Psychiatric illness (TiC-P), EuroQoL (EQ-5D) questionnaire and the Short Form health survey (SF-36).

Completion date

01/12/2010

Eligibility

Key inclusion criteria

The aim is to include patients who are diagnosed with major depressive disorder and who dysfunction due to the depressive disorder (i.e. loss of role in daily life).

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Not Specified

Key exclusion criteria

1. Suicidal, psychotic or suffering from dementia
2. Have insufficient knowledge of Dutch to fill in the questionnaires
3. Are addicted to drugs or alcohol
4. Already receive psychiatric treatment
5. Less than 18 years old

Date of first enrolment

01/12/2006

Date of final enrolment

01/12/2010

Locations

Countries of recruitment

Netherlands

Study participating centre

Trimbos-instituut/Netherlands institute of Mental Health and Addiction
Utrecht
Netherlands
3500 AS

Sponsor information

Organisation

Trimbos-institute/Netherlands Institute of Mental Health and Addiction (The Netherlands)

ROR

<https://ror.org/02amggm23>

Funder(s)

Funder type

Research organisation

Funder Name

Foundation Reserves Voormalige Vrijwillige Ziekenfondsverzekering (RVVZ) (The Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	25/04/2013		Yes	No
Other publications	secondary data analysis	01/03/2013		Yes	No