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Does liaison psychiatry improve the cost-effectiveness of health care delivery to depressed elderly medical in-patients? A randomised controlled trial and cost-effectiveness analysis

Submission date
23/01/2004

Recruitment status
No longer recruiting

Registration date
23/01/2004

Overall study status
Completed

Last Edited
21/12/2009

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] 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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
Cullum HSR/0301

Study information

Scientific Title

Study objectives
Aims of the study:
1. To evaluate the effect of a 'liaison' model of care (screening, plus assessment and co-ordination of management of depressive disorder by a specialist psychiatric nurse) on the health outcomes of elderly medical inpatients.
2. To evaluate the cost-effectiveness of the intervention from the viewpoint of health and social services, and patients and their carers.

Hypotheses: Compared to standard care, after 16 weeks, the 'liaison' model of care will:
1. Increase the number of patients that recover from depression
2. Increase patients' quality of life
3. Increase patients' satisfaction with the service
4. Reduce carer burden
5. Increase the cost-effectiveness ratios for the health benefits (resolution of depression, change in depression rating and quality of life score per cost of resources used).

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Other

Participant information sheet

Health condition(s) or problem(s) studied

Depression, anxiety, neuroses

Interventions
1. A visit by a specialist nurse within the first week of admission (intervention arm)
2. Put on a waiting list to see a member of the research team at home (control arm)

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
Resolution of ICD10 depression and change in depression rating measured by the Montgomery-Asberg Depression Rating Scale (MADRS) at 16 weeks after the initial assessment compared between intervention and comparison groups, adjusted for severity of disability at baseline.

Secondary outcome measures
Change in quality of life score (EuroQOL), difference in patient satisfaction (adapted version of patients' satisfaction with stroke services questionnaire), change in carer burden (Caregiver Strain Index and GHQ-12) at 16 weeks after the initial assessment, compared between intervention and comparison groups. (References for standardised measures given in attached research proposal.) Cost-effectiveness ratios for the health benefits resolution of depression, change in depression and quality of life scores) compared to the resource costs in each arm of the study will be calculated. Resources consumed in secondary care (costs of index admission, subsequent inpatient stay and outpatient contact), primary care (GP consultations, contact with nursing staff including specialist psychiatric nurse), and number of hours care from social services will be calculated from routine data sources including hospital information systems, GP and medical records and social services information systems. The economic impact of the intervention upon patients and their carers will also be evaluated.

Overall study start date
01/01/2002

Completion date
01/01/2004

Eligibility

Key inclusion criteria
Patients aged 65 years or over, admitted to general medical wards of a district general hospital (West Suffolk Hospital) with a stay over 5 days, over a period of 15 months (January 2002 to March 2003).

Participant type(s)
Patient

Age group
Senior

Sex
Both

Target number of participants
138 (added 18/12/09)

Key exclusion criteria
1. Unable to give informed consent to enter the study due to moderate/severe dementia or other reasons
2. No spoken English
3. Dependent upon alcohol or other psychotropic drugs
4. Due to be transferred or discharged on the day of the initial assessment
5. Too physically ill or too confused to be interviewed

Date of first enrolment
01/01/2002

Date of final enrolment
01/01/2004

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
University of Cambridge
Cambridge
United Kingdom
CB2 2SR

Sponsor information

Organisation
NHS R&D Regional Programme Register - Department of Health (UK)

Sponsor details
The Department of Health
Richmond House
79 Whitehall
London
United Kingdom
SW1A 2NL

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dhmail@doh.gsi.org.uk

Sponsor type
Government

Website
http://www.doh.gov.uk

Funder(s)

Funder type
Government

Funder Name
NHS Executive Eastern (UK)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

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	01/07/2007		Yes	No