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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

Registration date
23/01/2004

Last Edited
21/12/2009

Recruitment status
No longer recruiting

Overall study status
Completed

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

Protocol serial number
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

Study type(s)
Other

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(s)

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.

Key secondary outcome(s))
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.

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

Healthy volunteers allowed
No

Age group
Senior

Sex
All

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
United Kingdom

England

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

Sponsor information

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

Funder(s)

Funder type
Government

Funder Name
NHS Executive Eastern (UK)

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				

Results article	01/07/2007	Yes	No