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Collaborative Care: Depression Initiative in Primary care

Submission date	Recruitment status	[X] Prospectively registered
01/12/2006	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
01/12/2006	Completed	[X] Results
Last Edited	**Condition category**	[ ] Individual participant data
27/08/2013	Mental and Behavioural Disorders	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

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