Collaborative Care for patients with a bipolar disorder: a randomised controlled trial

Nienke van der Voort
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- N. van der Voort, MscN, RN, GGZ inGeest / VUMc Amsterdam the Netherlands; lectoraat Psychiatric Nursing, University of Applied Sciences Inholland Amsterdam, the Netherlands; Dimence Deventer, the Netherlands

- R. Kupka, PHD, MD, GGZ inGeest / VUMc Amsterdam the Netherlands; Altrecht, Utrecht, the Netherlands

- B. van Meijel, PHD, lectoraat Psychiatric Nursing, University of Applied Sciences Inholland Amsterdam, the Netherlands; Parnassia, The Hague, the Netherlands

- A. Beekman, PHD, MD, GGZ inGeest / VUMc, Amsterdam, the Netherlands

- P. Goossens, PHD, lectoraat Mental Health, Saxion University of Applied sciences Enschede, the Netherlands; Dimence Deventer, the Netherlands; Radboud university Nijmegen, the Netherlands

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Disclosures

Relevant relationship with companies	Companies
Sponsoring/research money	• Astra Zeneca provided 1 unrestricted grant • GGZ inGeest / VUMc Amsterdam the Netherlands • University of Applied Sciences Inholland Amsterdam, the Netherlands • Dimence Deventer, the Netherlands

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Background

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Care as Usual in the Netherlands

- BD treated in specialised mental health care

- Guidelines expected not to be fully implemented

- Elements of CC, differs per team

- Not systematically applied

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The project

- Intervention: Collaborative Care

- Implementation

- Trial

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Collaborative Care

- Patiënt, relative (and careproviders) active role in CC team
- Setting personal and treatment goals
- Monitoring of care needs and medication use
- Psycho education
- Mood monitoring & relapse prevention
- Evaluating collaboration and treatment
- Problem Solving Treatment

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- **Problem Solving Treatment**

Implementation

- Commitment management & team members
- Nurse=coordinator of care
- Manual & workbook
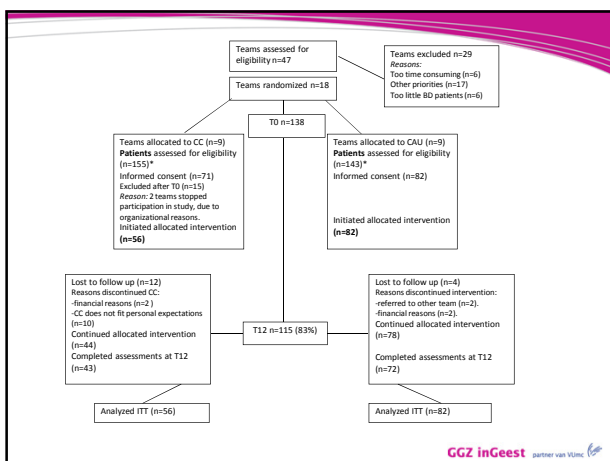- Training (protocol and patiënt-tailored care)
- Coaching & supervision

Research

- Cluster randomised controlled (pragmatic) trial
- 16 teams
- 138 out-patients and 89 relatives
- Measurements at baseline, 6 and 12 months.

Outcomes

1 Effects for patients: symptoms, quality of life and functioning.

2 Costs of CC compared to CAU

3 Effects for relatives: perceived burden and satisfaction with care

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Teams assessed for eligibility n=47

Teams excluded n=29
Reasons:
Too time consuming (n=6)
Other priorities (n=17)
Too little BD patients (n=6)

Teams randomized n=18

T0 n=138

Teams allocated to CC (n=9)
Patients assessed for eligibility (n=155)*
Informed consent (n=71)
Excluded after T0 (n=15)
Reason: 2 teams stopped participation in study, due to organizational reasons.
Initiated allocated intervention **(n=56)**

Teams allocated to CAU (n=9)
Patients assessed for eligibility (n=143)*
Informed consent (n=82)

Initiated allocated intervention **(n=82)**

Lost to follow up (n=12)
Reasons discontinued CC:
-financial reasons (n=2)
-CC does not fit personal expectations (n=10)
Continued allocated intervention (n=44)
Completed assessments at T12 (n=43)

T12 n=115 (83%)

Lost to follow up (n=4)
Reasons discontinued intervention:
-referred to other team (n=2).
-financial reasons (n=2).
Continued allocated intervention (n=78)
Completed assessments at T12 (n=72)

Analyzed ITT (n=56)

Analyzed ITT (n=82)

	Controls	Coll Care
Sociodemographics		
Age, mean±sd	44.7±11.3	46.8±9.8
Gender,n(%) female	49(59.8)	39(72.2)
Education, mean±sd	16.9±3.3	14.2±3.5
Clinical characteristics		
Age of onset, mean±sd	23.9±10.0	23.5±11.6
Duration illness, mean±sd	20.5±11.0	23.0±12.8
Family history of BD,n(%)	21(25.6))	21(37.5)
Treatment characteristics		
Early Intervention Plan,n(%)	51(63.0)	26(48.1)
Psychoeducation,n(%)	52(64.2)	20(37.0)
Life Chart,n(%)	35(43.2)	23(42.6)
Relatives involved,n(%)	56(69.1)	37(67.3)
PST,n(%)	0	0

Primary outcomes: observed means and t-statistic concerning fixed effects regression parameters of interaction 'condition*time' in mixed models analyses.

	Control	CC	t	p	ES-b
Manic symptoms, mean, sd					
T0	1.8±2.4	2.3±3.8			
T12	1.5±2.3	1.9±2.5	0.3	0.8	0.04
Depression severity, mean, ±sd					
T0	8.1±5.1	10.5±5.5			
T12	8.3±6.0	8.4±5.3	-0.4	.04	0.42
Functioning, mean, ±sd					
T0	23.0±13.5	31.0±15.6			
T12	24.8±15.5	28.4±15.3	1.4	0.2	0.29
QoL, mean, ±sd					
T0	11.8±3.3	12.9±3.2			
T12	12.6±3.1	12.6±3.3	0.2	0.9	0.19

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Discussion

- Implementation of CC (to do: analyse dose-effect)

- Characteristics patients and providers

- Baseline differences

- Sample size

- Level of CAU in the Netherlands

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Conclusions

Concerning our main outcomes:

Patients in CC group:

➢ showed less severity of depression

➢ showed no differences in mania symptoms, QoL or functioning

➢ however a trend was found on 2 domains of functioning: autonomy and cognitive functioning.

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Questions, remarks, advices?

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References

- Bauer MS, McBride L, Williford WO, Glick H, Kinosian B, Altshuler L et al.: **Collaborative care for bipolar disorder: Part II. Impact on clinical outcome, function, and costs.** Psychiatr Serv 2006, **57**: 937-945.

- Goossens PJJ, Hartong EG, Knoppert-van der Klein EAM, van Achterberg T: **Self-reported psychopathological symptoms and quality of life in outpatients with bipolar disorder.** Perspect Psychiatr Care 2008, **44**: 275-284.

- Kilbourne AM, Post EP, Nossek A, Drill L, Cooley S, Bauer MS: **Improving medical and psychiatric outcomes among individuals with bipolar disorder: A randomized controlled trial.** Psychiatr Serv 2008, **59**: 760-768.

- Leverich GS, Post RM, .: **Life Charting of affective disorders.** CNS Spectrums 1998, **3**: 21-37.

- Schreuders B, van Oppen P, van Marwijk HW, Smit JH, Stalman WAB.: **Frequent attenders in general practice: problem solving treatment provided by nurses.** BMC Fam Pract 2005, **12**: 6-42.

- Simon GE, Ludman EJ, Bauer MS, Unutzer J, Operskalski B: **Long-term effectiveness and cost of a systematic care program for bipolar disorder.** Arch Gen Psychiatry 2006, **63**: 500-508.

- van der Voort TYG, van Meijel B, Goossens PJ, Renes J, Beekman AT, Kupka RW. **Collaborative care for patients with bipolar Disorder: a randomised controlled trial.** BMC Psychiatry 2011 Aug 17;11:133.

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