

Effectiveness of a collaborative care programme in the decrease of suicidal ideation in patients with depression. The INDI project.

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INTRODUCTION: Suicidal ideation is common in depressed patients and this issue must be properly handling in the primary care settings. Our group has developed and tested a structured model for improving the management of depression in primary care (the INDI Program), which is effective to improve the severity of depressive symptoms and quality of life.

OBJECTIVE: To assess the effect of this program on suicidal ideation.

METHOD:

Design: Randomized controlled trial with two arms: control arm (standard treatment) or intervention arm (INDI Program).

Settings and patients: Twenty primary care centers; 338 patients with major depression (DSM-IV) (149 control, 189 intervention), of which 162 (66 control, 96 intervention) had suicidal ideation at baseline assessment.

Intervention: A multicomponent collaborative care program based on the chronic care model that includes continuing medical education, clinical and organizational components, and patient empowerment interventions.

Measurements: Independent and blind clinical monitoring at 0, 3, 6 and 12 months. The presence of suicidal ideation was assessed with the PHQ-9 (Patient Health Questionnaire).

RESULTS: Among patients with baseline suicidal ideation, the intervention group had significantly lower rates of suicidal ideation than controls at 3 months (0.35 vs. 0.59; difference \pm IC95 = 0,24 \pm 0,15%; $p = 0.003$), 6 months (0.28 vs. 0.51 = 0,23 \pm 0,15 difference \pm IC95%; $p = 0.003$) and 12 months (0.33 vs. 0.50; difference \pm IC95% 0,17 \pm 0,15 =; $p = 0.033$). There was no suicide committed in the sample.

CONCLUSION: The INDI program is an effective strategy for reducing suicidal ideation and the potential risk of suicide in patients with depression and recurrent thoughts of death or suicidal ideation in primary care.