The century of the system

Integrated collaborative care for depression in patients with cancer

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Points

- The importance of systems of care

- Epidemiology of depression in people with cancer

- Improving the treatment of depression with systems of care
The clinical problem
Prevalence of major depression and adequacy of current treatment in people with cancer
Prevalence of major depression in 21,151 patients with cancer

Figure 2: Prevalence of major depression in patients with cancer
Error bars show 95% CIs.

Walker et al, Lancet Psychiatry 2014
Adequacy of treatment received by 1,538 patients with cancer & major depression

Figure 3: Treatments received by outpatients with cancer and major depression

Walker et al, Lancet Psychiatry 2014
Why is treatment inadequate?

• Depression is not identified
  – ‘Don’t ask don’t tell’
  – Depression is ‘understandable’

• Depression is not treated
  – Poor acceptance by patient
  – Inadequate treatment by clinicians
Solution - address identification by a screening system
• Patient completes questionnaire in the cancer clinic

• Diagnostic assessment over the telephone to the patient’s home
Solution - address treatment with an integrated collaborative care treatment system
Integrated collaborative care: Depression Care for People with Cancer (DCPC)
DCPC: Integrated team around the patient

- Trained cancer nurses
- Specialist psychiatrists
- Oncologist
- Primary care doctor
DCPC: Multiple treatment components

• Engagement and therapeutic relationship

• Psychological treatment (Behavioural Activation and Problem Solving Therapy)

• Optimised antidepressant medication
DCPC: Systematic delivery and monitoring

• Quality assurance of treatment
  – Treatment manual
  – Supervision using video-recordings

• Monitoring of outcome
  – Repeated measures
  – Treat to target
How effective and cost-effective is the DCPC treatment system
Symptom Management Research Trials in Oncology -2 (SMaRT Oncology-2)

- Previous efficacy trial
- Multi-centre effectiveness trial
- Do more patients get better from depression (50% drop in initial score) with DCPC than with usual care?

Sharpe et al, Lancet 2014
SMaRT Oncology-2 findings

• 500 patients
  – major depression
  – good prognosis cancer

• Primary outcome:
  – number responded (50% drop in depression severity) at 24 weeks

• Secondary outcomes
  – Depression, other symptoms QALYs and costs to 48 weeks
Cost-effectiveness of DCPC

• DCPC costs approximately £600 per patient treated
  – Efficient use of psychiatrists’ time
  – Cost estimate does not include training

• Cost-effectiveness *
  – £9,000 per extra ‘quality adjusted life year’ (QALY)
  – NICE usual threshold £20,000 - 30,000 per QALY
  – Better value than many cancer treatments ?

*data submitted for publication
Conclusions

• Major depression is common in people with cancer, most goes untreated and the **outcome with usual care is poor**.

• Treatment for major depression can be successfully **integrated with cancer care**.

• Treating comorbid major depression with a **systematic team based treatment** leads to a huge improvement in outcomes and is cost-effective.
References


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