Treatments for late life depression in primary care: a systematic review
Freudenstein U, Jagger C, Arthur A, Donner-Banzhoff N

Authors’ objectives
The objective was to conduct a systematic review of trials of treatments for depression in patients over 60 years of age, in primary care or population samples.

Searching
MEDLINE, EMBASE, CINAHL, the Cochrane Library, PsycLIT, the Social Sciences Citation Index (via BIDS) and the Science Citation Index (via BIDS) were searched from 1980 to June 1999. The authors restricted the language of publication to English, French or German. In addition to the electronic searches, the references of identified studies and other reviews of antidepressant treatments were checked.

Study selection
Study designs of evaluations included in the review
Controlled clinical trials, randomised controlled trials (RCTs), controlled before-and-after studies, and interrupted time series studies were all eligible for inclusion. To be included in the review, the retrieved studies had to meet the following quality criteria: relevant and interpretable data, concealed allocation of the participants, follow-up of at least 80 to 100% of the patients randomised, a baseline measurement, a reliable primary outcome measure, protection against contamination, and the blinded assessment of primary outcomes or use of an objective outcome measure.

Specific interventions included in the review
The studies had to be of cognitive and/or behavioural therapy, interpersonal psychotherapy, counselling, social support, or drug treatment.

Two studies included in the review were conducted solely in participants over the age of 60 years; these both assessed the effectiveness of psychiatric team care. The other three included studies were not specific to the elderly, and assessed the effectiveness of antidepressant medication. The specific drugs assessed were citalopram (20 and 34 mg), sertraline (83.5 and 144.6 mg), mianserin (78 mg) and fluoxetine (20 mg).

Participants included in the review
Studies were included if all the participants were over the age of 60 years. The participants had to be recruited from a sample of the general population or from primary care attenders. However, studies that were not elderly specific, but included some participants over the age of 60, were also included and analysed separately. Two of the five studies were therefore elderly specific, whilst the other three included participants aged from 18 to 79 years.

Outcomes assessed in the review
The primary outcome assessed was the change in the level of depression. This was assessed by the SHORTCARE score (1 study), a self-care questionnaire (1 study) and the MADRS score (3 studies).

How were decisions on the relevance of primary studies made?
One author initially selected the papers, based on the relevance of the primary studies.

Assessment of study quality
The validity of the primary studies was assessed according to whether the studies had the following: relevant and interpretable data, concealed allocation of the participants, a follow-up of at least 80 to 100% of randomised patients, a baseline measurement, a reliable primary outcome measure, protection against contamination, and the blinded assessment of primary outcomes or use of an objective outcome measure. Two reviewers independently assessed the quality of the studies and resolved any disagreements through consensus.
Data extraction
Two reviewers independently extracted the data and resolved any disagreements by discussion. Data on the first author, country and year, the intervention and control treatment, the duration of the intervention and follow-up, the population (and population exclusion criteria), the sample size and the outcomes were extracted and presented in the paper, along with the reviewers' comments.

Methods of synthesis
How were the studies combined?
A narrative synthesis of the studies was undertaken. Publication bias was not investigated.

How were differences between studies investigated?
Differences between the studies were investigated according to the patient populations.

Results of the review
Five RCTs (n=1,294) were included. Two RCTs were elderly specific (n=165) and three were not specific to the elderly population (n=1,129).

The treatment of depression in older people by a community psychiatric team led to a considerable improvement in 40 to 50% of those treated. The trials of antidepressant drugs achieved higher rates of improvement in 54 to 81% of the non elderly-specific sample.

Authors' conclusions
There was little evidence of effectiveness for a variety of treatment approaches for depression in older people in primary care, particularly in those with less severe depression. As older people take more medication, making contraindications to the use of antidepressant drugs more likely, there is a pressing need for studies of the efficacy of non-pharmacological interventions in primary care settings.

CRD commentary
The authors addressed a clear review question in terms of the interventions, participants, study designs and outcome measures that were to be assessed in the review. The literature search was adequate, but was restricted to publications in English, French and German. This means that both language and publication bias could have been introduced into the review process, and that other relevant studies could have been missed. Only one reviewer assessed the relevance of primary studies for inclusion in the review, thus bias in the study selection process could have occurred. Two independent reviewers systematically assessed the validity of the included studies, thus allowing the reader to assess the quality of the studies in the review. The data extraction process was undertaken in an appropriate manner; there are unlikely to be mistakes in this process that would have influenced the results of the review.

Adequate details on the characteristics of the primary studies were tabulated, thereby allowing the reader to assess whether the authors' results and conclusions are consistent with the evidence base reviewed. The narrative synthesis undertaken was appropriate, with differences between the studies being investigated according to the participant populations. Overall, whilst there are biases that could have been introduced into the review process, this was a reasonably well-conducted review. The authors' results and conclusions would therefore appear to be robust.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that more research into the effectiveness of all forms of treatment of both major and less severe depression in older patients, in a primary care setting, needs to be undertaken.
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