

MEDIA ADVISORY

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Team Depression Care Reduces Suicidal Thoughts in Older Adults

New Research to be Presented to U.S. Senate Special Committee on Aging, Part of National Suicide Prevention Week

WHAT

A new study shows that a team-based approach to treating depression in primary care can significantly reduce suicidal thoughts in older adults. The results of the study will be presented to the United States Senate Special Committee on Aging September 14, 2006 as part of National Suicide Prevention Week.

In one of the largest depression treatment studies ever, patients receiving IMPACT depression care were half as likely as patients receiving usual depression care to report suicidal thoughts, even up to 12 months after they stopped receiving IMPACT care. (IMPACT stands for Improving Mood: Promoting Access to Collaborative Treatment.) The study results are published online in the October issue of the [Journal of the American Geriatric Society](#).

WHEN/WHERE

David C. Steffens, M.D., M.H.S., Head of the Division of Geriatric Psychiatry at Duke University Medical Center, and a co-author of the study, will testify before the Senate Special Committee on Aging on September 14, 2006. He will discuss better depression treatment through the IMPACT program as one solution to the alarming prevalence of suicide in older adults.

WHY

Older adults, particularly white males, have the highest rate of completed suicide in the nation. White men 65 and older have a suicide rate six times higher than the overall national rate. Depression has been identified as one of the most important and most treatable risk

factors, but depression in older adults, is often not detected or treated successfully. Less than 10% of depressed older adults see a mental health professional. Of those who are diagnosed with depression, less than 50% of patients follow through with referral to a mental health professional, as older adults strongly prefer to receive care from their primary care physician.

The IMPACT study confirms that primary care physicians are well positioned to identify and treat late life depression, but are most effective when they provide this treatment as part of a team.

IMPACT helps improve the identification and treatment of late-life depression in primary care through a team approach in which a care manager (usually a nurse, psychologist or social worker) assists the primary care provider in providing effective depression treatment in consultation with a team psychiatrist.

Results of the two year study show that patients receiving IMPACT depression care were half as likely as patients receiving usual depression care to report suicidal thoughts, even up to 12 months after they stopped receiving IMPACT care. IMPACT has also been shown to:

- More than double the likelihood that a patient's depression will significantly improve and will stay improved, even 12 months after IMPACT care ends
- Improve physical functioning over time while it declines in patients receiving usual care
- Reduce the experience of arthritis pain and limitations on functioning caused by arthritis pain
- Improve patient quality of life and satisfaction with medical care
- Work as well for ethnic minorities as for whites
- Be cost effective for all patients
- Reduce overall healthcare costs for patients with both depression and diabetes
- Improve satisfaction of primary care providers treating depression
- Be effective in diverse healthcare settings including HMO, fee-for-service, Veteran's Administration

The IMPACT study (<http://impact-uw.org>) was supported primarily by a grant from the John. A. Hartford Foundation with additional support from the California Healthcare Foundation, the Hogg Foundation, and the Robert Wood Johnson Foundation. The John A. Hartford Foundation (<http://www.jhartfound.org>) is dedicated to improving health care for older Americans.

**EXPERT
INTERVIEWS**

Dr. Steffens, along with Jürgen Unützer, M.D., M.P.H., the principal investigator of the IMPACT study and lead author of the journal article, are available for media interviews. Unützer is Professor and Vice Chair of the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine.

LOCAL ANGLES

Depression and suicide among older adults affect thousands of families nationwide. The IMPACT trial was conducted in 18 primary care clinics affiliated with eight diverse healthcare organizations in five states (Indiana, Texas, North Carolina, California and Washington).

A list of local spokespersons, including patients, family members, doctors and researchers, is available upon request.