



Media Contact:
Clare Hagerty, (206) 685-1323
clareh@u.washington.edu

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DRAFT, NOT FOR RELEASE:

Heal the Mind, The Diabetes Will Follow

-Team care for older adults with diabetes and depression improves health, reduces costs-

A new University of Washington-led study, published in the Feb. 6 issue of the journal *Diabetes Care*, found that an effective, "team-based" depression treatment for older adults with diabetes significantly improved their health and reduced their overall healthcare costs by more than \$400 annually.

Depression affects an estimated three million older adults in the United States including 15% of the 20 million older patients with diabetes. If all of these patients received this team treatment, it would generate an estimated \$1.2 billion savings.

Now available at several sites across the country, the new team care approach is called IMPACT (Improving Mood - Promoting Access to Collaborative Treatment for Late Life Depression). The model involves a depression care manager (usually a nurse, social worker or psychologist), who works closely with the patient's primary care physician and a consulting psychiatrist to treat depression in the patient's regular primary care clinic. Previous studies have shown the IMPACT program provides powerful health benefits, including decreased depression and pain, improved physical functioning and better quality of life for up to two years (www.impact.ucla.edu).

"In seeking ways to address growing diabetes epidemic," said Dr. Wayne Katon, professor and vice-chair of psychiatry and lead author of the study, "we need to pay attention to people's minds, as well as to their digestive systems. Effective depression

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treatment can make a great deal of difference for this sick and expensive sub-population of patients.”

A particular benefit for older diabetics

This new study examined the cost-effectiveness of the IMPACT program in 418 depressed older adults with diabetes who participated in the broader trial, which took place at 18 sites around the country. Depression in diabetic patients is associated with increased symptoms of diabetes, impaired functioning, higher medical costs, and increased mortality. In addition, patients with depression often have poor self-care, a behavior that can lead to diabetes complications and even death.

The researchers found that the IMPACT model of depression care helped patients have an average of 115 more depression-free days than patients receiving standard care for depression (usually an anti-depressant prescription). Patients in the IMPACT program also had improved functioning and quality of life and lower overall medical costs over two years, more than offsetting the cost of providing IMPACT care.

Benefits to the self-care of diabetes

Diabetes treatment requires a complex regimen of self-care, including increased exercise, altered diet, checking blood sugar, and altering medication based on blood sugar readings.

“Patients with depression struggle with self-care, and that can present a big problem for diabetics,” said Dr. Jürgen Unützer, professor and vice chair of psychiatry at the UW and director of the IMPACT Coordinating Center. “The IMPACT team care model gave patients the hope and energy they needed to actively engage their diabetes care. In addressing the larger diabetes epidemic in this country, we say, heal the mind. For many older adults, the rest will follow.”

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IMPACT spreading widely

Based on its cost-effectiveness, several major health organizations have already implemented the IMPACT model for depression care, including Kaiser Permanente of Southern California, which serves more than three million members in its 12 regional medical centers. The John A. Hartford Foundation is supporting the efforts of Katon and Unützer to help other health systems take up the IMPACT model.

The cost of using the IMPACT model of depression care treatment is only about \$580 per year for each patient – a modest investment compared to the total medical costs of about \$9,000 per year for an older adult with depression and diabetes.

A more effective method of treating clinical depression in late life has become more important in recent years, as physicians have learned that the condition affects many older adults and helps drive up health care costs. Studies estimate that five to ten percent of older adults seen in primary care suffer from clinical depression. The condition is associated with a variety of other medical problems, including more suffering and physical pain, decreases in physical ability and self-care of chronic illnesses, and a high potential for suicide. It also can significantly increase medical costs.

Background: IMPACT

The IMPACT study, which began in 1999, randomly assigned 1,801 depressed older adults from 18 primary care clinics affiliated with eight diverse health care organizations in five states to usual depression care or to the IMPACT program. In IMPACT care, a depression care manager (a nurse or psychologist) with consultation from a psychiatrist and an expert primary care physician helped patients and their primary care doctors treat depression in the primary care setting. The care managers helped educate patients about depression, closely tracked depressive symptoms and side effects, helped make changes in treatment when necessary, supported patients on anti-depressant medications, and offered a brief course of psychotherapy to help patients make changes in their lives. The IMPACT program did not replace the patient's regular primary care physician, but instead supported these physicians to help them provide higher quality depression care. An independent evaluation of the study outcome was done at baseline, 3, 6, 12, and 24 months to compare IMPACT to usual care.

The 18 study sites that were part of the IMPACT Project are located at Duke University, South Texas Veterans Health Care System, Central Texas Veterans Health Care System, San Antonio Preventive and Diagnostic Medicine Clinic, Indiana University School of Medicine, Health and Hospital Corporation of Marion County in Indiana, Group Health Cooperative of Puget Sound in cooperation with the University of Washington, Kaiser Permanente of Northern California, Kaiser Permanente of Southern California, and Desert Medical Group in Palm Springs, California.

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Johnson Foundation. The John A. Hartford Foundation (<http://www.jhartfound.org>) is dedicated to improving health care for older Americans.

The IMPACT Coordinating Center, where physicians and health care professionals can learn more about implementing the IMPACT model in their organizations, can be found at <http://www.impact.ucla.edu/>

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