Collaborative care and active surveillance for Screen-Positive Elders with subthreshold depression (CASPER): a multicentred randomised controlled trial of clinical effectiveness and cost-effectiveness

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Declared competing interests of authors: none
Plain English summary

The CASPER Trial
Health Technology Assessment 2017; Vol. 21: No. 8
DOI: 10.3310/hta21080

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Plain English summary

The ageing process places older adults at high risk of depression. Long-term physical health conditions and reduced mobility can lead to loneliness and isolation. Although depression in older adults is relatively common, it often goes unrecognised and untreated. Traditionally, it was thought that feeling low was an inevitable part of growing old, that nothing could be done. The CollAborative care and active surveillance for Screen-Positive EldeRs with subthreshold depression (CASPER) trial aimed to see if collaborative care, a new form of care involving a case manager co-ordinating different aspects of a participant’s care, could help improve the well-being of people with low-level depression. Case managers worked with participants for an average of six sessions over 7–8 weeks, mainly over the telephone. To test whether or not collaborative care worked, it was compared with usual general practitioner care. Each person taking part was given one type of care. This was decided by chance, like the roll of a dice, to make sure it was fair. The trial took place in the north of England and 705 older adults took part for up to a year. After 4 months there was evidence of a statistically significant benefit for collaborative care in terms of the primary outcome of depression severity. The difference in favour of collaborative care was 1.31 points on the psychological questionnaire. This benefit was sustained at 12 months alongside an observed preventative effect in terms of developing case-level depression. In addition, collaborative care proved good value for money, which means it could be rolled out by the NHS.
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This report
The research reported in this issue of the journal was funded by the HTA programme as project number 08/19/04. The contractual start date was in September 2010. The draft report began editorial review in November 2014 and was accepted for publication in September 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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