

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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Plain English summary

The CASPER Trial

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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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