## CollAborative care for Screen-Positive EldeRs with major depression (CASPER plus): a multicentred randomised controlled trial of clinical effectiveness and cost-effectiveness

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## **Plain English summary**

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# **Plain English summary**

The ageing process increases the risk of depression in older people and, although depression is relatively common, it often goes unrecognised and untreated. Traditionally, feeling low was considered an inevitable part of growing old about which nothing could be done.

The CollAborative care for Screen-Positive EldeRs with major depression (CASPER) plus trial aimed to see if collaborative care, a new type of care involving a case manager who co-ordinates different aspects of a participant's care, could help to reduce depression severity. Case managers worked with participants for an average of six sessions over 7–8 weeks, mainly over the telephone. In order 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, which was decided by chance, similar to the roll of a dice, to make sure it was fair.

The trial took place in the north of England. In total, 485 older adults took part for up to 18 months. After 4 months, the results showed a statistically significant benefit for collaborative care relating to the primary outcome of depression severity. However, this improvement in people's mental well-being was not maintained in the longer term at 12 or 18 months. Collaborative care was more expensive than usual general practitioner care but, as it may have improved the quality of people's lives, particularly for people who had six or more sessions, it might be value for money.

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