

Patient-reported outcome measures for monitoring primary care patients with depression: the PROMDEP cluster RCT and economic evaluation

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Disclosure of interests

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at <https://doi.org/10.3310/PLRQ4216>.

Primary conflicts of interest: Tony Kendrick, Christopher Dowrick, Glyn Lewis, Michael Moore, Geraldine Leydon, Adam WA Geraghty, Gareth Griffiths, Shihua Zhu, Guiqing Lily Yao, Carl May, Mark Gabbay and Beth Stuart have received grant funding to their employer universities from the National Institute for Health and Care Research (NIHR) to carry out this study and other research. In addition, Glyn Lewis has received grant funding from the Medical Research Council and Wellcome. Gareth Griffiths has received funding from Janssen-Cilag (High Wycombe, UK), AstraZeneca (Cambridge, UK), Novartis (Basel, Switzerland), Astex (Cambridge, UK), Roche (Basel, Switzerland), HeartFlow (Mountain View, CA, USA), Celldex (Hampton, NJ, USA), BMS, BioNTech (Mainz, Germany), Cancer Research UK (London, UK), the NIHR, the British Lung Foundation (London, UK), Unitaid (Geneva, Switzerland) and GSK (Brentford, UK) for unrelated academic clinical trials and programme funding and has received personal payments from AstraZeneca for delivering Continuing Professional Development training courses. Mark Gabbay has received consultancy fees from Spectrum Learning and Development (Wakefield, UK) as a board member for substance misuse training courses. Tony Kendrick was a member of the NHS England Quality Outcomes Framework Advisory Committee 2009–14, NICE Quality Indicators Advisory Committee 2015–8 and NICE Depression Guideline Update Committee 2015–22 and has been a member of the NHS England Improving Access to Psychological Therapies Expert Advisory Committee since 2020. Christopher Dowrick chaired the WONCA Working Party on Mental Health 2016–21. Guiqing Lily Yao is a member of the National Institute for Health and Care Excellence Public Health Committee. Glyn Lewis is a member of the NIHR Efficacy and Mechanism Evaluation Funding Committee. Gareth Griffiths is Director of the Southampton Clinical Trials Unit, which is part-funded by the NIHR. Beth Stuart is a member of the NIHR Health Technology Assessment Commissioning Committee. Tony Kendrick, Glyn Lewis, Michael Moore, Gareth Griffiths, Guiqing Lily Yao and Beth Stuart have been members of trial steering committees for other NIHR-funded studies.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research, which include language which may offend some readers.

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Plain language summary

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Plain language summary

Depression is common, can be disabling and costs the nation billions. The National Health Service recommends general practitioners who treat people with depression use symptom questionnaires to help assess whether those people are getting better over time. A symptom questionnaire is one type of patient-reported outcome measure. Patient-reported outcome measures appear to benefit people having therapy and mental health care, but this approach has not been tested thoroughly in general practice. Most people with depression are treated in general practice, so it is important to test patient-reported outcome measures there, too.

In this study, we tested whether using a patient-reported outcome measure helps people with depression get better more quickly. The study was a 'randomised controlled trial' in general practices, split into two groups. In one group, people with depression completed the Patient Health Questionnaire, or 'PHQ-9', patient-reported outcome measure, which measures nine symptoms of depression. In the other group, people with depression were treated as usual without the Patient Health Questionnaire-9. We fed the results of the Patient Health Questionnaire-9 back to the people with depression themselves to show them how severe their depression was and asked them to discuss the results with the practitioners looking after them.

We found no differences between the patient-reported outcome measure group and the control group in their level of depression; their work or social life; their satisfaction with care from their practice; or their use of medicines, therapy or specialist care for depression. However, we did find that their quality of life was improved at 6 months, and the costs of the National Health Service services they used were lower.

Using the Patient Health Questionnaire-9 can improve patients' quality of life, perhaps by making them more aware of improvement in their depression symptoms, and less anxious as a result. Future research should test using a patient-reported outcome measure that includes anxiety and processing the answers through a computer to give practitioners clearer advice on possible changes to treatment for depression.

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