

CoBaIT Update

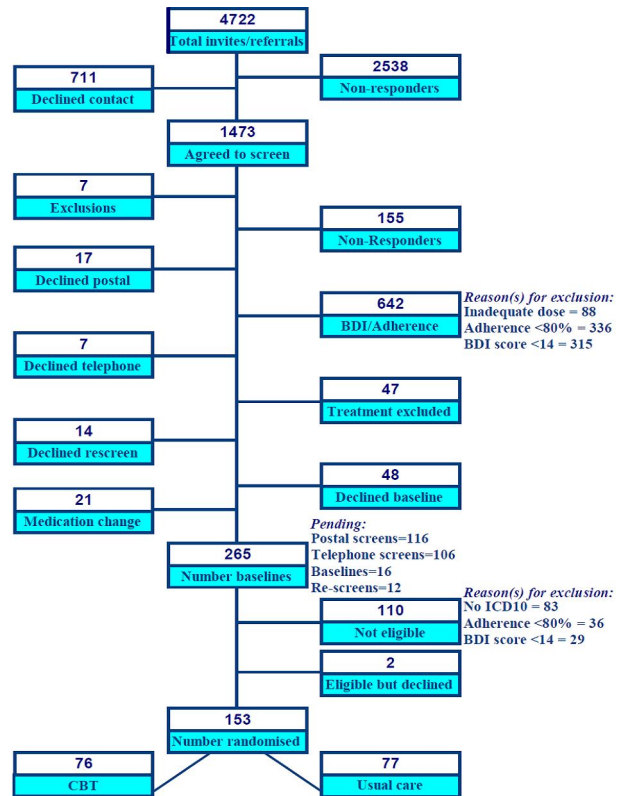
Issue 2
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Recruitment Progress

There are now **69** practices collaborating with the CoBaIT study.

As of the 15th September, a total of 4722 invitations to participate in CoBaIT were sent to patients by the 3 sites. Of these, 1473 individuals have agreed to complete the initial screening questionnaire. Only 265 progressed to the baseline assessment to identify those with treatment resistant depression (TRD). The main reason for exclusion was insufficient adherence to medication but it was also good to see that many people were responding well to their antidepressants. The baseline assessment confirmed a diagnosis of TRD in 153 people - 76 have been randomised to CBT and 77 to usual care.

A number of practices are waiting patiently for their search to be conducted. Thank you for bearing with us, we will get to you as soon as we can but in the meantime, you can refer patients directly to us. We will keep you updated with regular newsletters and reports.



BRISTOL UPDATE



Bristol has received a very good response from patients who have been contacted about CoBaIT. Since we started recruitment in November 2008, 68 patients have been randomised into the study, with 35 patients receiving the additional CBT treatment and 33 patients randomised to the Usual Care group. We are now conducting our 6 month follow-ups, and so far have had

an excellent response from participants.

Bristol is fortunate in having GP practices that are experienced and willing to engage in research, with 27 practices currently signed up to collaborate with the study.

practices and we have been grateful for the support of practice staff as we have had to get to grips with many different practice computer systems in a short space of time.



EXETER UPDATE

We have had a lot of positive interest and support from GP practices across Devon with 25 practices currently signed up to collaborate with us. Searches have been conducted in 11

We have also had a very good response from patients. Since March, 57 people have been randomised into the study, 28.....

Centre reports continue on the back page.



Treating and Managing Depression in Primary Care

In the long term, research into depression may provide answers but GPs have to deal with depressed patients on a daily basis. In this issue Spotlight focuses on treating and managing depression in Primary Care. Here are the views of two GPs and a perspective from a patient.

USING CBT IN THE CONSULTATION Dr David Kessler—Gaywood House Surgery

Although standard CBT sessions last about an hour it is possible to use some of the techniques that CBT therapists use in an ordinary 10 minute GP consultation. For example introducing the idea of negative automatic thoughts and examining these with patients is something that many GPs regularly do.

There is as yet no evidence that teaching GPs CBT techniques has a beneficial effect for patients with depression (King et al BMJ 2002 vol 324 p947). However many GPs find these techniques useful, and there is an RCGP approved book that introduces CBT concepts to working GPs and encourages their use in the consultation: "Using CBT in General Practice: the 10 minute consultation" by Lee David.

You do not have to have CBT training to use this book. It is written in a user-friendly, interactive and practical style. As well as providing an overview of the basic principles of CBT it is full of practical advice on how these principles can be applied within a typical 10 minute consultation. This book can help GPs acquire skills to help patients to make positive changes to their lives using CBT techniques within the time constraints of a busy practice.

It can also be useful for GPs to look at the kind of CBT based self-help materials that are available to their patients on the web; two recommended sites are:

<http://www.livinglifetothefull.com/>

<http://moodgym.anu.edu.au/welcome>

MANAGING DEPRESSION IN PRIMARY CARE Dr Robert Fields—Kingswood Health Centre



- You can't do it in one 10 minute consultation.
- Use the PHQ9 - it covers a lot of the symptoms.
- Look for a cause or trigger but don't necessarily accept the first one offered. For instance stress at work may seem like the problem but patients may be reluctant to admit to more painful issues such as a partner with a drink problem.
- If they don't bring it up themselves ask about important people in their lives including their parents.

- Ask in detail about arguments or difficulties in relationships. Don't just accept statements like "the usual marital tiffs" without getting examples of what these "tiffs" are about even if they say its trivial.
- People often feel bad for criticizing others but if your judgment tells you they're right you can say so.
- Look for guilt feelings. If they are punishing themselves unnecessarily try and explain why they shouldn't feel guilty.
- Some people set themselves unrealistic targets and then feel bad for failing to achieve them. Point out to them that they are not giving themselves the credit they deserve.
- Ask about self esteem—"how do you rate yourself as a person?" Show them how persistent self denigration can lead to depressed mood.
- Sometimes it helps to get them to think about other people's perspective, how their partner or boss may find them challenging.
- Don't feel obliged to prescribe and don't force the issue. Explain that medication may help the depressed mood but understanding the causes may prevent the same thing happening again.
- Get them to come back and see you. Build on the relationship between you.
- Continue to explore the problem when they come back. Your ideas and theirs' on the underlying issues may change. It may take several consultations before things are unlocked.

TOGETHER WE'LL BEAT THE BLUES
Paul Lanham—Depression Alliance

How might GPs help the depressed to talk about how they feel? It is almost as intimidating for this former sufferer to write about this as it was to see his own GP about depression for the first time! Many sufferers only go when there is no alternative. They are worried about the reaction they will get, they believe they are being weak, they are afraid of anti-depressants, above all they worry about wasting the doctor's time.

The doctor must respond to these anxieties. Body language is all important. If a GP obviously cares and acknowledges that the patient has a clinical condition, then the battle is half won as soon as it begins. A patient will talk about his symptoms if he knows he will be listened to sympathetically; if there is no sympathy he will leave the surgery worse than when he went in. He needs reassurance that he is being taken seriously. He may also need information about available treatments and therapies, especially about anti-depressant drugs. There must be a partnership between the doctor and the patient if treatment is to be successful. An unsympathetic doctor (of which sadly there are quite a number) can make the situation worse.

Sympathy may reveal depression hidden behind physical symptoms. Has the patient really come about some minor ailment, or is there something deeper? Might there be depressive side-effects of persistent pain, of a disability, or a chronic condition? A sympathetic GP may suggest other sources of help, such as self help groups or simple things like more exercise, more sleep and a better diet. But in the last resort part of the treatment may lie in the way it is administered and the nature of the doctor. Prozac and CBT are not the only solutions to the problem!

Coming from a medical family I revere doctors; I have also been very lucky with all my GPs, making this article doubly hard to write. Talk about teaching your grandmother to suck eggs!



Centre reports continued.

.....CBT and 29 to usual care, this is 36% of our overall target.

Our CBT therapists now have full caseloads so we are all keeping very busy.

Follow-ups take place at 3, 6, 9, and 12-months and we have 100% retention rate so far, so all is going well with CoBaIT in Exeter.

GLASGOW UPDATE

Recruitment is going well in

Glasgow. There was an initial delay whilst the search strategy used to find potentially eligible patients was refined for the GPASS system.



Searches have now taken place at 13 surgeries. We have been really pleased with the interest so far shown by both GP practices and patients. 32 people have now been randomised into the trial. 15 patients are receiving the additional CBT treatment and 17 are in the Usual Care group. We

are now conducting our 3 and 6 month follow-ups, and are really pleased with the response we have had so far.

* COMPETITION *

Have you noticed the images of famous people from our 3 CoBaIT centres? There is a prize for the first person that emails us with the correct names of these people.

Email your answers to:

bris-cobalt@bristol.ac.uk

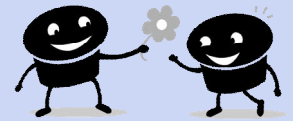


A big thank you

We would like to say a big thank you to all of the GP practices that have chosen to collaborate with us to date. We are so pleased with the progress of the study and with the support you have given us over our first few months. We have had a fabulous response from patients so far and are well on the way to making this study a big success.

Many thanks

From the CoBaIT Team



CoBaIT website

www.thecobaltstudy.ac.uk

Please visit our website for the following information:

CoBaIT investigators

GP and patient information sheets

Frequently asked questions

GP and patient newsletters

Contact details

Collaborating practices

Contact your CoBaIT team

CoBaIT BRISTOL

Academic Unit of Psychiatry
University of Bristol
Cotham House
Cotham Hill
Bristol
BS6 6JL

Phone: 0117 331 0953

Fax: 0117 331 0745

Email: bris-cobalt@bristol.ac.uk

CoBaIT EXETER

Mood Disorders Centre
School of Psychology
University of Exeter
Perry Road
Exeter
EX4 4QG

Phone: 01392 723493

Fax: 01392 724003

Email: mdc-cobalt@exeter.ac.uk

CoBaIT GLASGOW

Section of Psychological Medicine
The Academic Centre
Gartnavel Hospital
Glasgow
G12 0XH

Phone: 0141 232 2054

Fax: 0141 211 3889

Email: cobalt@clinmed.gla.ac.uk