

CLUSTER RANDOMISED CONTROLLED TRIAL FOR LATE LIFE DEPRESSION IN SOCIOECONOMICALLY DEPRIVED AREAS OF SAO PAULO, BRASIL

Depression in later life is a major public health issue. Studies in Brazil show that depression is common, often goes untreated and produces as a wide range of social, economic and health consequences. The Brazilian population is ageing rapidly, and the health care system is poorly prepared to meet these challenges. Primary health care is the key place to deal with depression. Most treatments for late life depression in primary care that proved effective were developed and tested in high income countries, and used stepped care collaborative models. These models are complex, involve multiple components interventions with various health professionals collaborating simultaneously to deliver the planned care. To improve the treatment of depression in the Brazilian Universal Health System it is necessary to develop simple, feasible and affordable evidence-based primary care interventions. Before conducting a definite evaluation of such interventions, they should be piloted thoroughly. For this reason, we conducted a two-arm non-randomized controlled cluster trial to evaluate the feasibility of a collaborative care psychosocial intervention for depressed older adults residents in socioeconomically disadvantaged areas, supported by technology and with strong community-based and task-shifting components, customized to the existing Brazilian primary care setting.

PRINCIPAL INVESTIGATORS

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ABOUT THE PROJECT

FAPESP Process 2013/50953-4

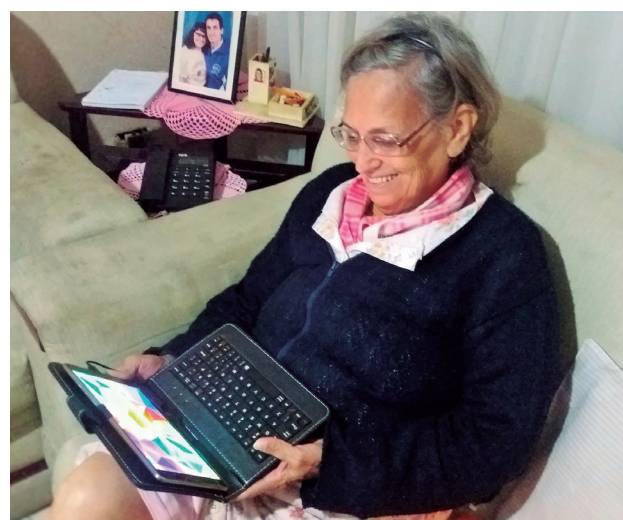
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Thematic Project

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Participant of the pilot study testing the application that assisted Health Workers delivery of the home psychosocial sessions.

SUMMARY OF RESULTS

Participants were older adults registered with two primary care clinics adhering to the Family Health Strategy in São Paulo. In the control clinic, 25 individuals received enhanced usual care. In the intervention clinic, alongside the enhanced usual care, 33 individuals received a 17-week psychosocial intervention (PROACTIVE) delivered at home by trained non-specialised health workers (community health workers and nurse assistants). The intervention consisted of a unique blend of psychosocial techniques (psychoeducation and behaviour activation) embedded with support mechanisms (supervision and use of an application installed in tablets) for non-specialist health workers delivering the intervention. The consent rate in the intervention and control clinics were 82% and 89%, respectively, and follow-up rates were above 90% in the two clinics. Identification and engagement of clinics, and initial and follow-up assessments proved to be feasible. Participants accepted to be seen by non-specialised health workers and approved the use of technology during the home sessions. Results support the conduction of a definitive cluster randomized controlled trial targeting late life depression in primary care in Brazil.

MAIN PUBLICATIONS

Scazufca M, de Paula Couto MCP, Henrique MG, Mendes AV, Matijasevich A, Pereda PC, Franzin RM, Seabra AC, van de Ven P, Hollingworth W, Peters TJ, Araya R. Pilot study of a two-arm non-randomized controlled cluster trial of a psychosocial intervention to improve late life depression in socioeconomically deprived areas of São Paulo, Brazil (PROACTIVE). Submitted for publication.

van de Ven P, Araya R, de Paula Couto MCP, Henrique MG, Meere D, Mendes AV, Peters TJ, Seabra AC, Franzin RM, Pereda PC, Hollingworth W, Scazufca M. An investigation into software requirements for systems supporting task-shifted interventions in mental health. Submitted for publication.