

# Index

- academic detailing, 74
- access to services, 4, 10–11, 18, 49–50, 113
  - stepped care in UK, 131
- active comparison study, 33
- allocation concealment, 33, 38, 40, 62
- antidepressants, 18–19, 21, 150
- ATLAS survey (WHO), 4
- attrition (loss to follow-up), 36, 66
- attrition bias, 36
- Beck Depression Inventory, 62, 69
- between group differences, 67
- bias, 33, 36, 38, 39, 40, 43
  - attrition, 36
  - detection, 36
  - publication, 40
  - selection, 33–4
- biopsychosocial model, 151–2
- blinding, in studies, 36, 66
- care managers, 24
- case manager, 23, 87–8, 124
- case studies
  - collaborative care model, 87
  - consultation-liaison model, 81
  - depression, 1
  - education and training model, 73
  - evidence-based practice, 31
  - primary care mental health services, 17
  - referral model, 103
- Chronic Care Model, 22, 123
- clinical effectiveness (of treatment), 32
- cluster trials, 35
- co-morbidity, 151–2
- Cochrane Collaboration, 46
- Cochrane Library*, 59, 61
- cognitive-behavioural therapy (CBT), 103, 146, 147
- minimal (self-help) interventions, 107–8
- trials and results, 104
- collaborative care model, 22–4, 25, 26, 56, 87–96, 145
  - cost effectiveness, 97
  - costs and limitations, 141
  - definition, 22, 87
  - in Doncaster (UK), 131
  - meta-analysis, 117, 118
  - requirements of, 25
  - results and outcomes, 88–96, 97, 112, 115, 145, 150
  - standardization/customization, 124
  - UK, 130, 131, 152
  - USA, 138–41, 147
- communication issues, 151
- comparisons
  - in PICO approach, 40, 55, 56–7, 61, 67
  - in RCTs, 32–3
- completer analysis, 35
- confidence intervals, 43–4, 70
- confounders, 32
- conjoint model, 22
- CONSORT diagram, 38, 39, 66
- CONSORT Statement, 37–8, 45
- consultation-liaison, definition, 82
- consultation-liaison model, 21–2, 25, 81–6, 145
  - effectiveness, 83, 85, 86, 112
  - limitations, 150
  - standardization/customization, 124
  - UK, 128
- contamination, 35
- continuous outcome, 41, 49
- control group, 32–3
- cost(s), depression, 7–8
- cost-benefit analysis, 47
- cost effectiveness, 32, 46, 112–13, 123
  - collaborative care model, 96, 97

## 158 Index

- cost offset and, 123
  - referral model, 104, 106
- cost effectiveness analysis, 47
- cost minimization analysis, 47
- cost offset, 123, 130
- cost utility analysis, 47, 123
- counselling, 107
  - effectiveness (Simpson trial), 60, 62–6, 68, 69, 70
- critical appraisal model, 119
- culture, translation of evidence, 121, 130
- customization, 124
- data analysis, 49, 67–71
- data extraction methods, 48, 60–6
- data extraction table, 61–2, 63, 64, 65, 68
- Database of Abstracts of Reviews of Effects, 46
- databases, 46, 58
- decision making, 31–2, 117, 129–30, 150
- Defeat Depression campaign, 19, 128
- demonstration sites, 124, 130–1
- depression, treatment, 20, 25, 35–6
- depression care managers, 140
- depression/depressive disorders, 4–8
  - as chronic disorder, 7–8, 88
  - causes and epidemiology, 5, 9, 10
  - clinical features, 5, 9–10
  - costs, 7–8
  - diagnosis, 9–10, 18, 20, 56
  - failure of care, 122
  - ICD-10 and DSM-IV criteria, 5
  - outcomes, 5–7
  - pathways to care, 8–10, 18
  - primary care, reasons for, 1–2
- Depression Report* (Layard), 130
- detection bias, 36
- diagnosis, of depression, 9–10, 18, 20, 56
- dichotomous outcome, 41, 49, 111
- diffusion, translation of evidence, 120
- dissemination, translation of evidence, 120
- DMS-IV, 5
- doctor–patient relationship, 10
- Doncaster, collaborative care model, 131
- economic evidence, 46–7, 48, 49, 123
- education and training model, 18–21, 25, 26, 50, 73–8
  - cost and effects, 78, 145
  - dissatisfaction with (UK), 128
  - professional behaviour and, 149, 150
  - results and effectiveness, 74–8, 145
  - search strategy for trials, 58, 59
  - UK, 128–30
  - USA, 138
- effect size, 41, 42
  - calculation, 42, 62, 69, 70–1
  - model comparisons, 111, 112
  - pooled, 111
  - significance, 70
- effectiveness, estimates of, 41–3
  - small, in primary care, 49
- eligibility, for inclusion in search, 60
- ‘enhanced speciality referral’, 139
- equity in services, 11, 49–50, 113, 151
- ethnic minority groups, 141
- evaluation of mental health services, 124
- evidence-based guidelines, 19–20, 21
  - failure of clinicians to follow, 150
- evidence-based medicine, 3
- evidence-based practice, 2–3, 31–50, 148–9
  - case study, 31
  - definition, 2, 31–2
  - economic evidence, 46–7
  - limitations, 117
  - randomized controlled trials in, 32–8
  - systematic reviews in *see* systematic reviews
  - translation of evidence *see* translation of evidence to practice
- ‘evidence of no effectiveness’, 147
- excluded studies, table, 56, 60
- explanatory trials, 36–7
- external validity, 36–7, 147–8
- facilitation, and facilitators, 121, 124
- fidelity, implementation, 121, 124
- financial incentives, 123, 129–30, 133
- forest plot, 41, 43
- funding, primary care (UK), 127
- gate-keeping role, in primary care, 4, 10–11, 22
- general practitioner (GP), 127, 128, 129, 133
- Gotland study, 73–4
- guideline(s), 49, 119
  - development, 113–15, 119
  - education and training model and, 73
  - evidence-based, 19–20, 21
  - grading of evidence for, 113–15
  - impact and implementation, 119–20
  - NICE (depression), 129, 130, 131, 133, 146, 147
  - strength of recommendation, 113, 114
- Hampshire Depression Project, 20–1, 128
- heterogeneity, in meta-analysis, 44, 49
- high-intensity interventions, 131
- I value, 44
- IMPACT study, late life depression, 24

- implementation, translation of evidence, 120
- Improving Access to Psychological Therapies (IAPT), 129, 133
- indirect comparisons, 112
- integrated care, USA, 138–9
- intention to treat analysis, 36
- internal validity, 32, 36, 147–8
- International Classification of Diseases (ICD-10), 5
- intervention, in PICO approach, 40, 55, 56
- knowledge translation *see* translation of evidence to practice
- Layard, Richard, 123, 129, 130
- leadership, 123
- literature search, 40, 47–8, 57–60
- loss to follow-up, 36
- low-intensity interventions, 131
- mental health disorders, 4–5
  - reasons for primary care management, 1–2
- MeSH terms, 57
- meta-analysis, 41, 70
  - consultation-liaison model trials, 86
  - heterogeneity in, 44
- 'micro-system of care', 122
- models of care, 17–26
  - access to and equity of care, 49–50, 113
  - development in UK, 127–8
  - future research, 151–2
  - grading of evidence, 113–15
  - limitations of evidence, 146–9
  - patient-centredness, 49–50, 113
  - policy goal relationship, 25–6
  - short-term effectiveness, 85, 86, 88, 104, 106, 111, 112
  - summary of evidence, 111–15, 145–6
  - see also individual models*
- models of medical practice, 118–19
- narrative synthesis, 41
- NHS Economic Evaluations Database (NHS EED), 46
- NICE depression guidelines, 129, 130, 131, 133, 146, 147
- 'no evidence of effectiveness', 147
- 'no treatment' group, 32–3
- number need to treat (NNT), 111
- on-treatment analysis, 35
- opportunity cost, 47
- outcome(s)
  - assessments, 66
  - continuous versus dichotomous, 41, 49, 111
  - PICO approach, 40, 55, 56–7
  - quality of evidence on, 114
  - see also individual models*
  - outcome measures, 69, 70, 124
  - baseline, 66
- PARIHS framework, 121, 122, 123, 130
- 'pathways to care' model, 8–10, 18
- patient attitudes, 150
- patient-centredness, 11, 50, 113, 114
- permutation plot, 46, 47, 48, 49
  - collaborative care model, 96, 97
  - education and training model, 78
  - referral model, 106
- PICO algorithm, 40, 55–7, 58, 61
  - search strategy based on, 57, 58
- pooled effect size, 111
- pooling of results, 41
- population, in PICO approach, 40, 55–6, 61, 148
- power, in study, 34–5, 70
- practice-based evidence, 148–9
- pragmatic trials, 36–7
- precision, 41–3
- primary care, 3–4
  - funding in UK, 127
  - study scope and generalizations, 49
  - time and resource constraints, 149, 150
- primary care professional
  - general practitioner, 127, 128, 129, 133
  - importance in depression care, 25
- primary mental healthcare, 3–4
  - effectiveness/efficiency of services, 11
  - equity of services, 11
  - models *see* models of care
  - policy goals, 10–11, 25
  - reasons for, 1–2
- PRISMA guidelines, 45, 60
- professional attitudes, 19
- professional consensus approach, 119
- professional relationships, 150
- psycho-education, 104
- psychological therapy, 25, 49, 103, 114, 150
  - remote delivery, 151
  - types, 104
  - UK, 128
  - see also referral model*
- publication bias, 40
- Quality and Outcomes Framework, 127, 129
- quality appraisal, in systematic reviews, 40, 48, 60–6
- quality assessment, of systematic reviews, 44–5, 66

## 160 Index

- quality of evidence, grading, 113–15
- quantitative synthesis, 41
- QUORUM, 45
- randomization, 32, 33–4, 35, 67
  - problems with, 38
- randomized controlled trials (RCT), 32–8, 40, 49
  - consultation-liaison model, 82
  - education and training, 74
  - limitations, 146–7, 149
  - reporting, 37–8
- referral model, 24–5, 26, 60, 103–8, 145
  - CBT trials and results, 104
  - cost-effectiveness, 104
  - demonstration site (UK), 131
  - limitations, 128
  - non-CBT interventions, 104–8
  - results and effectiveness, 105, 106, 107, 112, 145
  - UK, 128, 130–1, 147
  - USA, 139
- referral of patients, 8, 19, 22, 81
- reflective practice model, 119
- reporting, of trials, 37–8
- research, future, 151–2
- research question, explicit, 40, 55–7
- research–practice ‘chasm’, 117
- sample size, 34–5
  - calculation, 34, 62
- scheduled review, 133
- scientific-bureaucratic model, 119
- screening, case finding in USA, 137–8
- search strategies, 40, 47–8, 57–60
- selection bias, 33–4
- sensitivity, 58
- service delivery issues, 149–50, 151
- Simpson, S. *et al.* study, 60, 62–6, 68, 69
- specialist–primary care professional liaison, 21–2, 82
  - see also* consultation-liaison model
- specialists (psychiatrists), 127, 140
- specificity, 58
- standard deviation, 42
- standardization, 124
- statistical significance, 34, 35, 38, 44, 67
- stepped care, 129, 131–3
- stepped model, 132, 133
- stratified model, stepped care, 132, 133
- streptokinase, translation of evidence, 117, 118
- subject headings (MeSH), 57
- synthesis, of primary research, 41, 146
- systematic reviews, 31, 38–46, 55–71
  - analysis of data, 49, 67–71
  - limitations, 39, 149
  - methods used for, 47–50
  - quality assessment of, 44–5, 66
  - research question, 40, 55–7
  - sources, 46
  - study quality appraisal, 40, 48, 60–6
  - study search strategies, 40, 47–8, 57–60
  - subjective and qualitative judgements, 115
  - synthesis of research, 41, 146
- ‘table of baseline characteristics’, 38
- table of excluded studies, 56, 60
- telemedicine/telepsychiatry, 124, 139
- text terms, 57
- training *see* education and training model
- translation of evidence to practice, 117–25
  - definition and types, 120
  - difficulties, 123–4
  - in depression care, 122–4
  - models, 120–1
- undiagnosed depression, 9–10
- UK, 127–33
  - collaborative care model, 130, 152
  - consultation-liaison model, 82
  - education and training model, 128–30
  - financial incentives for depression care, 123
  - new regulatory/financial context for models, 128–30
  - referral model development, 130–1, 147
  - stepped care, 131–3
- USA, 137–41
  - chronic disease management, 87
  - collaborative care model, 88, 138–41, 147
  - consultation-liaison model, 82, 85, 138–9
  - depression service delivery model, 138
  - education and training model, 138
  - mental health services and failures, 137
  - payment systems, 123
  - referral of patients, 139
- variables, independent and dependent, 32
- within-group differences, 67
- World Health Organization, 1–2, 4, 10–11