

Comorbid Illness Management Program for Depression and Heart Failure

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BACKGROUND

Heart failure affects 4 to 5 million Americans and is the number one cause of hospitalization in people aged 65 and older. People with heart failure also suffer significant depressive morbidity, with an estimated 11 to 36% meeting criteria for major or minor depression. Comorbid depression in heart failure is associated with greater morbidity, services use, and a two-fold increase in mortality. In 1998, an estimated \$5 billion of the \$20 billion total cost for heart failure was associated with psychological distress and depression. Several multidisciplinary care management programs have been developed to improve the medical outcomes of heart failure. However, none have addressed the psychological impact of the illness.

OBJECTIVES

This study aims to demonstrate greater effectiveness of a comorbid illness management program that addresses both depressive symptoms and the medical management of heart failure when compared to a standard single illness management heart failure program. We hypothesize that the comorbid illness management program will yield superior psychological AND medical outcomes. We propose that the comorbid illness management program will also lead to better self care in heart failure patients than a single illness management program.

METHODS:

Study design: This is a two-arm randomized controlled trial. We anticipate recruiting 106 patients per treatment arm. Sample Characteristics: Veterans aged 45 and older being treated for heart failure at the Iowa City Veteran's Administration Primary Care clinic and the Cardiology clinic and at the Columbia Missouri Veteran's Administration Medical Center will be screened for participation. Inclusion criteria are NYHA Class II, III or IV heart failure, absence of major psychiatric illness such as schizophrenia, bipolar disorder and substance abuse disorder. Veterans with PTSD will be eligible to participate in the study. Intervention: Participants in the standard illness management program will receive a 12-week, 8-session intervention designed to help them improve daily weighing, salt-restriction, medication management, etc. This intervention will be conducted in a combination of home visits and phone visits. They will also receive interactive, telephone-based daily monitoring that assesses daily weight, dyspnea, fatigue and medication compliance. Patients in the comorbid illness management program will receive the same illness management program PLUS education and behavioral techniques designed to help them cope emotionally with the illness. The comorbid illness management home monitoring will include a twice-monthly screen for depression. Major Variables: The major outcomes will be depressive symptoms, health-related quality of life, functional status, heart failure symptom severity, and self-care behaviors in heart failure. Main types of analyses: The main study hypotheses will be tested using random mixed effects models comparing the two treatment conditions on main outcomes while controlling for key covariates.

FINDINGS / RESULTS:

No results to report at this time.

PUBLICATIONS:None at this time.