

I-CARE Study -

Integrating Depression Care in Acute Coronary Syndromes Patients in Low resource Hospitals in China. April 2015



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Facts

- The burden of mental illness is increasing in China and worldwide, and is expected to be the number one cause of Disability Adjusted of Life Years (DALYs) world wide by 2030.
- In 2009, China had about 1.3 psychiatrists per 100,000; only 2 psychiatric nurses per 100,000; and no social workers, representing only 1% of health personnel in China.
- In China, deaths from CVD have steadily increased over the past three decades and it now accounts for over 40% of total deaths.
- Co-morbidity of depression with CVD is common and bears significant more risk to the patients.

Partners:

The George Institute for Global Health, China

Peking University Institute of Mental Health

Duke University

Cardiovascular Institute and Fuwai Hospital, Chinese Academy of Medical Sciences

The George Institute for Global Health, Australia

Peking University School of Nursing

The George Institute for Global Health, India

Supporters:

The US National Institute of Mental Health of the National Institutes of Health

Background:

- Although the number of patients with depression is huge, many of them are associated with chronic disease such as heart disease and never seek medical help from mental health specialists.
- Although many highly effective measures to treat and prevent heart disease are established, the clinical outcomes are not satisfactory, particularly when depression significantly reduces the effect of generally effective measures.
- Although evidence-based effective management has been specifically developed to address depression and heart disease, there is still an absence of service models that provide integrated care to patients with both heart disease and depression in China.

Aims:

The aim of the study is to develop and evaluate an innovative service model that provides depression-integrated care to patients with acute coronary syndrome (ACS) in resource-limited hospitals in China

Methods:

- A nurse-coordinated collaborative team service model integrating depression care and ACS care will be explored through pilot studies in tertiary hospitals in Beijing and two rural county hospitals in Shanxi by the study psychiatrists and cardiologists.
- The core of the interventions, in addition to the current standard acute treatments of ACS, includes depressive symptoms screening, individual- and group-psychotherapy counseling, patient health education and necessary referral. A standard postdischarge ACS secondary prevention programme will also be developed and implemented. Web-based support and guidance from mental health experts will be provided to ensure the high-standard of treatment and patient safety.
- The effect and cost-effectiveness will be evaluated through a large multi-center randomized trial that will recruit 4,000 patients with acute coronary syndrome (ACS) from 20 resource-limited level two hospitals in China.

Impact:

- The study was built on the well-established research platform of the CPACS (Clinical Pathways for Acute Coronary Syndromes in China) study and can be easily rolled out through the healthcare system in China.
- This 'workforce re-engineering' study is expected to shift depression care from mental health specialist service into non-mental-health specialist service, from isolated to integrated practice and to maximize their positive impact on health.
- This innovative and low-cost model, if proved effective, can be applied to a variety of chronic conditions in China and other low-and middle-income countries.

Contact

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The George Institute For Global Health

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