



# Effective Health Care

## Interventions Addressing Concomitant Mental and General Medical Conditions in the Primary Care Setting

### Nomination Summary Document

#### Results of Topic Selection Process & Next Steps

- Interventions addressing concomitant mental and general medical conditions in the primary care setting will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

#### Topic Description

**Nominator:** Individual

**Nomination Summary:** The nominator is interested in patients with chronic medical conditions who also have concomitant mental health conditions. His question relates to the comparative effectiveness of interventions to address concomitant mental health issues on the outcomes associated with both the general medical and mental health conditions. The nominator stressed his interest in the benefits of primary care providers addressing mental health issues and whether this affects the outcomes associated with general medical conditions.

#### **Staff-Generated PICOS**

**Population(s):** Adults with chronic diseases/general medical conditions (AHRQ priority conditions including arthritis, diabetes, asthma/pulmonary disease, cardiovascular disease including stroke and hypertension, and cancer as well as other relevant chronic conditions such as pain) and concomitant depression or anxiety for all priority populations.

**Intervention(s):** Any nonpharmacologic treatment or service-level intervention aimed at improving either the mental health condition (i.e., depression, anxiety), the general medical condition (e.g., diabetes, asthma), or both conditions.

**Comparator(s):** Any nonpharmacologic treatment or service-level intervention, including usual care and routine care.

**Outcome(s):** General medical and/or mental health outcomes including health outcomes, functional status, quality of life, and health services utilization. Depression and anxiety outcomes include improvement in symptoms, response, remission, and suicide.

**Setting(s):** Primary care settings including family medicine, internal medicine, pediatrics, obstetrics/gynecology, and geriatrics but excluding subspecialties such as endocrinology, neurology, nephrology, cardiology, and oncology.

**Key Questions  
from Nominator:**

1. For patients with chronic illness, what is the comparative effectiveness of interventions to address concomitant mental health issues on the outcomes of the primary chronic illness?
  - A. Are there advantages for primary care providers to address both mental health and chronic illness compared with mental health issues being addressed by a separate mental health provider?
  - B. Is there evidence that if two such providers are separately providing care, that communication between the two (electronic health records, etc.) improves the care of the chronic illness (or mental health issue)?

## Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Depression and anxiety often accompany a wide variety of chronic general medical conditions, and primary care is an important setting for the treatment of comorbid mental and general medical conditions. Guidance is lacking regarding the most effective treatment for patients, in primary care settings, with a chronic medical condition and concomitant mental health disorder.
- Based on feedback from experts in this area, the population of this topic was refined to include only depression and anxiety as mental health conditions of interest due to their prevalence and relevance to the primary care setting. The interventions of interest were refined, based on findings from the feasibility scan and expert input, to include any nonpharmacologic treatment (e.g., cognitive behavioral therapy, counseling, behavioral interventions) or service-level intervention (e.g., disease management programs, collaborative care, use of information technology) aimed at improving either the mental or general medical condition.