ROM-GPS: Routine Outcome Monitoring - Geriatric Psychiatry & Sciences

A naturalistic cohort study of the effectiveness of outpatient geriatric treatment for depression and anxiety

Rob van den Brink[1], Richard Oude Voshaar[1], Ton Dhondt[2], Willeke van der Plas[3]

[1]Department of Psychiatry, University Medical Center Groningen, The Netherlands, [2]Geriatric Psychiatry, Mental Health Organization North-Holland-North, Heerhugowaard, [3]Geriatric Psychiatry, Mental Health Organization Friesland, Leeuwarden, The Netherlands

BACKGROUND

Affective disorders (i.e. unipolar mood, anxiety and somatoform disorders) are the most prevalent psychiatric disorders in older people. Treatments offered in geriatric mental healthcare often have not been studied adequately in the type of patients seen in daily practice, in whom comorbid somatic disorders, frailty and cognitive disorders are prominent. It therefore remains unclear to what extent these routinely provided treatments are effective and what possibilities there are for improvement.

Routine Outcome Monitoring (ROM) has the potential to shed light on these questions by its systematic monitoring of treatment progress in all patients treated, but falls short in practice because of high drop-out rates, unreliable diagnostic information, and limited number of parameters assessed.

Naturalistic cohort studies often do not record treatment received and follow-up assessments are not synchronized with changes in treatment.

OBJECTIVE

To overcome the above limitations by combining the strengths of ROM and naturalistic cohort studies and to build a regional infrastructure for GP research

Research questions
1) What is the effectiveness of treatments offered in outpatient geriatric psychiatry for mood, anxiety and somatoform disorders?
2) What are the determinants of this effectiveness, focusing on the specific characteristics of an elderly population (i.e. frailty and cognitive disorders)?

Primary outcome is change in psychopathology, assessed by remission and symptom reduction (at end of treatment) and recurrence (in 1 year follow-up)

METHODS

Design
Implementation of an advanced ROM system, with:
- diagnostics with the MINI for all patients as part of regular intake
- asking Informed Consent for supplementary study assessments
- comparing study sample (giving IC) to eligible sample on intake data
- assessments carried out by trained and independent ROM assistants
- follow-up assessments coinciding with changes in treatment
- assessment of vulnerabilities relevant for patient group
- a follow-up assessment one year after end of treatment

Population
Patients of geriatric psychiatric outpatient departments (n=800) who are diagnosed at intake with a unipolar mood disorder, anxiety disorder or somatoform disorder, and who give informed consent for the supplementary study assessments

Setting
Outpatient departments participating in our Regional Geriatric Psychiatry Network in the North of the Netherlands

Overview of assessments

Characteristic	Regular intake	ROM-GPS study			
		Base line	Treatment change	End of treatment	1-year Follow-up
Diagnosis (MINI)	X			X	
Symptom severity	X		X	X	X
Treatment received			X	X	
Psychosocial factors		X		X	
Personality		X			
Lifestyle		X		X	
Somatic diseases		X			
Physical frailty tests		X		X	
Cognitive tests		X		X	

FIRST RESULTS OF RECRUITMENT

Inclusion[#]

	Patients
Intakes	119
Eligible patients	80 (67%)
Informed Consent	30 (38%)

Inclusion started January 2015, at two pilot locations

Reasons for exclusion (n=39)

	Patients
No affective disorder	21 (54%)
Neurodegenerative disorder	1 (3%)
History of bipolar disorder	13 (33%)
History of psychotic disorder	5 13%)
Physically unable to participate	3 (8%)

Diagnoses of eligible and participating patients

	Eligible (n=80)	IC (n=30)
Any mood disorder (MDD, Dysthymic)	54 (68%)	19 (63%)
Any anxiety disorder (Panic, Agoraphobic, Social, GAD)	29 (36%)	8 (27%)
Any somatization disorder (Somatic symptom, Hypochondriasis)	48 (60%)	21 (70%)

CONCLUSION

The ROM-GPS study will show how effective the treatments are which are routinely provided in outpatient geriatric psychiatry, and to what extent this effectiveness is compromised by the typical characteristics of an elderly population. This will indicate where standard treatments need to be adjusted and supplemented. Furthermore, it will provide a good infrastructure for patient selection for additional studies in our Regional Geriatric Psychiatry Network.