

P01-83 - ASSOCIATIONS BETWEEN GUIDELINE-CONCORDANT CARE AND CLINICAL OUTCOMES FOR DEPRESSION AND ANXIETY

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Aims: To determine possible associations between guideline-concordant care and clinical outcome in general practice patients with anxiety and depression, and identification of patient characteristics associated with poor clinical outcome.

Methods: Data from the Netherlands Study of Anxiety and Depression (NESDA) was used. NESDA is a longitudinal cohort study to measure the long-term course and consequences of anxiety and depressive disorders. Adult patients were interviewed to measure DSM-IV diagnoses during the baseline assessment, and completed questionnaires measuring symptom severity, sociodemographic variables and social support at baseline and 12 months later. The definition of guideline adherence was based on an algorithm on care that was received.

Results: 721 patients with a current (6-month recency) anxiety or depressive disorder participated. While patients who received guideline-concordant care (N=281) suffered from more severe symptoms than patients who received non-guideline concordant care (N=440), both groups improved equally on their depressive or anxiety symptoms after 12 months. Patients who (still) had moderate or severe symptoms at follow-up, were more often unemployed, had smaller personal networks and more severe depressive symptoms at baseline than patients with low symptoms at follow-up.

Conclusions: The added value of guideline-concordant care could not be demonstrated in this study. While patients with comorbidity of both anxiety and depressive disorders, those with smaller social networks and the unemployed were more likely to suffer from moderate or severe symptoms after 12 months, severity of depressive symptoms at baseline was most strongly associated. Findings have practical implications as well as implication for future research.