

Shared care effective for depression

Clinical Question	How effective are shared care health service interventions designed to improve the management of chronic disease across the primary/specialty care interface?
Bottom Line	This review suggested that shared care, particularly stepped care, was effective for depression (improving response to treatment, achievement of remission or recovery) but did not provide evidence to support the introduction of shared care for treatment of patients with other chronic conditions. There was a tendency towards improved blood pressure management in the small number of studies on shared care for hypertension, chronic kidney disease and stroke. There was little or no effect on hospital admissions, service utilisation and patient health behaviours. Studies were of relatively short duration (three months to three years, most lasting 12 months), and based in 12 different countries. The review suggested that shared care may have the potential to provide longer-term benefit at an earlier stage in the disease process by ensuring improved and appropriate prescribing.
Caveat	Few studies provided more than a minimal description of activities in the comparison group, making it difficult to assess results for control groups
Context	Shared care has been used in the management of many chronic conditions with the assumption that it delivers better care than primary or specialty care alone; however, little is known about the effectiveness of shared care.
Cochrane Systematic Review	Smith SM et al. Shared care across the interface between primary and specialty care in management of long term conditions. Cochrane Reviews, 2017, Issue 2. Art. No.: CD004910.DOI: 10.1002/14651858. CD004910.pub3. This review contains 42 studies involving 18,859 participants.
