

441 - Treatment adequacy for depression and anxiety disorders affects quality of life in older adults consulting in primary care

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Background

Previous studies show that less than 50% of adults in Canada receive guideline-concordant care for depression and anxiety disorders. Studies on the long-term effects of receiving adequate care for depression and anxiety disorders are scarce, particularly in older adults. This study aimed to assess the 3-year change in health-related quality of life (HRQOL) and satisfaction with life associated with receipt of adequate care for depression and anxiety disorders.

Method

This study was conducted among a sample of 219 older adults recruited in primary care with a common mental disorder (depression or an anxiety disorder) who participated in Quebec's longitudinal ESA-Services (2011-2016) study. The definition of adequacy of care was based on Canadian guidelines and relevant literature. Administrative and self-reported data were used to measure treatment adequacy at baseline. HRQOL was measured using a Visual Analog Scale (VAS) and satisfaction with life was assessed with the Satisfaction With Life Scale (SWLS). HRQOL and satisfaction with life were measured at baseline and follow-up, 3 years later. Multivariate fixed-effects models were carried out to assess the association between adequacy of care and change in quality of life controlling for individual and healthcare system factors in the overall sample as well as separately for depression and anxiety.

Results

The results showed that 56%, 37% and 40% of participants received adequate pharmacological or psychological treatment for depression, anxiety, and overall. Receipt of adequate treatment was associated with on average 4 more points on the VAS (0-100) and 1.7 points on the SWLS (5-25). After controlling for potential confounders, patients receiving adequate care for depression had on average 11 more points on the VAS. Treatment adequacy for anxiety disorders and depression or anxiety disorders overall were not associated with change in HRQOL or satisfaction with life.

Conclusion

Older adults receiving adequate mental health care had better HRQOL and satisfaction with life. Treatment adequacy for depression was associated with change in quality of life; but not for individuals with anxiety. Future studies should focus on different patient indicators of quality of care which may better predict long-term effects of treatment for people with anxiety.