

## AS35-03 - COLLABORATIVE CARE BETWEEN INPATIENT BASED CL-PSYCHIATRY IN A GENERAL HOSPITAL AND GENERAL PRACTITIONERS IN BERLIN

R.Burian, A.Diefenbacher

Psychiatry, Psychotherapy and Psychosomatics, Evangelisches Krankenhaus 'Königin Elisabeth Herzberge', Berlin, Germany

**Introduction:** The effect of C/L- recommendations given during inpatient treatment in general hospitals is often diminished by loss of information at the interface from general hospital to outpatient treatment.

**Objectives and aims:** To find out whether improving communication between C/L psychiatrists in general hospitals and GPs could help bridging this gap and whether any long-term impact on treatment and outcome can be discerned.

**Methods:** RCT on 117 general hospital inpatients with depression and/or anxiety. Two intervention groups and a control group. Intervention A: C/L psychiatrist's 5-10 min. telephone call to patient's GP's. Intervention B: a written report was handed to patients to relay to their GP. Controls: GPs were simply sent a discharge letter by the attending hospital physician. Telephone follow up to the patients 6 weeks, 6 and 12 months, and 4 years after discharge including structured questions about outpatient treatment and Hospital Anxiety and Depression Scale (HADS).

**Results:** 91 patients completed telephone interviews six weeks after discharge declining to 36 patients after four years. GP's concordance to CL-psychiatrists recommendations was significantly best with Intervention A. HADS scores showed overall improvement after 6 weeks with positive correlation of better GP's concordance and patient's depression scores. But over time anxiety and depression worsened again in the majority of patients.

**Conclusions:** A telephone call is more effective than written reports to initiate treatment of anxiety and depression in primary care. However, effect on patients well being disappeared in the long run. We conclude that long-term collaborative care models would be advisable.