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Collaborative depression care for women: A systematic review

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Introduction: Depressive disorders occur twice as often in women compared to men, and are common in women across the life course. There are several transition times in a woman's life when she may be more susceptible to depressive disorders, including the perinatal period and the menopause transition. Integrated care models can link women with depression to effective treatment. In particular, the collaborative care model has been demonstrated to be effective in providing depression care in primary care settings. Although this model has been found to be effective for depression management in various primary care populations, there is currently less data on how this intervention works for in settings that focus on women.

Aim: Collaborative care model has been found to be effective for depression management in various primary care populations, however, no review has synthesized trials including women only. The purpose of this systematic review is to evaluate the current evidence for collaborative depression care for women.

Methods & Search Strategy: We searched for English language articles via MEDLINE, CINAHL, PsycINFO, EMBASE, Cochrane Library and reference lists of key papers with start date February 1, 2012 to December 1, 2015. Inclusion criteria: Published English language studies included if they described collaborative care models that target women, regardless of study design. Relevant articles were assessed for their collaborative care approach based on modified principles of collaborative care described by University of Washington, Psychiatry and Behavioral Science Division of Population Health AIMS Center. These principles include 1) patient - centered team care, 2) population -based care, 3) measurement-based treatment to target, and 4) evidence-based care. Exclusion criteria: Excluded studies included collaborative care interventions that did not have three of four components of collaborative care, did not focus on female populations, were not in primary care or gynecological settings, or did not have outcomes data.

Image:

Preferred reporting items for systematic review



Biography

Nahida Ahmed is a recent graduate of Psychosomatic Medicine Fellowship from Harvard Medical School affiliated Cambridge Health Alliance in United States. She earned medical degree from India and did her residency in Psychiatry in US. With her work experience in Primary Care and training in Psychiatry, she aspires to integrate mental health into primary care and bring collaborative care model to her home country UAE. The above study is her first published work. She is employed with Ambulatory Health Services in Abu Dhabi, UAE.

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