Brief summary

The case for stepped care

Exploring the applicability and cost-utility of stepped-care strategies in the management of depression

The nature of depressive disorder, with substantial impact on quality of life for patients and their relatives, the high prevalence, substantial disease burden, and high accompanying costs, are making depressive disorder an obvious case example for stepped care in this thesis, especially considering the availability of clinical practice guidelines.

Stepped care, in this thesis, is concurrently about achieving better treatment outcomes for individual patients through supporting clinical decision making (a microperspective); integrating service delivery (a mesoperspective); and improving the cost-utility of care (a macroperspective). The stepped-care depression model described in chapter 2, represents an alignment of these three perspectives in such a way that improvement from any one of these, adds value as viewed from all perspectives. Stepped care offers the possibility of improvements on the micro-, meso- and macrolevel simultaneously. The depression care management process model presented in chapter 3 is developed to provide a framework for improvement strategies on the micro-, meso- or macrolevel of care.

We explore the applicability and cost-utility of stepped-care strategies in the management of depression, and investigate if and how stepped-care treatment strategies and stepped-care service delivery can add value to depression care. The studies conducted for this thesis generate evidence that stepped-care treatment strategies can be feasible, acceptable, effective, and potentially cost-effective. The empirical studies (in chapters 4 to 6) contribute to advancing patient-centred care in daily practice as follows: by structuring treatment options across the care continuum, with evaluation criteria for stepping up and sequencing interventions, by supplying practical tools that enable care professionals to choose evidence-based treatment strategies and adjust these to the patient's needs, and by demonstrating the feasibility and acceptability of implementing stepped care in routine practice. The meta-analysis performed for this thesis (in chapter 7) highlights that taking account of depression severity and other sources of heterogeneity is effective and contributes to person-centered care. The health-economic depression state-transition modelling study (in chapter 8) shows that stepped-care algorithms can be cost-effective. These algorithms enable care professionals to stratify for the

nature, duration, severity and recurrency of depression. The algorithms for mild episodes of depression aim to reduce over-treatment and the inappropriate use of antidepressants, while the algorithms for moderate and severe depression aim to offer adequate treatment rapidly, reducing under-treatment.

The main conclusions for healthcare policy and practice to be drawn from this thesis are, first, in the treatment of depression, stepped-care strategies are essential in obtaining optimal treatment outcomes for patients and, second, when improving or controlling depression care from a meso- or macroperspective, it is tremendously important to remain a patient-centred view on depression care. Healthcare policy can improve depression care by shaping the conditions to perform stepped-care strategies. Care professionals can improve patient outcomes by applying stepped-care tools for clinical decision making, when uncertainty about the individual prognosis prevails.

Stepped care enables stratifying care to the patient's profile and a person-centred approach in daily practice. As long as this adds value to depression care, it holds that every patient with a depression is *the case for stepped care.*