

INTEGRATED CARE OF DEPRESSION IN GERMANY - THE FREIBURGER MODELL

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Background: Although in Germany a very well developed healthcare system for mental disorders exists, there is empirical evidence of under diagnosis and under treatment. There is also evidence that a carefully planned integrated care model of in- and outpatient treatment is a promising way to achieve improvements in care.

Method: Within the framework of the Freiburger Model of integrated care for depressive disorders a network of psychiatrists, primary care physicians and a university medical center a coordinated treatment for patients was initiated. Complementary to an evidence-based outpatient treatment the department of Psychiatry offers a complex treatment where patients can use different inpatient measures during outpatient treatment. Patients with a chronic depression could use a specific treatment program. To analyze the effects a continuous project evaluation was conducted.

Results: 40 physicians included 227 patients. Unipolar depressions constitute the most frequent disorders. Most depression. Most having a recurrent depressive disorder (61.0%) show a moderate depression (57.7%) and 36.3 % a severe. Over two thirds (74.9%) are treated exclusively by general practitioners. According to physicians' ratings, 57.6% of patients were remitted or showed subsyndromal symptoms in the eighth treatment week. After 16 weeks, it raised to 70.3%. According to the PHQ, 58.6% of patients were remitted or showed minimal symptoms.

Conclusion: As a concrete implementation of an intersectorial and interdisciplinary framework concept for an integrated care of depressive disorders the Freiburger Model offers a evidence based model to assure in- and outpatient treatment by improving collaboration care through defined interfaces and clinical pathways.