

PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)

Last update – June 5, 2009

Description

PROSPECT is the only currently recognized evidence-based suicide prevention program designed for the elderly. The goal of Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) is to reduce geriatric suicide by training primary care physicians and their staff to identify depression during office visits by incorporating depression and suicide intervention into the scope of primary geriatric care. A medical gatekeeper model, PROSPECT empowers primary care physicians and their medical staff to question and treat depression and suicide ideation. For those who indicate risk for depression or suicide, PROSPECT provides a standardized treatment protocol based on antidepressant medication and ongoing case management.

The PROSPECT model holds that the primary cause of suicide is depression and that the high prevalence of suicide in the elderly population is driven by a high rate of untreated depression. Research has found that most completed elderly suicides had seen their primary care physician within a few months preceding the suicide. Because depression is a highly treatable mental health issue, the PROSPECT model employs the primary care setting to identify and treat geriatric depression, thus reducing the number completed geriatric suicides.

The PROSPECT model utilizes a short training video and program materials designed for primary care physicians and staff. The training includes recognition and appropriate responses to the signs and symptoms of depression and suicide ideation. Surprisingly, research had found that many primary care staff was uncomfortable asking the elderly about depression and suicide. Subsequent research found that a simple question or two was often sufficient to identify at-risk elderly patients and engage them in treatment options for the depression.

For patients that indicate depressive symptoms or a risk for suicide, PROSPECT provides a treatment protocol that combines the use of an antidepressant to stabilize the depression with ongoing case management. The antidepressant Citalopram has tested well with geriatric depression and is the recommended medication. PROSPECT also includes an alternative clinical pathway for patients that do not react well to Citalopram or antidepressants in general, primarily a combination of other mood stabilizing medications combined with interpersonal therapy.

PROSPECT case management can run as long as 24 months; monitors the patient for positive and negative effects of the antidepressant; and brings in additional social or medical resources as necessary. The case manager works with the primary care physician and a supervising psychiatrist to develop intervention strategies, and works with the patient and family to maximize the treatment program effectiveness. PROSPECT case management activities include:

- educating clients and their families about depression
- identifying and addressing co-morbid physical and psychiatric conditions interfering with antidepressant treatment
- monitoring program compliance
- managing adverse effects that emerge as a result of treatment
- regularly assessing change in depressive symptoms

Characteristics

- Population
 - Gender – male and female
 - Ages – 55+ years old
 - Races – White, other
- Risk, Protective & Causal Factors
 - Increases primary health care provider identification of depression and depression symptoms by elderly patients
 - Increases health care provider detection of suicide ideation by elderly patients
 - Reduces depression and suicide risk using an antidepressant medication
 - Ensures treatment program compliance and success by providing case management
- IOM Category (level of care)
 - Indicated – individuals exhibiting multiple risk factors for suicide

Effectiveness

Compared to randomized treatment as usual groups (control), elderly people that participated in the PROSPECT program:

- exhibited a greater decrease in depression and depressive symptoms up to 12 months after the intervention;
- were more likely to have the depression go into remission and for the remission to occur earlier at four months after the intervention (40% of PROSPECT patients vs. 23% in the control group);
- reported a larger decline in suicide ideation (12.9% reduction for PROSPECT vs. 3.0% for control group)
- stuck to the treatment program out to 18 months when combined with case management
- had roughly the same remission rates as the treatment as usual group at 12 months after the intervention (51% of PROSPECT patients vs. 49% in the control group);

Program delivery

The PROSPECT program is implemented by primary care physicians and their staff during routine office visit by elderly patients. Physician offices using the PROSPECT program are trained to recognize signs and symptoms of depression and suicidality and are encouraged to follow up with patients who indicate risk. Elderly patients that informally indicate risk are assessed using one of a number of brief suicide screening instruments. If the risk is determined to be valid, the patient is offered a treatment regimen based on Citalopram or another SSRI antidepressant. The patient is assigned a case manager to monitor for negative effects of the antidepressant, progress in reversing the depressive symptoms, and for coordination of other social support services as needed. The duration of the antidepressant regimen and case management is determined by the patient, physician and case manager and may run as long as 24 months.

Considerations for use in Idaho

The PROSPECT program is well suited for use in Idaho due to the availability of self-training materials, and the ease and low cost of program implementation. Because the core mechanisms of PROSPECT, monitoring and addressing health concerns, are already implemented as part of the modern general

medical office, the program simply adds tools to recognize and treat depression and suicide risk to the primary care environment. Suitable for implementation in private practices, group practices and large scale health care systems, PROSPECT could easily serve as part of a state geriatric suicide prevention strategy. A virtually no-cost method to facilitate implementation of PROSPECT in Idaho could be as simple as securing a copy of the training video and manual and distributing them through the state library system or an information clearing house, such as the RADAR Center located in Boise (<http://hs.boisestate.edu/radar/materials/mentalhealth.html>).

Training & costs

The training cost to implement the PROSPECT program is almost negligible. The training consists of a program manual available at no cost from the program developer. Contact the program developer per below to arrange for a copy of the training materials. The PROSPECT program does not appear to offer onsite training at this time, but plans to offer onsite training in the near future.

The main cost of training in the PROSPECT program is the time it takes the physician and staff to study the training materials and discuss how to implement the suicide awareness, screening and treatment intervention into the medical practice. Because the mechanisms employed by PROSPECT are already part and parcel of a medical practice, the implementation costs should be minimal. The primary cost for program delivery is the added personnel time spent in identifying and screening potentially depressed geriatric patients and the cost of the ongoing case management.

Dissemination & support

Training for the PROSPECT program consists of training manual and is available at no cost from the program developer. Contact the program developer per below to arrange for a copy of the training materials. The PROSPECT program does not appear to offer onsite training at this time, but plans to offer onsite training in the near future.

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Other program synopses

- NREPP: http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=108

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