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

TARGET AUDIENCE
This program is for adults who are 55 years old and older.

SUMMARY
Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT), a primary care-based intervention, focuses on helping older adults reduce suicidal thoughts, decrease or eliminate depression symptoms, and lower their risk of dying.

EVIDENCE
Results of the PROSPECT clinical trials indicate that program participants are less likely than those receiving usual care to report suicidal ideation. They also report fewer depressive symptoms and higher rates of symptom remission. Among participants who are experiencing severe depression, these effects tend to persist for as long as 24 months from the start of the program. In addition, survival analyses conducted over a median follow-up period of approximately 4 years from the start of the program indicate a decreased risk of death among program participants with severe depression. The program does not appear to have significant effects on participants with minor symptoms, and there is some evidence suggesting the program may be more beneficial for depressed individuals who are diabetic, less educated, White, and experiencing financial strain.

COMPONENTS
PROSPECT involves the following components:

- Physician Education - Primary care doctors are trained to identify the symptoms of depression and suicidal ideation.

- Clinical Depression Treatment - Primary care doctors utilize a treatment protocol based on procedures initiated by the Agency for Health Care Research and Quality, the American Psychiatric Association, and the Texas Department of Mental Health. Pharmacological antidepressant therapy is proposed. Citalopram, a selective serotonin reuptake inhibitor (SSRI), is the most common choice; however, other medications may be prescribed, or interpersonal psychotherapy could be utilized alone or in conjunction with ordered medications.

- Depression Care Managers (DCMs) - DCMs, which include social workers, nurses, and psychologists, are responsible for treatment administration. These professionals train primary care doctors to detect depression symptoms and suicidal ideation, collaborate with doctors, observe patients’ adherence to treatment protocols, monitor depressive symptoms, and recognize reactions to medication. DCMs can also implement recommended interpersonal psychotherapy.

PREVIOUS USE
The PROSPECT clinical trial started in 1999 and involved 20 different primary care practices in New York and Pennsylvania. Beyond the clinical trial, it is unclear to what extent PROSPECT has been used.
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TRAINING

On-site training, consultation, and technical assistance are required. Please contact the developer for more information about training.

CONSIDERATIONS

Considerations for implementing PROSPECT include gaining access to primary care physicians, obtaining physician and DCM buy-in, recruiting and retaining participants, and ensuring facilitators receive training.

The Clearinghouse can help address these considerations. Please call 1-877-382-9185 or email clearinghouse@psu.edu.

IMPLEMENTATION

If you are interested in implementing PROSPECT, the Clearinghouse is interested in helping you!

Please call 1-877-382-9185 or email clearinghouse@psu.edu.

TIME

Patients are treated for 24 months.

COST

A treatment manual and educational video are free. Please contact the developer for more information.

EVALUATION PLAN

To move PROSPECT to the Effective category on the Clearinghouse Continuum of Evidence, at least one external evaluation must be conducted that demonstrates sustained, positive outcomes. This study must be conducted independently of the program developer.

The Clearinghouse can help you develop an evaluation plan to ensure the program components are meeting your goals.

Please call 1-877-382-9185 or email clearinghouse@psu.edu.

CONTACT

Contact the Clearinghouse with any questions regarding this program.

Phone: 1-877-382-9185 Email: clearinghouse@psu.edu

You may also contact Patrick J. Raue by phone 1-914-997-8684 or email praue@med.cornell.edu.

SOURCE

Bruce et al. (2004) and legacy.nreppadmin.net/ViewIntervention.aspx?id=257

www.militaryfamilies.psu.edu