



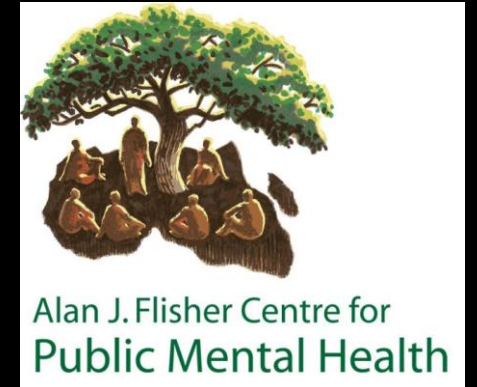
Common mental disorders
and NCD multimorbidity-
the need for integrated
services is now.

Bronwyn Myers

Alcohol, Tobacco and Other Drug Research Unit
South African Medical Research Council

Investigators

- Bronwyn Myers (SAMRC)
- Katherine Sorsdahl (CPMH,UCT)
- Pete Milligan (WCDoh)
- Tracey Naledi (WCDoh)
- Carl Lombard (SAMRC)
- Crick Lund (CPMH, UCT)
- John Joska (UCT)
- Naomi Levitt (CDIA, UCT)
- Dan Stein (UCT)
- Sue Cleary (HERU, UCT)
- Christopher Butler (Oxford)

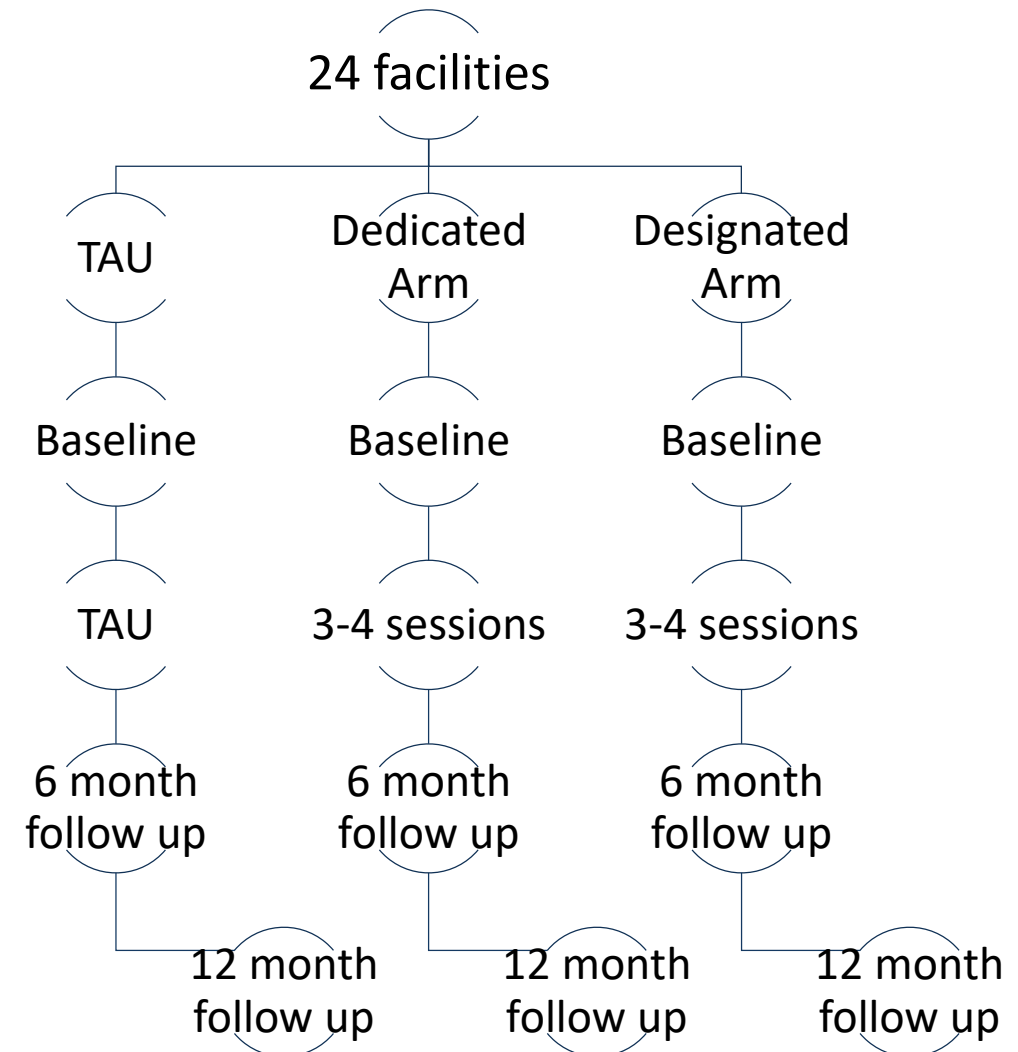


Why integrate psychological counselling into chronic disease care?

- Evidence suggests high rates of CMDs among people receiving chronic disease care.
- Integrating mental health counselling into chronic disease services is recommended for reducing multimorbidity and enhancing the outcomes of chronic disease care.
- SA policies support this strategy, but questions about the integration of CMD-related counselling remain.
- **Objectives:**
 - To identify factors associated with poor treatment response that may be amenable to intervention
 - To explore intervention uptake and completion rates among patients with depression and comorbid CMDs.



Cluster Randomised Controlled Trial

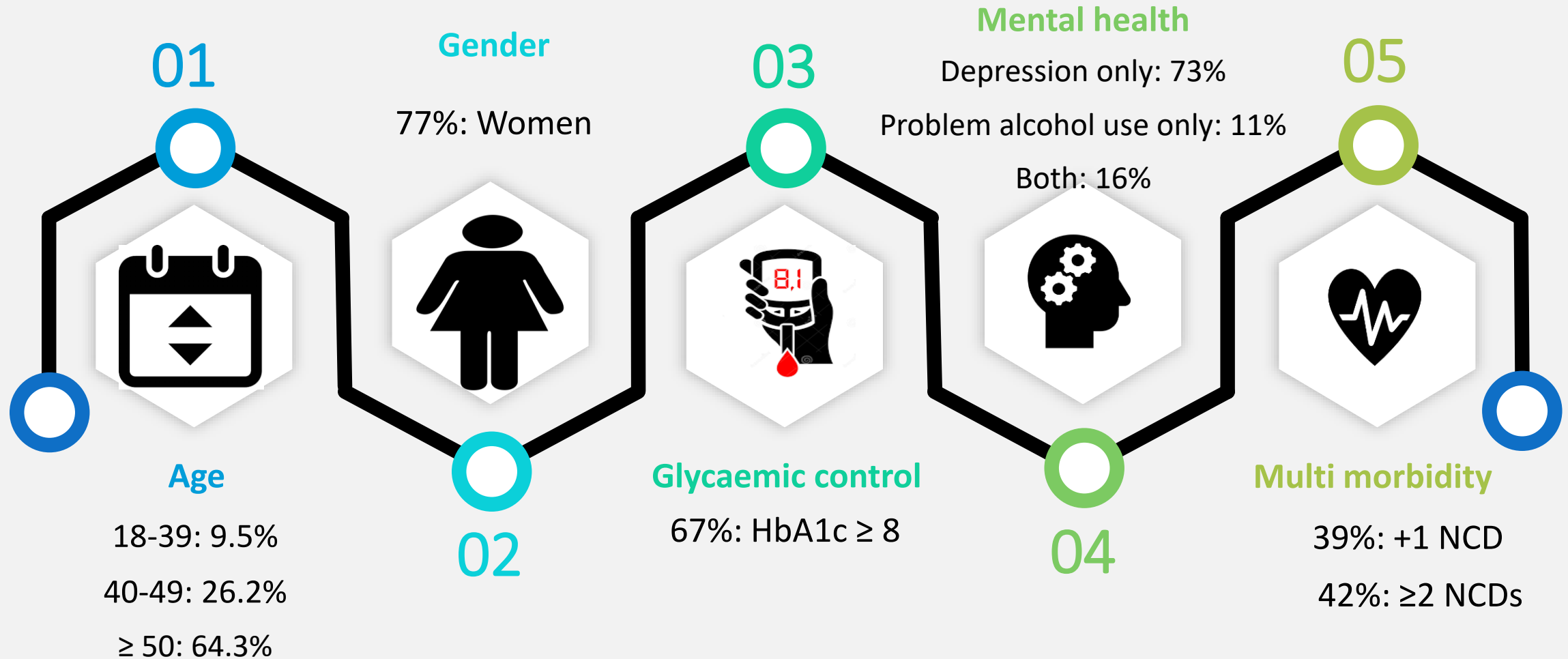




Extended brief intervention

- Three core sessions, optional 4th.
- 6 weeks to complete the core programme.
- Build motivation for behaviour change
- Teach problem solving therapy (PST) approach

Characteristics of patients with diabetes (n= 622)



Factors associated with having ≥ 2 other NCDs

	AOR	95% C.I.
Age: 40-49	2.99	1.02-8.76
Age ≥ 50 years old	4.12	1.47-11.54
Number of years with Diabetes	1.05	1.01-1.08
History of smoking	1.96	1.15-3.35
Psychological distress	2.76	1.53-4.97



Factors associated with poor glycaemic control (HbA1C ≥ 8)

	AOR	95% C.I.
Age: 18-39	3.72	1.59- 8.68
Age 40-49 years old	1.95	1.20-3.17
Did not completed high school	0.39	0.18-0.86
Risk of severe depression	1.63	1.05-2.55
≥ 2 other NCDs	3.46	2.24-5.37
Confidence in managing diabetes	1.14	1.04-1.24

There is an appetite for integrated care

Treatment completion

- 80% completion rate

Predictors of completion

- Age*
- Depression scores
- Not disease control
- Not multimorbidity
- Not perceived health-related QoL



Key messages

- High rates of CMD and NCD multi-morbidity
- CMD severity and NCD multi-morbidity is associated with poor glycaemic control.
- Interventions to improve glycaemic control must move beyond medication adherence to address CMDs, and the psychosocial stressors contributing to risk for NCDs.
- It is possible to integrate CMD counselling into chronic disease services- with good completion rates.
- Impact of this counselling on NCD outcomes must still be established.





wellcometrust



<http://projectmind.mrc.ac.za>



Acknowledgments

<http://projectmind.mrc.ac.za>