

Article review on study objectives, design and ethical challenges

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Article Review: Strength and Weaknesses

Article Review

The article review is a report of a randomized controlled study conducted by Davidson et al., with the aim of evaluating and comparing the cost and health outcomes of active treatment and usual treatment in the management of post Acute Coronary Syndrome (ACS) depression.

The objective of the study was to determine the health care costs and health outcomes of providing post ACS depression patients with centralized care.

This research is significant since depression is a leading cause of disability and it serves to complicate chronic disorders (Lopez, Mathers, Ezzati, Jamison & Murray, 2006). Highlighting the objective of the study was an important step as it allows readers to compare the objective stated with the outcome measures. For this study, the outcome measures were total health costs and changes in depressive symptoms. The research was implemented through a randomized trial over a six months period. 150 participants who had a Beck Depression Inventory score of 10 and above were recruited from 2 private and 5 academic ambulatory centers. The participants were then randomized either to the usual care group (n= 77) or to the active treatment group (n= 73). This study design is suitable as it allows for the comparison of the two groups and for the determination of contribution of the interventions on the observed effects. The use of human subjects in research creates ethical challenges. The most likely ethical challenge the researchers faced is maintaining the participant's privacy. To address this challenge, the

researchers needed to collect enough data to meet the research objectives without collecting personal data that can be used to identify any participant.

Data Collection, Analysis and Results

The two groups received different interventions and their total health care costs and depressive symptoms were compared. The active care group received centralized depression care including problem solving treatment over the phone or internet, and pharmacotherapy and was stepped every 6-8 weeks while the usual care group received locally determined depression care based on the patient's depressive symptoms (Davidson et al., 2013). The data collected was analyzed through rigorous statistical methods. A t-test based on continuous variables was used to evaluate the statistical difference between active treatment and usual treatment (Davidson et al., 2013). Additionally, logistic regression analysis was used to determine the relationship between active care intervention and risk of depression remission. The researchers found that depressive symptoms for the active treatment group reduced significantly. Additionally, the active treatment was associated with higher mental health care costs than usual care but the estimated overall health care costs for the two groups was not significantly different.

Study Conclusions and Significance

The researchers concluded that for patients suffering from post ACS depression, active care can provide more benefits without increasing the cost of care over a six months period. Active care involves interacting with the patient more through constant communication to enhance a patient's

efficacy and pharmacological interventions to address symptoms. This conclusion is significant and timely since depression causes a high burden of health care. On its own, depression is a serious mental health risk but often it complicates physical health risks. This study provides evidence for recommending active care for post ACS depression since the research conclusions are backed by the research data.

References

- Davidson, K. W., Bigger, J. T., Burg, M. M., Carney, R. M., Chaplin, W. F., Czajkowski, S., & Ye, S. (2013). Centralized, Stepped, Patient Preference-Based Treatment for Patients With Post-Acute Coronary Syndrome Depression CODIACS Vanguard Randomized Controlled Trial CODIACS Vanguard RCT. *JAMA Internal Medicine*, 1-8.
- Lopez, A. D., Mathers, C. D., Ezzati, M., Jamison, D. T., Murray, C. J. (2006.) Global and regional burden of disease and risk factors, 2001: systematic analysis of population health data. *Lancet*, 367(9524): 1747-1757.