

## **OP10.1**

### **PTSD: worsening outcomes for comorbid depression- even with collaborative care management**

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**Background and Aim:** Post-traumatic stress disorder (PTSD) has symptoms that exist along a spectrum that includes depression and the two disorders may co-exist. Collaborative care management (CCM) has been successfully utilized in outpatient mental health management (especially depression and anxiety) with favorable outcomes. Despite this, there is limited data on clinical impact of a diagnosis of PTSD on depression outcomes in CCM.

**Methods:** The present study utilized a retrospective cohort design to exam the association of PTSD with depression outcomes among 2,121 adult patients involved in CCM in a primary care setting. Using standardized self-report measures, baseline depression scores and six month outcome scores were evaluated.

**Results:** Seventy-six patients had a diagnosis of PTSD documented in their electronic medical record. Patients with PTSD reported more severe depressive symptoms at baseline (PHQ-9 score of 17.9 vs. 15.4,  $p<0.001$ ) than those without PTSD. Controlling for sociodemographic and clinical characteristics, a clinical diagnosis of PTSD was associated with lower odds (OR 0.457, CI 0.274-0.760,  $p=0.003$ ) of remission at six months and was also associated with higher odds (OR 3.112, CI 1.921-5.041,  $p<0.001$ ) of persistent depressive symptoms at six months after CCM.

**Conclusions:** PTSD was associated with decreased odds of remission and with increased persistent depressive symptoms at six months after CCM. Care coordination programs may benefit from including measures for PTSD for at-risk patients to adjust their approach to care. Providers should consider screening for PTSD in patients with depression as PTSD could potentially inhibit response to depression management

