

POSTER ABSTRACT

Effectiveness of Rational Emotive Behaviour Therapy in Clinical Social Work: Impact on Frequency of Visits and Use of Psychopharmacological Treatment.16th International Conference on Integrated Care, Barcelona 23-25 May 2016Carme Rovira Aler¹, Maria Isabel Fuentes Leiva¹, Xavier Fernández Bonet¹, Jesús Almeda Ortega¹, Oriol Cunillera Puertolas¹, Silvia Edo Izquierdo²

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Introduction: Over 70% of mental health problems are exclusively managed in Primary Care. The yearly prevalence of depression and anxiety in Primary Care patients in Catalonia is 30% in women and 14% in men. The prevalence of major depressive disorder and of dysthymia is 1.3/1000 and 1.9/1000. As a consequence of their emotional distress, patients with dysthymia are typically frequent users of social and medical services and they are often prescribed psychopharmacological agents, which results in an increased risk of chronification and high pharmacy costs.

Objective: The objective of this study is to evaluate the effectiveness of Rational Emotive Behavior Therapy (REBT) administered by a social worker in patients with dysthymia (Intervention Group) in reducing social and primary care (S&PC) attendance and prescription of psychopharmacological agents when compared with standard care (Control Group).

Methods: Nonrandomized clinical trial with a 12month followup period from October 2009 to May 2013. Participants were patients with a diagnosis of dysthymia according to the Diagnostic and Statistical Manual of Mental Disorders–IV (DSMIV), recruited from two Primary Care Centers with similar sociodemographic characteristics in the Barcelona metropolitan area. Exclusion criteria were: cognitive impairment, illiteracy, refusal of treatment, severe psychiatric disorder and participation in psychoeducational groups and similar therapies. The Social Worker carried out the individual psychosocial intervention, with a maximum of 8 fortnightly sessions of 30 minutes in the Intervention Group while Control Group was treated as usual only by the general practitioner. Each session is aimed at identifying and analyzing the dysfunctional thoughts of the patients in order to suggest healthier alternatives. The treatment is active, directive, dynamic, and oriented towards psychosocial issues with the goal of empowering the person, group or community.

Outcome variables were the frequency of use of primary care services related to the diagnosis of dysthymia and the prescription of psychopharmacological agents as registered in the electronic medical records during the previous 12 months. Other were sociodemographic variables, living arrangements, Beck Depression Inventory and comorbidities at baseline, measured at baseline, 4 and 12 months. Baseline data from participants in the Intervention

Group and Control Group were compared using a chi-square test and the t test. Two logistic regression analyses with adjustment for the propensity scores were carried out to evaluate the effect of the intervention in the improvement of attendance and of prescription of psychopharmacological agents.

Ethical Aspects: This study was approved by the Ethics Committee of the Institute of Primary Care Research (IDIAP) Jordi Gol (Protocol: 13/035) and is registered in "Clinical Trial Registries" with the number IDNCT02112708.

Results: The reduction in attendance was 47.9% in the Control Group (n=39) and 77.5% in the Intervention Group (n=51) (OR=3.75, p=0.021). The proportion of patients with a reduced prescription of psychopharmacological agents was 11.4% in the Control Group and 47.8% in the Intervention Group (OR=7.14, p=0.006).

Discussion: The results of this study indicate that REBT carried out by clinical Social Worker at S&PC is effective in the treatment of dysthymia, as reflected in the decreased use of psychopharmacological agents and in the reduction of attendance to primary care.

Based on the adjusted results, standard medical care and standard prescription of psychopharmacological agents decrease number of visits in 47.9% of patients. This study shows a significant decrease in the number of visits and in the prescription of psychopharmacological agents after a year of the REBT intervention. The results of this study show that these indicators are adequate to evaluate the efficacy of REBT in patients with dysthymia.

This study shows that the Social Worker can assume the implementation of REBT in S&PC. This one translates into a great improvement in the healthcare of the patient with dysthymia, which is usually on chronic medication, because other comorbidities, and never prioritized by mental health specialists. We suggest for Rational Emotive Behavior Therapy to be included in the training program of Social Worker so that they are prepared to deliver REBT when required by their colleagues in S&PC, and included in integrated care.

Taking into account a broader, biopsychosocial perspective on health, further studies on the effectiveness of REBT to improve quality of life and mood states are needed. Despite that patient perception of REBT has been excellent during the study, it should be evaluated and the qualitative and quantitative results compared by means of methodological triangulation. Finally, cost-effectiveness of REBT in the medium and long term in Primary Care must be studied.

Conclusions: Rational Emotive Behavior Therapy decreases the proportion of patients that need prescription of psychopharmacological agents and frequent attendance to S&PC.

Keywords: rational emotive behavior therapy; dysthymia; social work; propensity scores, Primary Health Car
