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Effects of Collaborative Management of Depression on Glycemic Control in Patients with Diabetes and Depression (A5), Wai Man (Maria) Chan, Tina V. Ngo, Steven Erickson, Annie Lam. ([mariarx@u.washington.edu](mailto:mariarx@u.washington.edu)) IRB approved.

Recent studies have shown that patients with diabetes and depression have poorer glucose control and more diabetes complications due to poor adherence to diet, exercise, and medications. The objective of this study will evaluate the impact of collaborative depression care on improving glucose control and depressive symptoms in patients with diabetes and depression. It is a randomized, controlled pilot study that is conducted at Providence Physician Group in Monroe, WA. This study will include patients with concomitant diagnosis of depression and diabetes with a recent hemoglobin A1c (HbA1c) > 7%. Eligible patients will be randomly assigned to receive either a pharmacist-managed depression care (treatment group) or usual care (control group). HbA1c and Patient Health Questionnaire-9 (PHQ-9) scores will be collected from all eligible patients before study begins. Patients in treatment group will receive an initial face-to-face visit about dealing with depression and medication consultation, and followed by telephone calls for monitoring of antidepressant adherence and assessing patients' responses to antidepressants at weeks 2, 6, 8, 10, 12, and 16. Patients in control group will only be managed by their primary care physicians. At week 12, all eligible patients are required to repeat HbA1c and PHQ-9. The outcomes will measure the

impact of collaborative care on improving patients' glucose control and depressive symptoms as measured by comparisons of changes in PHQ-9 scores and HbA1c among treatment and control groups.