Lave et al. conducted a randomized controlled trial (N=276) in which primary care patients with current major depression were assigned to one of three treatment conditions, standardized nortriptyline therapy (by primary physicians), standardized interpersonal psychotherapy (by psychiatrists and clinical psychologists), or primary physicians’ usual care. Patients receiving either of the standardized therapies had better outcomes than those did in primary physicians’ usual care, but they consumed more resources. Neither standardized treatment reduced medical care utilization for other conditions.

Von Korff and colleagues conducted two randomized trials of “Collaborative Care” for depression in primary care. In the first (N=217), primary care physicians’ usual treatment was compared to collaborative management by primary care physicians and consulting psychiatrists who provided enhanced management of drug therapy and brief psycho-educational interventions to enhance adherence with treatment. In the second randomized trial (N=153), usual care was compared to collaborative care by primary care physicians and
consulting psychologists who provided brief psychotherapy supplemented by educational materials. In both trials, the collaborative care models improved the cost-effectiveness of treatment for patients with major depression while increasing overall treatment costs. No difference was found in health care utilization for other medical illnesses.

In each of these papers, standardized, more intensive treatments for depression led to better outcomes than usual care but they also cost more. The incremental cost for better outcomes in each study were comparable to other widely accepted treatments in medicine. Neither study found evidence of a “cost offset,” i.e. the theory that more effective treatment of a mental illness will reduce general medical care costs. These studies underscore the message that the value of more intensive approaches to the treatment of depression in primary care lies in better health outcomes, not in saving money.