

Treating depression in primary care in low-income women in Santiago, Chile: A randomised controlled trial

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Background: Depression in women is one of the commonest problems encountered in primary care.

We aimed to compare the effectiveness of a stepped-care programme with usual care in

primary-care management of depression in low-income women in Santiago, Chile. **Methods:** In a

randomised controlled trial, in three primary-care clinics in Chile, 240 adult female primary-care

patients with major depression were allocated stepped care or usual care. Stepped care was a

3-month, multicomponent intervention led by a non-medical health worker, which included a

psychoeducational group intervention, structured and systematic follow-up, and drug treatment for

patients with severe depression. Data were analysed on an intention-to-treat basis. The primary

outcome measure was the Hamilton depression rating scale (HDRS) administered at baseline and

at 3 and 6 months after randomisation. **Findings:** About 90% of randomised patients completed

outcome assessments. There was a substantial between-group differenc