



Is Chilean clinical research on depression aligned with core outcome sets?

Nicolás Meza, Amanda Sánchez, Roberto Garnham, Javier Bracchiglione, Camila Escobar-Liquitay, Juan VA Franco, Eva Madrid.

X/Twitter: @nicolasmezac

Cochrane Iberoamérica
Cochrane Chile, Universidad de Valparaíso

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I have no actual or potential conflicts of interest.

Background

- In Chile, depression in adults is the third most burdensome health condition among the prioritised health topics by the General Regime of the Health Guarantees Act (2000).
 - Universally guaranteed financial coverage by the health system.
 - State commitment of developing CPGs for each of them.
- Public research funding should be allocated to assess priority health conditions and patient-centred outcomes.

Background

- Currently, it is unclear whether the local clinical research agenda on depression is aligned with the health system priorities, or if it assesses outcomes that are relevant for clinical practice.
- **Objective:** To describe the proportion of Chilean clinical research on interventions for depression that addresses priority outcomes.

Methods

- As part of a broader scoping review protocol, we identified all Chilean clinical research on depression, since 2000 onwards.
- **Chilean clinical studies:** having at least one author with a Chilean affiliation, or if it included Chilean population.
- We identified **relevant outcomes** according to:
 - 1) COS included in the database of the COMET initiative
 - 2) Other outcomes not included in COS, but prioritised by local CPGs





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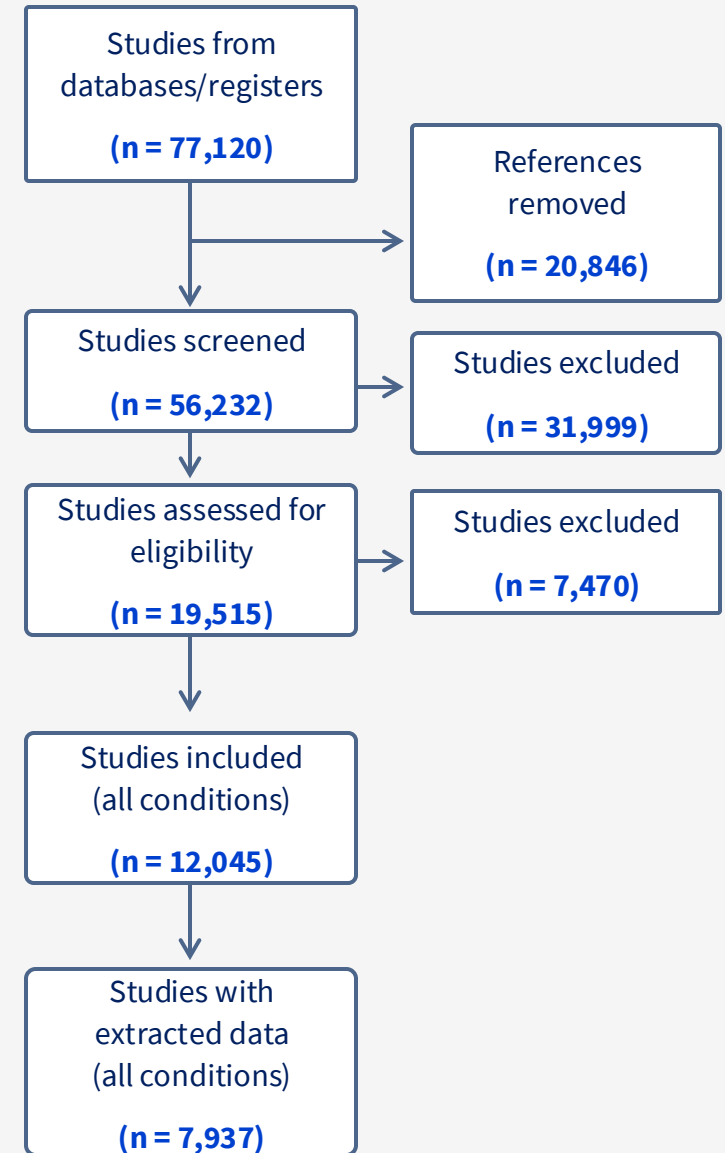
Harmonized Outcome Measures for Use in Depression Patient Registries and Clinical Practice

Richard E. Gliklich, MD; Michelle B. Leavy, MPH; Lisa Cosgrove, PhD; Gregory E. Simon, MD, MPH; Bradley N. Gaynes, MD, MPH; Lars E. Peterson, MD, PhD; Bryan Olin, PhD; Collette Cole, RN, BSN; J. Raymond DePaulo Jr., MD; Philip Wang, MD, DrPH; Chris M. Crowe, PhD; Cristina Cusin, MD; Mary Nix, MS; Elise Berliner, PhD; and Madhukar H. Trivedi, MD



Results

- To date, 7,937 studies have been preliminarily analysed, of which 69 are about depression in adults.
 - 21 studies on interventions for depression in adults.
 - 8/21 studies → Randomised clinical trials
 - 5/21 studies → Observational studies
 - 7/21 studies → Systematic reviews
 - 1/21 studies → Quasi-experimental
 - 8/21 studies assessed non-pharmacological interventions
 - 14/21 were publicly-funded



Results

- None of the 21 studies fully adopted the COS.
- Locally-prioritised outcomes (not included in the COS) were also poorly reported.
- ‘Response’ was the most frequently reported outcome of COS, in 13 out of 21 analysed studies.
- 5/21 studies do not report any COS (whereas, 16 studies reported at least one outcome of the COS).

Locally-prioritised outcomes (CPG)

(n = 21)

Adherence to therapy	4
Abandonment due to lack of response	0
Abandonment due to side effects	1
User satisfaction	3

Core outcome set (COS)

(n = 21)

Remission	3
Response	13
Recurrence	0
Suicide	0
Suicidal ideation and behaviour	0
Quality of life	5
Depression-related resource use	1
Adverse events	2
Work productivity	0
All-cause mortality	0

Conclusions

- Chilean clinical studies on interventions for depression do not thoroughly explore both COS and locally prioritised outcomes, despite most of them being publicly funded.
- We urge Chilean funding agencies to promote a research agenda aligned with priority clinical questions.
- Independent audits of public funding allocation in clinical research are vital to improve local evidence ecosystems for decision-making.



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