Personalised intervention for depression and COPD (PID-C)

**Session 1 (rehabilitation hospital)**

Introduction of the role of care manager

- Describe the intervention and explain how it might help.

Assessment of barriers to treatment

*Use this guide to identify causes of barriers to treatment in each individual patient.*

- Misconceptions about COPD and depression.
- Misunderstanding about treatment and about the actual regimen.
- Misattribution of depressive symptoms.
- Hopelessness.
- Overestimation of the energy needed to perform daily exercises.
- Dissatisfaction with prior treatment or aftercare arrangements.
- Logistic barriers to treatment, for example scheduling visits and access to care, transportation, finances.

**Education**

- Brief discussion of facts about depression and its impact on the care of COPD.

**Sessions 2–9 (at home)**

Ongoing assessment

- Depressive symptoms, dyspnoea-related disability.
- Treatment recommendations (rehabilitative, medical, psychiatric) and barriers to engagement.

**Address barriers to treatment**

*Focus on barriers to treatment pertinent to the individual patient.*

- **Misconceptions about COPD and depression:** address incorrect facts about COPD and depression, recognise and address stigma.
- **Misunderstanding about the actual regimen:** discuss the role of prescribed treatment and exercise in reducing dyspnoea and disability and in preventing exacerbations.
- **Misattribution of depressive symptoms:** identify likely contributors to symptoms and clarify the role of prescribed antidepressant treatment in reducing them.
- **Hopelessness:** identify hopelessness as a symptom of depression that fuels poor expectations about treatment. Discuss the role of antidepressant treatment and exercise in improving function and in conferring a feeling of empowerment. Offer support.
- **Overestimation of the energy needed to perform daily exercises:** describe in realistic terms what needs to be done, when and how.
- **Dissatisfaction with aftercare:** help patient develop a plan to address concerns (for example coach patient to express their concerns and ask question of health professionals).
- **Logistic barriers:** help patients develop concrete strategies to address practical issues (for example identify ways to attend appointments; devise reminders for taking medications and conducting exercises; enlist help of family members and social services).

**Collaboration with physicians**

Inform the physicians about any significant changes in the patient's status as well as any problems with treatment adherence, and engage them in addressing them.

*The manual is available on request from the authors.*
Fig. DS1  CONSORT diagram: participant progress through the phases of the randomised trial.