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## Title

Intervention Strategies for Management of Comorbid Depression Among Individuals With Hypertension: A Scoping Review

## **Priority 1 (Research Category)**

Cardiovascular disease

## **Presenters**

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## **Abstract**

Background: Hypertension and depression frequently co-occur, complicating patient management and worsening outcomes. This scoping review aims to systematically map non-pharmacological interventions for managing comorbid hypertension and depression, providing insights into current practices and guiding future research.

Methods: Following the Joanna Briggs Institute guidelines and PRISMA-ScR standards, a comprehensive search was conducted across multiple databases, including PUBMED, Embase, PsycINFO, CINAHL, Cochrane Library, CBM, and CNKI, covering the literature from January 2004 to December 2023. Studies were selected based on predefined inclusion criteria focusing on non-pharmacological or complex interventions. Data extraction was performed using the Template for Intervention Description and Replication (TIDieR) checklist to ensure detailed and structured summaries of each intervention.

Results: Fifteen quantitative studies were included, most of which were pilot RCTs, pre-post studies and with generally small sample sizes, indicating an early stage of research. Interventions were categorized into Integrated and Coordinated Care, Behavioral and Psychological Interventions, and Physical and Lifestyle Interventions. Delivery methods varied, with most interventions being face-to-face, while a few utilized digital platforms such as mobile apps and telephone support. Disease-level and patient-level outcomes were mainly reported, while only three studies system-level outcomes. 13 of 15 included studies showed positive results in managing comorbidity. The variability in follow-up periods and measurement instruments across studies limited the ability to draw consistent long-term conclusions.

Conclusion: This review lays the groundwork for future studies aimed at developing, validating, and refining intervention strategies for managing comorbid hypertension and depression. More research with larger sample sizes and longer follow-up periods is needed to fully capture the long-term effects of these interventions and to enhance their applicability in clinical practice.

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