

12 Depression

12.1 Background

Depression is the most common and frequent mental disorder reported in household health surveys (Australian Bureau of Statistics 1998). There was a significant increase in the management of depression in general practice between 1990–91 and 1998–99 (Britt et al. 1999b). The increase is possibly due to the increased availability of medications and doctor and public education. From a burden of disease perspective, Mathers et al. (1999) have estimated that depression was responsible for 93,016 Disability Adjusted Life Years (DALY) for 1996, with depression contributing to 2.7% of DALYs for males and 4.8% of DALYs for females. Depression is the major focus of the mental health area under the National Health Priority Areas initiative (Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare 1999b).

Often it has been argued that a significant number of depressed people do not actively seek assistance. Furthermore, there is considerable debate about who is best positioned to assist depressed people. Investigating who currently is being used for assistance will provide information for the basis of interventions. It is also of interest to investigate the effectiveness of anti-depressant medication on aspects of patient functioning.

There is debate on whether the depression reported through household surveys or by GPs meets a level of severity that is truly the diagnostic label of 'depression' meeting diagnostic criteria, such as the DSM-IV (American Psychiatric Association 1994) or validated depression instruments. The Composite International Diagnostic Interview (CIDI) depression sub-scale (Robins et al. 1988) has been used successfully in the National Comorbidity Study in the United States and is considered a standardised instrument of the WHO mental health epidemiological survey program. There are two stem questions indicating whether the patient is likely to have experienced a depressive episode in the previous 12 months. There is more detailed questioning in the CIDI following these two stem items relating to severity and psychopathology of the depressive state. As a screening instrument the two items better quantify depression as indicative of a level of debilitating illness than a self-reported 'I was depressed'.

12.2 Research questions

1. What proportion of people presenting to general practice have experienced a depressive episode in the previous 12 months?
2. How have depressed persons sought help for their depression?
3. What medications have depressed persons used for their depression?
4. While on medication for depression, how were patients affected in terms of sleep, appetite, work/study, relationships and sexual activity?

12.3 SAND questions

Box 12.1: Depressive episodes in the previous 12 months

GPs asked the patients:

- ◆ During the past 12 months was there ever a time lasting two weeks or more when you:

Lost interest in most things like hobbies, work, activities that usually give you pleasure?^(a)

Yes / No

Felt sad, blue or depressed?^(a)

Yes / No

If 'yes' to either:

- ◆ What did you do about it?
(multiple response allowed)
(tick box for 'yes')

Nothing

Sought help from:

GP

Other health professional

Family or friends

Psychiatrist

Took medication:

Name medication _____

If on medication:

- ◆ How were you affected during treatment?

Sleep

Better / Same / Worse

Appetite

Better / Same / Worse

Work/study

Better / Same / Worse

Relationships

Better / Same / Worse

If 18+ years:

Sexual activity

Better / Same / Worse

(a) A depressive episode is indicated if the patient responds positively to either of these stem questions.

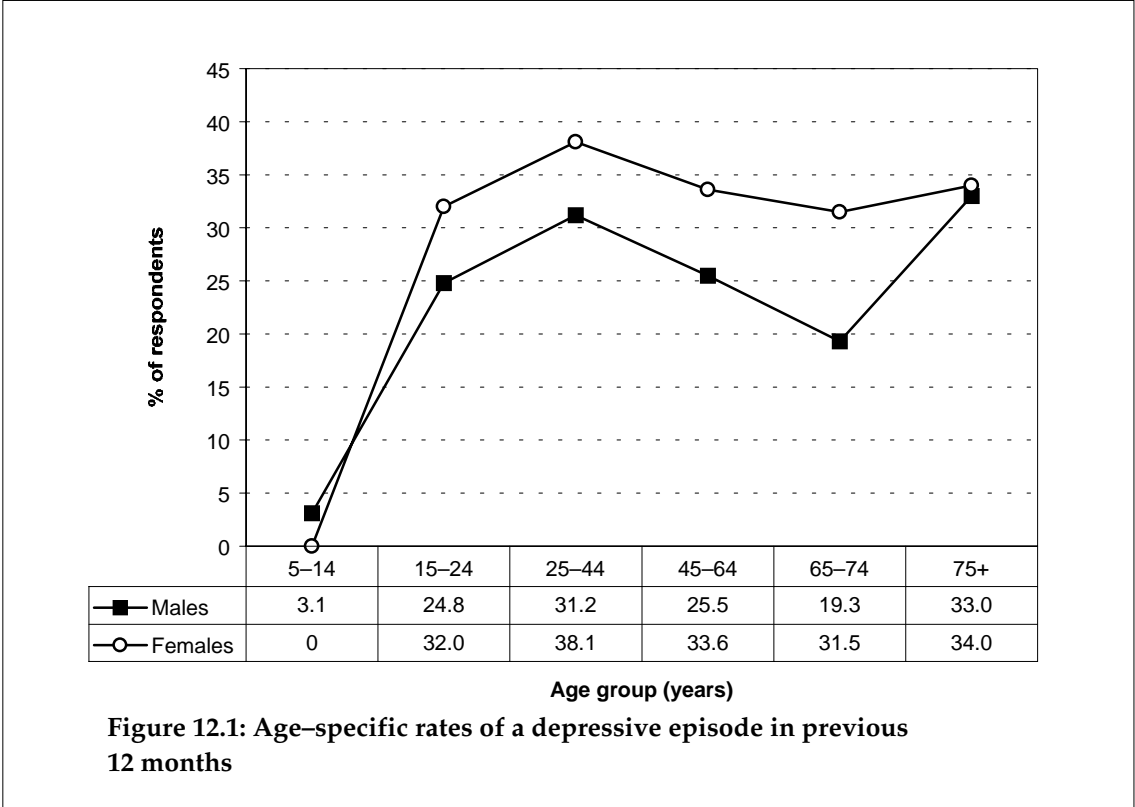
12.4 Results

Sample size was 4,006 patient encounters from 200 GPs.

Overall, it was estimated that 27.2% (95% CI: 25.0–29.4) of encounters in general practice were with persons who had experienced a depressive episode in the previous 12 months. Of particular interest was the fact that more females (30.5%) reported a depressive episode in the previous 12 months than males (22.8%). Further, across all age groups, a greater percentage of females than males reported a depressive episode in the previous 12 months (Figure 12.1).

Of people reporting a depressive episode, 25.9% (95% CI: 22.3–29.5) sought no help, 54.3% (95% CI: 50.7–57.8) sought help from a GP, 25.3% (95% CI: 20.1–30.4) sought help from family and friends and 8.8% (95% CI: 5.4–12.3) sought help from a psychiatrist. Medications were used by 30.6% (95% CI: 27.4–33.8) of people reporting a depressive episode, with Sertraline (16.9%) being the most commonly used medication.

Medication had the most profound effect on those who took it for their depressive episode. Sleep improved for 60.1% (worsened in 5.7%) of patients, appetite improved in 34.2% (worsened in 7.8%) of patients, work/study improved in 36.3% (worsened in 9.3%) of patients, relationships improved in 40.5% (worsened in 6.6%) of patients and sexual activity improved in 7.2% (worsened in 12.6%) of patients.



12.5 Discussion

The current study shows that a significant number of patients attending GPs have experienced a depressive episode in the previous 12 months. Over half of patients have reported GPs as a place of assistance. The National Health Priority Areas initiative has identified the recognition of depression as central to the management of depression in primary care (Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare 1999b). However, education and training are required as primary care physicians vary considerably (25–75%) in their capacity to detect depression (Brown & Schulberg 1998). As shown in this investigation, simple screening questions can be effective in identifying patients for more thorough assessment.

Medications for depression appear to have the greatest impact on sleep and a lesser positive impact on appetite, work/study and relationships. The use or non-use of concurrent psychotherapy was not investigated in this study. The possible combined effect of these managements on the results therefore should not be discounted. The challenge for any health care provider is to select the treatment that best suits an individual and this choice may be influenced by the severity of the problem.