



**Karolinska
Institutet**

Institutionen för neurobiologi, vårdvetenskap och samhälle

Depression in Primary Care

Detection, Description and Mortality

AKADEMISK AVHANDLING

som för avläggande av medicine doktorsexamen vid
Karolinska Institutet offentligen försvaras i Sal 221, entréplanet
Alfred Nobels Allé 12, Huddinge

Fredagen den 8 mars 2013, kl 09.00

av

Ranja Strömberg de Sousa Soares

Leg. läkare, specialist i allmänmedicin

Huvudhandledare:

Docent Monica Löfvander
Uppsala Universitet
Centrum för klinisk forskning
Västmanland – Uppsala Universitet

Fakultetsopponent:

Professor Cecilia Björkelund
Göteborgs universitet
Samhällsmedicin och folkhälsa
Allmänmedicin

Bihandledare:

Med.dr. Lars G. Backlund
Karolinska Institutet
Inst. för neurobiologi,
vårdvetenskap och samhälle

Betygsnämnd:

Docent Hans Thulesius
Lunds universitet
Inst.för kliniska vetenskaper, Malmö
Enheten för Allmänmedicin

Bihandledare:

Professor Anna Åberg-Wistedt
Karolinska Institutet
Institutionen för klinisk neurovetenskap
Psykiatri

Docent Owe Bodlund
Umeå Universitet
Klinisk vetenskap
Psykiatri

Bihandledare:

Professor Sven-Erik Johansson
Karolinska Institutet
Institutionen för Neurobiologi,
vårdvetenskap och samhälle

Docent Holger Theobald
Karolinska Institutet
Institutionen för Neurobiologi, vårdvetenskap
och samhälle
Centrum för Allmänmedicin

ABSTRACT

Aims

The aims of these studies were to explore the prevalence and severity of depression among unscheduled drop-in patients in primary care and to identify possible cues to depression in the consultation. Further aims were to analyze the association between depression and psychosocial stressors and lifestyle factors from a gender perspective and to evaluate the usefulness of the Gotland Male Depression Scale (GS) in screening for depression among men. A final aim was to analyze the long term mortality rate (MR) and the standardized mortality rate among the patients who had been diagnosed as having a major depressive disorder (MDD).

Background

Depression is a common diagnosis in primary care, but had been reported to remain undetected in half of the consultations, especially among men despite the fact that men had higher rates of suicide. Detecting and diagnosing patients with depression in primary care is essential since depression reduces quality of life, functioning level, work ability and possibly also life expectancy.

Patients and Methods

Patients visiting two primary care physicians' drop-in clinics were screened using the Beck Depression Inventory (BDI) with a cut-off value of ≥ 10 and the men were screened also with the GS with a cut-off value of ≥ 13 . A two-step screening method was used among patients aged 18–75 years visiting two primary care physicians' drop-in clinics in opportunistic and targeted screenings.

Patients with screening scores above the cut-off values were interviewed by the physicians at a repeat visit and the DSM-IV criteria for major depressive disorder (MDD) were applied. Severity of depression was measured with the Montgomery-Åsberg Depression Rating Scale (MADRS).

The study population consisted of 404 patients (men $n=235$, women $n=169$) categorised as depressed ($n=124$) or non-depressed ($n=280$). Their socio-demographic data, lifestyle and psychosocial stressors were obtained from a questionnaire. Symptoms mentioned at the screening visit were examined from the medical charts and categorised as somatic or mental.

Twelve years after inclusion, the causes of death for the depressed patients were obtained from the National Cause of Death Register. Mortality data regarding the non-depressed patients were obtained from the Swedish National Register and data from the Life Tables Statistics Sweden were used to calculate standardised mortality rates (SMRs).

The screenings among men with GS and BDI were compared, as were the outcomes from the opportunistic and targeted screenings.

Differences between depressed and non-depressed men and women regarding socio-demographic and clinical data were analysed. The odds ratios (ORs) with 95% confidence intervals (95% CI) for being depressed were calculated for the psychosocial stressors and lifestyle factors. Multiple logistic regression modelling was used to obtain the main effect models separately for men and women for the risk factors for depression.

Differences in the MRs between the depressed and the non-depressed patients were calculated as well as their SMRs. As a reference for comparison the SMRs in the Swedish population in the same age and in the same time period were calculated. Cox regression was applied to calculate the hazard ratios (HRs) for the mortality rate during the 12-year follow-up period for the depressed and the non-depressed patients in relation to the explanatory variables.

Main results

The prevalence of depression was 25% among women and 11% among men. The severity of depression was mild or moderate and severe depression was very rare. Mentioning a mental symptom was a cue to detect depression among women but not consistently among men. The proportions as depressed patients were higher from the targeted screenings than from the opportunistic screenings. Screening with GS did not detect more depressed men than BDI.

Smoking was associated with depression only among men. Three psychosocial stressors were equally associated with depression among the men and the women: being dissatisfied with family situation, being very stressed and perceiving poor physical health, and the ORs in the main effect models varied from 3.1 (95% CI 1.4–6.6) up to 22.4 (95% CI 5.8–86.8).

Dissatisfaction with one's working situation was also associated with depression: in men OR 13.2 (95% CI 4.7–37.5) and in women: OR 32.5 (95% CI 4.1–254.7). The MR among the depressed men was significantly higher than among the non-depressed. The SMRs among depressed men and women did not differ from those in the general Swedish population.

Conclusions

The prevalence and severity of depression was comparable to that in other primary care settings. Depressed women had often mentioned mental symptoms. Questions about family and working situation, feeling very stressed and feelings about one's physical health could be used as risk indicators for depression in clinical practice for both men and women. Moreover, the long-term follow-up underlines the importance of finding patients with depression and thoroughly examine them also regarding their somatic health.