

SAND abstract No. 142 from the BEACH program 2008–09

Subject: Depression and antidepressant use in general practice patients

Organisation supporting this study: Wyeth Australia Pty Ltd

Issues: Prevalence of current diagnosed depression in the patient sample; presence of listed comorbidities (anxiety, insomnia, back complaint, hypertension, lipid disorder, diabetes, asthma, ischaemic heart disease, gastro-oesophageal reflux disease, arthritis, cancer, other) in patients with depression (multiple response allowed); their current use of antidepressants; medication side effects thought (GP clinical opinion) due to the antidepressant medication(s).

Sample: 2,963 patients from 101 GPs; data collection period: 24/02/2009 – 30/03/2009.

Method: Detailed in the paper entitled 'SAND Method 2008-09' available at: www.fmrc.org.au/publications/SAND_abstracts.htm.

Summary of results

The sex distribution of surveyed patients was similar to that of patients at all BEACH encounters 2007–08, 41.6% being male. However, this sample was significantly older than patients at all encounters, with fewer patients aged less than 45 years, and a greater proportion aged 65 years and over.

The prevalence of diagnosed depression among the 2,963 patients was 15.1%, (95% CI: 13.3–16.3), and did not significantly differ in males (13.2%) and females (16.5%). It was most prevalent among 25–44 year old patients (20.9%) and those aged 45–64 years (20.7%). Prevalence then decreased significantly to 10.7% among those aged 75 years and over.

Of the 446 patients with depression, 90.1% ($n = 402$) had at least one comorbidity and 64.8% had two or more. Most common among these 402 patients were anxiety (51.8%), insomnia (32.1%), hypertension (29.3%), back complaint (24.0%), and lipid disorder (18.6%).

Of the 446 patients with diagnosed depression, 430 (96.4%) responded to the antidepressant question. Of these, 329 (76.5%) were taking antidepressants and 306 gave details of 323 antidepressants being taken. More than half (54.5%) of these were selective serotonin reuptake inhibitors (SSRIs) (sertraline (15.5%), escitalopram (11.5%), and citalopram (10.2%) being the most common; 13.6% were non-selective monoamine reuptake inhibitors; 1.9% were monoamine oxidase A inhibitors; 30.0% were 'other antidepressants' (venlafaxine being most common). Of the 303 patients with depression for whom side effects were reported, 26.7% ($n = 81$) had 112 side effects (average 1.4 per patient), the most common being sedation (7.9% of those on antidepressants), weight gain (7.3%), and sexual dysfunction (6.6%).

Of the 329 patients taking antidepressant(s) for depression, 306 (93.0%) had comorbidity(ies), 68.4% having two or more, prevalence of each common comorbidity being similar to the total sample of patients with depression. Other prescribed medications were reported for 302 patients taking an antidepressant for depression, 964 being detailed (average 3.2 per patient).

Of 284 patients with depression for whom all data were complete, only one of 54 patients not taking other prescribed medication(s) reported a side effect and 26.5% of those on additional medications reported side effect(s) of antidepressant(s).

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AIHW Australian GP Statistics and Classification Centre, 2009. SAND abstract No. 142 from the BEACH program: Depression and antidepressant use in general practice patients. Sydney: AGPSCC University of Sydney. ISSN 1444-9072

PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **DEPRESSION**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Depression

Please indicate whether this patient **currently** has **diagnosed depression**.

If this patient does **not** have diagnosed depression please **end the questions here** for this patient.

Antidepressant medication

Please indicate whether this patient is **currently** taking an **antidepressant medication**.

If **YES**, please **specify the name** of the antidepressant medication.

If **no** please **end the questions here** for this patient.

Other prescribed medications

Please specify **all other prescribed medications currently taken regularly** by this patient for **any condition**.

Please write the **name of each medication**.

Comorbidities

Please use the tick boxes to advise whether this patient has any of the listed **comorbidities**.

If the patient has a chronic condition that is not listed please specify it in the space provided.

Side effects of anti-depressant medication

Please use the tick boxes to advise whether this patient is **currently** experiencing **side effects** that you believe, in your clinical opinion, are due to their **antidepressant medication**.

If this patient is **not** experiencing any side effects please tick the box labelled '**no side effects**'.

<p>Does this patient currently have diagnosed depression?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → End questions</p>	<p>Other diagnosed medical conditions:</p> <p><input type="checkbox"/> Anxiety <small>(Tick all that apply)</small></p> <p><input type="checkbox"/> Insomnia</p> <p><input type="checkbox"/> Back complaint</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Lipid disorders</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Ischaemic heart disease</p> <p><input type="checkbox"/> GORD</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Other chronic problems:</p> <p><small>(please specify)</small> _____</p>	<p>Currently taking antidepressant medication?</p> <p><input type="checkbox"/> Yes <small>(please specify)</small></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No → End questions</p>	<p>Side effects that in your clinical opinion are due to current antidepressant med:</p> <p><input type="checkbox"/> Sedation</p> <p><input type="checkbox"/> Sexual dysfunction</p> <p><input type="checkbox"/> Sleep disturbance</p> <p><input type="checkbox"/> Weight gain</p> <p><input type="checkbox"/> Agitation</p> <p><input type="checkbox"/> Anxiety</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Other: <small>(please specify)</small></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No side effects</p>	<p>Other prescribed medications taken by this patient: <small>(please specify medication name)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> None</p>
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