

## **SAND abstract No. 147 from the BEACH program 2009–10**

### **Subject: Depressive disorders, management and comorbidities**

**Organisation supporting this study:** Wyeth Australia Pty Ltd

**Issues:** The proportion of general practice patients who had a diagnosed depressive disorder at the time of encounter; type of depressive disorder; comorbidities present among these patients; current medications taken for the management of depressive disorder; proportion of patients who were adequately controlled with the current treatment; and for those whose depressive disorder was not adequately controlled, the current management plan.

**Sample:** 3,278 patients from 111 GPs; data collection period: 05/05/2009 – 08/06/2009.

**Method:** Detailed in the paper entitled *SAND method 2009–10* at:

[www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm). **Method for this study:** DSM-IV-TR criteria for major depression supplied.<sup>1</sup>

### **Summary of results**

The age and sex distributions of respondents did not differ from that of patients at all 2007–08 BEACH encounters. Of the 3,278 respondents, 594 (18.1%, 95% CI: 16.1–20.2) currently had a diagnosed depressive disorder. The prevalence was low (0.6%, 95% CI: 0.0–1.4) in patients aged less than 15 years, and did not differ from the average in all other age groups. Prevalence was significantly higher for females (20.9%, 95% CI: 18.4–23.3) than males (13.9%, 95% CI: 11.2–16.5).

For the 579 patients who specified the type of depressive disorder, 216 (37.3%) had mixed anxiety-depressive disorder, 174 (30.1%) had major depressive disorder, 162 (28.0%) had generalised depressive disorder, 26 (4.5%) had bipolar disorder, and 12 patients (2.1%) had another depressive disorder (4 of whom had postnatal depression).

Details of comorbidities were provided for 554 patients, of whom 495 (89.4%) had at least one comorbidity. The prevalence common comorbidities were anxiety (47.5%), insomnia (29.1%), hypertension (27.3%) and arthritis (24.2%). Comorbidities other than those listed were recorded for 172 patients (31.1% of respondents), with chronic obstructive pulmonary disease the most commonly recorded, followed by osteoporosis and dementia.

Of 569 respondents with a depressive disorder, 108 (19.0%) were taking no medication for their disorder. There were 569 medications for depressive disorder listed for the 461 patients taking medication. Sertraline was the most common (13.2%), followed by venlafaxine (10.9%). For 502 of the 569 medications, the initiator of the medication was known, and 360 (71.7%) of these were initiated by the GP.

Of the 461 patients taking at least one medication for depressive disorder, information on current management plan was available for 453. Four out of five (78.4%) of these patients had their depressive disorder adequately controlled, with the GP not planning on changing management. For 20 patients (4.4%), the plan was to stay on the same medication but increase the dosage. For 10 patients (2.2%), the plan was to change to another medication, for 11 patients (2.4%) a new medication was to be added, and 43 patients (9.5%) were to be referred to another professional. Other management plans for depressive disorder were recorded for 32 (7.1%) patients, including 10 patients who were to be admitted to hospital.

*Correspondence to: Christopher Harrison, AGPSCC*

1. American Psychiatric Association 2000. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC: American Psychiatric.

# PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **DEPRESSIVE DISORDERS**.  
 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.

### Depressive disorders

Please indicate whether this patient has been diagnosed with a **depressive disorder**.

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

### 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.

### BOX 1: Criteria for major depression\*

Patient must have for a duration of at least TWO WEEKS depressed mood or loss of interest or pleasure accompanied by at least 4 of the following symptoms:

- significant appetite or weight loss or gain
- feelings of worthlessness or excessive guilt
- insomnia or hypersomnia
- impaired thinking or concentration; indecisiveness
- psychomotor agitation or retardation
- suicidal thoughts/thoughts of death
- fatigue or loss of energy

\*DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition)

### Type of depressive disorder

Please indicate which **type of depressive disorder** this patient has been diagnosed with.

The criteria for major depressive disorder are shown in Box 1 for your reference.

If the type of depressive disorder is not listed please tick 'other' and **specify the type of depressive disorder** in the space provided.

### Medication management

Please write the **name** and **form** of the **current medication(s)** taken by this patient for their depressive disorder.

Please indicate the regimen (i.e. **strength, dose and frequency**) of the medication(s), and whether the medication was **initiated** by a GP or specialist.

If the patient is **not currently taking a medication** for their depressive disorder please tick the box labelled 'none' and **end the questions here**.

### Management plan

In your **clinical opinion**, please advise whether the patient's depressive disorder is **adequately controlled**.

If the patient is not adequately controlled, please use the remaining tick boxes to advise your management plan to improve control.

<p><b>Does this patient currently have a diagnosed depressive disorder?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → <b>End questions</b></p>	<p><b>If 'yes', which type?</b></p> <p><input type="checkbox"/> Generalised depressive disorder</p> <p><input type="checkbox"/> Major depressive disorder (see definition on green sheet)</p> <p><input type="checkbox"/> Mixed anxiety/depressive dis.</p> <p><input type="checkbox"/> Bipolar disorder</p> <p><input type="checkbox"/> Other: (please specify) _____</p>	<p><b>Other diagnosed medical conditions:</b> (Tick all that apply)</p> <p><input type="checkbox"/> Anxiety      <input type="checkbox"/> GORD</p> <p><input type="checkbox"/> Insomnia      <input type="checkbox"/> Arthritis      <input type="checkbox"/> <b>No chronic disease</b></p> <p><input type="checkbox"/> Back complaint      <input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Hypertension      <input type="checkbox"/> Ischaemic heart disease</p> <p><input type="checkbox"/> Lipid disorders      <input type="checkbox"/> Other chronic problems: _____</p> <p><input type="checkbox"/> Diabetes (please specify) _____</p> <p><input type="checkbox"/> Asthma _____</p>	<p><b>Current meds for depressive disorders:</b></p> <table border="1"> <thead> <tr> <th>Name &amp; Form</th> <th>Strength</th> <th>Dose</th> <th>Frequency</th> <th>Initiated by (please circle)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Spec'st</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Spec'st</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Spec'st</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>GP / Spec'st</td> </tr> </tbody> </table> <p><input type="checkbox"/> NONE → <b>End questions</b></p>	Name & Form	Strength	Dose	Frequency	Initiated by (please circle)	_____	_____	_____	_____	GP / Spec'st	_____	_____	_____	_____	GP / Spec'st	_____	_____	_____	_____	GP / Spec'st	_____	_____	_____	_____	GP / Spec'st	<p><b>What is the current management plan for this patient?</b></p> <p><input type="checkbox"/> No change (adequate control)</p> <p><input type="checkbox"/> Same med(s) - increase dose</p> <p><input type="checkbox"/> Change to another med</p> <p><input type="checkbox"/> Add additional med</p> <p><input type="checkbox"/> Referral to health professional</p> <p><input type="checkbox"/> Other: _____ (please specify)</p>
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