

SAND abstract No. 157 from the BEACH program 2009–10

Subject: Depression and antidepressant use in general practice patients

Organisation supporting this study: Wyeth Australia Pty Ltd

Issues: Prevalence of current diagnosed depression; 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; their current use of antidepressants; medication side effects thought (GP clinical opinion) due to the antidepressant medication(s).

Sample: 5,704 patients from 195 GPs; data collection periods: 24/02/2009 – 30/03/2009 and 01/12/2009–18/01/2010. Note: results from the first of these data periods were previously reported as SAND Abstract number 142, in *General practice activity in Australia 2008–09*.

Method: Detailed in the paper entitled *SAND method 2009–10* at: <www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

The sex distribution of surveyed patients did not differ from that of patients at all BEACH encounters 2008–09, 42.4% being male. However, this sample was significantly older than patients at all encounters, a greater proportion being aged 65 years and over.

The prevalence of current diagnosed depression among the 5,704 patients was 16.4%, (95% CI: 15.0–17.9), and significantly higher among females (18.8%, 95% CI: 16.9–20.6) than males (13.2%, 95% CI 11.6–14.8). Prevalence was highest among those aged 25–44 years (21.6%) and 45–64 years (21.9%), then decreased significantly to 12.2% among those aged 75 years or more. Of the 936 patients with depression, 840 (89.7%) had at least one comorbidity and 66.6% had two or more. Most common were anxiety (56.7%), insomnia (34.1%), hypertension (27.6%), back complaint (24.3%), lipid disorder (19.7%) and gastro-oesophageal reflux disease (18.5%).

Of the 936 patients with diagnosed depression, 915 (97.8%) responded to the antidepressant question. Of these, 695 (76.0%) were taking antidepressant(s), and 659 patients gave details of 689 antidepressants being taken. About half (51.5%) of these were selective serotonin reuptake inhibitors – largely accounted for by sertraline (14.5% of all antidepressants), citalopram (11.6%) and escitalopram (10.4%). A further 12.6% were non-selective monoamine reuptake inhibitors; 2.4% were monoamine oxidase A inhibitors (selective or non-selective); and 33.4% were ‘other antidepressants’ (venlafaxine being most common at 17.1%). The presence/absence of side-effects of antidepressants was reported for 650 (93.5%) of the 695 patients: 451 (69.4%) reported no side-effects; and 199 (30.6%) reported 301 side effects (average 1.5 per patient). The most common side effects were sedation (10.8% of those on antidepressants), weight gain (9.9%) and sexual dysfunction (7.5%).

Among those taking antidepressants, prevalence of the common comorbidities paralleled that of all patients with depression. GPs detailed 2,035 other prescribed medications for 627 patients on antidepressant(s) for depression (average 3.2 per patient). Patients on no other medications reported fewer side effects of antidepressants, but reported side effects of antidepressants did not increase with increased numbers of other prescribed medications.

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AIHW Australian GP Statistics and Classification Centre, 2010. SAND abstract No. 157 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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