

SAND abstract No. 23 from the BEACH program 2000–2001

Subject: Depression

Organisation supporting this study: Commonwealth Department of Health and Ageing (Pharmaceutical Benefits Branch).

Issues: This sub-study examined the GP perceived rate of depression managed among general practice respondents, and the rates of management of different types of depression.

Sample: 5,624 respondents for 196 GPs; data collection period: 16/01/01 – 26/03/01.

Method: Detailed in the paper entitled 'SAND Method' on this website (<http://www.fmrc.org.au/beach.htm>). 'Major depressive disorder' was defined according to DSM-IV criteria to provide guidance for GPs reporting this condition.

Summary of results

Males were slightly under-represented in the SAND sample (39.8 %, 95% CI: 37.9—41.7) compared with the expected distribution for BEACH (42.7%, 95% CI: 42.0—43.5).

The GPs recorded managing depression at 12.1% of encounters (n=682). Depression was noted for 13.8% of females (95% CI: 11.4—16.2) and 9.4% of males (95% CI: 6.3—12.5). Among adults aged 45–64, 16.6% were managed for depression (95% CI: 12.1—21.2) compared with 9.3% of young people aged 15–24 (95% CI: 0.6—18.0). Differences in sex specific and age specific rates however, were not significant, possibly due to the relatively small numbers in certain age groups.

The most frequent type of depression was 'depression with anxiety disorder', seen in 4.0% (n=223) of SAND respondents, followed by 'chronic mild depression' (3.5%, n=196) and 'adjustment disorder with depressed mood' (2.9 %, n=162). 'Major depression' was seen in 2.6% (n=147) of SAND respondents. Alcohol/drug related depression (n=28) and bipolar disorder (n=7) were very infrequently managed among SAND respondents.

In this SAND analysis GPs reported managing depression at 3–4 times the rate normally reported at BEACH encounters (3.4 depression problems per 100 encounters). The discrepancy between SAND and BEACH in the management rates of depression, suggests that GPs perceived many more of their patients as depressed than they explicitly managed for depression. It is also possible that GPs consider GP-patient encounters as involving implicit management of depression, regardless of the explicit problems managed per se. Some GPs may have perceived depression as part of the patient problem with which they were dealing, or as an inherent part of the patient's disease complex, and not as a separate problem managed in the encounter. This study suggests that depression is recognised in general practice patients far more frequently than suggested by GPs' explicit recording of depression as a diagnosed problem under management.

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