How can a mental health questionnaire influence GPs in managing depression?

Dr. Jackie Tavabie

Political agenda

- The NSF for mental health identified depression as one of its priority areas (DoH 1999)
- Increasing expenditure on antidepressants
- Huge social and economic costs of depression
- Increasing recognition of role of psychological intervention in mild depression
- NICE guidelines (NICE 2004) recommends use of questionnaires to encourage rational use of resources

Background

- 10% adults are affected by depression at any time (Hale 1997)
- 90% depression is managed by GPs, but they recognise less than 50% at first presentation (Kessler 2002)
- Education of GPs alone does not improve recognition or outcome (Kendrick 2001; Thompson 2000)
- Detection can be improved by using questionnaires but GPs feel they are too time-consuming for routine use (Anderson, Hawthorn 1989)
- GP attitude to depression significantly influences recognition and management (Main 1993; Chew-Graham 2002)

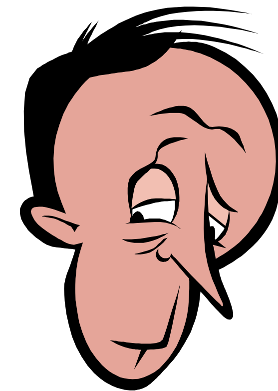
GP attitudes to depression

- Empathy
- Experience
- Knowledge of patient
- Available time
- Local resources

All affect GP attitudes to managing depression

BUT:-

- GPs' continuity in care is reducing
- Time is a scarce resource
- Local resources are limited
- Questionnaires have been resisted by GPs



Patient Health Questionnaire – 9 (PHQ – 9)

- A diagnostic and management tool for depression in primary care (Spitzer 1999; Kroenke 2002)
- Feasible for use in primary care consultations
- Self-report or clinician -administered
- 9 questions based on current DSM-1V criteria
- A symptom count tool, with proven validity and reliability (Spitzer 1999; Kroenke 2002; Lowe 2004)
- Suggests options, but leaves choice of management to GPs

PHQ-9 template

	Patient Name		Date					
1	Over the last 2 weeks how often have you been bothered by any of the following problems?							
				Not at all	Several days	More than half the days	Nearly every day	
a	Little interest or pleasure in doing things							
b	Feeling down, depressed, or hopeless							
c	Trouble falling/staying asleep, sleeping too much							
d	Feeling Tired or having little energy							
e	Poor appetite or overeating							
f	Feeling bad about yourself - or that you are a failure or have let yourself or your family down							
g	Trouble concentrating on things, such as reading the newspaper or watching television							
h	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual							
i	Thoughts that you would be better off dead or of hurting yourself in some way							
2	If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?							
	Not difficult at all	Somewhat difficult	Very Difficult		Extremely Difficult			

The Study Group

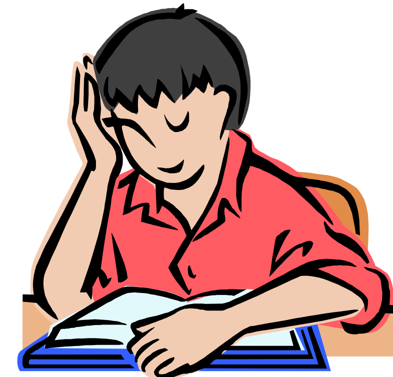
- 21 GPs in 4 practices forming one PbC group in South East London
- All GPs working regularly in the practices – principals; salaried; full or part-time; GPRs - (excludes locums and visitors)
- Practices include teaching and non-teaching, and populations in affluent and deprived areas

The Design

This study is a FORMATIVE EVALUATION applying the principles of GROUNDED THEORY, using a combination of:

- Semi-structured questionnaire
- Interviews
- Focus groups

GROUNDED THEORY: A cyclical process of data collection and analysis, with detailed coding of data to develop themes, explored through further data collection until no new themes emerge and saturation is reached (Glaser, Strauss 1967)



The Protocol

- PHASE ONE: Information to potential participants. Written consent. First cycle of data collection (questionnaire followed by interview then focus group). Time scale 3 months
- PHASE TWO: Introduction of PHQ-9. Use in practice. Time scale 6 months.
- PHASE THREE: Second cycle of data collection as for Phase One. Comparison of first and second cycle data to evaluate effect of PHQ-9 on views of GPs on managing depression. Time scale 4 months.

Results

- 19 of a possible 21 GPs completed the study over 13 months (90%)

- GP views varied according to:
  - years in practice (experience)
  - perceived time spent dealing with depression (involvement)

Main themes

- Control and responsibility
- The doctor's relationship with the patient
- Support for the doctor

Control and responsibility

- Experienced GPs wanted less responsibility, due to increasing pressure from other demands, and used questionnaires to involve patients in choosing other options in care

- More involved GPs wanted to retain control and responsibility but used questionnaires to improve patient compliance

- Less experienced and less involved GPs welcomed questionnaires which increased their confidence; helped ask difficult questions and encouraged them to ask about depression

The doctor-patient relationship

- More involved GPs found questionnaires intrusive in the consultation and were least likely to use them
- With experience, GPs adapted the questions around the consultation to cause least intrusion and involve the patient in the process
- Less experience and less involved GPs were picking up more depression by using the questionnaire, and were more prepared to discuss it with patients

Support for the doctor

- Experienced and involved GPs felt supported by colleagues and grateful patients
- Less experienced GPs found support in the questionnaire which gave them confidence in their diagnosis and management

Outcomes

- GPs more willing to use questionnaires than previous studies have suggested
- Increased detection of depression
- Increased time spent by GPs talking to patients about depression
- Increased confidence of GPs dealing with depression
- Increased patient involvement

The Future

- If use of questionnaires increase detection, but reduce GP commitment to ongoing responsibility, will there be impact on the doctor-patient relationship?

- If other providers replace the traditional GP role in ongoing care, what will be the associated costs for the health service?