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Management of depression in UK general practice in relation to scores on depression severity questionnaires: analysis of medical record data

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EDITORIAL by Van Weel and colleagues

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STUDY QUESTION Do general practitioner rates of drug prescribing and referrals for depression vary in line with patients' scores on the depression severity questionnaires recommended in the UK quality and outcomes framework (QOF)?

SUMMARY ANSWER Prescriptions and referrals were significantly associated with higher depression severity scores. Overall rates of treatment and referral were similar for patients assessed with the two most frequently used questionnaires, however, despite more than 80% of patients scoring as moderately to severely depressed on one questionnaire compared with just over half of patients on the other. Doctors' decisions on intervention are not based on the questionnaire scores alone. Questionnaires' threshold scores for intervention should be made more consistent with each other and with doctors' clinical judgment.

Participants and setting

Thirty eight general practices in three sites—Southampton, Liverpool, and Norwich—agreed to participate.

Design

Anonymised medical record data were collected on 2294 patients who had been assessed with depression severity questionnaires in April 2006 to March 2007.

Primary outcomes

Rates of prescribing of antidepressants and referrals to specialist mental health or social services.

Main results

A total of 1658 patients were assessed with the patient health questionnaire (PHQ-9), 584 with the hospital anxiety and depression scale (HADS), and 52 with the Beck depression inventory (BDI-II). Overall, 79.1% of patients assessed with either PHQ-9 or HADS received a prescription for an antidepressant, and 22.8% were referred to specialist services. The odds of receiving a prescription

or referral were significantly higher where questionnaire scores indicated moderate to severe depression. Overall rates of intervention were similar for patients assessed with either measure despite PHQ-9 classifying 83.5% of patients as moderately to severely depressed, compared with only 55.6% of patients assessed with HADS. The odds of receiving intervention tended to be lower for older patients and those with physical comorbidity (see table) even though screening for depression among such patients is encouraged in the QOF.

Bias, confounding, and other reasons for caution

The sample included too few patients assessed with BDI-II for meaningful analysis of that measure. The sample assessed with HADS was only a third of the size of that assessed with PHQ-9 and included relatively fewer older patients, recurrent cases, and patients with physical illness, increasing the risk of missing associations with severity and the other factors in the HADS group (type II error).

Generalisability to other populations

This was not a random sample of practices but volunteers that probably included doctors with a particular interest in the study; they may not be representative of UK general practitioners. The odds of receiving antidepressants or referral varied between the three centres, possibly because of variation in the availability of psychological therapies as an alternative to drug treatment.

Study funding/potential competing interests

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LOGISTIC REGRESSION ANALYSES OF FACTORS PREDICTING INTERVENTION FOR DEPRESSION

Intervention	Adjusted odds ratio (95% CI)			
	Moderate to severe depression score	Age ≥65 years	Diabetes	Coronary heart disease
Patients assessed with PHQ-9				
Prescription for an antidepressant	8.75 (4.97 to 15.44)***	0.79 (0.53 to 1.18)	0.57 (0.37 to 0.87)*	0.54 (0.35 to 0.83)**
Referral to mental health or social services	1.63 (0.81 to 3.30)	0.50 (0.31 to 0.80)**	0.51 (0.29 to 0.89)*	0.40 (0.23 to 0.71)**
Patients assessed with HADS				
Prescription for an antidepressant	6.55 (3.84 to 11.18)***	1.23 (0.55 to 2.74)	0.52 (0.22 to 1.24)	0.68 (0.26 to 1.78)
Referral to mental health or social services	2.35 (1.26 to 4.37)**	0.18 (0.05 to 0.60)**	0.69 (0.22 to 2.20)	1.98 (0.61 to 6.44)

*P<0.05; **P<0.01; ***P<0.001

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