

PRACTICE OBSERVED

Practice Research

Do general practitioners "miss" depression in elderly patients?

A J D MACDONALD

Abstract
In a study of the prevalence of depression in 235 elderly patients who attended general practice...

Introduction

The results of several studies have indicated that general practitioners are not aware of psychiatric disorder in their patients...

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Patients and Methods

After a preliminary feasibility study one practice was chosen from each of three areas of south London which were approximately eight, three, and two miles from the city centre...

During the study research interviewers took part in an inter-rater reliability exercise on one day of each week of the survey...

who was "blind" to the depression scale score, as a contribution to the validation of the method...

Results

Twelve general practitioners worked in the three practices chosen. Four were women and four were men...

Table 1—The sampling procedure

Table with 2 columns: No. and description of sampling steps like Morning surgeries attended over study year, etc.

Table 2—Intra-rater reliability and validity of the depression scale score: maximum score 30 (percentage of parameters)

Table with 3 columns: Research assistant, A, B, A+B and 3 rows: Principal investigator, H, Kappa

Table 3—Factors associated with the agreement or disagreement between the general practitioners' assessments of any depression and the depression scale score...

Table with 4 columns: L, H, M, H+M and 3 rows: Prevalence with psychogeriatric assessment, Prevalence with general practitioner assessment, etc.

form was missing after the surgery or the general practitioner had left the surgery without completing it...

Table 4—Relation between general practitioners' assessments of any depression and depression scale score (percentage of parameters)

Table with 3 columns: Name, Mild/moderate/severe, Total and 3 rows: All cases in which general practitioner made any assessment, etc.

Table 5—Factors associated with the agreement or disagreement between the general practitioners' assessments of any depression and the depression scale score...

Table with 4 columns: L, M, H, H+M and 3 rows: Prevalence with psychogeriatric assessment, Prevalence with general practitioner assessment, etc.

Table 6—Factors associated with the agreement or disagreement between the general practitioners' assessments of any depression and the depression scale score...

Table with 4 columns: L, M, H, H+M and 3 rows: Prevalence with psychogeriatric assessment, Prevalence with general practitioner assessment, etc.

Table 7—Factors associated with the agreement or disagreement between the general practitioners' assessments of any depression and the depression scale score...

Table with 4 columns: L, M, H, H+M and 3 rows: Prevalence with psychogeriatric assessment, Prevalence with general practitioner assessment, etc.

higher number of non-psychiatric drugs being taken than in either of the other two groups. The overall rate of prescription of antidepressant drugs was low...

Discussion

The main finding of this study was that, excluding patients with a "marginal" depression scale score, only 11.1% of the disagreement between the general practitioner's assessment of depression and the depression scale score was caused by "missed" depression...

There were two main differences between this study and Goldberg's—the age of the subjects, and the fact that he required the general practitioners to rate their patients on a scale of "psychiatric disturbance"...

100 YEARS AGO

One of the most troublesome features of life, under unhygienic conditions, is the urticant condition into which the denizens of busy cities are apt to drift. The dyspeptic troubles, consequent on the ingestion of unsuitable food...

than just supportive counselling by the general practitioner, for instance. In this study there was a low rate of referral and of prescribing of antidepressant drugs...

It seems that the longstanding impression left by Williamson's study of unknown and unmet need should be re-examined. They assessed recognition primarily by examining the general practice records before the survey and noted when a diagnosis was recorded...

The results show that the general practitioners in the study had no difficulty in recognising depressed states in elderly people who attended surgery, but such recognition appeared to be unaccompanied by external referral or treatment with antidepressants...

The study was supported by a grant from the Department of Health and Social Security and was directed by Professor Michael Shepherd of the Institute of Psychiatry, whom I thank. Part of the study was carried out in collaboration with a similar study at Columbia University, New York City...

References

- 1 Williamson J, Spector HL, Gray S, et al. Old people in hospital. Their unreported needs. Lancet 1967; ii:727.
2 Harris B. Psychiatric morbidity among the physically handicapped elderly in the community in Hong Kong. J Geriatr Psychiatry Neurol 1979; 2: 207-20.

and is attributable to excesses, either gastronomic, intellectual, or sensual. With this information in his possession, the medical attendant will not find it a difficult task to formulate such rules as are essential to a return to the normal. That the patient will always consent to purchase serenity of mind...

Essays on Practice

Prescribing information to patients

SUSAN CLAYTON

The contrast between the efficiency, with which drugs are distributed to patients and that with which information about health care is distributed to them is great. It is recognised that providing patients with suitable leaflets on managing and preventing disorders is important...

It is well known that giving information to patients verbally can be unreliable. Consultations with patients are usually short, and there is little time to give them information about the cause and daily management of a disorder...

Though there are good reasons for providing certain patients with leaflets and published material on health care, the methods of producing and distributing these are inadequate. No information is available about some conditions, some publications are either poorly prepared or comprehensible only to those with a high level of literacy...

Even when good publications exist they often do not reach the patients who need them. Doctors are not helped to evaluate the enormous range of material that is available (some free of charge), it is not easy to request that leaflets are supplied to certain patients...

As a patient I have not seen or been given any information on hayfever, back pain, or vaginitis, for example, despite wanting to learn more about their causes and management. Nor have I seen leaflets on display on how to manage eczema, incontinence, or cystitis...

On behalf of the Department of Health and Social Security (England's health department) I studied the Department of Health and Social Security's provisions for helping patients, visitors, and essential workers with the cost of travelling to hospital...

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offices. Certain patients on low incomes not only have a right to this help but without it cannot afford to travel to hospital for consultations or to complete treatment.

Prescriptions and computers

Surely the time has come to provide and disseminate useful published material to patients systematically. Perhaps doctors could prescribe such material as they do drugs. A reference book arranged like the British National Formulary might be helpful, and health professionals should be encouraged to write prescriptions for patient education booklets...

On line computers could be used much more to provide access to data bases of material for patient education. Since different types of patients would require different types of information an inquiry program might incorporate question and answer interaction to help to access suitable material.

Such can be done now, however, to help patients and carers to identify and obtain information. For example, more thought might be given to assigning responsibility for choosing and displaying free leaflets and booklets in hospitals, general practices, surgeries, and public libraries, to providing reference or borrowing libraries for patients, to informing patients about who to ask for advice on access to material, and to the use of preprinted forms for requesting educational material not to hand which can be sent to patients' homes from a supply centre.

It is salutary to remember that a common criticism by patients of the health service is lack of communication. Undoubtedly, much of this criticism relates to inadequacies of verbal communication. I believe, however, that improving systems of access to educational material by patients would go a considerable way towards improving health in our society.

Reference

- 1 Clayton S. Getting to hospital. In: Harrison A, Gennep J, eds. Transport UK 1985. London: Policy Journals, 1985: 80-9.

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