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Depression in general practice

GENERAL practitioners see patients with ill-defined conditions which have a varying composition of physical, psychological and social disease. There have been numerous studies of depression in British general practice but there is no generally accepted estimate of the prevalence of patients with depressive illnesses. It is likely that the varying figures reflect differences in the attitudes and skills of general practitioners rather than differences in the true prevalence of depression in the community. The series of morbidity statistics from general practice[1,2] show a substantial increase in the prevalence of depressive illnesses over the years — an increase which almost certainly reflects rising awareness and improved diagnostic skills in general practice rather than any change in patients.

The fundamental questions concerning depression in general practice are: what exactly is it and how is it defined? how much of it is there? how is it recognized or not recognized by general practitioners? and how should it be treated and how well is that treatment given?

The new occasional paper, *The presentation of depression: current approaches* reopens the debate on the nature of depression in general practice and why it is often not recognized. In the introduction, Harris notes the factors which influence the patient's and the doctor's perceptions of depressive illness and how these factors are changing, for example the changing public attitude to psychotropic drugs.

Most of the individual papers concern the diagnosis of depression as defined by one of a number of screening tests. Copeland examines the use of one system of screening in a small number of elderly people in the USA and the UK and reports that 11% of patients on both sides of the Atlantic were defined as depressed.

Goldberg and colleagues from the Department of Psychiatry at Manchester show the extent to which patients present with what they believe are physical problems but which are likely to be symptoms of psychological problems and in particular depression. Given that patients with chronic physical conditions are liable to become depressed the diagnostic challenge for general practice is all the greater.

Few general practitioners are going to be able to use detailed questionnaires, even in their shortened form, to identify patients who may be depressed. What is hopeful, however, is that the number of questions that a general practitioner needs to ask to check for the possibility of a depressive illness is relatively small, and that other cues to diagnosing depression have been identified, such as the doctor feeling depressed during the consultation, recurring symptoms, as well as the probability that certain groups of symptoms, for example being tired all the time, are associated with depression.

Recent studies of the use of tricyclic antidepressants (Freeling P. Personal communication) suggest that these drugs are effective and can relieve a great deal of suffering. Just at a time when patients are coming to the conclusion that psychotropic drugs have been heavily over-prescribed, it will be a paradox if it becomes the general practitioner's job to use them more.

The presentation of depression: current approaches provides a rational strategy for detecting, diagnosing and treating patients suffering from a depressive illness in general practice.

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The presentation of depression: current approaches, Occasional paper 36, is available from the Central Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £4.00 including postage. Cheques should be made payable to RCGP Enterprises Ltd. Access and Visa are welcome.

Read any good papers lately?

A NEW section of the *Journal* begins this month and all readers, whether general practitioners or not, are invited to contribute.

'Fillers' derived from papers in other journals have always been popular with our readers and we are now setting aside up to two pages of the *Journal* for abstracts. The aim is to draw readers' attention to medical research that is important and interesting and is particularly relevant to primary care. We hope to cover reports of studies (or even reviews or case reports) which general practitioners might not normally encounter, from as wide a range of journals as possible.

The abstracts should briefly describe the study and its principal results, together with numbers or statistics, and could include a reference to another important work in the field, past or present. Contributors could comment on the methodology or relate the results to their own experiences. The length of the contributions will vary; this month's abstracts, compiled by the editorial board, range from 100 to 350 words, averaging about 250 words. Full details of the reference must be given (authors, initials, title, journal, year, volume, page range) and a copy of the article's own summary would be helpful.

So if you are too busy reading other people's research to do any yourself, why not share your learning with your colleagues?