

# Treating depression in general practice: factors affecting patients' treatment preferences

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## SUMMARY

We performed a cross-sectional survey of general practice attenders to determine their preferences regarding treatment for depression and characteristics associated with such preferences. Counselling was more popular than drug therapy (antidepressants), particularly among women, those who believed antidepressants are addictive, and those who had received such treatment in the past.

**Keywords:** patient attitudes; depression; antidepressants.

## Introduction

MAJOR depression can often be treated effectively with antidepressant medication but such treatment is relatively unpopular with the general public who favour psychological approaches.<sup>1-5</sup> Patient attitudes to treatment have implications for compliance and satisfaction but little is known about the factors that influence such preference. We therefore performed a study to investigate this among a population of general practice attenders, since these are subjects to whom the findings would be of greatest relevance. We examined associations with age, sex, the presence of current depressive symptoms, previous experience of treated depression, and attitudes to depression.

## Method

We performed a self-completion questionnaire survey among adult patients attending 20 general practices in the Trent Region. Practices were participating in a trial of treatments for depression but the survey was independent of that study. A researcher distributed the questionnaire to consecutive patients at randomly selected surgery sessions, with a target sample size of 0.5% of

the adult list size.

The questionnaire consisted of five sections, each containing closed questions requiring mainly single tick box or categorical responses:

1. Age and sex.
2. True/false responses to knowledge/attitudinal statements about aspects of depression.
3. Previous experience of treated depression in themselves or others.
4. Ranking four treatment options (trying to pull themselves together; seeing a psychiatrist; taking tablets; and seeing a counsellor/therapist) by preference should they ever require treatment for depression.
5. Current depressive symptomatology as assessed by the Beck Depression Inventory (BDI).<sup>3</sup>

Data analysis was performed using the Statistical Package for Social Sciences (SPSS for Windows version 8.0). We examined associations in relation to preferred (highest ranked) treatment using chi-squared tests and logistic regression analysis to calculate estimated odds ratios (with 95% confidence intervals) for independently associated factors.

## Results

Nine hundred and eighty-four surgery attenders were asked to complete questionnaires and 895 (91%) did so. Of those who completed questionnaires, 32% were male (mean age = 40 years) and 68% were female (mean age = 42 years). Two hundred and sixty (29.1%) responders reported personal experience of being treated for depression and, of these, 75.8% reported having been prescribed medication, 28.5% had seen a counsellor or psychologist, and 8% had been referred to a psychiatrist. Two hundred and eighty-two (32.1%) of the 878 patients who completed the BDI had a score of 11 or more, consistent with the presence of depressive symptoms.

Most responders (98.9%) agreed with the statement that 'depression can be a serious illness' and the majority (94.3%) acknowledged that it is a common disorder by agreeing that 'one in five people suffer from depression at some point during their lives'. Approximately half (47.8%) agreed that depression is always a reaction to external problems. Just over one-third (35.7%) agreed with the statement that 'if you are depressed you have to pull yourself together'. Significantly more men (67.4%) than women (54%) believed antidepressants to be 'addictive' ( $\chi^2 = 8.38$ ,  $df = 1$ ,  $P = 0.004$ ).

In terms of treatment preference, approximately three times as many patients favoured counselling (50.8%) as favoured drug treatment (15.3%). Table 1 shows characteristics independently associated with a preference for counselling after logistic regression analysis. There was a positive association with female sex, previous experience of counselling, and a belief that antidepressants are addictive. There was a negative association with perceptions that 'depression is always caused by problems in people's lives' or that 'if you have depression you have to pull yourself together'. There were no associations between a preference for counselling and age, overall experience of treated depression or the presence of current depressive symptoms.

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**Table 1.** Patient characteristics associated with preference for counselling (logistic regression analysis).

Variable	Estimated OR	95% CI	P-value
Demographic characteristics			
Age	1.00	0.99–1.01	0.673
Female sex	1.73	1.25–2.39	0.009
Experience of treated depression			
Personal	0.76	0.42–1.42	0.388
Family member	1.03	0.71–1.50	0.869
Know anyone	0.84	0.56–1.27	0.417
Personal experience of treatment			
Tablets or medication	0.80	0.41–1.52	0.490
Counselling or psychological treatment	2.67	1.45–4.91	0.016
Current depressive symptoms			
Beck Depression Inventory score	1.00	0.98–1.02	0.826
Attitudes and beliefs			
Depression can be a serious illness	6.36	0.77–52.4	0.086
Depression is always caused by problems in people's lives	0.65	0.47–0.89	0.007
20% of people suffer from depression at some time	2.06	1.03–4.10	0.041
If you have depression you have to pull yourself together	0.49	0.35–0.69	<0.001
Antidepressants are addictive	1.60	1.16–2.19	0.004

## Discussion

This is the largest reported survey of attitudes to treatments for depression among general practice surgery attenders. Our findings confirm those of other studies among the general public that counselling is a preferred mode of treatment for depression.<sup>1–5</sup> Such preference is partly related to negative beliefs about the addictiveness of antidepressants. Evidence about the effectiveness of counselling for depression is lacking,<sup>6</sup> while antidepressants are of known benefit. However, the Defeat Depression Campaign had limited impact on changing negative public beliefs about antidepressants.<sup>1</sup> The results of studies evaluating the effectiveness of counselling for depression in primary care are needed to decide whether or not we should be trying to persuade the public that counselling is not as worthwhile as they think it is.

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