



Diagnosis and Management of Depression in a Primary Care Setting



Abstract

- This project assessed the utilization and delivery of depression management services in a rural community. A chart review was performed using ICD-9 codes for depressive disorders, then randomly selecting 100 charts from that list of patients. Variables selected included age, gender, anti-depressant use, mental health referral, and number of visits to the physician- which was broken down into psychiatric complaints and non-psychiatric complaints. In addition, local mental health care providers answered surveys with questions about their patient population and open ended questions about practicing in rural areas.



Rationale

- Depression is a major problem for all whose lives it affects, including patients, families, community, and physicians. Depression affects quality of life, productivity, and increases risks and severity of major chronic diseases. Primary care physicians (PCPs) are on the front line of mental health care, and this project was designed to look at their diagnosis and management of this serious disease.



Hypotheses

- PCPs in rural areas refer only a small number of depressed patient to mental health providers due to access and cultural issues
- PCPs are comfortable prescribing anti-depressants
- Depressed patients go to the physician often with both psychiatric and non-psychiatric complaints
- Communication between providers continues to be a problem, especially between PCPs and psychologists



Methods

■ Chart Review

- list of patients with ICD 9 codes for depression
- randomly selected 100 patients from that list
- recorded variables from each chart including age, gender, use of antidepressants, if a referral was made, number of visits- noting psychiatric or non-psychiatric complaints
- analyzed data using SPSS program

■ Survey

- surveyed local psychologists and psychiatrists
- questions about patient populations and communication with PCPs



Results

- Gender- 43% male 57% female
- Age- 18-29 22%
30-44 30%
45-59 29%
60 and greater 19%
- Referral to Psych
Yes 16% No 84%
- Anti-depressant use?
Yes 95% No 5%



Results

- Total Visits '99-'02

1-8 49%

9-19 37%

20-48 14%

mean 10.63

- Psych Visits '99-'02

1 27%

2-3 43%

4-7 30%

mean 2.79



Results

- Average age of patients who were referred was 34
- Average age of patients not referred was 46
- Proportion of psych visits to total visits decreased as age increased
- There was no statistical significance between genders in any categories



Survey Results- Perceived Barriers to Mental Health Care

- Money, lack of insurance coverage
- Lack of local psychiatrists
- Perceived lack of confidentiality
- Stigma of mental health problems
- Lack of PCP knowledge of available resources



Survey Results- Suggestions for PCPs

- Maintain communication with counselors
- Stress benefits of counseling
- Use of a depression screening tool
- Evaluate for alcohol and drug use
- Make sure to prescribe antidepressants appropriately (adequate dose, adequate length of med trial)



Conclusions

- With this look at one rural physicians office, an interesting snapshot of rural practice is seen. Almost all patients in this study were placed on an anti-depressant at least once in their course of treatment. Few patients were referred to either psychologists or psychiatrists, even though research has shown the benefits of combining counseling with medication therapy. Patients who were referred tended to be younger. This may indicate a higher level of dysfunction by the time younger patients seek help.



Implications

- With PCPs treating a large percentage of depressed patients, efforts need to be made in training and continued education to stay current with depression treatments
- When treating patients for depression, the benefits of counseling should be discussed with the patient. If referral is not an option for whatever reason, the physician may consider in-office counseling. This would depend on the physician's comfort level with counseling and time constraints of office practice
- Rural providers need to be aware of the availability of local mental health care providers and their position in that network



Discussion

- Research about mental health care provided by primary care physicians is largely lacking. Many areas need to be looked at closely, including PCP education, comfort levels, access to psychiatry in rural area.
- Limitations of the study:
 - only one PCP office was studied
 - some information was difficult to obtain due to current charting practices
 - limited time led to limited number of charts reviewed
 - only 50% response to survey



Selected Resources

- Ng B, Bardwell WA. “Depression Treatment in Rural California: preliminary survey of nonpsychiatric physicians.” *J Rural Health* 2002 Fall;18(4):556-62
- Lambert S, Gale J. “Medicaid Managed Behavioral Health in Rural Areas.” *J Rural Health* 2003 Winter;19(1):4
- Petterson SM. “Metropolitan- Nonmetropolitan Differences in Amount and Type of Mental Health Treatment.” *Arch Psychiatric Nursing* 2003 Feb; 12(1):12-19
- Merwin E, Hinton I, Dembling B. “Shortages of Rural Mental Health Professionals.” *Arch Psych Nursing* 2003 Feb;17(1):42-51