

DEPRESSION: THE COMMON DENOMINATOR—HOW CAN WE HELP?

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INTRODUCTION

Depression is on the rise worldwide—450 million people have diagnosable mental conditions—but 30% to 50% of depressed patients in primary care settings go unrecognized. Dr. Thomas Bornemann believes one way to overcome the problem in the United States is to involve primary care in the identification and treatment of depression.

“The World Health Organization in the *World Health Report of 2001* cited the integration of mental health into primary care as the number one recommendation to countries,” Dr. Bornemann said. “This makes sense for many reasons: Primary care is where many patients want to receive their health care; patients want ‘one-stop shopping’; many of these patients are already involved in primary care; and primary care is already a de facto mental health system.”

Magnitude of the Mental Health Problem

- There is a 19.3% lifetime prevalence of any affective disorder.
- There is a 17.1% prevalence of major depression. (Kessler, NCS, 1994)
- As many as 25% of primary care patients are experiencing a mental disorder. (Ustun and Sartorius, 1995)
- As many as 50% to 70% of primary care patients have at least a “mental health problem.” (US Surgeon General’s Report on Mental Health, 1999)
- More than 75% of decedents from suicide had contact with their primary care providers within one year prior to

death. Across all age ranges, approximately 50% of decedents had contact with their primary care providers within one month of suicide. (Luoma, et al, 2002) “These patients probably gave obscure messages that they were experiencing distress,” Dr. Bornemann said.

The recent World Violence Report (2002) of the World Health Organization says that nearly half of all the violent deaths worldwide are suicides, greater than war and homicide combined. “This is a staggering statistic,” Dr. Bornemann said.

Depression places a heavy burden on the healthcare system, Dr. Bornemann continued. “Psychologically distressed patients are more likely to be high-users of medical services—a group that accounts for 90% of healthcare utilization.”

Research supports the belief that depressed patients overload the system:

- Twenty-four percent of high-users had major depression and 64% of these patients had a lifetime history of depression. (Katon et al, 1990)
- The cost of depression was estimated at \$43.7 billion in 1990. This amount included \$12.4 billion for direct costs, \$7.5 billion for mortality from depression-related suicide, and \$23.8 billion due to morbidity costs associated with depression in the workplace. (Greenburg et al, 1993)

RELATIONSHIP TO OTHER DISEASES

“Depression increases the frequency of poor outcomes among those suffering from chronic diseases, such as diabetes,” Dr. Bornemann said. Using diabetes as an example, he cited this research:

- When depression occurs with diabetes, the results can include poor compliance with treatment recommendations, increased symptoms, and increased likelihood of lethal complications. (Culpepper, 2002)
- A study of Medicare claims from more than 200,000 elderly Americans revealed that people with diabetes and depression “seek treatment for more services and, when admitted, spend more time in inpatient facilities than claimants without major depression.” (Finkelstein et al, 2002)

REASONS FOR OPTIMISM

“We can incorporate treatment for depression into primary care,” Dr. Bornemann said. “There is promising data from the Bryner Clinic study in Salt Lake City and a Robert Wood Johnson Foundation national program showing that primary care personnel can address the problem of depression.” These efforts are demonstrating that effective care for depression improves the overall quality of care and need not be unreasonably expensive.

The carrot-on-a-stick for primary care providers is this: “If

you pay attention to depression, you are likely to get outcomes in other health areas, such as diabetes,” Dr. Bornemann said.

The interest in improving the management of mental health problems in primary care is not new. Globally, since the famous Alma Alta Conference nearly 30 years ago, managing mental disorders has been a major area of concern. However, until recently, we have not had the knowledge base to press forward in implementing innovative programs and policies. In designing effective and efficient primary care systems, mental health is now able to take its rightful place as a significant contributor to better health care overall.