



## **EAAD-project - Flanders**

### **Annex 1: Structured patient file for the detection and diagnosis of depression by GP May 2004**

Target group: general practitioners

Instrument: Structured patient file for the detection and diagnosis of depression by GP

Aim: - Description of processes of diagnosis and decision  
- Support for GP in processes of detection, diagnosis and decision

Background: - literature, clinical consensus and EBM guidelines

### **Summary**

#### **Step 1: Diagnosis by GP**

- Detection
- Diagnosis
- Severity of depression

#### **Step 2: Therapy of the GP**

#### **Step 3: Consult psychiatrist**

#### **Step 4: Referral to 2<sup>nd</sup> line or hospital**

#### **Step 5: Aftercare**

## Step 1 : Diagnosis by the GP

### 1. Detection

Detection is the goal-oriented questioning of patients at whom the GP suspects depression (= being alert to signs of depression).

Possible signs of depression are (Jenner ea., 1995, p. 13): fatigue, vague complaint, pain, change in appetite, stomach pain, headache, apathy, anxiety, loss of interests, feeling guilty, sleeping problems, neglecting work, experiences of a loss in the recent past of the patient in the domains of health, relations, work, leisure, ...

The BECK-depression scale can be used to detect depression and to assess the severity of the depression. This self-report questionnaire contains 21 items divided over five scales: cognitions, vegetative symptoms, mood, social functioning and degree of irritability. A total score can be obtained by counting the items and an indication of depression is given. This total score is compared with the norm group (= a heterogeneous group of patients) (Bouman, Luteijn, Albersnagel & van der Ploeg, 1985).

Score	Interpretation of depression	
0-2	Very low	Not depressed
3-7	Low	Not depressed
8-14	Below the mean	Not depressed
15-22	Mean	Mild depressed
23-25	Above the mean	Moderate depressed
26-36	High	Serious depressed
37-63	Very high	Very serious depressed

Score of < 15: the detection of depression ends here

Score of ≥ 15: further diagnostic research is required

**At the end of this phase information is collected about:**

- Why did you think this patient can be depressed? Which complaints and circumstances lead to your suspicion?
- How long do you think this patient is already depressed
- Why did this patient come to your practice
- Score on the Beck-depression scale: ..... /63
- Indication for: not depressive – light depressive – moderate depressive – severe depressive
- Findings from the discussions of the results with the patient

## **2. Diagnosis**

The diagnosis will be set by means of the criteria of the DSM-IV

### DSM IV criteria for Major Depressive Disorder

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

1. depressed mood most of the day,
2. markedly diminished interest or pleasure in all, or almost all, activities
3. significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
4. insomnia or hypersomnia nearly every day
5. psychomotor agitation or retardation nearly every day
6. fatigue or loss of energy nearly every day
7. feelings of worthlessness or excessive or inappropriate guilt nearly every day
8. diminished ability to think or concentrate, or indecisiveness, nearly every day
9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

The symptoms do not meet criteria for a Mixed Episode

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

The symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment,

morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Important differential diagnoses for major depressive disorders are:

- organic disorders
- psychotic disorders
- dementia
- bereavement
- anxiety disorders
- adjustment disorders
- personality disorders
- burn-out
- somatization

#### DSM IV criteria for a dysthymic disorder

There must be at least two years a depressive mood in combination with two symptoms of a major depression. The complaints of the patient are present in more than half of the time. A contra indication for a dysthymic disorder is when the patient reports that he is symptom free during a long period (more than 2 months).

Based on the DSM-IV criteria, it is possible to know whether a patient suffers from a depression (major depressive disorder – dysthymic disorder). Relevant information of the patient then is described by means of the DSM-IV. The DSM-IV uses a multi-axial or multidimensional approach to diagnosing. It assesses five dimensions:

#### **Axis I: Clinical syndromes**

This is what we typically think of as the diagnosis (e.g., depression, schizophrenia, social phobia)

#### **Axis II: Developmental Disorders and Personality Disorders**

Developmental disorders include autism and mental retardation, disorders which are typically first evident in childhood

Personality disorders are clinical syndromes which have a more long lasting symptoms and encompass the individual's way of interacting with the world. They include Paranoid, Antisocial, and Borderline Personality Disorders.

#### **Axis III: Physical Conditions**

Physical conditions such as brain injury or HIV/AIDS that can result in symptoms of mental illness are included here.

**Axis IV: Severity of Psychosocial Stressors**

Events in a persons' life, such as death of a loved one, starting a new job, college, unemployment, and even marriage can impact the disorders listed in Axis I and II.

**Axis V: Highest Level of Functioning**

On the final axis, the clinician rates the person's level of functioning both at the present time and the highest level within the previous year. This helps the clinician understand how the above four axes are affecting the person and what type of changes could be expected.

**At the end of this phase information is collected about:**

- Axis I: clinical syndromes
- Axis II: developmental disorders and personality disorders
- Axis III: physical conditions
- Axis IV: severity of psychosocial stressors
- Axis V: highest level of functioning

**3. Severity of depression**

The judgment of the severity of depression is based on:

- score on the Beck Depression Scale (however this is a self-report questionnaire which can give an under- or overestimation of the depressive symptoms

AND

- clinical judgment of the GP. Therefore the GP can rely on the patient's degree of dysfunctioning and an evaluation of the presence of depressive symptoms like loss of weight, insomnia, psychomotor retardation

The DSM-IV gives the following specifications of the severity:

Mild:

A few symptoms, if any, are present beyond what is needed to make a diagnosis, and a person can function normally although with extra effort.

Moderate:

The severity of symptoms is between mild and severe. For a manic episode, a person's activity is increased or judgment is impaired.

Severe Without Psychotic Features:

Most symptoms are present and a person clearly has little or no ability to function. For a manic or mixed episode, a person needs to be supervised to protect him/her from harm to self or others.

Severe With Psychotic Features:

A person experiences hallucinations or delusions. Psychoses may develop in about 15% of those with major depressive disorder. The presence of delusions and hallucinations often interfere with a person's ability to make sound judgments about consequences of their actions and this may put them at risk for harming themselves. Psychotic symptoms are serious and a person in this condition needs immediate medical attention and possibly hospitalization

**At the end of this phase information is collected about:**

- Severity of the depression based on the specifications of the DSM-IV: not depressed – mild depressed – moderate depressed – severe depressed
- Is there a discrepancy with the score on the Beck?
- Does your knowledge about the score on the Beck and about the discussion with the patient gives more information for your clinical judgement?

**Step 2: Therapy of the GP**

The following advice is given

\* For a mild or moderate depression

- no treatment with antidepressive medication unless the patient had already had a depression in the past or react positively on antidepressives or when the patient had permanent complaints
- information concerning the illness
- psycho-education and psychosocial counselling
- (if necessary) psychotherapy

\* For a severe depression

- a treatment with anti depressives is indicated.
- all anti depressives are equally effective
- the choice of pharmaca is based on: reactions in the past on anti depressives, co-morbidity, risk of suicide, ...
- modern anti depressives are preferred

- a treatment regime is suggested for Citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, reboxetine, trazodone, TCA.

**At the end of this phase information is collected about:**

- what kind of therapy is given to the patient?
- anti depressives for a mild of moderate depression:
  - motivation of this prescription
  - which anti depressive and which doses (+ motivation of choice of medication and doses)
- anti depressives for a severe depression
  - which anti depressive and which doses (+ motivation of choice of medication and doses)

**Step 3: Consult psychiatrist**

In case of doubt about the diagnosis or in case of support, the GP can call the psychiatrist or can make a one-session-referral.

Consultations concern advice about diagnostics, medication, indication for psychotherapy or/and indication for referral.

The directives for information exchange can be structured questioning in phone contact or by a letter of referral.

**At the end of this phase information is collected about:**

- was the psychiatrist consulted? (motivate answer)
- if the psychiatrist was consulted:
  - content of consultation, satisfaction with consultation and outcome

**Step 4: Referral to 2<sup>nd</sup> line or hospital**

In the following conditions, referral is indicated:

- if the depression goes together with psychotic symptoms
- risk of suicide

- bipolar disorder
- substance abuse
- failure of treatment
- severe symptoms
- specific psychotherapeutic treatment
- burden on the family

Referrals can be made for ambulant treatment of residential care. When the referral is done, the GP stays in touch. It is also possible that both psychiatrist and GP treat the patient.

**At the end of this phase information is collected about:**

- was there a referral? (motivate answer)
- if there was a referral?
  - to which organisation or person, does the GP stay in touch

**Step 5: Aftercare**

After the treatment was finished, the GP receives a report containing the planning for the aftercare: who takes care of what, follow-up, further visits to psychiatrist, psychotherapeutical follow-up, medication policy

**(if present) At the end of this phase information is collected about:**

- was there an aftercare plan?
- if there was a plan:
  - content of the plan

## **Experiences with the instrument by the GP**

### *Positive experiences*

- Opening new themes
- Support in clinical judgment on diagnosis of depression
- Indication of severity
- Possibility to re-evaluation

### *Bottle necks*

- Investment of time
- Discrepancies with clinical judgment
- Confrontation for patient

### **Still ... positive experience for patients**

- Little resistance
- Feeling to be taken serious
- Normalisation
- Review on pattern of symptoms and complaints
- Possibility of self reflection
- Helping to express one self