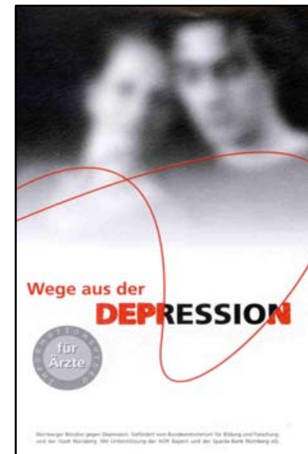
Videotape I: "Ways out of depression - information for GPs"

Short description

The purpose of the video



This video (duration: 15 minutes) aims to inform GPs about the appearance, causes and treatment of depressive diseases. One out of ten patients calling on a GP suffers from depression. Still, the significance of depression is highly underestimated, e.g the high number of suicides in Germany (12.000 per year) can be very much ascribed to the many cases of untreated depressions. The video is meant to contribute to a better medical care for depressed patients. It transports reliable knowledge to GPs about how to recognize depression and how to treat it successfully in their practice. Recommendations on actions are given and concrete approaches for a dialogue between doctor and patient are clarified using a demonstration technique.

Diagnosis of affective disorders in the GP's practice

The video informs about the problems concerning the GP's recognition of depressive diseases. Depression is sometimes overlooked because physical complaints such as headaches, gastric- and digestive troubles can conceal the depressive pathology. It is pointed out that these physical symptoms need to be perceived by the GPs as possible indices for a depressive disease and that they have to be explored actively through additional questions. As criteria for the diagnosis of a depressive disease the appearance of the following core symptoms during a time period of at least two weeks is mentioned: depressed disposition, lack of interest, bleakness, loss of energy, listlessness, loss of appetite and weight, sleep disorders and social retreat. Anxiety and guilt as well as suicidal thoughts are also listed as symptoms of depression.

Clarification and handling of acute suicidality

In the context of the exploration of depressive symptoms the video explicitly deals with the clarification of acute suicidality. GPs are recommended to ask their patients about suicidal fantasies and former suicide attempts as well as the occurrence of present social isolation. It is highly emphasized that the clarification of acute suicidality is a GP's indispensable duty, which should not in any case be neglected. The video also mentions that asking does not enforce suicidality but instead talking about it can mean a relief for

the patient. For the handling of acute suicidality the following recommendations of action are given: If the patient can distance him/herself believable from acute suicidality and is therefore reliable enough for an "alliance", a fixed time and date for the next appointment should be arranged. If this is not the case, the necessity of the patient's transfer to a specialist or a clinic is pointed out. In the case of acute suicidality, especially related to severe, delusional depressions, a stationary hospitalisation - even against the patient's will - should be taken in account.

Recommendations for the pharmacological therapy with antidepressants

Today's pharmacological options enable GPs to carry out successful treatments of depressive diseases in their practices. The video informs about different substances and products being of use for the treatment of depression. Different phases of a medical therapy are mentioned (such as acute, sustaining and long-time therapy). It is indicated that the success of a pharmacological therapy is very much dependant on how the patient's compliance - that is the regular intake of the prescribed dosage of medication during an ongoing period of time - is adequately supported. The critical phases of an antidepressant therapy are illustrated by a so-called "Kupfer's curve", which describes the progressive course of a depression. To support the patient's compliance the following recommendations are given: At first contact with the patients, prejudices and fears concerning antidepressant medication should be reduced. The GPs should point out that these drugs are not addictive in any way and do not change the patient's personality. It is suggested to convey to the patient an idea about the effects and the signification of a medical treatment. For this reason a graphic animation demonstrates and explains the dysfunctional information flow in the brain related to a depressive disease. Further more it is advised to inform about the effect-latency of antidepressants during the first 2-3 weeks to avoid a premature drop out of medication.

Recommendations for the supportive integration of the relatives

As the relatives of depressed patients often suffer from the consequences of the disease, the GPs are advised to appoint them as well and to inform then about the pharmacological therapy of depression. It is pointed out that the patient's compliance can be enhanced by the supportive integration of the relatives into the medical therapy and that the success of such a therapy can therefore be increased.

The video is also available with Estonian subtitles (Kuidas ravida depressiooni?).

Video Transcript

Speaker: Consumption, Success, Fitness and Fun. In our society we are not supposed to have negative feelings, to fell down or lack energy. According to a recent study from the World Health Organisation (WHO) a tenth of our population is suffering from depression at least once during their lives. Depression is seen as one of the most prevalent and most severe illnesses. The subjective perception of suffering is much more extreme than with all other dysfunctions.

No other illness can influence our quality of life to a similar negative extent. The number of suicides – more than 45 000 a year in the countries of the European Union – is largely caused by depression; mainly untreated cases of depression. The extent to which depression affects our lives is still much underestimated.

Every tenth patient presenting to their GP is suffering from depression. It is the important task of every GP to identify these patients and correctly diagnose their illness. Most patients are unaware that they could be or are in fact suffering from depression.

Prof. Hegerl: Symptoms suggesting depression must not be missed by the GP. For most patients it is not only a severe but possibly a life-threatening illness. However, it is not always easy for the GP to identify the signs as those suggesting a depression as physical complaints are usually prevailing. If this is the case it is important to explore the matter further and dig for the real cause behind the physical troubles.

Patient: I have a lot of headaches and I feel constantly tense and nervous. My digestion is not going very well either. I am not sure whether that's because I am so nervous all the time ... anyhow, my stomach upsets me a lot too.

Doctor: Tell me, how often do you have an upset stomach?

Prof. Hegerl: This is exactly the kind of situation where the GP must explore the patient's history in detail. If this does not happen, many cases of depression remain undiagnosed and can consequently not be treated adequately. For the patients themselves it is difficult to realise that they are suffering from depression, especially if it occurs for the first time. The patient would of course focus on his or her physical concerns and would normally only report those.

Speaker: The symptoms of depression are often covered up by physical complaints. Thus it is extremely important that a GP explores the possibility of a depressive condition further. Depressive syndromes can occur in conjunction with different illnesses, mainly with unipolar depressive dysfunction as well as with bipolar dysfunction. Here you may find depressive as well as manic phases during the course of the illness. Dysthymia should also be mentioned in this context as it describes a more chronic version of depressive disorder.

Prof Hegerl: In order to correctly diagnose a depressive disorder it usually suffices to focus on a few key symptoms. Does the patient appear to be in low spirits, do they seem unhappy or disinterested in their environment or can you notice a general lack of energy?

Doctor: You have just mentioned a lot of physical problems. Now tell me: How do you sleep?

Patient: I do not sleep very well at all in fact. I keep waking up in the early hours of the morning usually around 4 am and I cannot get back to sleep. Then I lie in bed and my thoughts are wandering. Consequently I am tired throughout the day.

Doctor: How about your eating habits? Have you still got a good appetite? Have you noticed a loss of weight maybe?

Patient: I lost about two kilos

Doctor: Over which period of time?

Patient: Over the last month.

Doctor: Tell me about your daily routine. Do you feel you have the strength to fulfil all your tasks?

Patient: Well I don't want anyone to notice anything. But it is not that easy to keep pulling myself together. No that's not easy at all.

Doctor: Do you still keep following your activities? How about your friends or colleagues? Do you avoid contact with others? How about your hobbies do you still follow them?

Patient: No, I didn't really have any hobbies or activities that I was doing. I did not feel like seeing anyone either so I mainly stayed at home, usually in bed actually.

Prof Hegerl: You can find these symptoms with nearly all cases of depression. They vary in their intensity though.

Speaker: Quite often the patient complains about physical disorders, pain or loss of energy and drive. Furthermore most patients suffer from insomnia or sleep disorders, loss of appetite and sexual dysfunction. Feelings of fear and guilt as well as thoughts about suicide usually go hand in hand with a depressive illness.

Prof. Hegerl: You must explore the chance of suicide with every patient suffering from depression. You have to ask questions to explore the matter, but you need to be sensitive about the subject. As a doctor you may ask whether the patient has made actual plans about suicide or whether he or she has attempted it before. You also need to find out whether the patient has entered social isolation. As a GP you are there to help and need not be afraid to address this issue. These questions are not likely to increase or stimulate the thoughts about suicide with your patient

Doctor: In such a state of despair have you ever thought about hurting yourself?

Speaker: If you get the impression that the patient is suicidal it is crucial to ask further questions to assess the situation. You can address the subject gently, for example you may ask:

Have these feelings ever been so strong that you have thought about taking it all a step further? As a doctor you may have to keep asking in order to get a clear picture of what is going on with your patient. It is possible that it already helps the patient to just talk about his or her suicidal state. To be open, tactful and sensitive towards the patient is extremely important. Hopefully the patient's immediate suicidal state can be calmed down, yet it is crucial for the doctor to make a new appointment with the patient in the near future. The patient also needs advice where he can get help if his mood changes and he is approaching a critical state again.

Doctor: After what you have told me I have the impression that you are suffering from depression. This is a very severe illness, you see, we have to take this very seriously. Can you promise me that you won't harm yourself until I see you again?

Patient: Yeah I think I can do that.

Doctor: We should be looking at the next steps ahead of us. It is very important that you do not become discouraged if you are feeling down or hopeless in between. The state that you are currently in will pass again, you will see.

Speaker: Active exploration and analysis of an acute suicidal state are our very duties as General Practitioners. In our case the patient is compliant and we can believe that she can distance herself from her suicidal state. However, sometimes it becomes necessary to refer a patient to a clinic or a specialist. If you find your patient to be in an acute suicidal state you have to send him to a clinic even against his or her will.

Prof. Hegerl: This is especially the case if severe, for example psychotic symptoms are diagnosed. Also, if depression is part of a bipolar affective disorder or if the patient is simultaneously suffering from other illnesses or is already taking medication. In such cases it is necessary to consult a specialist.

Speaker: Which plan of action would be recommended in order to guarantee the best and most successful therapeutic effects? First of all the patient must receive as much information as possible about the illness.

Prof. Hegerl: Especially with patients suffering from severe depression it is very important to make them understand that depression is an illness, just like any other illnesses and that it has a biological component, too. This can relieve the patient a lot and can reduce feelings of guilt. Depressive patients tend to ascribe their situation to personal failure. As far as the treatment is concerned, as a GP you can order anti-depressant drugs and should think about starting a specific psychological therapy. If you do order anti-depressants you must clearly describe to the patient how they are working.

Doctor: Depression can of course be caused by different things, however, all kinds of depressive disorders have one thing in common and that is a dysfunction of certain processes in the brain.

Speaker: So called neurotransmitters, which carry information from one neuron to the next do not function properly anymore. This is the point of action for the medication given. The drugs are able to improve the flow of information. This pharmacological treatment of depressive disorders can be divided into three phases: instant effects until the symptoms fade, followed by maintenance treatment and a long term therapy.

Patient: And you are convinced that a chemical product can solve my problems?

Doctor: Well I think that the medication cannot magically get rid of your problems, but it can certainly help you to deal with your problems.

Prof. Hegerl: Whether a therapy with anti-depressant medication is successful or not largely depends on the patient's compliance. It is known that many depressive patients stop taking their medication far too early. The reason for that being the fear of side effects.

Patient: What side effects can I expect with this medication?

Doctor: Look, I have got an interesting brochure for you here.

Prof. Hegerl: At this point you can reduce a lot of fear within the patient by telling them that anti-depressants do not become addictive and neither do they change the patient's personality.

Speaker: The Kupfer curve shows the course of the illness and the critical points in the pharmacological treatment.

Prof. Hegerl: If we take a look at this diagram, I would like to point out the three critical phases in the treatment with anti-depressants. The first key moment is the first presentation of the patient with depressive syndrome at the GP clinic. At this point, the GP must advise the patient strongly about the need and usefulness of the pharmacological treatment. The patient needs to understand the importance of taking the medication regularly as ordered.

The second key moment occurs after one to two weeks. At this point the side effects of the medication can be noted without seeing the positive sides yet. Thus the negative effects prevail at this moment in time. The positive and desired effects only come into action two to three weeks later thus the patient feels that the medication is doing him more harm than good. The GP needs to continue motivating the patient to keep taking the medication.

Speaker: In any case should the pharmacological treatment involve a specific anti-depressant drug. Various medications are available including tri-cyclic anti-depressants and selective serotonin removal inhibitors. Benzodiazepine does not work specifically

against depression but can be helpful in reducing fear or panic attacks. Benzodiazepine can also be used for very agitated or acutely suicidal patients. Neuroleptic drugs should only be ordered if the patient is showing signs of delusion as part of their depressive disorder.

Prof. Hegerl: After four to six months of continuing therapy the treating doctor needs to assess whether it makes sense to keep the patient on a long-term therapy plan to prevent a recurrence. By continuing to give the antidepressant medication relapse prevention can be maximised. Another option would be to order mood stabilisers such as Lithium or Carbamazepin which makes sense if the patient is suffering from a bipolar affective dysfunction.

Speaker: Depressive disorders are often the result of conflicts the patient is holding within himself. Friends and relatives are also affected by the effects of the illness which may then lead to a conflict situation within the family. Thus it is important that friends and relatives are able to take part in the process. They ought to be told about the character of the illness and the way that antidepressant drugs work including the effects and side effects that they bring along. The aim is to include friends and relatives with a supporting function into the therapy.

If the patient's compliance is supported adequately a good recovery can be achieved with the currently available medication. Successful therapy can already be achieved by the GP, special treatment in a clinic is thus not always essential.

The case studies shown in this documentary are based on the true experiences of patients suffering from depressive disorders.