

How to improve recognition and diagnosis of depressive syndromes using international diagnostic criteria

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SUMMARY

International diagnostic criteria for depression have been elaborated in order to standardize and to facilitate diagnostic assessment. The findings of the present survey suggest that general practitioners (GPs) do accurately assess the individual depressive symptoms required to fulfill international diagnostic criteria for depressive syndromes. Training GPs to use these diagnostic criteria may be a way of improving recognition and diagnosis of depression in general practice.

Keywords: depression; diagnostic criteria; primary care.

Introduction

SINCE there is a high prevalence of depressive syndromes encountered in primary care, the improvement of recognition and diagnosis of depression by general practitioners (GPs) must be considered as a major public health challenge.¹ In the last few decades, considerable research has been devoted to the elaboration of international diagnostic criteria for psychiatric disorders,^{2,3} in an attempt to improve the reliability of psychiatric disorder diagnosis. It may be worthwhile improving GPs' knowledge of these diagnostic criteria to help them to recognize and correctly diagnose depressive syndromes. The aim of the present study was to assess whether standardized diagnostic criteria for depression may be used by GPs to identify depressive syndromes.

Methods

The present study was carried out with the Aquitaine Sentinel Network of GPs.⁴ Some 79 GPs who were representative in age and geographical distribution of the GP population of Aquitaine, South-west France, participated in the present survey. This survey was carried out in June 1992 and was replicated in

December 1992 by the same GPs (except for four of them who did not participate in the June survey). The GPs were asked to complete a semi-structured questionnaire for every attender aged over 15 years seen on randomized day, whatever the reason for the visit, except when the medical state of the patient or language difficulties did not allow completion. This questionnaire, designed for the present survey, was based on the list of depressive symptoms required to fulfill the DSM-III-R²/ICD-10³ criteria for major depressive disorder or dysthymia, or ICD-10³ criteria for brief recurrent depression (BRD) (Table 1). A detailed clinical description was given for each symptom, associated with a list of questions aimed at determining whether the symptom was present on the day of the consultation and/or had been present during the previous week. All the symptoms listed in the questionnaire were investigated in each attender. When a patient displayed a symptom, the GP had to inquire about its current duration, its interference with daily functioning and about any history of similar past episodes.

Subsequently, the present authors used data collected by GPs on depressive symptoms to categorize their patients according to the diagnostic criteria for major depression,^{2,3} dysthymia,^{2,3} and BRD.³ The three diagnoses were mutually exclusive.

Results

The sample included 2658 patients (39.8% males, and 60.2% females) with a mean age of 54.6 years (SD = 20.5, range = 15 to 99). The frequencies of the various depressive symptoms in the total sample of patients and in subjects fulfilling the diagnostic criteria for the three depressive syndromes are presented in Table 1. According to the reason for medical consulting mentioned by the GPs, a psychiatric reason was reported for 60 (38%) subjects given a diagnosis of major depression. The GPs reported a diagnosis of depression for 37 patients (24%). Among patients given a diagnosis of dysthymia or BRD, 12 (28%) and three (21%) were consulting for a psychiatric reason, and seven (16%) and none were consulting for depression, respectively. Out of the patients displaying at least one of the two key criteria for major depression (i.e. depressed mood and diminished interest in daily activities), 22.9% were given a diagnosis of major depression.

Discussion

Most GPs involved in the present study were not familiar with the international diagnostic criteria for psychiatric disorders and none of them used these criteria in their daily practice to diagnose depressive syndromes. Nevertheless, the prevalences of major depression and dysthymia found in the present survey are close to those obtained by previous studies carried out in primary care, which were based upon assessment of diagnoses by trained raters using structured interview schedules.⁵ The only exception is the lower prevalence of BRD, compared to that found in a previous study.⁶ Underdiagnosis of BRD is a probability in the present study, since past episodes were not explored in patients who did not display depressive symptoms at the time of the survey.

The present findings suggest that GPs do accurately assess the individual depressive symptoms required to fulfill international

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Table 1. The number and prevalence of depressive syndromes and depressive symptoms.

	Total sample	Major depression ^a	Dysthymia ^b	Brief recurrent depression ^c
Prevalence	2658	157 (5.9%)	43 (1.6%)	14 (0.6%)
Depressed mood	540 (20.3%)	150 (95.5%) ^d	43 (100%)	14 (100.0%)
Diminished interest or pleasure	482 (18.1%)	136 (86.0%)	20 (46.5%)	12 (85.7%)
Weight loss or weight gain	651 (24.5%)	106 (67.5%)	13 (30.2%)	6 (42.8%)
Insomnia or hypersomnia	767 (28.9%)	118 (75.2%)	20 (46.5%)	9 (64.3%)
Psychomotor agitation or retardation	557 (21.0%)	129 (82.2%)	9 (20.9%)	11 (78.6%)
Fatigue or loss of energy	1015 (38.2%)	147 (93.6%)	23 (53.5%)	14 (100%)
Feeling of worthlessness/guilt	221 (8.3%)	46 (29.3%)	8 (18.6%)	6 (42.9%)
Poor concentration/indecision	321 (12.1%)	101 (64.3%)	6 (14.0%)	9 (64.3%)
Thoughts of death/suicidal ideation	183 (6.9%)	67 (42.7%)	13 (30.2%)	5 (35.7%)

^aTwo-week minimum duration of at least five depressive symptoms, including depressed mood, and/or diminished interest or pleasure in daily activities.²

^bTwo-year minimum duration of depressed mood associated with at least two other depressive symptoms.²

^cRecurrence of depressive episodes fulfilling the criteria for major depression, except for the duration of the episode, which lasts from two to four days. The recurrence is usually high, with one or more depressive episodes per month.³

^dTotal percentage is less than 100% since either depressed mood or diminished interest are required for the diagnosis of major depression

diagnostic criteria for depressive syndromes. Since these criteria can easily be screened in everyday practice, it may be helpful to train GPs to use these diagnostic criteria to improve the recognition and diagnosis of depressive syndromes encountered in general practice.

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