Do family physicians treat older patients with mental disorders differently from younger patients?

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ABSTRACT

OBJECTIVE To determine whether there are differences between family physicians' beliefs and treatment intentions regarding older patients with mental disorders and younger patients with similar disorders. Such differences might contribute to older adults' lower rates of mental health service use.

DESIGN Mailed survey.

SETTING Primary care practices in and around Kingston, Ont.

PARTICIPANTS Questionnaires were mailed to 294 general practitioners listed in the 42nd Annual *Canadian Medical Directory*. Of the 285 eligible physicians, 115 (40%) completed and returned questionnaires.

MAIN OUTCOME MEASURES Physicians' ratings of preparedness to identify and treat, likelihood of treating, likelihood of using each of five different treatment methods, likelihood of referral, preferences for six referral options, and treatment effectiveness with respect to hypothetical older and younger patients with panic disorder or dysthymia.

RESULTS Physicians reported being less prepared to identify and treat older patients than younger patients. In addition, physicians reported being significantly less likely to treat and to refer older patients than younger patients. Finally, physicians reported that both psychotherapy alone, and in combination with pharmacotherapy, were less effective for older patients than for younger patients.

CONCLUSIONS In addition to other possible reasons for older adults' low rates of mental health service use, this study suggests that family physicians' beliefs and treatment intentions could be contributing factors. Changes in medical education aimed at replacing inaccurate beliefs with accurate information regarding older patients might be one way to increase rates of use in this underserved age group, because family physicians play a key role in the mental health care of older adults.

RÉSUMÉ

OBJECTIF Établir s'il existe, chez les médecins de famille, une distinction dans les croyances et les intentions de traitement, lorsqu'il s'agit de personnes âgées souffrant de troubles mentaux ou lorsqu'il est question de patients plus jeunes souffrant de problèmes semblables. Dans l'affirmative, cette situation pourrait être un facteur à l'origine du recours moins important par les adultes plus âgés aux services de santé mentale.

CONCEPTION Un questionnaire distribué par la poste.

CONTEXTE Des cabinets de pratique de première ligne, à Kingston, Ont, et dans les environs.

PARTICIPANTS Les questionnaires ont été envoyés par la poste aux 294 omnipraticiens dont le nom apparaissait dans la 42e édition du *Canadian Medical Directory*. Des 285 médecins admissibles, 115 (40%) ont répondu au questionnaire et l'ont retourné.

PRINCIPALES MESURES DES RÉSULTATS Les cotes attribuées par les médecins aux éléments suivants: leur réceptivité quant au dépistage et au traitement, la probabilité du traitement, la probabilité du recours à l'une des cinq différentes méthodes thérapeutiques, la probabilité de l'aiguillage, les préférences à l'endroit de six options d'aiguillage et l'efficacité hypothétique de la thérapie chez les patients plus âgés et chez les plus jeunes, souffrant du syndrome de la panique ou de dysthymie.

RÉSULTATS Les médecins ont indiqué être moins enclins à faire le dépistage et le traitement chez les patients plus âgés que chez les plus jeunes. De plus, ils ont signalé être beaucoup moins susceptibles de traiter ou d'aiguiller vers d'autres services les patients plus âgés que les plus jeunes. Enfin, les médecins ont exprimé l'avis que la psychothérapie, seule ou combinée à la pharmacothérapie, était moins efficace chez les patients plus âgés que chez les plus jeunes.

CONCLUSIONS Exclusion faite d'autres motifs possibles, cette étude suggère que les croyances et les intentions de traitement des médecins de famille pourraient contribuer à expliquer le faible taux d'utilisation des services de santé mentale par les adultes plus âgés. Des modifications à l'enseignement médical visant le redressement de croyances erronées, grâce à des renseignements exacts concernant les personnes âgées, pourraient se révéler une façon d'augmenter le taux d'utilisation de tels services par ce groupe d'âge mal desservi, parce que les médecins de famille jouent un rôle de premier plan dans les soins de santé mentale chez les aînés.

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RESEARCH

Do family physicians treat older patients with mental disorders differently from younger patients?

Psychiatric illnesses are a substantial problem in old age. Roughly 22% of older adults meet criteria for psychiatric disorders, a prevalence rate similar to that in people younger than 65.[1] It is well documented, however, that the mental health needs of those older than 65 are not met to the same extent as those of younger people.[2-8]

There are many likely contributors to low rates of mental health service use by older adults. Older adults might, for example, be more embarrassed about mental illnesses and be less willing to seek treatment for them than their younger counterparts.[3,4,9,10] They might also face more barriers than younger people when they need mental health services, such as impaired mobility, reduced financial resources, and institutionalization.[4,7]

Another potential barrier involves the treatment practices of mental health service providers. In an attempt to discover why these care providers treat disproportionately fewer older patients than younger patients, researchers have explored service providers' attitudes and beliefs on the assumption that they might adversely influence mental health service use. This research, predicated upon the well-established connection between attitudes and beliefs on the one hand and behaviour on the other,[11-14] has shown that psychologists, clinical psychology graduate students, and psychiatrists believe, incorrectly,[15-21] that older adults do not benefit from psychiatric treatment to the same extent younger adults do. In addition, mental health professionals have demonstrated a preference for younger patients.[22-27] Relatively little, however, is known about family physicians' views in this regard. Their beliefs and treatment intentions are important because, when older adults seek help for mental disorders, they are most likely to turn to family physicians.[2,7,28]

The objective of this study is to examine family physicians' beliefs and treatment intentions so that inferences can be drawn about their potential effect on the identification and treatment of older patients with mental disorders.

METHOD

Using the 42nd Annual *Canadian Medical Directory*,[29] an exhaustive list of 294 primary care physicians practising medicine in Kingston, Ont, and eight surrounding towns was created. The Mental Disorders and Their Treatment Questionnaire, adapted from a questionnaire used in a previous study that examined psychotherapists' attitudes and beliefs about mental health care,[26] was sent to each of these physicians. The adapted version was pretested using a small sample of practising physicians who provided feedback on item wording and face validity. The questionnaire received ethics approval from the Department of Psychology at Queen's University.

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Questionnaire

Physicians were provided with definitions of psychotherapy and counseling taken from the Ontario Health Insurance Policy Schedule of Benefits.[30] Definitions of dysthymia and panic disorder, adapted from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*,[31] were also given at the beginning of the questionnaire. Physicians were then presented with brief descriptions of four hypothetical patients: two 35- to 40-year-old "younger" patients, one with panic disorder and one with dysthymia, and two 70- to 75-year-old "older" patients, one with panic disorder and one with dysthymia. Panic disorder and dysthymia were chosen because both are prevalent conditions throughout life and are likely to be encountered by medical practitioners.[8,28,32-34]

On 7-point Likert-type scales, physicians rated how prepared they felt to identify and treat each of the patients (1—not prepared to 7—very well prepared), the likelihood of treating each of these patients (1—very unlikely to 7—very likely), the likelihood of using each of five specific types of treatment: psychotherapy, counseling, pharmacotherapy, combined psychotherapy and pharmacotherapy, combined counseling and pharmacotherapy (1—very unlikely to 7—very likely), and the likelihood of referral (1—very unlikely to 7—very likely). Physicians were then asked to rank, from a list of referral options, those they would consider for each patient. Likert-type scales were then used to assess physicians' beliefs as to the effectiveness of psychotherapy alone and in combination with pharmacotherapy (1—very ineffective to 7—very effective). The questionnaire is available from the authors upon request.

Participation in the survey was anonymous, and physicians consented to participate by completing and returning the questionnaire. For this reason, comparing survey respondents with nonrespondents was impossible.

Table 1. Physicians' beliefs and treatment intentions regarding older and younger patients with dysthymia or panic disorder: *Mean scores, standard deviations, and numbers of respondents.*

	PATIENT AGE					
	YOUNG			OLD		
	MEAN	SD	N	MEAN	SD	N
Prepared to identify	5.85	1	112	5.5	1.2	111
Prepared to treat	5.4	1.4	112	5.15	1.2	111
Likelihood of treating	5.8	1.2	110	5.6	1.3	110
Likelihood of referral	5.85	1.6	109	5.55	1.8	109
Likelihood of pharmacotherapy	2.5	1.8	106	2.55	1.8	105
Likelihood of psychotherapy	2.35	1.6	106	2.15	1.5	105
Likelihood of counseling	2.2	1.4	104	2.2	1.4	105
Likelihood of psychotherapy and pharmacotherapy	5	1.8	109	4.85	2	108
Likelihood of counseling and pharmacotherapy	4.75	2	106	4.65	1.9	106
Effectiveness of psychotherapy	3.85	1.4	111	3.4	1.5	108
Effectiveness of psychotherapy and pharmacotherapy	5.7	1.2	112	5.35	1.2	111

Data were analysed using SPSS version 8.0. Three four-way (physician sex X physician age X patient age X disorder) repeated measures multivariate analyses of variance (MANOVAs) were conducted on physicians' ratings of treatment beliefs, likelihood of specific treatments, and treatment effectiveness. Wilk's λ criterion was used as the basis for tests of multivariate significance.

RESULTS

Usable questionnaires were completed and returned by 115 (40%) family physicians. The sample consisted of 61 men, 52 women, and two people who did not specify their sex. Mean age of participants was 43.4 years. A median split used to classify younger and older physicians resulted in 22 young male physicians, 36 young female physicians, 38 old male physicians, and 16 old female physicians. A χ^2 test of independence, χ (1) = 11.83, $P<.001$, demonstrated that most older physicians were male and most younger physicians were female.

Table 1 contains means and standard deviations for each dependent measure in the investigation. These means demonstrate that, regardless of patient's age, physicians reported they were well prepared to identify and treat patients with panic disorder or dysthymia, likely to treat them, and most likely to treat them with a combination of pharmacotherapy and either psychotherapy or counseling. If physicians chose not to treat patients themselves, they reported being likely to refer them to psychiatrists, psychologists, and social workers, in that order. Physicians rated psychotherapy as being moderately effective for patients with panic disorder or dysthymia, and psychotherapy and pharmacotherapy combined as being very effective.

These means were then analyzed. **Table 2** contains a summary of the main effects of patient age, disorder, physician age, and physician sex. The influences of physician age and sex were negligible in all three multivariate analyses. Although disorder did not affect physicians' treatment beliefs, it did have significant effects on the likelihood of using specific treatments and on beliefs regarding treatment effectiveness. Differences in ratings for patients with dysthymia and panic disorder suggest that physicians are aware of differences in treatment efficacy for patients with such disorders.

Table 2. Summary of MANOVAs examining the effects of patient age and disorder and physician age and sex on physicians' beliefs and treatment intentions

	INDEPENDENT VARIABLES			
BELIEFS AND INTENTIONS	PATIENT AGE	DISORDER	PHYSICIAN SEX	PHYSICIAN AGE
TREATMENT BELIEFS	**	ns	*	ns
Prepared to identify	**		ns	
Prepared to treat	**		ns	
Likelihood of treatment	**		ns	
Likelihood of referral	*		ns	
LIKELIHOOD OF SPECIFIC TREATMENTS	ns	**	ns	ns
Pharmacotherapy		ns		
Psychotherapy		**		
Counseling		ns		
Psychotherapy and pharmacotherapy		ns		
Counseling and pharmacotherapy		*		
TREATMENT EFFECTIVENESS	**	**	ns	ns
Psychotherapy	**			
Psychotherapy and pharmacotherapy	**	**		

Note: When multivariate tests are nonsignificant, univariate tests are not conducted. Such cases are represented by blank spaces in this table.
*P <.05
**P <.01

The most consistent effect on physicians' ratings in this study was the age of patients. In the first of three MANOVAs presented in **Table 2**, only patient age had a significant influence on physicians' beliefs about how prepared they are to identify and treat patients and how likely they are to treat or refer them (f [4,95] = 6.96, P<.001). Univariate tests demonstrated that physicians reported being less prepared to identify (f [1,98] = 24.52, P<.01) and less prepared to treat (f [1,98] = 9.25, P<.01) older patients than younger patients. In addition, physicians reported being significantly less likely to treat older patients (f [1,98] = 8.08, P<.01.) and less likely to refer older patients (f [1,98] = 5.28, P<.05).

One factor that would be expected to have an effect on physicians' ratings of the likelihood of treating or referring older patients is their beliefs about the effectiveness of psychiatric treatment for older patients. As seen in **Table 2**, the multivariate main effect of patient age was significant in a MANOVA assessing physicians' beliefs about treatment effectiveness (f [2,101] = 13.65, P<.01). Physicians reported that both psychotherapy alone (f [1,102] = 16.66, P<.01) and in combination with pharmacotherapy (f [1,102] = 20.06, P<.01) were less effective for older people than for younger patients.

DISCUSSION

This study found that family physicians are confident in dealing with younger and older patients with panic disorder or dysthymia; that is, physicians reported that they were well prepared to identify and treat these patients and very likely to treat or refer them. High likelihoods of treatment and referral reflect the fact that family physicians are primary providers of psychiatric treatment and that psychiatric referrals are readily available in the Kingston area.[35,36]

Despite their confidence, however, physicians' ratings suggested that they were less prepared to identify and treat and less likely to treat or refer older patients. These findings are likely to be clinically significant; effect size calculations of the differences

between physicians' beliefs and intentions regarding younger and older patients are similar to effect sizes obtained when differences in clinically relevant behaviours have been observed.[14]

Clinical implications

Earlier research has shown that family physicians treat older patients with mental disorders differently from younger patients, in that they are less likely to identify them[6,32,37,38] and less likely to refer them to mental health professionals.[6,7,9,38,39] This earlier research does not, however, address why these differences exist.

This study demonstrates that family physicians feel less prepared to identify and treat older patients than younger patients with panic disorder or dysthymia. It is tempting to conclude that feeling less prepared explains why physicians report being less likely to treat older patients than younger patients. There is, however, another important piece of information: physicians in this study believe, incorrectly, that psychotherapy or pharmacotherapy are less effective for older patients than for younger patients. Together, physicians' level of preparedness for dealing with mental disorders in older patients and their beliefs regarding treatment efficacy for this group, might account for both why physicians are less likely to treat older than younger patients **and** why they are less likely to refer older patients.

These findings suggest that family physicians and their patients would be well served by better preparing physicians to identify and treat mental disorders in older patients and by providing physicians with accurate information regarding the potential benefit of psychotherapy or pharmacotherapy for older patients with mental health concerns.

Limitations

This study was conducted to examine family physicians' potential role in the underservicing of older adults' mental health needs. Despite clear support for the connection between intentions, beliefs, and actual behaviour, however, physicians' treatment of older and younger patients was not examined directly. Inferences regarding physician behaviours based on intentions and beliefs should, therefore, be tested with research directly examining behaviours.

A second limitation of the current investigation is that generalizability of the findings is reduced because less than half of the family physicians approached in this study participated. However, taking into account the extremely busy schedules of family physicians and the length of the questionnaire used in this study (eight pages), it is reasonable to assume that physicians who responded to this survey were especially interested in or concerned about issues regarding mental health and treating younger and older adults. Therefore, if anything, their responses are likely to be more favourable and the differences between their ratings of younger and older patients smaller than those in the general population of family physicians. Thus, any biases identified in this study are likely to be more pronounced among family physicians in general.

Key points

- In this Kingston, Ont, area study, family physicians reported being less prepared to identify, treat, and refer older patients with panic disorder or dysthymia than younger patients.
- Family physicians also believed, incorrectly, that psychotherapy alone or in combination with pharmacotherapy was less effective for older patients.
- These attitudes and beliefs might contribute to older patients' low rates of mental health services use.
- This study suggests that education to counter negative attitudes toward mental health problems in older patients might improve use of services.

Conclusions

Most family physicians have contact with a substantial number of older patients with mental health concerns. This study demonstrates that family physicians feel they are less prepared to identify and treat older patients than younger patients and less likely to treat and refer older patients. This suggests that family physicians and their older patients with mental health concerns might benefit from two changes in current medical education.

First, family physicians might benefit from additional education aimed at preparing them to identify and treat mental disorders in older patients. Second, educating physicians about treatment efficacy might increase the likelihood that older patients with mental health concerns are either treated or referred for treatment. Considering the key role of family physicians in the mental health care of older adults, changes in medical education could lead to substantial improvements in the mental health of many older Canadians.

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