Letters

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Depression and musculoskeletal problems

A recent study by Mallen *et al*,[1] published in the October issue of the *BJGP*, concluded that older patients consulting their GP due to musculoskeletal pain have frequently comorbid depressive symptoms, and that brief depression screening during the consultation can miss a large number of persons with depressive symptoms. The authors found that a total of 51.4% of the study participants had depressive symptoms, according to a screening instrument self-administered at home (Hospital Anxiety and Depression Scale, HADS), versus only 20.8% on GP-administered screening (involving two questions) during the consultation.

Recently, we performed a study, in a general practice in Estonia, as part of the PREDICT (Prediction of Future Episodes of Depression in Primary Medical Care: Evaluation of Risk Factor Profile) study. The study group was formed of consecutive patients (n = 1094), aged 18–75 years, who sought consultation from their family doctor.[2] Occurrence of depression was assessed by using the Composite International Diagnostic Interview (CIDI) (version 2.1),[3] which provides a 6-month depression diagnosis, according to the International Classification of Diseases (ICD-10). We also analysed the medical records of all patients with respect to their comorbidity. A total of 202 participants aged ≥50 years had presented with musculoskeletal pain. Of them 48 (23.8%) were depressed and 154 (76.2%) were non-depressed. Briefly, most older persons with musculoskeletal pain in our study were non-depressed.

The difference in the prevalence of depressive symptoms in older people with musculoskeletal pain can be related to the study instrument: Mallen *et al*[1] used screening instruments while we employed the diagnostic instrument CIDI. There are a number of different instruments for screening depression but most of them lead to a high number of false-positive results, which can be misleading. Therefore, for a more precise evaluation of concomitant depression, diagnostic instruments should be used after screening.

In conclusion, we agree that persons with musculoskeletal pain may represent a group at high risk of depression requiring attention from their GP. However, most older persons with musculoskeletal pain in primary care do not have the diagnosis of depression.

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Authors' response

Comorbid depression in older people is an important clinical topic that, to date, has failed to receive the attention it deserves. We welcome the findings reported by Suija *et al*, which provide further evidence that depressive comorbidity is common in older people with musculoskeletal pain.

It is perhaps not surprising that different results were found between the two studies. Our study[1] found that just over a third of older primary care consulters with musculoskeletal pain had depressive symptoms measured using the Hospital Anxiety and Depression Scale[2] whereas Suija *et al* used the Composite International Diagnostic Interview, finding that 23.8% of participants had a depression diagnosis.

Suija *et al* comment that the majority of older people with musculoskeletal pain are non-depressed. While this is true for both studies, the high level of either depressive symptoms or diagnoses remains clinically important. A prevalence of comorbid depression of around 25% is consistent with those reported for other conditions, such as diabetes and coronary heart disease. The importance of detecting and adequately treating depression for these conditions is well documented. Since comorbid depression is consistently associated with a poor prognosis for musculoskeletal pain[3] we strongly feel that a holistic approach, which includes an assessment of depressive symptoms and severity, should be taken to ensure high-quality patient care and improved patient outcomes.

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