ORIGINAL ARTICLE

Knowledge of Depressive Illness among Non- Psychiatrist Doctors

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ABSTRACT:
Objective: To ascertain the knowledge of non-psychiatrist doctors to suspect and diagnose Depressive Illness presenting to them in garb of physical or somatic symptoms.
Methodology: This Descriptive cross sectional study was conducted at Social Security hospital in one year, from January 2016- January 2017. A simple questionnaire was developed, asking three basic diagnostic symptoms of depressive illness and the duration of illness needed for its diagnosis. Non-psychiatrist doctors from a tertiary care hospital were given five minutes to complete it in front of the research officer.
Results: Three out of forty seven responding doctors knew about the three basic symptoms of depression with the required duration for diagnosis.
Conclusions: A vast majority of the practising doctors or general practitioners are unaware of the characteristic features of Depressive Illness. Therefore, non-psychiatrist doctors are unable to suspect or diagnose Depressive illness.
Keywords: Depressive illness, Knowledge, General practitioners, Symptoms

INTRODUCTION: Depression is a common mental disorder; 350 million people suffer from it globally[1]. Depressive illness is one of the leading causes of disability and more so in the low and middle-income countries. Pakistan falls in this category and the incidence and prevalence of Depression has increased substantially in Pakistan for a variety of other reasons, however, no exact figures are available. It can lead to death by suicide. However effective treatments are available[1]. Women are affected more than men. No age group is protected against depression. Depression can co-exist with physical illnesses, which can also be a cause of Depression[2,3]. Depression can also disrupt the course and outcome of many physical illnesses like Diabetes Mellitus. Similarly treatments for physical illnesses can produce symptoms of depression[2-8].

Global burden of disease study reveals that in 1990, Depression accounted for 3.7% of the burden which went up to 4.4% in the year 2000. As of now Depressive illness is among the top ten causes of disability worldwide[9]. Years lived with disability (YLDs) are estimated by weighing the prevalence of different conditions based on severity. It has been noted in different parts of the world that rates of YLDs are declining much more slowly than the mortality rates, thereby the transition to non-fatal outcomes as dominant source of burden of disease is occurring rapidly[10]. The top five leading causes of YLDs in Pakistan include major depressive disorder as number one[11].

It is essential to detect and treat depression well in time. This is only possible when symptoms of depression in the patients are detected early, whether it is in a general practice or any non-psychiatrist specialist clinic. Many of the patients present intentionally or unintentionally to non-psychiatrist doctors or specialists. An effort was made to determine if these non-psychiatrist doctors can diagnose 'Depressive Illness'.

This study was conducted to ascertain the non-psychiatrist doctors' knowledge about three characteristic diagnostic features of Depressive illness. These include; low mood, low interest and low energy. The Social Security hospital was selected because of a number of reasons. It is a teaching hospital, with large number of doctors of different seniorities, representing all fields of medicine; including administrators, general practitioners, consultants and teaching faculty as well.

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METHODOLOGY:

This cross sectional study was conducted at Social Security hospital from January 2016 to January 2017 after approval from institute ethical review committee. A simple questionnaire was developed. All the doctors available in the hospital were interviewed. Of the available doctors, all who were willing to complete the questionnaire were included. The questionnaire asked to list the three diagnostic symptoms of depression, and how long did they have to be present to label the patient

as a case of Depressive Illness. The questionnaire also included the demographic data of the respondents like the age, gender, year of graduation, period of clinical experience (less than 1 year, 1-5 years or more than 5 years) and status in medical hierarchy, like general practitioner, consultant, administrative post or a faculty member (Table-1). Five minutes were given to complete the questionnaire in the presence of the research officer. The completed questionnaires were placed in a closed box so as to guard against identification. Frequency was determined by calculating percentages.

RESULTS:

Questionnaire was given to 47 doctors. Among them, 24 were females and 23 were male. Age ranged from 30- 64 years. Average age was 47 years. Out of 47, 17 doctors had done MBBS only and were working as General practitioners. Twenty participants were members of teaching faculty, six were specialist or consultants and 4 doctors were from administration. Practical experience of 30 doctors was more than 5 years, 9 doctors had practised from 1-5 years and 8 doctors had experience less than 1 year.

It was an eye-opener to learn that only three out of 47 doctors knew the three diagnostic features of depressive illness. Three out of forty seven gave a correct answer. Other participants gave vague and non-specific answers; they were not sure of the symptoms, as well as duration required for the diagnosis. There was one male and two female doctors who gave correct answers (Table-1). The male doctor was a consultant who had done MRCP with more than 5 years of clinical experience and the other two doctors were fresh MBBS graduates, with less than one year of clinical experience.

Table-1: Demographic Data of study participants& awareness about symptoms of Depression

Variables	Categories	Number (47)	%
Age	25-30	10	21
	31-40	18	38
	41-50	9	19
	More than 50	10	21
Gender	Male	23	49
	Female	24	51
Education	Graduate	23	49
	Post graduate	24	51
Clinical experience	<1yr	6	28
	1-5yrs	9	19
	>5yrs	32	68
Awareness about depressive illness	Yes	3	6.3
	No	44	93.6

DISCUSSION:

This was a very significant finding in the present study that only three out of forty seven doctors (6.38%) knew about the characteristic symptoms of depressive illness, i.e., 93.6% of study subjects were not aware about the diagnostic criteria of depression. This finding was similar to another study[12] in which 91.3% of doctors had inadequate knowledge about diagnostic criteria of depression. It is thus natural to expect that they were not able to identify cases of depression who presented to them with diverse complaints[13]. Other studies have shown that both physicians and surgeons were equally reluctant to refer the patients to Psychiatrist for varying reasons even when they identified the symptoms of depression and considered this diagnosis[8]. Consequently the patients of depressive illness remain untreated. They continue to suffer despite receiving treatment for physical symptoms to which they do not respond. The medical services remain burdened with such patients who could have been helped if diagnosed and treated properly. It is ironic to note that the term depression is used quite often even by the doctors who, most often than not, do not know which symptoms constitute depressive illness. However, it is pertinent to bear in mind, the fact that this study was conducted on the doctors from just one institution. It would have been even more significant if

other institutions, preferably in other cities or organizations were also included.

These findings could have been due to one of the reason; lesser emphasis on teaching Psychiatry at undergraduate level; absence of efforts or lack of opportunities towards continuing medical education; refusal to accept the importance of Psychiatric disorders[14,15]. Another reason could be the stigma associated with Psychiatric/ depressive disorders; whereby clinicians do not bring up the possibility of Psychiatric symptoms or need for psychiatric treatment[16]. They do not want to offend their patients. At times physicians exhibit demeaning attitude/ behaviour towards patients with symptoms showing some type of psychiatric illness[17].

Psychiatry education at undergraduate and post-graduate level positively influences the attitudes of medical students and doctors towards mental illness and Psychiatry[18,19]. It has been stressed that time spent in the lectures should be decreased, and that spent in clinical practice should be enhanced. Psychiatry training must focus on augmenting student centered group dynamic experiences. Teaching needs to be concentrated on issues helpful for general practitioners and non-psychiatrists. The subject of medical ethics should be included in undergraduate curriculum, resulting in development of more humanistic approach of medical students[20]. The medical curriculum needs to address the topics related to child and adolescent psychiatry as well[21].

Non-Psychiatrist doctors training programs should be developed locally with their input as to what they need and would find useful[22,23]. Their training in Psychotherapeutic techniques has also been found helpful by non-psychiatrist doctors in their handling of Psychiatric patients[24,25].

CONCLUSION:

Non-Psychiatrist doctors are poorly informed about diagnostic symptoms of depression. Thereby most cases of depressive illness go undiagnosed and untreated, thus adding to the already heavy burden of patients in the general and other out patient departments. This finding will help us develop a strategy to educate and train the doctors.

RECOMMENDATIONS:

Psychiatry should be taught as an independent subject at undergraduate level.

Non-Psychiatrist doctors, general practitioners, and specialists, should be offered opportunities to learn about Psychiatric disorders in general, and depressive illness in particular.

Public awareness campaigns should be launched in order to educate the public about the nature of Psychiatric illnesses thereby mitigating the stigma associated with mental illnesses.

REFERENCES:

1. WHO Fact sheet on Depression. 2015; 369
2. Qadir F, Haqqani S, Khalid A, Huma Z, Medhin G. A pilot study of depression among older people in Rawalpindi, Pakistan. BMC Res Notes. 2014; 28:7:409
3. Djernes JK. Prevalence and predictors of depression: a review. Acta Pshchiatrica Scandinavica 2006:113(5):372-87
4. Almas A, Patel J, Ghori U, Ali A, Edhi AI, Khan MA. Depression is linked to uncontrolled hypertension: a case-control study from Karachi, Pakistan. J Ment Health. 2014; 23(6):292-6
5. Zahidie A, Jamali T. An overview of the predictors of depression among adult Pakistani women. JColl Physicians Surg Pak. 2013; 23(8):574-80
6. Humayun A, Haider II, Imran N, Iqbal H, Humayun N. Antenatal depression and its predictors in Lahore, Pakistan. Eastern Mediterranean Health Journal; Alexandria 2013;19(4):327-32
7. Gulamani SS, Shaikh K, Chagani J. Postpartum depression in Pakistan: a neglected issue. Norsewomen. 2013;17(2):147-52
8. Chadda RK. Psychiatry in non-psychiatric setting- a comparative study of physicians and surgeons. J Indian Med Assoc. 2001; 99(1):24, 26-7, 62
9. Ustün TB , Ayuso-Mateos JL, Chatterji S, Mathers C, Murray CJL. Global burden of depressive disorders in the year 2000. Br J Psychiatry. 2004; 184:386-92
10. Vos T, Barber RM, Bell B, Bertozzi-Villa A, Biryukov S. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet. 2015; 386(9995): 743-800
11. Gadit AA. Economic Burden of Depression in Pakistan. Journal of Pakistan Medical Association. 2004; 54:43-4
12. Liu S, Lu R, Lee M. Non-psychiatric Physician's Knowledge, Attitudes and Behaviour Toward Depression. J Formos Med Assoc 2008; 107(12):921-31
13. Bowers J, Jorm AF, Henderson S, Harris P. General practitioners' detection of depression and dementia in elderly patients. Med J Aust. 1990;153 (4):192-6
14. Fernando SM, Deane FP, McLeod HJ. Sri Lankan doctors' and medical undergraduates' attitudes towards mental illness. Soc Psychiatry Psychiatr Epidemiol. 2010;45(7):733-9
15. James BO, Jenkins R, Lawani AO, Omoaregba JO. Depression in Primary Care: the knowledge, attitudes and practice of general practitioners in Benin city, Nigeria. S Afr Fam Pract 2012;54(1):55-60
16. Tharyan P, John T, Tharyan A, Braganza D. Attitudes of 'tomorrow's doctors' towards psychiatry and mental illness. Natl Med J India. 2001;14(6):355-9
17. Barke A, Nyarko S, Klecha D. The stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views. Soc Psychiatry Psychiatr Epidemiol. 2011; 46 (11): 1191- 202
18. Wilson S, Eagles JM, Platt JE, Mckenzie H. Core undergraduate psychiatry: what do non-specialists need to know? Med Educ. 2007;41(7):698-702
19. Ndetei DM, Khasakhala LI, Mutiso V, Mbwayo AW. Knowledge, attitude and practice (KAP) of mental illness among staff in general medical facilities in Kenya: practice and policy implications. Afr J Psychiatry (Johannesbg). 2011;14(3):225-35

20. Florenzano R. Ignacio Matte Blanco, MD, and the development of psychiatry teaching to medical students.[Article in Spanish]. Rev Med Chil. 2009; 137(9):1248-52
21. Sawyer MG, Giesen F, Walter G. Child psychiatry curricula in undergraduate medical education. J Am Acad Child Adolesc Psychiatry, 2008; 47(2):139-47
22. Ohtsuki T, Kodaka M, Sakai R, Ishikura F, Watanabe Y, Mann A, et al. Attitudes toward depression among Japanese non-psychiatric medical doctors: a cross-sectional study.BMC Res Notes. 2012; 5:441
23. Simon GE, Fleck M, Lucas R, Bushnell DM, Group LIDO. Prevalence and Predictors of Depression Treatment in an International Primary Care study. The American Journal of Psychiatry. 2004; 161 (9): 1626-34
24. Borgeat F, Bernazzani O. Teaching psychotherapy to future non psychiatric physicians: a survey of the Canadian experiences. 1986; 31(8):741
25. King M, Davidson O, Taylor F, Haines A, Turner R. Effectiveness of teaching general practitioners skills in brief cognitive behaviour therapy to treat patients with depression: randomised controlled trial. BMJ 2002;324:947.doi: http://www.doi.org/10.1136/bmj.324.7343.947