

Talking about depression: a qualitative study of barriers to managing depression in people with long term conditions in primary care

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Summary

Depression is a common mental health problem where people experience low mood, lack of enjoyment, feelings of guilt, low self-worth, poor sleep and appetite and poor concentration.¹ Patients with long-term conditions (LTC) are twice as likely to suffer with depression than the general adult population. Depression in the context of LTC makes patients more likely to be non-compliant with medications, have poorer self-care and disengage from lifestyle changes. Depression often is undetected in patients with LTC. This study aimed to understand why primary care practitioners struggle to recognise, diagnose and manage depression in people with LTC.

This was a qualitative study which had a semi-structured interview part and then a focus group. For the interviews the study recruited 19 health care professionals, which included GPs, practice nurses, diabetes consultant, Liaison Psychiatrist, Occupational therapist and a Clinical Psychologist. There were also 7 patients and 3 carers recruited. The focus group included 6 health care professionals 7 patients and 3 carers. The two data sets were then analysed for commonalities using the constant comparison method, which then lead to a final thematic framework used in the paper.

The results from this study showed that there were barriers to diagnosing and managing patients with LTC and depression. This included normalising depression in the presence of a LTC. The study looked at the impact of quality and outcomes framework (QOF) which rewards practices for the provision of 'quality care' and aims to improve outcomes. The framework including asking about depression in diabetes and coronary heart disease, however this also led onto depression-related work if depression was diagnosed. The study also recognised challenges in diagnosing depression in patients of black and minority ethnic (BME) either culturally or because of language barriers.

Impact

Cited: 131 times

Research team

Professor Chris Dickens



After qualifying in London, Professor Dickens spent a number of years in clinical medicine before completing basic psychiatry training in Manchester. His ongoing interest in clinical medicine meant he naturally moved to the interface between medicine and psychiatry. He completed his PhD on the psychiatric problems in people with chronic low back pain whilst simultaneously completing his clinical training as a liaison psychiatrist. He has worked mostly researching the causes, effects and treatments of emotional problems in people with chronic physical illness, whilst maintaining his clinical involvement in assessing and delivering psychiatric treatments to such people. He relocated to the University of Exeter Medical School in July 2011 to take up the post as Chair of Psychological Medicine, where he has continued to focus on the development and evaluation of interventions to improve the management of common mental disorders in people with chronic physical illness. He is joint lead with Prof Willem Kuyken on the NIHR PenCLAHRC-funded project Determining the Feasibility and Acceptability of Mindfulness-Based Interventions in Depressed People with Chronic Physical Health Problems.

Thinking points

1. Discuss the use of depression scores to help with diagnosis of depression, such as PHQ-9
2. Discuss ways depression might present in a patient with a LTC

References:

1. Depression Mental Health Foundation. <https://www.mentalhealth.org.uk/a-to-z/d/depression>