

The University of Adelaide

An exploration of the prevalence, diagnosis and treatment of depression in patients with multiple chronic conditions

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Abstract

Introduction

The likelihood of developing two or more chronic illnesses ('multimorbidity') increases with age. Depression is common with chronic physical illness, but may not be detected or treated in multimorbid patients.

This thesis is comprised of a series of related studies designed to explore the prevalence, diagnosis and management of depression in patients with multiple chronic conditions using an explanatory mixed methods design. Data and participants were sourced from a multidisciplinary outpatient clinic in metropolitan Adelaide.

Study One: Clinic Database Analysis

The study estimated the prevalence of a) depression diagnoses and b) depressive symptoms using the Geriatric Depression Scale (GDS) in an outpatient clinic population, exploring agreement between clinician diagnoses of depression and GDS scores. Doctor-diagnosed depression was recorded for 15% of patients. Based on GDS scores, 50% of patients reported threshold-level depression symptoms, although many had no corresponding depression diagnosis. This suggests that whilst many multimorbid patients experience depressive symptoms, these may not be detected.

Study Two: Comparing the GDS, HADS and CIDI

Study Two compared GDS scores with Hospital Anxiety and Depression Scale (HADS) scores and Composite International Diagnostic Interview (CIDI) diagnoses. The GDS identified more depression-positive cases than the HADS and the CIDI, but the CIDI failed to detect severe depressive symptoms in several patients. During the

study, concerns arose relating to the use of the CIDI with older multimorbid patients; consequently, the study was terminated early.

Study Three: Patient Symptom Priority Scale

The Patient Symptom Priority Scale was developed to explore patient perceptions of symptom burden and functional impact, and piloted in the clinic. Patients described more physical symptoms than emotional symptoms. Age correlated positively with chronic illness and physical symptom counts, and negatively with psychological symptom impact. Geriatric Depression Scale scores correlated with all psychological variables.

Study Four: GP experiences of depression diagnosis and management with multimorbid patients

Semi-structured interviews were conducted with GPs who had referred patients to the clinic, to explore GP perceptions of depression diagnosis and treatment with multimorbid patients and generate a grounded theory model reflecting the role of multimorbidity in their practice. Multimorbidity generated increased time to determine symptom causation and build relationship with the patient. GPs offered medical and social depression interventions.

Study Five: Experiences of depression diagnosis and treatment amongst multimorbid patients

To explore the patient perspective, further qualitative interviews were undertaken with multimorbid clinic patients who had been diagnosed with depression.

Thematic analysis revealed common diagnosis and treatment experiences amongst these multimorbid patients with depression. All patients attributed depression onset to the loss of their normal life, with stigma emerging as an underlying influence in patient decisions about treatment.

Conclusion

This is the first study to compare depression symptoms with depression diagnoses in a multimorbid population, and found that many patients experience threshold-level depression symptoms that are not being addressed. General practitioners are aware of contextual factors, and try to address them, but also make assumptions about their patients that may not be accurate. This may account for the number of patients still suffering. The findings suggest that a thorough symptom profile is necessary for effective detection and treatment of depression in this vulnerable population.

Certification

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to **Melinda Stanners** and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

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Stanners, M.N. and C.A. Barton, *Depression in the Context of Chronic and Multiple Chronic Illnesses.*, in *Essential Notes in Psychiatry*, V. Olishah, Editor. 2012, In Tech Open Access Publishers: Croatia. p. 535-550.

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Signature

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