

Mild to moderate depression in the elderly in Primary Care – detection, patient centeredness and course

Akademisk avhandling

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av

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Avhandlingen baseras på följande delstudier:

- I. Magnil M, Gunnarsson R, Björkstedt K, Björkelund C. Prevalence of depressive symptoms and associated factors in elderly primary care patients: a descriptive study. *Prim Care Companion J Clin Psychiatry*. 2008;10(6):462-8.
- II. Magnil M, Gunnarsson R, Björkelund C. Using patient-centred consultation when screening for depression in elderly patients: a comparative pilot study. *Scand J Prim Health Care*. 2011 Mar;29(1):51-6.
- III. Magnil M, Janmarker L, Gunnarsson R, Björkelund C. Course, risk and prognostic factors for elderly primary care patients with mild depression during a 2-year follow up period; an observational study. Submitted manuscript.
- IV. Magnil M, Gunnarsson R, Björkelund C. Indications for lower MADRS-S cut-off values in elderly primary care patients with mild to moderate depression. Submitted manuscript.

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ABSTRACT

Aims; To study the prevalence of and describe factors associated with depressive symptoms and to observe the course in a cohort of elderly primary care patients with mild to moderate depression. To compare a structured patient-centered consultation model with a validated instrument when screening for depressive symptoms and to investigate if recommended cut-off values for a self-rated instrument should be adjusted for this population.

Method; Cross-sectional data were collected for all papers from one observational two-year follow-up study, using questionnaires, interviews, consultations and medical records. Consecutive patients aged 60 and up were screened for depressive symptoms at a primary care center in 2003. Included patients (n=302) completed the Primary Care Evaluation of Mental Disorders Patient Questionnaire (PRIME-MD PQ); the Montgomery-Åsberg Depression Rating Scale, self-rated version (MADRS-S); and a structured interview with a nurse. They then saw a general practitioner (GP) who assessed whether there was “possible depression”, with a structured patient-centered consultation model. The psychometric properties of the consultation model and the PRIME-MD PQ were calculated using the MADRS-S, at two cut-off levels, as a reference. The GPs performed a diagnostic interview using the PRIME-MD Clinical Evaluation Guide (CEG) with patients who had screened positive with any of the methods. In patients with mild to moderate depression (n=54), the course was observed during two years and risk factors and prognostic factors were studied. The optimal MADRS-S cut-off value for a depressive diagnosis was calculated by Receiver Operating Characteristic (ROC) curve. Logistic regression analysis was used for studying associations between the different variables and depressive symptoms as well as mild to moderate depression.

Results Several psychosocial factors and somatic symptoms were associated with depressive symptoms. The point prevalence of depressive symptoms was 15 % (Paper I). The consultation model exhibited moderate to good properties for screening for depressive symptoms in the elderly (Paper II). While median MADRS-S scores declined during a two-year follow-up period, three course patterns were identified: remitting, stable, and fluctuating (Paper III). There were indications that the MADRS-S cut-off value should be lowered when screening for mild to moderate depression in this group (Paper IV).

Conclusion Most elderly individuals with milder forms of depressive disorders are seen and treated in primary care. They are important to recognize since the conditions are associated with considerable functional disability and morbidity. A structured patient-centered consultation model, adjusting self-rated instruments' cut-off values and knowledge of risk factors, prognostic factors, and course may be helpful for GPs in detecting, assessing, and managing depressive disorders in elderly primary care patients.

Keywords: depressive symptoms, mild to moderate depression, patient-centered consultation, screening, elderly, primary care, course, longitudinal, risk factors, prognostic factors

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