

# GP's globally call for better medical school training in depression

*Painful physical symptoms should alert physician of the possible presence of depression.*

Depression is well recognized as a public health problem that can run the risk of becoming chronic, disabling and life threatening if left untreated. Unfortunately depression remains largely under diagnosed in primary care, although more than one in ten patients seen are suffering from this condition. Depression is said to affect 121 million people globally. Depression is a treatable condition. Timely recognition by a family physician or general practitioner (GP) can minimize possible subsequent disability. However, depression remains unrecognized in society not only because of the social stigma but also due to failure in diagnosing depression.

Mood disturbances are widespread and GP's will see many patients with depressive disorders. Only a minority of these patients consult directly with psychological problems such as low mood, loss of interest and enjoyment, reduced self-esteem and self-confidence and a bleak and pessimistic view of the future. More often, they consult their doctors because of bodily or physical symptoms. Depression is a psychological disorder but patients with depression usually communicate their distress in "nonpsychological" language. The patients usually present with physical symptoms like pain, fatigue, loss of appetite and weight loss. In fact, the number of physical symptoms has been shown to highly correlate with the presence of depression.

According to an international survey conducted in 2006 on behalf of the World Federation for Mental Health (WFMH), nine out of ten GP's believe that medical school training about depression, specifically regarding the painful physical symptoms, need to be improved. At a recent meeting of the World Organisation of Family Doctors (WONCA), findings from the *Mind-Body Connection survey* were released which showed that more than eight out of ten doctors (84%) say that their colleagues need to be educated on the mind-body link while nearly two-thirds (63%) are concerned about misdiagnosing depressed patients with a pain condition due to possible confusion around the link that experts agree exists between the mind and the body.

"It's important that doctors quickly recognize and consider physical symptoms, such as fatigue, vague aches and pains and sleep disturbances, as possible sign of depression," says Preston Garrison, Secretary General and Chief Executive Officer of the WFMH. "A delayed or missed diagnosis prolongs a depressed person's suffering and may decrease the likelihood of a full recovery".

Nearly half of those interviewed in the 2006 survey said that they had been taught that depressed patients often present primarily with physical symptoms. The vast majority of young GP's agreed that medical school training about depression needs to be improved, with the majority also agreeing that training specifically about the painful physical symptoms of depression needs to be improved.

Furthermore, data presented last week at a major neuropsychopharmacology conference in Vienna, Austria, suggests that physicians might not be considering symptoms that are important

in the eyes of the patient, such as pain and anxiety. Studies done showed that physicians treating these patients consider only physician-rated depressive symptoms, when assessing how sick the patient is and whether the patient is getting better. Patients, on the other hand, also consider pain and anxiety when judging their own improvement.

"As a result of the survey findings, WFMH is calling for a worldwide improvement of medical school education regarding depression and painful physical symptoms," says Preston Garrison. "As such, the WFMH will be implementing an international advocacy outreach initiative to encourage curriculum improvement.

The intent of the program is to increase expertise regarding the role of both emotional and physical symptoms in the diagnosis and treatment of depression, in the hope of improving worldwide diagnosis, treatment and recovery rates".

Diagnosis and treatment of depression in South Africa is not necessarily any different. One in five South Africans suffer from a mental disorder severe enough to affect their lives significantly. Roughly 25% of all GP's patients are ill due to psychiatric rather than general medical conditions. Nevertheless, thousands of South Africans find it extremely difficult to admit that they are suffering from a mental condition. These are real disorders that have a significant negative social and economical impact on South African society.

Pretoria based psychiatrist, Dr Franco Colin, agrees. "GP's should be alerted to the fact that the patient's major depressive disorder can present with these worrying physical symptoms. The advice that I would give to a GP is to see every patient in his or her totality, and to also consider vague physical aches and pains as a possible presentation of an underlying major depressive disorder. When these vague aches and pains are treated with an antidepressant and that has an effect on them, the response and remission rates are much better and improved. It is critical to achieve full remission of the patient's symptoms," he says.

Depressive disorders are identified and diagnosed using clinical methods that are similar to those for physical disorders. These methods include a careful and detailed collection of historical information from the individual and the key family members and a systematic clinical examination. Patients who suspect that they may be suffering from depression, particularly if unexplained physical symptoms are present, are urged to speak to their GP. For more information, go to [www.depressionhurts.co.za](http://www.depressionhurts.co.za) or call 0860 NO HURT (0860 66 4878)

References available on request.

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