SYMPTOMS, COGNITIONS AND BIOLOGY

IN GENERAL PRACTICE PATIENTS*

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It is now well established in Great Britain that a high proportion (about a quarter to a third) of patients attending their general practitioners can be classified as suffering from one of the various categories of mental disorder.

Goldberg and Huxley (1980) estimated that in random community samples of 1,000 individuals, 250 will have psychiatric symptoms, of whom 230 will go to their general practitioners. Of these 230, the GP will recognise 140 as suffering from some kind of psychiatric disorder and will treat the majority himself, referring only 17 to psychiatric hospitals. The patients who are identified by their GPs as psychiatric have been described as those with "conspicuous psychiatric morbidity" (Kessel, 1960) and most of these will be suffering from some sort of mood disorder. Goldberg and Huxley (op. cit.) stated that "the single most common psychiatric diagnosis among random samples of the community is depression."

The study reported here relates to depressed patients in a general practice where we have been offering our services for the last five years to assess and treat affectively ill patients. This practice, which is served by three GPs, is in the north east district of Edinburgh, Leith, covering a population of approximately 6,500, of whom the major proportion (5,700) is below the age of 65 and mostly from social classes IV and V. The study to be reported here was part of a treatment trial comparing the efficacy of cognitive therapy and pharmacotherapy, alone and in combination, in the treatment of non-psychotic, unipolar depression.

* full publication to appear in Pharmacopsychiatria
TREATMENT STUDY

The research protocol was discussed in detail with the GPs and they agreed to refer all patients who, in their opinion, were non-psychotic depressed patients (no delusions or hallucinations) and who could be randomly allocated to drug treatment, cognitive therapy or a combination of drug and cognitive therapy. It was also agreed that the drug of choice would be amitriptyline at 150 mgs daily, unless some other antidepressant was indicated for specific reasons. All drugs would be prescribed at recognised therapeutic doses.

69 patients were referred in the practice over a period of two years and 71 hospital out-patients. Every patient was screened using the Present State Examination (PSE) and RDC criteria for primary major depressive disorder (Spitzer et al, 1978). A minimum level of 14 on the Beck Depression Inventory (BDI) was also required to control for severity of depression. 30 GP referrals were rejected as compared with 22 hospital referrals, these two proportions being non significantly different. Low self-reported depression was the most frequent reason for exclusion in the general practice sample. Other reasons of exclusion from those listed were: suspected organic impairment of subnormality, secondary depression following a physical or psychiatric illness, bereavement reaction, spontaneous recovery, schizophrenia and tricyclics being contra-indicated.

The number of unsuitable patients referred in the two treatment centres implies that GPs were nearly as good as their more sophisticated psychiatric colleagues at identifying depressive illness.

Table 1 indicates the difference between the two samples in demographic characteristics. As would be expected, both samples were strongly biased in the proportion of males to females. The GPPs (General practice patients) were younger on average, less highly educated and from a lower social class than the HOPs (Hospital out-patients). A considerably higher proportion of general practice patients (46%) had lost a spouse relative to patients referred from the hospital clinic (16%). These characteristics are, of course, not representative of general practices in Edinburgh, but reflect the socially disadvantaged area served by this particular practice.

With regard to clinical features, though all patients satisfied research diagnostic criteria for a primary major depressive disorder (Spitzer et al, 1978), there were important differences between the general practice patients and the hospital out-patients, as shown in Table 2.