

What You Need to Know...



Primary Care Outreach

The first point of entry for many patients with depression and anxiety disorders is the primary care setting. Because primary care clinicians are often the initial health care contact, they are in a unique position to provide early detection and integrated care for persons with depression/anxiety and co-occurring medical illness. Early diagnosis and treatment of depression can reduce patient discomfort and morbidity as well as the costs associated with misdiagnosis. Unfortunately, all too often depression and anxiety go undetected by primary care physicians. However, diagnoses of depression and anxiety disorders are as reliable as those for general medical disorders. To address this gap, the National Mental Health Association (NMHA), through the Campaign for America's Mental Health, is targeting primary care providers. One of the goals of the Campaign is to improve the manner in which mental illnesses are detected and treated in primary care settings.

Prevalence of Depression and Anxiety Disorders in Primary Care Settings

- Depression and anxiety are two of the most common disorders seen in the primary care setting.¹
- As many as half of all primary care physician visits are associated with symptoms caused or exacerbated by mental or behavioral health problems.²
- Nearly one-third of the patients primary care doctors treat each day will have significant depressive symptoms; of these, two or three may have major depressive disorder.² A recent survey found that 52 percent of people reported they would seek treatment for mental or emotional health problems from their family physician.
- Nearly 74 percent of Americans who seek help for symptoms of depression will go to a physician rather than a mental health professional. Unfortunately, the diagnosis of depression is missed in 50 percent of primary care cases.² An essential factor in successful treatment of patients with co-morbid depressive and anxiety disorders is early recognition of these conditions.³

Facts about the Social, Physical and Economic Impact of Depression and Anxiety

- Depression and anxiety are chronic and recurrent disorders that can interfere as much or more with social and physical functioning than chronic physical illnesses such as hypertension, diabetes, arthritis and back pain.³
- Depression can be triggered by other chronic illnesses common in later life such as diabetes, cancer, stroke, heart disease, chronic lung disease, Alzheimer's, Parkinson's and arthritis.²
- Clinical depression is one of America's most costly medical illnesses costing the economy more than \$43.7 billion annually in absenteeism from work, lost productivity and direct treatment costs.⁴ Similarly, anxiety disorders cost the U.S. \$46.6 billion from direct and indirect costs. Left untreated, these disorders are as costly to the American economy as heart disease or AIDS.
- Between ten and 15 percent of people formerly hospitalized for depression commit suicide. In addition, depression accounts for 20 to 35 percent of all deaths by suicide. 500,000 people annually visit emergency rooms due to attempted suicide. Individuals with untreated depression also face an increased risk of death from coronary artery disease.

Difficulty in Diagnosis

- Depressed patients often present with accompanying medical illnesses, generally involving significant pain or loss of function.³

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- Physicians often treat the symptoms of depression (such as insomnia and somatic complaints), rather than the underlying disorder.²
- Misdiagnosis can lead to inappropriate treatment that may prolong the suffering of patients and lead to “revolving door” patient care.⁵
- The symptoms of depression and anxiety disorders are highly variable among patients.
- Approximately 85% of patients seen who have depression also experience significant symptoms of anxiety.⁵

Importance of Routine Mental Health Assessments in Primary Care

- Appropriate mental health care may reduce costs for patients who are high users of medical services.⁵
- Primary care providers are responsible for long-term patient care and help integrate health care services,
- Patients who get treatment for co-occurring depression or anxiety often experience an improvement in their overall medical condition, better compliance with general medical care and a better quality of life.⁶
- Average time needed to screen for depression and/or anxiety is only 3 minutes.

PRIMARY CARE ASSESSMENT WORKS!

By routinely screening for depression and anxiety disorders, primary care providers can literally save lives by preventing suicide and save money lost to decreased patient productivity and increased treatment costs.

“Family physicians can make a significant improvement in the lives of their patients with mental illnesses. Patients benefit from the continuity of care provided by their family physicians. Insight into the total health care needs of both the patient and family, including mental health needs, improves health care outcomes and patient quality of life.”

--American Academy of Family Physicians

For More Information:

For a free and confidential mental health screening, go on-line to www.mhacolorado.org.

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