

## KNOWLEDGE, ATTITUDE AND PRACTICE CONCERNING DEPRESSION AMONGST GENERAL PRACTITIONERS IN HYDERABAD.

Memon T.F<sup>1</sup>, Rajar A.B<sup>2</sup>, Khan S.A<sup>3</sup>

### Abstract:

**Background:** Depression is one of the most common mental disorders. It is widely recognized that there has been an increase in the prevalence of depression all over the world. Globally, more than 350 million people have depression, a mental disorder that prevents people from functioning well.

World Health Organization (WHO) estimates suggest that depression is common in all regions of the world. A recent study supported by WHO revealed that around 5% of people in the community had depression during the last year.

The vital role of General Practitioner plays in the health care services of a community cannot be under estimated. In developed countries, primary care physicians manage most patients with depression. Realizing the importance that the general practitioners should be up-to-dated in the knowledge of depression, relatively few studies allow a comprehensive assessment of Knowledge these doctors, their attitude towards the disease and the referral of cases as well as management decision they make in these cases and the factors associated with these decisions.

**Objectives:** The overall objective of the proposed study is to assess the knowledge, attitudes and beliefs about depression amongst General Practitioners of Hyderabad city, District Hyderabad, Sindh.

**Material and Method:** The study was cross-sectional, carried out among the General Practitioners working in 8 different Union Councils of Hyderabad City. The tool of study was structured questionnaire specially designed for this study. A total of 188 General Practitioners from selected Union Councils responded to the survey. Data was computerized using Excel and analysed using SPSS.

**Results & Conclusion:** This is first study of its kind, was conducted and aimed to investigate the Knowledge, Attitude and Practice of Depression among General Practitioners who are working in Hyderabad City. The study has shown that a high proportion of General Practitioners that participated in the survey had knowledge with respect to depression and which gender affected more as well as over prescription of Anti-depressant medication now a days in the country. However, awareness regarding depression diagnostic criteria and complications of Anti-depressants among majority of General Practitioners was inadequate.

**Key Words:** Depression, knowledge, attitude, practice, General Practitioners, Anti-depressants.

### INTRODUCTION:

According to the definition of the World Health Organization (WHO); "Depression is a most common and serious medical illness of Brain that not only affects thoughts but also feelings, mood behaviour and physical health"<sup>1</sup>.

The exact cause of depression is still not identified<sup>2</sup>. Most of the experts believe that it is caused by the blend of various factors, like; certain chemical changes in the brain, the person's genes, his biochemical environment, his personal experience and psychological factors<sup>3</sup>. The areas of the brain that are associated with thinking, sleep, mood, appetite and other behavioural acts do not function normally<sup>4</sup>. Approximately 350 million world's population lives with depression which not only makes it one of the leading causes of disability around the globe, but also a major contributor to the global burden of dis-

ease<sup>1</sup>. It is estimated that depression would be the second most prevalent condition around the globe by the 2020<sup>2</sup>. Depending on the population studied and the methods used, multiple studies conducted in different parts of the world estimated the prevalence of depression among patients in Primary Health Care (PHC) is between about 10% and 24%<sup>5</sup>. General Practitioners play a pivotal role in diagnosis and management of patients with depressive disorders in health care system almost everywhere around the globe<sup>6,7</sup>. Knowledge among GPs about mental disorders may vary from country to country and depends on the amount and quality of training received both at under- and postgraduate levels. Studies showed that GPs held poorer knowledge and attitudes towards depression when compared with psychiatrists<sup>8,9</sup>. In Pakistan, as in most developing countries, a large number of GPs are not able to detect depression cases accurately. They are not even able to differentiate between anxiety and other disease conditions from depression. While if they are not able to accurately detect depression, how they can identify the severity of depression and stage. Present study was therefore defined to determine the K.A.P about depres-

1. Lecturer Community Medicine, Muhammad Medical College Mirpurkhas
2. Assistant Professor Community Medicine, Muhammad Medical College, Mirpurkhas.
3. Muhammad Medical College, Mirpurkhas

sion amongst the General Practitioners of Hyderabad city, Sindh.

#### **METHODOLOGY:**

The current Cross-Sectional study was carried out from September 2013 to February 2014 in the different union councils (UCs) of Hyderabad, Sindh. Hyderabad is the 2nd largest city in the Sindh province.

Doctors of any age group, holding only M.B.B.S. degree without any additional qualification with or without any working experience, practicing as a GP in the selected UC were included in this study. While those GPs holding degrees other than M.B.B.S like: B.D.S, HOMEOPATHY, etc., having additional qualifications along with basic MBBS degree and working outside the premises of selected U.Cs were excluded.

A special questionnaire was designed for the purpose of this study, includes questions related to GP's age, gender, and years of experience as their medical practice and their area of specialty. While other parts of questionnaire carries questions regarding their knowledge about depression, their attitude towards the disease and practice in prescribing medications.

Study participants selection was done through two staged cluster sampling. In first stage 8 different Union Councils (UCs) of Hyderabad city are randomly selected. In Second stage 25 General Practitioners from each selected UC practicing will be included in the study after random selection.

*(1 X 25 = 25 GPs/UC means 8 X 25 = 200)*

Data was analysed by SPSS 10 software. Descriptive analysis was done by calculating proportions. Even though, no harm expected to occur to any of the study participant, but to ensure the full confidentiality, a verbal consent was sought from all the participants of the study. Those who consented and fulfilled the selection criteria were invited to become the part of study.

#### **RESULTS:**

A total of 200 General practitioners were surveyed to the selected Union councils of Hyderabad, Sindh. Out of which 188 G.Ps consented to participate in our study forming the overall response rate of 94%. Of the total number of 188 respondents, high proportion of participants 26.5% belong to age group 36-40 years compared to 8% belongs to age > 50 years. (Chart 1)

Table 1 shows the frequency and percentage distributions of study subjects by socio-demographical variables. Majority of the study participants (67.6%) were male and 61 (32.4%) were females. A maximum percentage of participants had experience of < 10 years and more than a third don't have any specific short term training in diagnosis and management of depression cases. (Table 1)

Most amazingly, two third (64%) of GPs were not aware of how to diagnose depression and what tests used for the diagnosis of depression amongst the patients while only 36% of the surveyed GPs were aware of it and answered correctly. (Chart 2)

The highest proportion of the participant (93%) answered correctly when asked what Depression is. While 82% of

them were aware that females are affected more than male. Furthermore, a highly percentage of GPs had a knowledge and were aware that depression causes physical symptoms and can reoccur after treatment (98.4% and 96%) respectively. Most GPs (95%) were aware that depression can affect patient's social & functional performance.

A high proportion of GPs were knowledgeable that severe depression can be a manifestation of a medical disease. On the other hand, the results have shown that, there was gradual decrease of knowledge and awareness concerning other questions, in particular, about the timing of anti-depressants to show their effect and role of psychotherapy is similar to anti-depressant in management of major depression.

Regarding the question of highest number complications from which class of anti-depressant medicines surprisingly the data have shown that majority of GPs were not aware and had lack of knowledge i.e. 63.3% (table2). 64% of GPs thinks that Antidepressants are over prescribed in Pakistan. (Chart 2)

Majority GPs showed very positive attitude towards referral of their patients to the psychiatrists and 72% agreed that this is their duty to refer patients to the psychiatrists. (Table 3)

Large number of study participants believes that they are not sufficiently trained to diagnose and treat depression cases. While 2/3<sup>rd</sup> of them believe that people of any age group can have mental health problem as well as those with major or severe depression also deserves to have equal human rights.

Data also showed that highest proportion of GPs was aware that the incidence to mental health problems is increasing in general Pakistani population. 88% positively replied that General Practitioners need to know more about psychiatric problem and available treatment. Whereas majority of them thinks that they personally need to know more about the psychiatric problem and available treatment (Table 4).

Opinions were nearly evenly split concerning the statement that what treatment GPs propose to patients with depression of mild severity. While majority (45%) of them reported that they usually prescribe a combination of therapy comprises of antidepressants, anxiolytics, anti-psychotics, sedatives and anticonvulsants to the patients with severe depression (table 5)

High proportion of GPs reported that they rely on and frequently use internet aided literature whenever they encounter any problem related to depression. However evenly split statements recounted concerning most effective ways to keep them up-to-date with the management of patients with mental health problems but majority of them again replied the use of internet is most effective way. (Table 6)

#### **DISCUSSION:**

The incidence and prevalence of mental disorders in Pakistan is tremendously increasing. This study tried to highlight the level of awareness of Depression among

General Practitioners in city of Hyderabad, Sindh.

To the best of our knowledge, studies have not been published previously on the level of awareness of Depression among General Practitioner in Pakistan and Sindh specifically. The reasons may be an absence of clear strategies or plans, lack of resources or lack of interest in this area from concerned persons and stakeholders. Lack of such studies should need special attention from the responsible persons of health Ministry and department of health and concerned organizations (NGOs) to find out the underlying reasons.

#### Discussion regarding Methods and subjects:

The study subjects of the current study were selected randomly, in order to ensure a representative sample of all General Practitioners working in Hyderabad city. The questionnaires were answered through interviewing G.Ps face-to-face at their clinics or dispensaries situated in selected U.Cs of the city. All questions were answered from all participants, who were very interested and highly motivated to participate in the survey and very eager to give answers to questions. The overall response rate of this study was 94% which is much more as compared with 59.4%, 65.1% and 69% 43, 44 and 45<sup>10,11,12</sup> in studies of similar kind and more than reported in studies 46, 47<sup>13,14</sup> and in which the response rates were 83% and 84.17%.

A high proportion of G.Ps were of age 36 to 40 years and the lowest proportion was >50 years age group while majority of G.Ps who participated in this study were male (67.6%).

Majority of G.Ps (64%) do not know the diagnostic criteria neither they have exposure or training to deal with mental illness. They treat their patients with depression on their own intuitions. This finding is in accordance with the study conducted in India 43<sup>10</sup> where they reported 71.1% of G.Ps without knowledge of diagnostic criteria and training while our results a bit lower than that of 79.7% 48<sup>15</sup>.

As far as concerned with the psychiatric referrals 72% reported that referral of their patients with depression to the psychiatrist is their duty and they refer their patients to a psychiatrist when required whereas 28% do not their patients as they think that this is no their duty to do so. Majority of G.Ps sought psychiatric consultation when needed which was in accordance with the findings reported as 75% 44<sup>11</sup> and another study reported it 66% 45<sup>12</sup> Majority 58% of GPs agreed with the statement that it would be difficult for them to differentiate unhappiness from the depressive disorder that requires treatment. These findings are almost opposite to that of 55.6% disagreed in a study conducted in Nigeria 49<sup>16</sup>. 67.5% of GPs reported that recent misfortune accounted for most of the cases of depression they seen. Just over half (64%) of the respondents feel comfortable while dealing with depression cases.

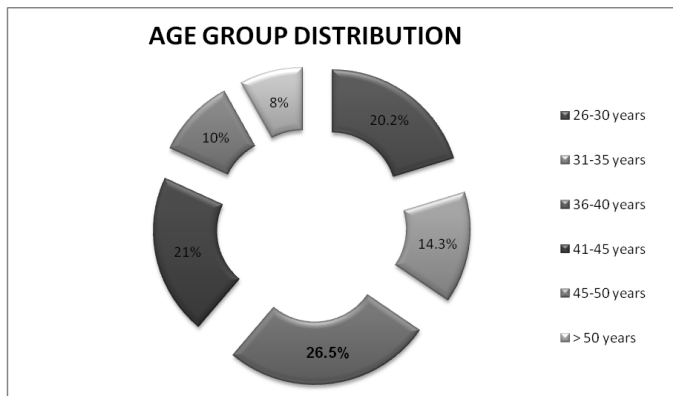
Regarding depression management, the large number of GPs reply on A.D.s while less than a half considered psychotherapy as effective. Large number of GPs. re-

ported that think people of any age group can have mental health problem which is quite similar with the findings of different studies conducted in Turkey and India<sup>12,17</sup>. Majority 45% of respondents reported that they usually prescribe a combination therapy for the management of their patients with severe depression. Higher findings were reported by several studies<sup>13,14,15,18,19</sup>.

#### Conclusion

Majority of General Practitioners were aware of depression while large number of them does not know any diagnostic criteria used for diagnosis of depression. They are aware of the etiology, increasing incidence and treatment methods for depression. Surprisingly high proportion of them does not aware of class of antidepressants having highest complications but most of them use combination therapy from management of depression cases. Two third of them do not have any formal training in managing depression or mental illness cases. So, we conclude that there is a lack of training of general practitioners in dealing with patients having depression or mental health problems. There is a dire need for further improvement of the existing mental health service.

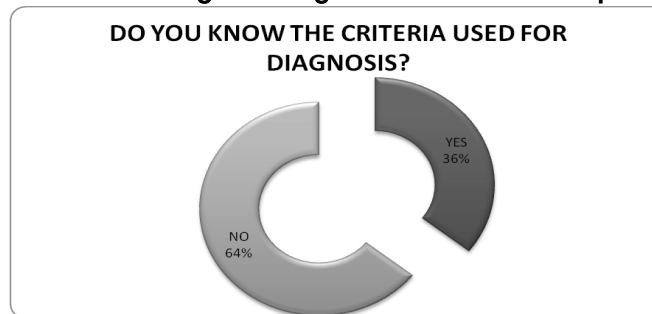
Chart 1: Age group distribution of General Practitioners



**Table 1: Socio-demographic characteristics of General Practitioner**

	MALE	FEMALE	TOTAL
	n (%)	n (%)	n (%)
	127 (67.6%)	61(32.4%)	188 (100%)
Age Group			
26-30	16 (12.7)	22 (36.2)	38 (20.2)
31-35	11 (8.6)	16 (26.2)	27 (14.3)
36-40	34 (26.7)	16 (26.2)	50 (26.5)
41-45	32 (25)	07 (11.4)	39 (21)
45-50	19 (15)	0	19 (10)
Above 50	15 (12)	0	15 (8)
Years of Practice as G.P			
<10	60 (47.2)	46 (75.4)	106 (56.2)
10-15	45 (35.4)	11 (18)	56 (29.6)
16-20	15 (12)	04 (6.6)	19 (9.7)
>20	07 (5.4)	0	07 (4.7)
Avg. Patients per week			
<100	29 (23)	39 (64)	68 (36)
101-200	60 (47.2)	22 (36)	82 (43.6)
201- 300	27 (21.2)	0	27 (14.4)
Above 300	11 (8.6)	0	11 (6)
Specific Training			
YES			19 (10%)
NO			169 (90%)

**Chart 2: Knowledge of Diagnostic Criteria for Depression**



**Table 2: Proportion of G.Ps as classified by the Knowledge regarding Depression (n=188)**

QUESTIONS	Correct Answer n (%)	Incorrect Answer n (%)	Don't Know n (%)
What is depression?	175 (93)	13 (7)	0
Females effected more than males	154 (82)	23 (12)	11 (6)
Can depression cause physical symptoms?	185 (98.4)	3 (1.6)	0
Can depression recur after treatment?	181 (96)	2 (1)	5 (3)
Does depression affect social & functional performance of patient?	179 (95)	9 (5)	0
May severe depression be a manifestation of a medical disease?	169 (90)	12 (6)	7 (4)
How long does it take for anti-depressants to show their effect?	99 (52.6)	79 (42)	10 (5.4)
Are anti-anxiety and sedatives equally effective in the treatment of depression?	150 (80)	30 (16)	8 (4)
Psychotherapy constitutes treatments for major depression just as antidepressants do?	162 (86)	21 (11)	5 (3)
Which class of anti - depressant medications highest rate of complications?	63 (33.5)	119 (63.3)	6 (3.2)

Chart 3: Knowledge of GPs regarding over prescription of A.Ds in Pakistan

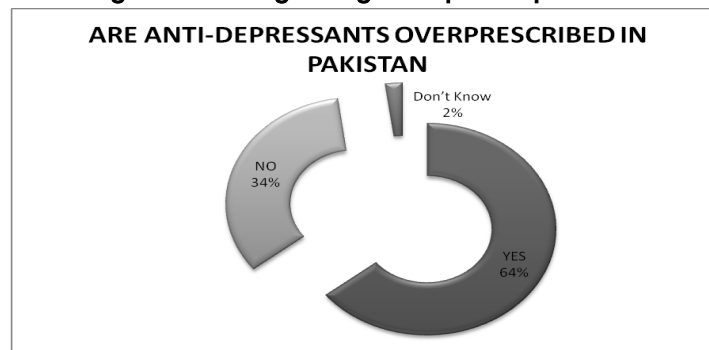


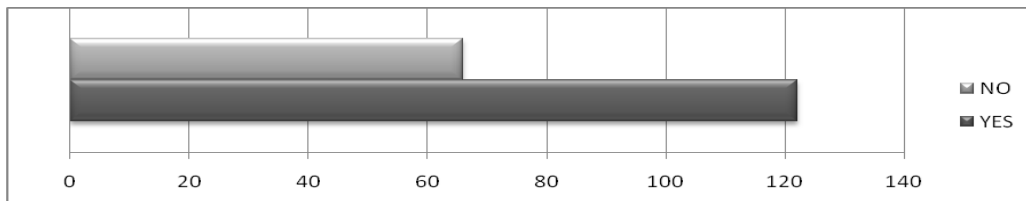
Table 3: Proportion of G.Ps as classified by the attitudes regarding Depression (n = 188)

QUESTIONS	Agree (%)	Disagree (%)	Not Sure/ Don't Know (%)
Depression can only be managed in psychiatrists	114 (60)	69 (37)	5 (3)
Majority of depression seen in general practice originates from patient's recent misfortune	127 (67.5)	53 (28.2)	8 (4.3)
In general, it is difficult to distinguish whether patients presenting with depression, anxiety or with unhappiness	101 (53.7)	87 (46.3)	0
Becoming depressed is a natural part of old age	83 (44)	99 (53)	6 (3)
If a depressed patient needs anti-depressants, they better off with a psychiatrist rather than with a general practitioner.	109 (58)	72 (38)	7 (4)
Mental illness can be successfully managed at home by families	63 (33.5)	81 (43)	44 (23.5)
You are responsible for identifying the depression in all your patients?	111(59)	77 (41)	0
Treatment of your patient's depression is your duty?	114 (60)	74 (40)	0
General practitioner or general physicians can perfectly manage a depressed patient?	97 (52)	80 (42)	11(6)
To refer your patients to psychiatrist is your duty?	135 (72)	53 (28)	0

Table 4: Proportion of G.Ps as classified by the Opinion regarding Depression (n = 188)

QUESTIONS	Yes (%)	No (%)	Not sure (%)
Do you feel that you are sufficiently trained to diagnose and treat patients with depression?	50 (27)	130 (69)	8 (4)
Do you think people of any age group can have mental health problem?	119 (63)	64 (34)	5 (3)
Do you think patients with major or severe depression deserve to have equal human rights?	121 (64)	38 (20)	29 (16)
Incidence of mental health problems is increasing in general Pakistani Population	174 (93)	34 (7)	0
General Practitioners need to know more about the psychiatric problem and available treatment	166 (88)	22 (12)	0
You need to know more about the psychiatric problem and available treatment	161 (86)	17 (9)	10 (5)

**CHART 4: LIKE TO TREAT DEPRESSION CASES**



**Table 5: Proportion of GPs as classified by Prescribing medicines (n=188)**

QUESTIONS		N (%)
What treatment do you usually propose to patients with depression of mild severity?	Psychotherapeutic support &/or watchful waiting	59 (31.4)
	Medication	43 (23)
	Combination of counselling & medication	42 (22.2)
	Refer them to psychiatrist	44 (23.4)
Which medicine you usually prescribe to your patients with severe depression?	Anxiolytics only	10 (5.3)
	Anti-depressants only	47 (25)
	Antidepressants with sedatives and anticonvulsants	32 (17)
	Combination of antidepressants, anxiolytics , anti- psychotics , sedatives and anticonvulsants	85 (45.2)
	No treatment	14 (7.5)

**Table 6: Proportion of GPs as classified by keeping them up to date (n=188)**

QUESTIONS		N (%)
Sources of information GPs rely on or frequently use, whenever encounter a problem?	Discussions with GP colleagues	30 (16)
	Medical text books, pocket notes and review articles in journals	55 (29)
	CME courses	8 (4)
	Internet aided literature searches	78 (42)
	Others	17 (9)
What type of strategies do you find most effective to keep up-to-date with the management of patients with mental health problems?	Educational materials (articles in journals, printed educational material, drug bulletins, educational brochures)	61 (32)
	Formal CME programs (conferences, seminars, workshops)	41 (22)
	Internet	86 (46)
	No reply	0

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