A Survey of Knowledge and Attitude of Non-Psychiatrists (Medical Specialists) Treating Major Depression

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ARTICLE INFO

Article type: Original Article

Article history:
Received: 4 Sep 2011
Revised: 16 Oct 2011
Accepted: 5 Dec 2011

Keywords:
Depressive disorder, major
Physicians
Knowledge
Attitude

ABSTRACT

Background: Non-diagnosed depression might postpone the physical healing of patients and negatively affects prognosis. The rate of major depressive disorder among patients of general practitioners in the United States reaches 10 percent and among patients admitted to the inner wards reaches 15 percent.

Patients and Methods: A cross sectional study on physician of two hospitals was performed. A questioner was designed to assess knowledge, attitude, and practice of non-psychiatrist physicians towards depression treatment.

Results: Non-Physiatrist physicians' score in knowledge and attitude was 6.7 and 103.75, respectively. Gender and the area of specialization of the physicians had no significant effect on their knowledge, attitude and medical treatment methods applied by them.

Conclusions: The study highlights a low level of knowledge of physicians about depression. Further studies are paramount to assess the efficacy of interventions applied to improve current situation.

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Implication for health policy/practice/research/medical education:
This article is recommended for general practitioners and those who are involved in strategic planning for depression.

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1. Background

Depression is a mood disorder manifested by depressed mood, pessimism, anhedonia, low energy, psychomotor retardation, and low self-esteem (1). Depression is the most common psychiatric disorder and is associated with a number of physical illnesses (2). Unipolar depression was the fourth leading cause of disability in the world in 1990; moreover, it is predicted that it will have been the second leading cause of death after cardiovascular disorders in 2020 (3). Depression is common among the patients seeking treatment from medical practitioners with different specialties, clinics, hospitals, and primary care centers; meanwhile it often goes undiagnosed especially when co-existing physical disease is the main complaint. Un-diagnosed depression can also prolong the recovery from physical illness and worsen the prognosis. Therefore, all physicians should be able to diagnose and treat its mild forms (2).

Recent surveys show that 20% of Iran’s population suffers from one psychiatric disorder in which depression and anxiety have a higher prevalence.

Stigmatization is a major issue associated with psychiatric diseases in Iran. Physicians should give sufficient in-
formation about the nature, diagnosis, and treatment of
this disorder to the patients as well as their caretakers to
prevent the possible issue of stigmatization (4-6).

Depression is usually treated medically; meanwhile evi-
dence shows that depression is undertreated in the pri-
mary care centers. On the other hand, it is shown that if
depression is treated optimally in the primary care cen-
ters, the prognosis and treatment outcome will be much
more effective. Psychotherapy methods such as problem
solving are also useful for mild to moderate depression.
If the patient prefers this method, it can be an appro-
priate surrogate for medical treatment (2). Depression
constitutes 10% of office-practice patients in the United
States; besides, 15% of medical ward’s patients (hospital-
ized cases) also have depression (4).

This study was designed to investigate the knowledge
and attitude of non-psychiatrist physicians about treat-
ment of depressed patients, in Bou-Ali and Amir-Almo-
menin hospitals in Tehran.

2. Patients and Methods

A cross-sectional study was made of all physicians prac-
ticing at Bou-Ali and Amir-Almomenin hospitals (train-
ing hospitals of Islamic Azad University). A questionnaire
was developed based on the relevant references. The questionnaires consists of four sections: 1) Demographic
data consisting of age, gender, and years of experience as
their medical practice (following graduation from medi-
cal school), and their specialty area. 2) Questions about
their knowledge 3) Questions about their attitude 4) Ques-
tions in regard to their therapeutic approach. Physi-
cians were asked to fill the forms after given appropriate
time (15 minutes).

20 voluntary physicians filled the questionnaire with
2 weeks interval to assess its reliability. Interclass coef-
ficient of the questions ranged from 0.81 to 0.87 with
a median of 0.84. Content validity of the questionnaire
was evaluated by some three faculty members of the psy-
chiatry department. The figure for Cornbach’s alpha of
the questionnaires was 0.77.

For the calculation of Knowledge score, a score of 1 is
given to each “yes” response and 0 to the “no” ones. In
terms of attitude, scores of 5, 10, 15, and 20 were given to
the “strongly agree”, “agree”, “disagree”, and “strongly
disagree” responses, respectively.

Descriptive statistics was used to run the data. Inter-
class coefficient and Cronbach’s alpha of the question-
naire were measured to assess reliability and validity.
Chi square test was used for compassion among groups.
Analysis was performed using SPSS software. At the P <
.05 level of significance, the result was accepted.

3. Results

Forty-four questionnaires were filled by physicians. Fif-
ty-one percent of physicians were male. Forty-seven per-
cent were in surgical specialties (Obstetrics/gynecology,
general surgery, neurosurgery, otolaryngology, ophthal-
almology, and urology), 52.3% were in medical specialties

<table>
<thead>
<tr>
<th>Gender</th>
<th>Length of practice</th>
<th>&lt; 10 y</th>
<th>11-15 y</th>
<th>16-20 y</th>
<th>&gt; 20 y</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>5</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>6</td>
<td>10</td>
<td>3</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Sum</td>
<td></td>
<td>11</td>
<td>21</td>
<td>7</td>
<td>5</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Correct Answer, No. (%)</th>
<th>Incorrect Answer, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can depression cause physical symptoms?</td>
<td>44 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>May depression recur after treatment</td>
<td>44 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Does depression affect social &amp; functional performance of patient?</td>
<td>44 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>May severe depression be a manifestation of a medical disease?</td>
<td>42 (95.4)</td>
<td>3 (4.6)</td>
</tr>
<tr>
<td>How long unsuccessful psychotherapy should be continued before medical therapy becomes necessary?</td>
<td>6 (13.6)</td>
<td>38 (86.4)</td>
</tr>
<tr>
<td>How long does it take for anti-depressants to show their effect?</td>
<td>10 (22.7)</td>
<td>34 (77.3)</td>
</tr>
<tr>
<td>Are anti-anxiety and sedatives equally effective in the treatment of depression?</td>
<td>34 (77.3)</td>
<td>10 (22.7)</td>
</tr>
<tr>
<td>Which class of anti-depressant medications have highest rate of complications?</td>
<td>29 (65.9)</td>
<td>15 (34.1)</td>
</tr>
</tbody>
</table>
Knowledge of non-psychiatric physicians about treating major depression

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27 (61.4)
9 (20.4)
15 (34.1)
32 (72.9)

2 (4.5)
-
-
-

9 (20.4)
-
-
-

22 (50)
1 (2.2)
22 (50)
5 (11.4)
1 (2.2)
3 (6.8)
9 (20.4)
27 (61.4)
5 (11.4)
1 (2.2)
32 (72.9)
9 (20.4)
2 (4.5)
1 (2.2)

(P<0.05).

Table 3. Attitude of the Physicians about Treatment of Depression

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree, No. (%)</th>
<th>Agree, No. (%)</th>
<th>Disagree, No. (%)</th>
<th>Strongly disagree, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am responsible for identifying the depression in all my patients</td>
<td>6 (13.6)</td>
<td>22 (50)</td>
<td>15 (34.1)</td>
<td>1 (2.2)</td>
</tr>
<tr>
<td>Treatment of my patient’s depression is my duty.</td>
<td>6 (13.6)</td>
<td>22 (50)</td>
<td>15 (34.1)</td>
<td>1 (2.2)</td>
</tr>
<tr>
<td>I can perfectly manage a depressed patient</td>
<td>3 (6.8)</td>
<td>9 (20.4)</td>
<td>27 (61.4)</td>
<td>5 (11.4)</td>
</tr>
<tr>
<td>I refer my patient to a psychiatrist.</td>
<td>32 (72.9)</td>
<td>9 (20.4)</td>
<td>2 (4.5)</td>
<td>1 (2.2)</td>
</tr>
</tbody>
</table>

(Internal medicine, pediatrics, neurology, cardiology, radiotherapy-oncology, radiology, dermatology, and general practitioner.

Answers to the questions on knowledge of the physicians are summarized in Table 1. Physicians’ knowledge score about the treatment of depression was 6.7 ± 0.95. Physicians’ attitudes towards depression are shown in Table 2. Score of attitude of the physicians about depression was 103.75 ± 1.5.

No significant difference was observed in total knowledge score of physicians in different specialties (P < 0.05).

There is no significant difference between male and female physicians considering the knowledge, attitude, of therapeutic approach (P < 0.5).

4. Discussion

This study shows that non-psychiatrist physicians show a moderate knowledge, attitude, towards treatment of depression. Similarly, a study in Zahedan showed that knowledge of general physicians about the efficacy and prescribing new drugs have been relatively low.

In a study performed in Taiwan, only one-third of physicians believed in solely medical management; however, 70% of our physicians believe in solely pharmacotherapy. This implies that non-psychiatric physicians generally do not believe or are not aware of these treatment modalities. It seems that non-psychiatric physicians consider depression similar to that of physical illness, and they treat it with the similar therapeutic approach. This is further highlighted by relatively poor performance in questions regarding psychotherapy (3-8).

In another study, only 50% of physicians were confident about their diagnosis of depression; on the contrary, in the findings of our study where 11% of physicians were confident about their diagnosis of depression, approximately 61% had low confidence about their diagnosis and 27% could not diagnose the depressed patients.(3, 4). It seems that, in comparison with the research performed in Taiwan, our physicians are less confident in diagnose and treatment of depression. Comparing the study in Taiwan mentioned above, our physicians had better knowledge about the pharmacotherapy of depression (65% versus 50%). Physicians in our study were not very knowledgeable about specific indications of these drugs as juggled by lack of knowledge about the similar activities of anti-anxiety and anti-depressant medica-

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Financial Disclosure
None declared.

Funding/Support
None declared.

References