

# A Patient and Primary Care Perspective: A Patient's Perspective on the Treatment of Depression

Rodney Elgie

This article describes patients' perspectives of depression and antidepressant treatment based on research by the Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe). GAMIAN-Europe is an organization that works to raise the profile of mental health in establishments and institutions throughout Europe. According to data from numerous studies pooled by GAMIAN-Europe, mental health disorders—particularly depression—are misunderstood and undertreated in much of Europe. A lack of dialogue between physicians and patients combined with a lack of available “user friendly” health care information has significantly contributed to noncompliance of antidepressant treatment. Increased patient knowledge and involvement in their own treatment and health care may enhance physician-patient relationships, resulting in better communication, earlier diagnosis and treatment of depression, and increased treatment compliance.

*(J Clin Psychiatry 2006;67[suppl 6]:38–40)*

## WHAT IS GAMIAN-EUROPE?

The Global Alliance of Mental Illness Advocacy Networks—or GAMIAN-Europe—attempts to raise the profile of mental health within European institutions. It has 80 national organizations in 32 countries across Europe. Some of these regional organizations focus on a specific psychological disorder such as bipolar disorder, schizophrenia, or obsessive-compulsive disorder, whereas others focus on the entire spectrum of psychiatry. In addition, GAMIAN-Europe provides health information and support to other patient organizations through informative and educational publications and through educational conventions and training programs. GAMIAN-Europe is actively engaged in mental health research.

## EUROPEAN PERCEPTION OF MENTAL DISORDERS

According to the “State of Health Care 2005” report, recently published by the U.K. Healthcare Commission,<sup>1</sup> half of the population with depression in the United Kingdom is receiving no treatment for their condition, and poor communication between doctors and patients is a signifi-

cant problem contributing to the lack of patient knowledge regarding antidepressant medication, treatment options, and specifics of the actual condition of depression. This report also shows that approximately one third of patients are not receiving information on side effects of antidepressants, which further contributes to treatment barriers. There is a similar lack of understanding of clinical depression across Europe. On a positive note, the new European Union Commissioner for Health and Consumer Protection has identified an improved approach to and perception of mental health as one of his key initiatives.

## FURTHER MISCONCEPTIONS AND MISCOMMUNICATION

The Clinical Standards Advisory Group was developed in the United Kingdom during the late 1990s by the Minister of Health to examine the treatment of depression in the primary care setting. The study<sup>2</sup> found that only 7% of patients were effectively treated for depression; patients were unlikely to consult their general practitioners with complaints of depression, were likely to be misdiagnosed or given incorrect medication, and often did not comply with instructions for their prescribed medications.

In 2003, GAMIAN-Europe conducted a study<sup>3</sup> in 8 European countries in which both patients and general practitioners completed a depression questionnaire, rating depression as mild, moderate, or severe. General practitioners rated 27% of their patients as having severe depression, whereas 31% of the patients rated their own depression as severe. However, according to Zung Depression Scale results, the actual rate of patients experiencing severe depression was 42%.<sup>3</sup>

---

*From GAMIAN-Europe, Tonbridge, Kent, U.K.*

*This article is derived from the planning roundtable “The Role of Dopamine and Norepinephrine in Depression and Antidepressant Treatment,” which was held July 22, 2005, in Taplow, Berkshire, U.K., and supported by an educational grant from GlaxoSmithKline.*

*Corresponding author and reprints: Rodney Elgie, Riverside Business Center, River Lawn Road, Tonbridge, Kent, UK TN9 1EP (e-mail: rodneyselgie@supanet.com).*

## TREATMENT COMPLIANCE

Treatment compliance is defined as the extent to which patients follow the instructions they are given by their physicians for prescribed treatments. Despite data to the contrary, there is a general assumption that patients will not question why a certain medication has been prescribed, but rather naturally will comply with whatever treatment is recommended.

### Who and What Are Responsible for Compliance?

Beliefs on what leads to patient noncompliance of treatment for depression differ between general practitioners and patients. For example, physicians cited immediate side effects as the most important reason for noncompliance among their patients, whereas patients ranked side effects as the sixth most important reason.<sup>3</sup> There is also disagreement as to who is responsible for treatment compliance. Some patients believe it is their doctors' responsibility to ensure that they, the patients, are properly taking their antidepressant medication, but many physicians believe that it is the patients' responsibility to comply with doctors' orders. In addition, other physicians only consider their own compliance with regulatory policies or treatment guidelines instead of whether patients actually take their medications as directed.

### Reducing Noncompliance

Across chronic conditions, only 50% of patients take their medication as directed.<sup>4</sup> Enhancing patients' access to information may help change their perceptions of depression and antidepressants. In addition, education and expanded health literacy could be instrumental in changing not only patients' perceptions, but also their behaviors (e.g., treatment compliance); well-educated patients will perhaps be more likely to utilize information and thus their medications effectively. For example, half of all patients do not or cannot read product information leaflets, approximately 40% read only a portion, and only 21% read the entire leaflet,<sup>5</sup> resulting in noncompliance and ineffective use of medication. On the basis of this fact, the European Medicine Agency has been focusing on how to make product information leaflets more user-friendly.

### Antidepressant Side Effects and Treatment Compliance

Patient perspective of side effects is influential to treatment compliance. Some patients may be concerned about becoming addicted or immune to the medication, while others may be concerned about the effects of the drug on specific systems or organs (e.g., kidneys, liver). To patients, knowledge of side effects is essential, but in the clinical setting, the benefits of the medicine—not the side effects—are often the focus. The National Depressive and Manic-Depressive Association (now the Depression and

Bipolar Support Alliance) conducted a study<sup>6</sup> in which both patients and doctors were asked if the side effect of sexual dysfunction associated with antidepressant use was discussed during consultation. Results demonstrated a clear disparity; approximately 69% of physicians said they had mentioned sexual dysfunction as a side effect, whereas only 16% of patients said that their physicians had mentioned it. This example demonstrates a gap between the doctors' and the patients' perceptions of risks and side effects when starting antidepressant treatment.

## INCREASED PATIENT INVOLVEMENT

A growing number of patients want to become more involved in their health care and treatment. Data from the Picker Institute–Europe<sup>7</sup> showed that as many as 85% of patients aged 20 to 40 years wanted to be actively involved in their treatment; this percentage dropped to 65% in patients 40 to 60 years old and to 45% in patients over 60 years old. An interest in obtaining and reacting to clear, accurate, up-to-date, and nonpromotional information is expected to continue in this patient population as well as to increase in future patient populations.

### Internet Access

In an attempt to become more knowledgeable and involved in their health care and treatment, patients are seeking more and more information via the Internet. This trend has raised questions as to how accurate and reliable information on the Internet is for this purpose. In addition, a debate has been raised among government officials in Europe as to the extent of direct-to-consumer information that should be provided. Patients also are interested in knowing what drugs are in the pipeline; however, current regulations limit the amount of information available to the consumer.

### Patient-Physician Partnerships

Increased patient knowledge and participation in their treatment and health care could replace the typically perceived paternalistic relationship between physicians and patients with one that is more of a partnership. This changed relationship could lead to better concordance between patients and physicians with respect to the beliefs and wishes of the patient in determining if, when, and how medication should be taken. It is anticipated that this partnership would encourage patients to be more open and honest about their depression, resulting in earlier and increased accuracy of diagnosis, quicker access to appropriate treatment, and decreased instances of self-medication with alcohol and drugs.

## CONCLUSION

Studies by GAMIAN-Europe and other institutions have demonstrated a number of problems contributing not

only to the perception of mental illness in Europe, but also to the treatment of depression. There is a need for enhanced dialogue and exchange of information between physicians and patients regarding depression, treatment and treatment compliance, and ensuing side effects of antidepressants. In addition, patients need to accept responsibility for the management of their depression by being open and honest with their physicians, complying with treatment, and changing lifestyle factors that may contribute to depression (e.g., smoking, excessive alcohol consumption, use of illicit substances).

---

#### REVIEW QUESTION

Do you agree that an educated patient is necessary to fully comprehend how to use the information about depression and antidepressants that is available? Why or why not?

---

*Disclosure of off-label usage:* The author has determined that, to the best of his knowledge, no investigational information about pharma-

ceutical agents that is outside U.S. Food and Drug Administration–approved labeling has been presented in this article.

#### REFERENCES

1. Healthcare Commission. State of Healthcare 2005. July 18, 2005. Available at: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk). Accessed February 10, 2006
2. Clinical Standards Advisory Group. Services for People With Depression. London, UK: Her Majesty's Stationery Office; 1999
3. Elgie R. A patient's perspective on communication leading to the improved treatment of depression [media briefing]. Presented at the 16th annual congress of the European College of Neuropsychopharmacology; Sept 20, 2003; Prague, Czech Republic
4. Home R. Adherence to medication: a review of the existing literature. In: Myers LB, Midence K, eds. Adherence to Treatment in Medical Conditions. Amsterdam, the Netherlands: Harwood Academic Press; 1998:285–310
5. Raynor T, Britten N. Why medicines information leaflets do nothing to promote concordance. *Pharmaceutical Journal* 2001;267(7158):120. Available at: <http://www.pharmj.com/Editorial/20010728/comment/spectrum.html>. Accessed Mar 20, 2006
6. National Depressive and Manic-Depressive Association. Beyond Diagnosis: A Call to Action to the Primary Care Community and People With Depression. Available at: <http://www.dbsalliance.org/PDF/BeyondDiagnosis.pdf>. Accessed Mar 20, 2006
7. Coulter A. The European patient of the future. Presented at: Picker Institute–Europe Patient Workshop. Nov 15, 2002; Brussels, Belgium