The Canadian Depression Study

PRELIMINARY RESULTS FROM A POPULATION-BASED SURVEY OF PATIENT PERCEPTIONS ABOUT DEPRESSION AND ITS TREATMENT: A STUDY BY THE CANADIAN NETWORK FOR MOOD AND ANXIETY TREATMENTS (CANMAT) AND COMPAS Inc.

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INTRODUCTION

The World Health Organization has identified unipolar depression as being a major contributor to the burden of disease worldwide. It currently ranks the leading cause of disability among 15 to 44 year olds. In Canada, the prevalence of depression has been estimated at 6% of the population (4% in males and 7% in females). 1

The Canadian Depression Study was a large population-based telephone survey of 6,421 Canadians aged 16 years and older, designed to estimate the prevalence of depression in Canada and the general public about depression. Participants were sought in the areas of help-seeking and diagnosis; the prevalence and severity of various symptoms of depression; treatment and its efficacy; the social and economic impacts of depression; and societal and patient attitudes toward depression.

This study is remarkable because of its size and large population, and because its results provide insight into unmet needs, and therefore the efficacy of these treatments on issues such as the patient’s propensity to seek help, adherence to treatment, and gaps in currently used treatments for depression.

This national telephone survey and the population of the preliminary results, was conducted by Comsys Inc., a well-known Canadian market research and polling company in collaboration with the Canadian Network for Mood and Anxiety Treatments (CANMAT). The fieldwork for the survey was conducted in January and February of 2004.

Some preliminary findings from this survey are summarized in this abstract. It is anticipated that in-depth reports on the findings of The Canadian Depression Study will be published in the future.

METHODS

A random sample of 6,421 households was selected to ensure regional, and rural/urban representation in Canada. The presence of a household member with depression was determined by the screening question: “Have you or has anyone in your household ever been diagnosed with depression or a depressive mood in the past year?”

Figure 1: Methodology of The Canadian Depression Study

A total of 6,421 individuals (3,883 males and 2,538 females) were interviewed by telephone. Among the respondents, 444 (13%) males and 308 females reported having been diagnosed with depression; the proportion of females in the depressed sample was significantly higher in the sample as a whole. The prevalence of depression in the overall sample was 6.0% (4.1% among males, and 9.2% among females). More details of the demographic characteristics of the depressed sample are seen in Table 1.

Figure 2: Prevalence of specific symptoms experienced during respondents’ most recent episodes of depression

Respondents were asked to identify specific symptoms, lasting a minimum of two weeks, during their most recent episode of depression. The most common symptoms reported were fatigue/lack of energy (48%), loss of interest/pleasure (48%), depressed mood (39%), impaired concentration/decision-making (36%), and impaired concentration/desire-making (36%). Seven other symptoms were reported by more than 35% of respondents (see Figure 2).

Figure 3: Depression symptoms that most interfere with patients’ lives

Respondents were asked to rate five symptoms that interfered most with their lives. This question was formulated to elicit only a single symptom, with patients providing spontaneous responses, rather than being prompted with a list of potential symptoms. Twenty-eight percent of respondents chose fatigue/lack of energy as the most interfering symptom – significantly more often than any other symptom mentioned. Among other symptoms, 15% cited anxiety/panic attacks, 12% pain in body, 0% depression, and only 7% sadness (Figure 3).

Figure 4: Frequency with which symptoms highly interfered with life during a most recent episode of depression

Respondents were then asked to rate the level of interference with their lives by each symptom experienced during their most recent episode of depression. The proportion of respondents who rated the level of interference as a 6 or 7 on a scale from 0 to 10 (where 0 = not at all and 10 = extremely) are shown in Figure 4. The symptom that most frequently resulted in a high level of interference was fatigue/lack of energy (73%) – significantly more than any other symptom. This symptom had the greatest relative interference – 7 on the interference/Life scale were sleeping for too long (%), loss of interest/pleasure (%), depressed mood (%), tension (%), irritability (%), impaired concentration/desire-making (%), and functional interference (67%)(Figure 5).

Figure 5: Perceived impact of depression on personal and family life

Respondents reported that depression had substantial impacts on their personal and family lives as outlined in Figure 5.

Figure 6: Perceived impact of depression on work/studies

One of the most important findings of the Canadian Depression Study is that the antidepressants received by the respondents did not display adequately many of the symptoms that are experienced on a daily basis. Only 10% of respondents reported complete or almost complete alleviation of symptoms – and this was the highest rate of alleviation. Less than one-quarter of respondents reported partial alleviation of any of the symptoms of fatigue/lack of energy, depressed mood, tension/nervousness/irritability, and impaired concentration/desire-making – all of which are both highly prevalent and interfered highly with patients’ lives. Importantly, only one-quarter reported complete or almost complete alleviation of sexual problems. Only 20% of respondents had found relief from pain or muscle soreness. The antidepressants used by these respondents had little effect on a desirable level of efficacy.

This abstract outlines some of the preliminary findings from the Canadian Depression Study. Analysis of this rich data is ongoing; future results in such as determinants of help-seeking, adherence to treatment, and utilizations towards depression remain forthcoming. The results of the Canadian Depression Study can be used to improve our understanding of patients’ most important symptoms and concerns, and to assist in selecting antidepressant treatments that address these symptoms and concerns most effectively.

RESULT

Table 1: Respondents to The Canadian Depression Study

Respondents reported that depressed mood by a doctor?”

There are limited studies on the efficacy of antidepressant therapy for particular symptoms. Overall, remission or almost complete alleviation of insomnia was reported by 54% of respondents – significantly higher proportion than alleviation rates for symptoms such as fatigue/lack of energy (25%), loss of interest/pleasure (22%), guilt/self-criticism (21%), and impaired concentration/desire-making (21%) and depressed mood (21%).

Figure 7: Prevalence and degree of interference of symptoms during the most recent episode of depression

The Canadian Depression Study have the potential to improve our understanding of depressed patients’ most important symptoms and concerns, and to assist in selecting antidepressant treatments that address these symptoms and concerns most effectively.

REFERENCES


The abstract expresses some findings of the study. The abstract should not be construed as medical advice. The authors are solely responsible for the content of this abstract. This abstract should not be used in the absence of the full abstract. This abstract is a preliminary communication and should not be construed as established fact.

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