

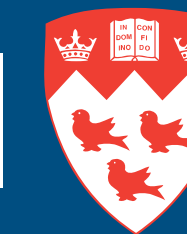
The Canadian Depression Study

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 is currently the leading cause of disability among 15 to 44 year olds.¹ In Canada, the prevalence of depression has been estimated at 6% of the general population (4% in males and 7% in females).²

The Canadian Depression Study was a large population-based telephone survey of 6,421 Canadian adults, designed to explore the perceptions of depressed individuals and of the general public about depression. Patients' perspectives were sought in the areas of help-seeking and diagnosis; the prevalence and severity of various symptoms of depression; treatments and their efficacy; the social and economic impacts of depression; and societal and patient attitudes toward depression.

This study is remarkable because of its size and target population, and because its results provide insight into patient perspectives, and therefore into the effects of these perceptions on issues such as the patient's propensity to seek help, adherence to treatment, and gaps in the currently used treatments for key symptoms of depression.

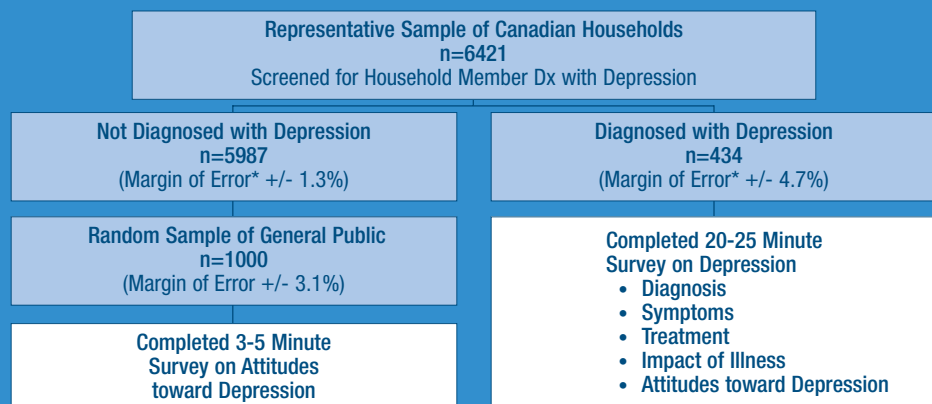
This national telephone survey, and the tabulation of the preliminary results, was conducted by Compas Inc., a well-known Canadian market research and polling company in collaboration with the Canadian Network for Mood and Anxiety Treatments (CANMAT). The fieldwork for the survey was conducted in January 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 national sample of 6,421 households was selected to ensure regional, and rural/urban representation across 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 depressed mood by a doctor?"

Figure 1: Methodology of The Canadian Depression Study



* Margin of Error calculated at 95% level of confidence
Non-Depressed/General Public samples weighted by sex and region to ensure representativeness

Among the 5,987 respondents who reported no household member with a diagnosis of depression, 1,000 were randomly selected (the "general public" sample), and weighted by sex and by region to ensure representativeness, to complete a 3 to 5 minute questionnaire on attitudes toward depression. Of the 434 households who answered the screening question in the affirmative, the member who had been diagnosed (the "respondent with depression") completed a 15 to 20 minute survey on their diagnosis, symptoms, treatment, impact of illness, and attitudes toward depression (Figure 1). Participation was entirely voluntary; respondents received no remuneration.

RESULTS

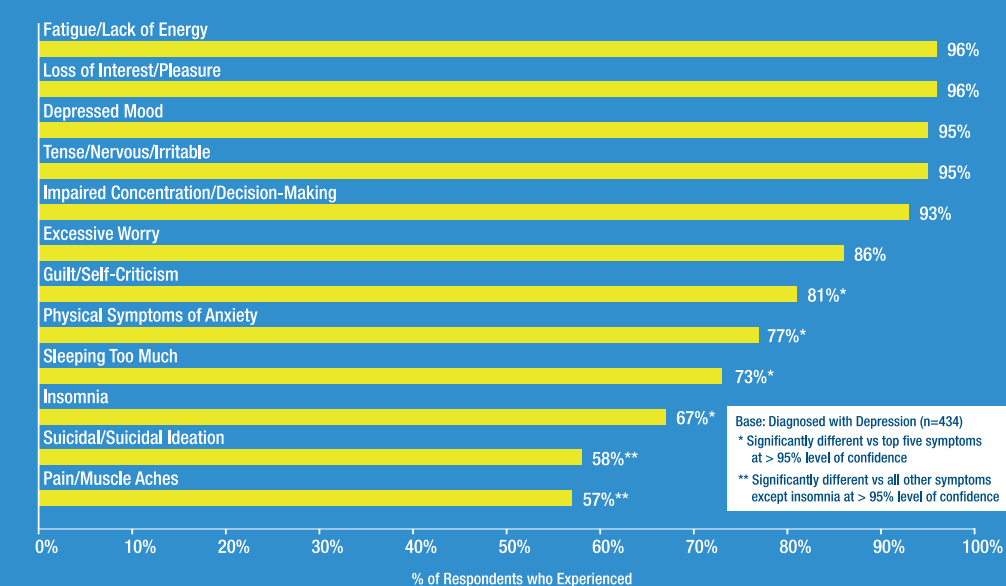
Table 1: Respondents to The Canadian Depression Study

	%	n
Full Sample	100	6421
Male	48	3090
Female	52	3331
Diagnosed with Depression Sample	100	434
Male	29	126
Female	71*	308
Prevalence of Depression		
Age: 18-29	11	45
Age: 30-39	18	80
Age: 40-49	25	108
Age: 50-59	25	110
Age: 60 and older	20	86
Less than Secondary Education	15	62
Secondary/Some Post-Secondary	57	249
Post-Secondary	28	123

* Significantly different at ≥ 95% level of confidence

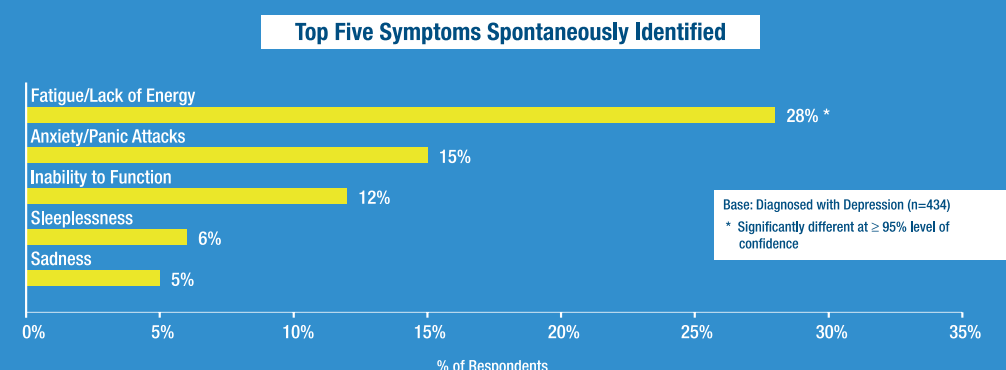
A total of 6,421 individuals (3,090 males and 3,331 females) were interviewed by telephone. Among the respondents, 434 (126 males and 308 females) reported having been diagnosed with depression; the proportion of females in the depressed sample was significantly higher than in the sample as a whole. The prevalence of depression in the overall sample was 6.8% (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



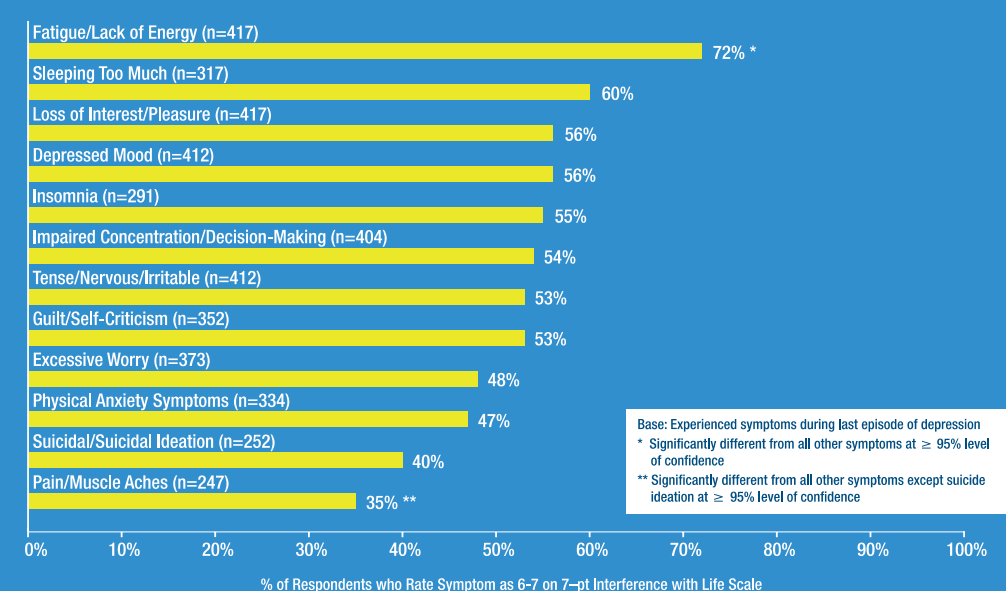
Respondents were asked to identify specific symptoms, lasting a minimum of two weeks, during their most recent episode of depression. The most common symptoms reported were fatigue/lack of energy (96%), loss of interest/pleasure (96%), depressed mood (95%), tension/nervousness/irritability (95%), and impaired concentration/decision-making (93%). Seven other symptoms were reported by more than 50% of respondents (see Figure 2).

Figure 3: Depression symptoms that most interfere with patients lives



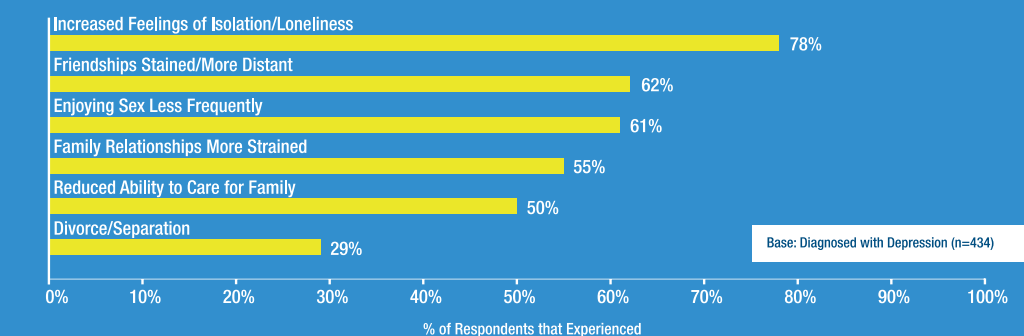
Respondents with a history of depression were asked to reveal the symptom that interfered most with their lives. This question was formulated to elicit only a single symptom, with patients providing spontaneous answers, rather than being prompted with a list of potential symptoms. Twenty-eight per cent 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% inability to function, 6% sleeplessness, and only 5% 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 for each symptom experienced during their last episode of depression. The proportion of respondents who rated the level of interference for each symptom as a 6 or 7 on a seven-point Interference with Life scale are shown in Figure 4. The symptom that most frequently resulted in a high level of interference was fatigue/lack of energy – reported by 72% of the 417 respondents. Other symptoms that were frequently rated a 6 or 7 on the Interference with Life scale were sleeping too much (60%), loss of interest/pleasure (56%), depressed mood (56%), insomnia (55%), impaired concentration/decision-making (54%), and tension/nervousness/irritability (53%) (Figure 4).

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

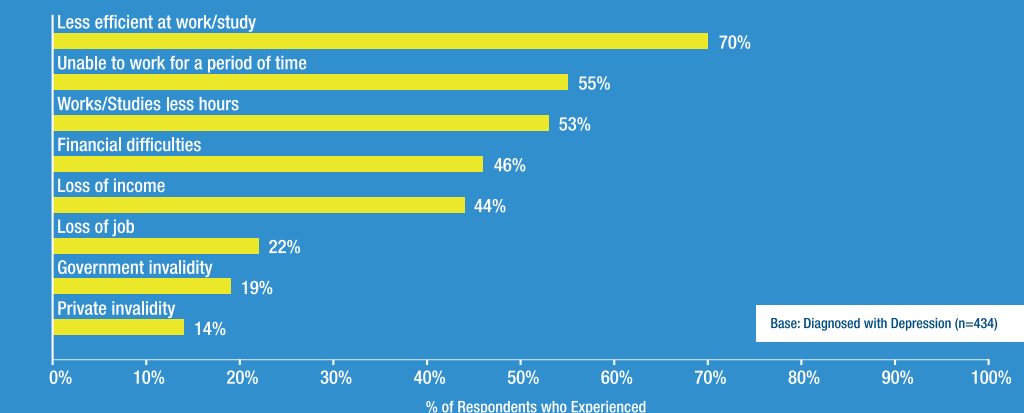


Figure 6 describes the answers given when respondents were asked about the impact of depression on their work or studies.

One hundred nine of the patients who responded to the survey reported they were treated only with antidepressants during their most recent episode of depression. In this group, it was therefore possible to assess the perceived efficacy of antidepressant therapy for particular symptoms. Overall, complete or almost complete alleviation of insomnia was reported by 54% of respondents – a significantly higher proportion than alleviation rates for symptoms such as fatigue/lack of energy (32%), tension/nervousness/irritability (31%), guilt/self-criticism (30%), impaired concentration/decision-making (29%), and depressed mood (26%).

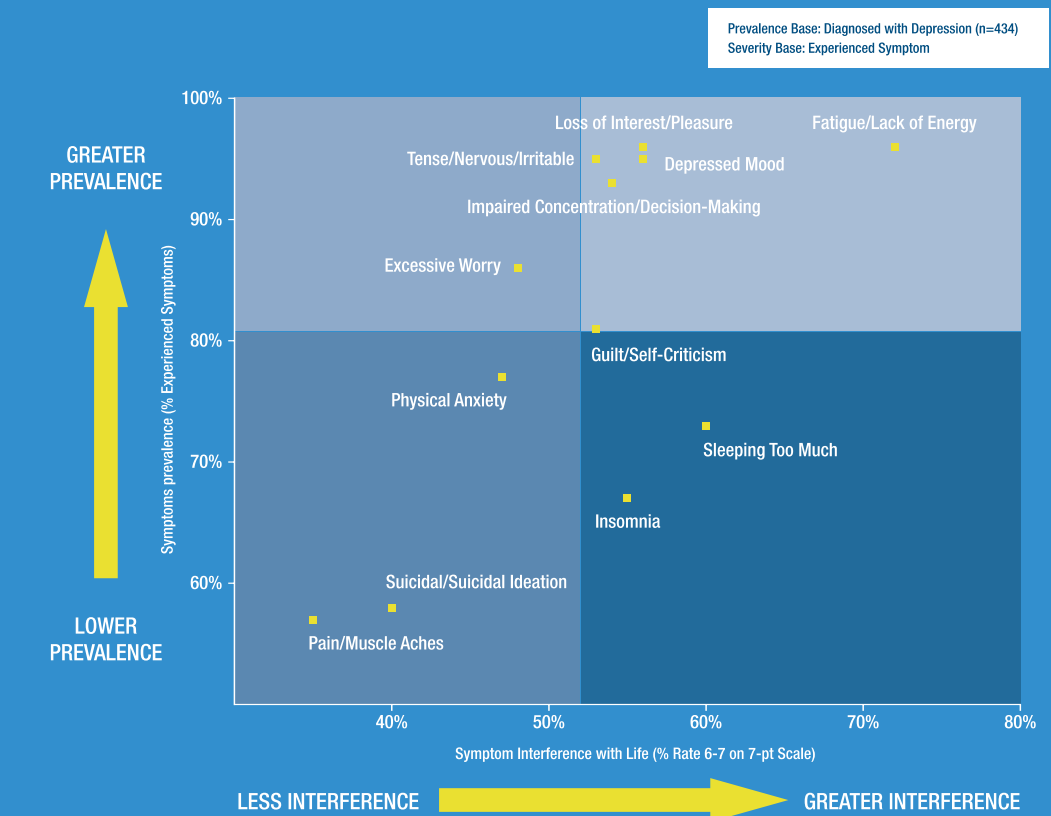
DISCUSSION

These preliminary results from the Canadian Depression Study represent patients' recollections and perceptions of their experiences with depression and its treatment. While these recollections may be influenced by recall bias, they provide valuable subjective data on depressive symptoms, their impact on life and response to different treatments. Data were collected by means of a telephone survey, rather than by standardized clinical interviews. This methodology has limitations, but also has the advantages of randomized sampling and anonymity that may promote frank responses to questions of a sensitive nature.

The most frequently occurring symptoms of depression reported by respondents to the Canadian Depression Study were fatigue/lack of energy, loss of interest/pleasure, depressed mood, tension/nervousness/irritability, and impaired concentration/decision-making. These overlap substantially with the most prevalent symptoms reported in the DSM-IV Mood Disorders Field Trial,³ which were loss of interest/pleasure (reported by 95%), impaired concentration/decision-making (90%), reduced general activity level (89%), and fatigue/lack of energy (87%).

The findings of symptom prevalence in the Canadian Depression Study also correlate well with the results of a study by McIntyre et al.,⁴ from which the seven-item Toronto Hamilton Rating Scale for Depression (HAM-D7) was developed. The HAM-D7 consists of items from the HAM-D17 that occurred most frequently and were most sensitive to change during antidepressant treatment. Of the seven items in the Toronto HAM-D7, depressed mood, loss of interest/pleasure, and tension/nervousness/irritability (psychic anxiety) were also among the most prevalent and most interfering symptoms reported by patients in this study.

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



It is important to note that there was a substantial overlap between the symptoms that were reported most frequently and those that most interfered with functional activities. This is visually illustrated in Figure 7 where the upper right hand quadrant represents those symptoms with both high prevalence and interference with life ratings.

One of the most important findings of the Canadian Depression Study is that the antidepressants received by the respondents do not appear to adequately address many of the symptoms that are experienced as most disabling. Only 54% of respondents reported complete or almost complete alleviation of insomnia – and this was the highest rate of alleviation. Less than one-third of respondents reported substantial alleviation of the key symptoms of fatigue/lack of energy, tension/nervousness/irritability, and impaired concentration/decision-making – all of which are both highly prevalent and interfere highly with patients' lives. Surprisingly, only one-quarter reported complete or almost complete alleviation of depressed mood itself, and relatively few patients found relief from pain or muscle aches. Thus, the antidepressants used by these respondents fell far short of a desirable level of efficacy.

This abstract outlines some of the preliminary findings from the Canadian Depression Study. Analysis of this rich dataset is ongoing; further results in areas such as determinants of help seeking, adherence to treatment, and attitudes towards depression are forthcoming. The results of the Canadian Depression Study have the potential to improve clinicians' understanding of depressed patients' most important symptoms and concerns, and to assist them in selecting antidepressant treatments that address those symptoms and concerns most effectively.

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