

Should Non-psychiatrists Be Trained to Recognize and Treat Co-morbid Depression?

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Introduction: Depression is an alarming burden in India causing substantial disability and cost to society. Recognizing depression is difficult because patients present predominantly with somatic symptoms or because attention is primarily focused on the co-morbid physical disorder. The cases of depression presenting in primary-care settings are either not identified or treated with inappropriate drugs or inadequate doses of anti-depressants.

Objective: To analyze current level of intervention done by non-psychiatrists to detect and manage depression in patients with chronic medical illnesses.

Methods: A panel of nine specialists (Cardiologists, Neurologists, Endocrinologists and Psychiatrists) discussed current Indian scenario of management of co-morbid depression by non-psychiatrists.

Results: The panel agreed that

- Prevalence of co-morbid depression in India is not well-documented except for few regional studies.
- It is frequently witnessed but is hardly recognized or managed as a concurrent disease.
- There is a need to differentiate between depressive 'feeling' and 'disease'.
- The clinicians should increase duration of history-taking to include questions like, 'Do you feel sad/low? Are you disinterested?' in suspected cases.
- There is a need for developing Indian consensus to identify co-morbid depression, to decide when to start an antidepressant drug, in what dosage and duration with special focus on the when to refer to a psychiatrist.

Conclusion: Concrete steps are required towards large-scale data generation and development of Indian consensus on the management of co-morbid depression in patients with chronic medical illnesses for the non-psychiatrists to improvise patient health outcome.

Keywords: Depression, Primary Care, Co-morbid, Consensus, Indian