DIFFERENT CONCEPTUALIZATION OF DEPRESSION. A STUDY IN PRIMARY CARE IN SOUTHERN CATALONIA.SPAIN

Diagnosed, Identified, Current and complete depression
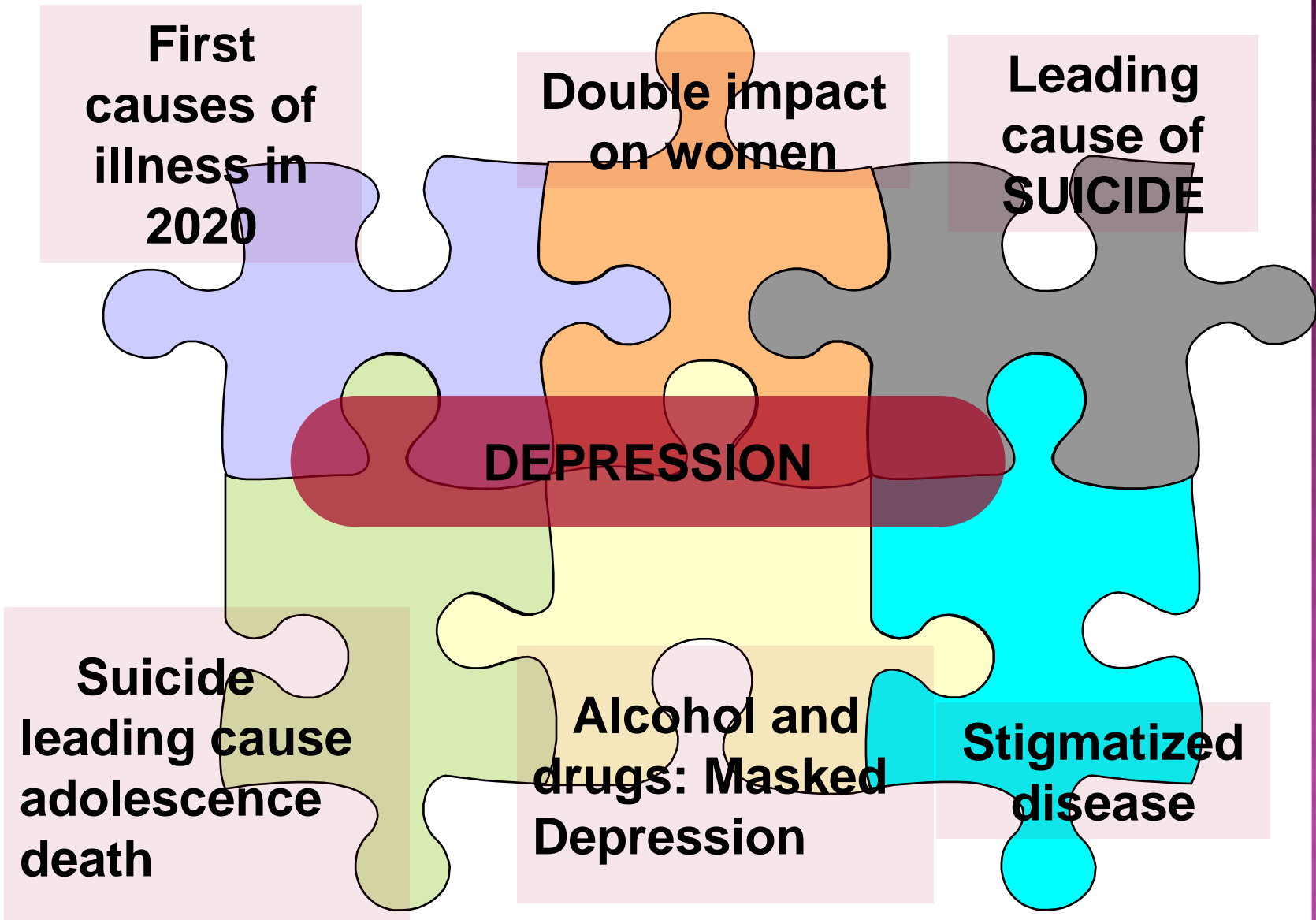
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THIS ARTICLE IS PART OF DOCTORAL THESIS IN SOCIOLOGY DEPARTMENT SOCIAL TRENDS III

- Mental Health and Gender: Causes and Consequences of Depression in Women

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First causes of illness in 2020

Double impact on women

Leading cause of SUICIDE

DEPRESSION

Suicide leading cause adolescence death

Alcohol and drugs: Masked Depression

Stigmatized disease

introduction: Depression Characteristics (II)

Depression	Femininity
dependence	dependence
passivity	passivity
Lack of firmness or assertiveness	Lack of firmness or assertiveness
Great need for emotional support	Great need for emotional support
Low self-esteem	Low self-esteem
Helplessness	Helplessness
incompetence	incompetence

Female Role
Inherent in the concept of permanence, stability, non-transition
No further learn skills such as search, weigh, decide, choose
Role little prestige, no social recognition or financial remuneration
Induced to remain in the small and restricted field of possibilities and options

Roles acquired through socialization

Social changes

DEPRESSION

INTRODUCTION

- In the context of patients accessing primary health care services, the prevalence has shown varying between 10% and 50%.

- A high prevalence of depressive symptoms was observed among adult women attending a Family Medicine in Mexico City, 52%

INTRODUCTION

- In USA Dwait 30-40%

- In Uganda 25.2%

- In Spain the highest have been found in Gerona, Chocrón 38,8% and Andalusia with 42.0%.

- Vázquez-Barquero in Cantabria 31,5%

- Fernández in Granada 34,7%

INTRODUCTION

- A high proportion of the population with mental disorders remains underdiagnosed and undertreated

- The severe symptoms are less ignored

- More frequent depressive symptoms:

 moderate insomnia, impact at work, anxiety, gastrointestinal symptoms

- Low prevalence symptoms: suicidal thoughts, weight loss, guilt

INTRODUCTION

INTRODUCTION

GOALS

- To know the prevalence of depression, distribution by gender and age groups

- To identify the different types of depression: Diagnosed, Identified, Current or Goldberg, Total o Full depression

METHODOLOGY

- Community study in Catalonia Spain
- Descriptive study stratified by age and sex
- Sample size: 317 participants (157 women y 160 men)
- Telephone surveys using Godberg's questionnaire, using systemating sampling

EMPIRICAL RESEARCH

◉ **EXPLORATORY PHASE**

Qualitative Phase: 112 patients in-depth interviews - 16 Professional

1- Diagnosed with depression: interviews, questionnaires and TGAD. 6 months-
March to July and Sep 2007 – n=**66** (52 W y 14 M).

2- With health problems without a diagnosis of depression: interviews,
questionnaires and TGAD. 6 days in September 2007 -   n=**26** (14W y 12
M)

QUANTITATIVE PHASE

6- Study Population. Telephone questionnaire and TGAD. November and
December 2007. n= **317** (157 W y 160 M). Statistical analysis

GOLDBERG'S DEPRESSION QUESTIONNAIRE

- ANXIETY SCALE

(Score one point for each "Yes")

1. Have you felt keyed up, on edge?

2. Have you been worrying a lot?

3. Have you been irritable?

4. Have you had difficulty relaxing?

(If "Yes" to two of the above, go on to ask :)

5. Have you been sleeping poorly?

6. Have you had headaches or neck aches?

7. Have you had any of the following: trembling, tingling, dizzy spells,

sweating, frequency, diarrhoea?

8. Have you been worried about your health?

9. Have you had difficulty falling asleep?

TOTAL ANXIETY=

GOLDBERG'S DEPRESSION QUESTIONNAIRE

DEPRESSION SCALE

(Score one point for each "Yes")

1. Have you had low energy?

2. Have you had loss of interests?

3. Have you lost confidence in yourself?

4. Have you felt hopeless?

(If "Yes" to ANY question, go on to ask:)

5. Have you had difficulty concentrating?

6. Have you lost weight (due to poor appetite)?

7. Have you been waking early?

8. Have you felt slowed up?

9. Have you tended to feel worse in the mornings?

TOTAL DEPRESSION=

DEPRESSION DEFINITION

Goldberg scale	Durkheim
⊙ Have you been feeling low on energy?	Fatigue, Exhaustion
⊙ Have you lost interest in things?	Disappointment
⊙ Have you lost confidence in yourself? disintegrated	Individuation
⊙ Have you felt hopeless?	Hopelessness

Anomie, mental and moral confusion

Links with collective goals, religion, family and job can help

RESULTS

Diagnosed, Identified, Global and Current depression or Goldberg

	Diagnosed Depression (n=317)	Identified Depression (n=317)	Global Depression (n=317)	Current Depression (n=317)
Men (n=160)	29 (18.4%)	34 (21.2%)	63 (39.3%)	64 (40.0%)
Mujeres (n=157)	59 (37.5%)	63 (40.1%)	122 (77.7%)	84 (53.5%)
Total (n=317)	88 (27.7%)	97 (30.6%)	185 (57.7%)	148 (46.7%)

RESULTS

	Men	Women	Total
D. diagnosed	18,1%	36,3%	26,1%
D. Identified	21,3%	40,1%	30,6%
D.Current or Actual	**40%**	**53,5%**	**46,7%**
D.Total	49,4%	66,2%	57,7%

Underdiagnosed depression, more men than women

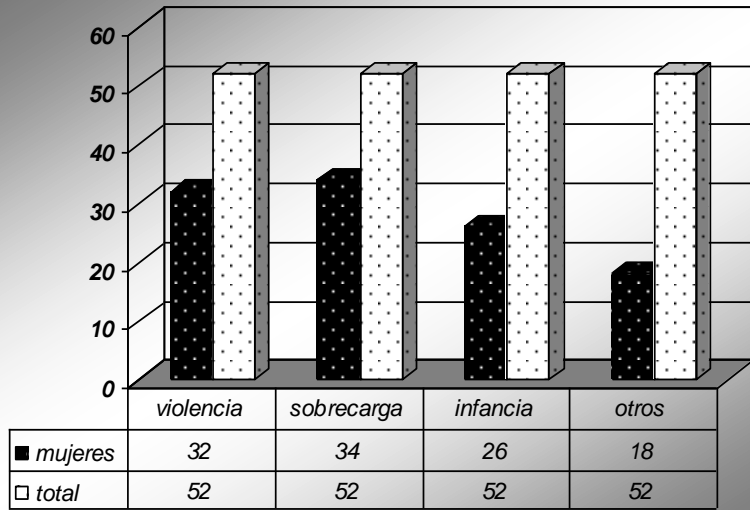**Infraidentificated Depression, more men than women**
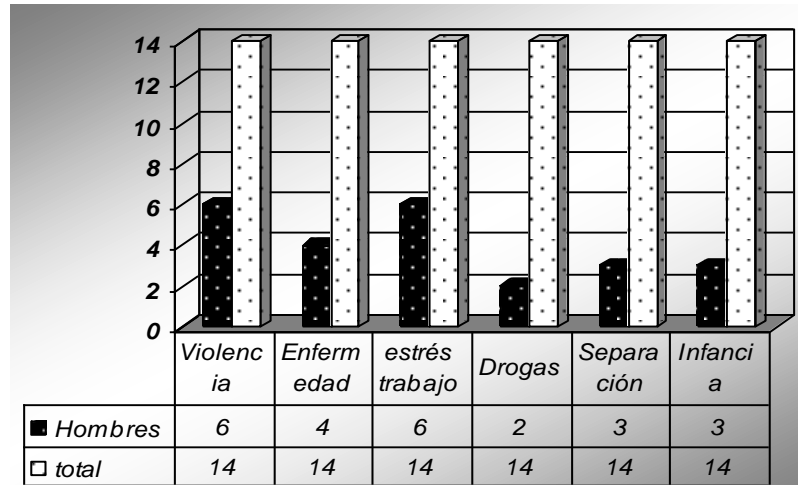
Increasing age increases depression

Women had higher depression in age groups

Types of depression and gender

RESULTS. CAUSES OF DEPRESSION

Women Depression Causes

Depression Causes Men

	violencia	sobrecarga	infancia	otros
■ mujeres	32	34	26	18
□ total	52	52	52	52

	Violencia	Enfermedad	estrés trabajo	Drogas	Separación	Infancia
■ Hombres	6	4	6	2	3	3
□ total	14	14	14	14	14	14

Gender Violence

Many roles or overload

Troubled childhood

Education received: Postpartum Depression
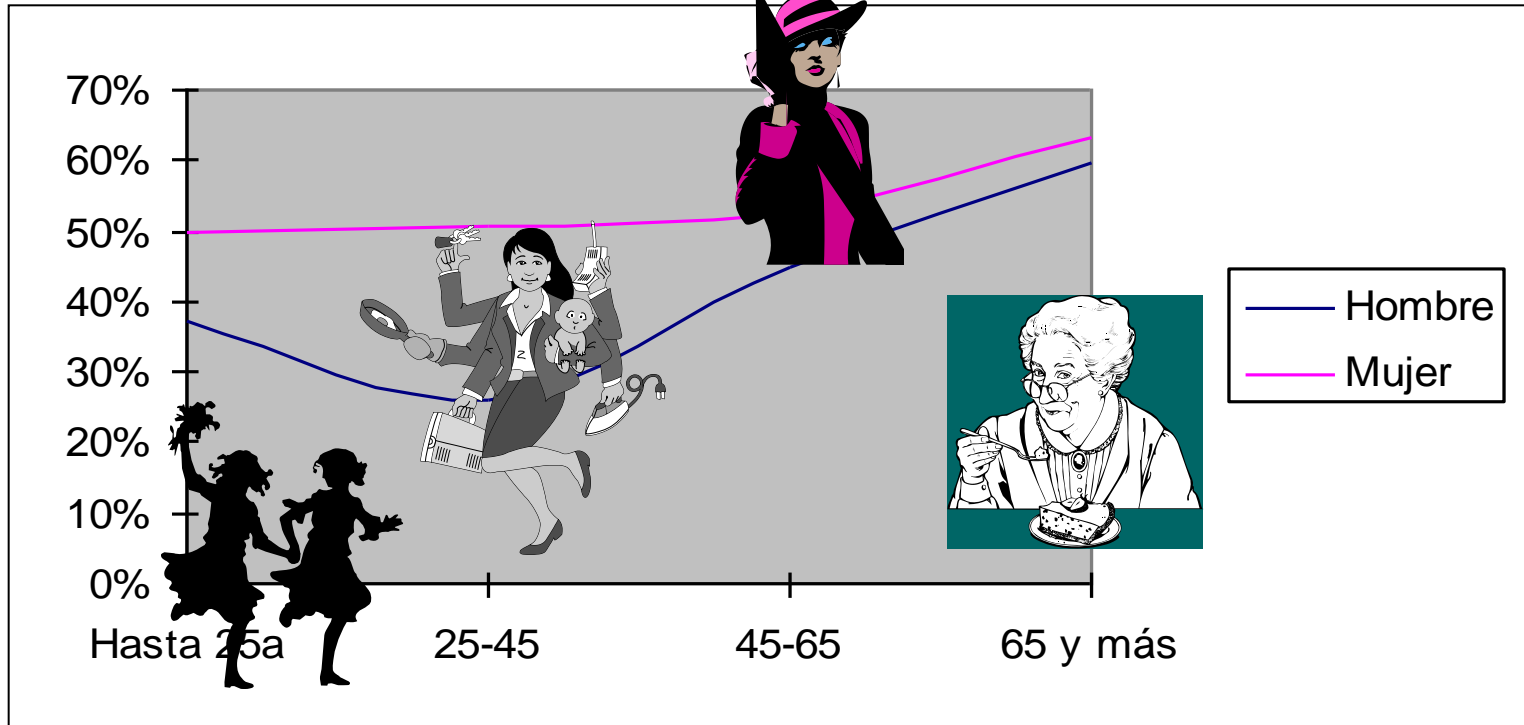
Low social support

RESULTS

Depression according to gender and age groups (years) in a total a 148 individuals

Depression	Hasta 25a	25-45a	45-65a	65 y más	Total	P-value$_a$
Women	12 50%	33 50,8%	20 52,6%	19 63,3%	84 100%	p= 0,684
Men	9 37,5%	16 26,2%	17 44,7%	22 59,5%	64 100%	p= 0,011
TOTAL	21 14,1%	49 33,1%	37 25%	41 27,7%	148 100%	

RESULTS

AGE

RESULTS

Education level and housework variables

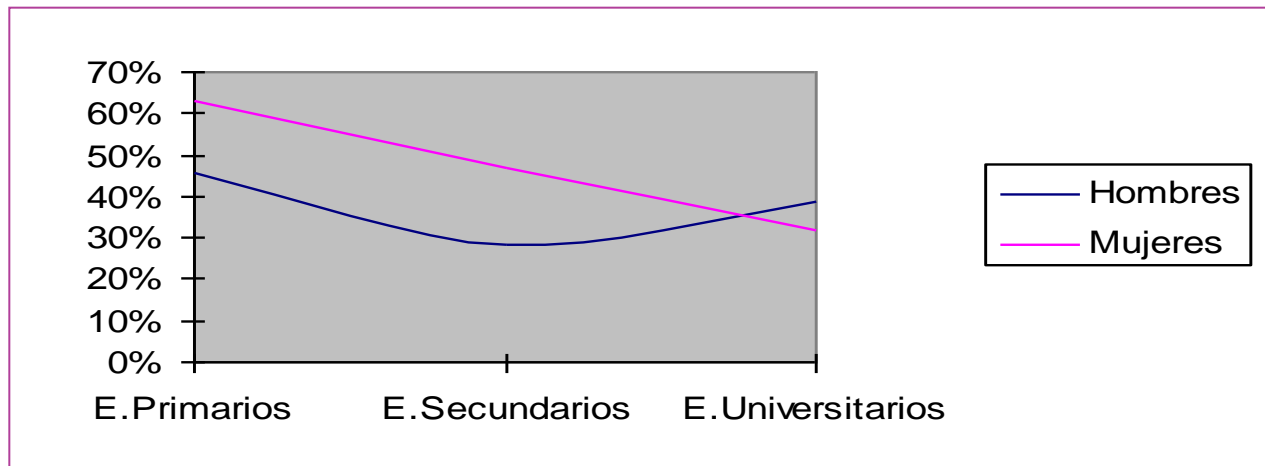|		P-Value

Educational level
    Primary school
    Secondary school
    University
	54/86 (62.8%)
	23/49 (46.9%)
	7/22 (31.80%)
		0.018

Place of work
    Women not working outside the home
    Women working outside the home
	43 (75%)
	61 (61%)
		0.047

RESULTS

Civil Status
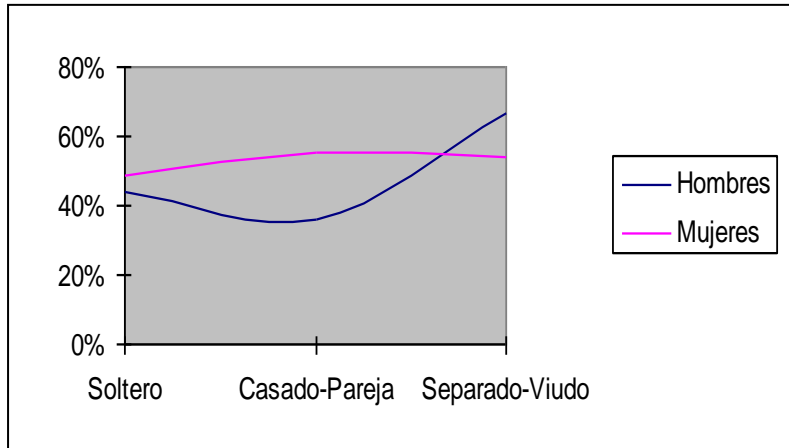
employment status
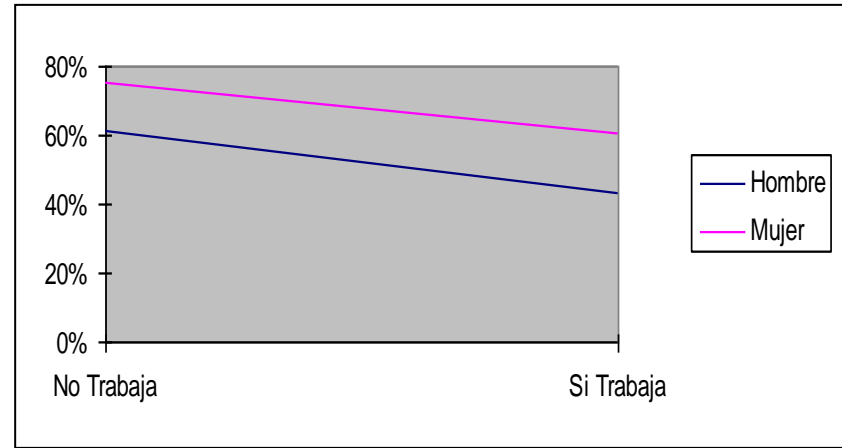
Level of education

CONCLUSIONS

- High rate of depressive symptoms in our community, more especially in women than in men

- Depression there is much greater than that diagnosed

- Gender differences in depression begin in adolescence to descend after

CONCLUSIONES

- The depressions are underdiagnosed and infraidentified for both sexes but higher for men for cultural and social reasons
- The causes of depression in men are the same as in women
- Women are medicalized and men are quickly sent to specialists

CONCLUSIONES

- The majority are moderate depression

- Higher levels of education and paid work are factors that protect against depression in women.

IMPLICATIONS FOR MENTAL HEALTHCARE

- The conceptualization of depression from medical or ordinary people point of view may be completely different

- If indiviuals not always recognize the symptoms, non-psychiatric physicians of primary care health also frequently under-diagnose and under-treat depression