



Depression

What should the doctor ask?

BACKGROUND

There are barriers to doctors detecting depression in general practice. We wondered what questions patients thought the doctor should ask to explore it appropriately.

METHODS

One hundred and thirty-six teacher trainees, teachers, and students in the community, most of whom had experienced depression, were studied qualitatively in interviews and focus groups. They were asked to suggest what questions they would find helpful from doctors to elicit their experience of depression. Transcripts were grouped by gender and content analysed.

RESULTS

Subjects suggested starting with open questions that act as signals for moving into emotional areas followed by specific questions about specific somatic expressions of depression. Men preferred questions about shorter fuse and anger toward others, while women were happy with questions about increased crying.

DISCUSSION

If confirmed in other sectors of the community, these data may allow doctors to increase patients' comfort with their exploration of possible emotional problems such as depression.

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Detecting depression is essential in general practice, and requires special skills.¹⁻² These include clinical interviewing, self report screening instruments, and symptom checklists (completed by the doctor, another member of the practice or the patient).³ However, raising the topic of depression can be difficult. Many general practitioners feel they lack the time or training for this. Patients may be reluctant to raise such embarrassing or distressing issues and so their agendas remain unvoiced;⁴ they may resist the idea of the possible diagnosis, not want to be prescribed drugs for depression, or to discuss potentially embarrassing social contexts.

Patients suffering from depression may require longer consultations. Patients are aware of this and may try to restrict themselves accordingly.⁵⁻⁶ Therefore the GP must respond in a carefully thought out manner. But what should this be?

We thought it appropriate to ask patients what questions they considered doctors should ask to raise the topic of depression in a consultation. As men may find emotional problems more difficult to articulate,⁷⁻⁹ we also looked for any gender differences.

Methods

We took two samples of people from the community: postgraduate teacher trainees recruited to a longitudinal study¹⁰ and interviewed in 2001–2003 about their stress and depression (40% reported major depression and almost all had some experience of depression); and another group of teachers and students from trades courses at four technical colleges⁸ to discuss their experiences of depression.

We undertook semi-structured interviews for the first sample, and focus group discussions conducted by a male psychologist for the second. Everyone was asked: 'If you, or someone you know, were depressed and went to see a doctor, what could the doctor ask you that would help the doctor understand what you were experiencing?' Data were transcribed and entered on a database.

We used content analysis¹² to look for similarities and differences, consistencies and agreement, and to test relationships.¹³⁻¹⁴ Descriptive data were analysed by gender. There were four stages of analysis: identifying patterns within the men's and women's data; examining for consistencies within and between data sets (eg. recurrent variations of the question: 'How are you

feeling?'); identifying patterns; and interpreting the information to try and find improvements in ways of inquiring about depression.

Approval was granted by the University of New South Wales Human Research Ethics Committee.

Results

There were 136 people (47 men and 89 women, mean age 48.7, SD: 3.3 and 47.8, SD: 3.6 respectively) from the teacher sample, and 102 from the second (77 men, 27 teachers and 50 students, mean age 48.4, SD: 5.5 and 20.4, SD: 3.8 respectively; and 25 women, 15 teachers and 10 students, mean age 46.1, SD: 6.1 and 37.6, SD: 14.2 respectively).

Both sexes appreciated doctors who were more ready to spend time with, listen to, lend a sympathetic ear to, and show an interest in the patient. These doctors were considered to

be more likely to pick up depressive symptoms in their patients. They preferred doctors who were less judgmental and less likely to hand out or prescribe a 'quick fix' of sedatives or antidepressants without understanding the problem or discussing the side effects.

The most frequently suggested question for GPs to introduce the topic of depression was some variation of the open question: 'How are you feeling?', with further exploratory prompts such as: 'What do you think is the cause?' and 'How long have you been feeling this way?' Women felt the question: 'Have you been crying more than usual?' was helpful, while men suggested questions about irritability and 'acting out' behaviours.

General questions about: 'How's work? How's the family?' were alternative approaches to starting (*Table 1*). These should be followed

by questions on potential causes of depression (interpersonal and other stressors), then questions about its effect (the nature of support system, children, sex life and finances).

Questions concerning changes in weight and sleep patterns were felt to be good starting points to enquire about specific depressive symptoms (*Table 1*). Subjects suggested enquiry about emotional change, such as: 'Are you more anxious/stressed/tense/worried?', 'Do you have a shorter fuse?', 'Are you more violent or angry toward others or pets?' and 'Are you taking more risks?' with increased sick leave and behaviour change such as taking less care over appearance, increase in cigarette or alcohol intake/consumption or drinking (alcohol) to excess, social withdrawal, and listlessness or decreased energy levels as markers of depression.

Table 1. Examples of questions suggested by subjects to detect depression

Type of questions	Suggested questions
Open and exploratory (signaling interest in affective issues)	How are you feeling? How long have you been feeling like this? Are others aware of how you are feeling? How are things going for you? Why do you feel this way? Have you been feeling anxious/tense/depressed/worried/stressed? Do you feel hopeless/helpless? Have you been crying more than usual?*
Rapport building (prodding without probing)	How's life? What's going on for you in your life? Can you tell me about any incident that could have sparked it? What do you think is causing your depression? What do you think is the issue or the source of the problem? Can you tell me something of your background or history?
Open, adding depth (social context, social support, coping)	How is work? How are things at home/with children/finances? Are you having any particular relationship problems? How is your relationship with your friends/family? Do you have a friend to talk to? What effect is your depression having on others? Do you have any close friends? How's football going?
Screening for relevant symptoms (sleep)	How are you sleeping? How well do you sleep? Have there been changes in sleeping? Are you oversleeping or not sleeping enough? How is your depression affecting your sleep? How do you feel during the morning when you first wake up/at night before sleep? Have you been taking any sleeping tablets?
(appetite and weight)	How's your appetite? Have you been losing weight? Are you eating more or less? Have your eating patterns changed?
Focused screening questions (nested questions confirming diagnosis of depression and comorbidity)	Have you been feeling down, lacking energy, tired, listless, lethargic? Are you having health problems? Are you having difficulty making decisions/dithering? Are you taking less care of your appearance? Have others noticed? Are you more withdrawn? How is your sex life? Do you feel that life is worthwhile? Have you taken time off work? Do you have a shorter fuse/feel angry or violent toward others? What types of things seem to trigger it?*** Have you been taking it out on the family?*** Are you drinking (alcohol) or smoking more, or taking risks?*** Are you taking recreational drugs?*** Are you more short tempered?***

* Questions offered by women, ** by men

Discussion

The study had some limitations. The subjects were generally well educated, culturally and socioeconomically homogenous, and able to articulate useful questions, therefore not representative of the community. Therefore these findings require exploration in other groups with different educational and ethnic backgrounds. In addition, participants were answering a hypothetical question and might feel different in the midst of a depressive episode. This could be addressed in another study of patients recovering from a depressive episode to confirm these findings.

Nonetheless, the study provides some helpful information. Both sexes had similar ideas of what was helpful for GPs to detect depressive symptoms in their patients, with some predictable differences. Patients feel comfortable when their GP takes the lead in initiating new topics.¹⁵ How GPs do this will vary with how well they know the patient.

The open questions about work and home, and closed questions about eating and sleeping, seem likely to be well accepted across cultural boundaries. Those about feelings alone might be more culturally sensitive. For example, Chinese patients tend to only volunteer somatic symptoms to their doctor, but will usually answer questions presented as part of an understandable depression model.¹⁶ Some patients may test the doctor out before committing to answers about emotional areas.^{1,15,17,18} However, the questions suggested here should accommodate this by enabling GPs to signal interest in helping in emotional areas.

Open questions prompt revelation of emotional data,¹ but this may be related to the content (asking affective questions about mood and pleasurable activities)¹⁹ rather than the questions actually being open. A prompt sheet for men (focusing on impulsivity, short temper, and drug abuse) is useful for identifying their depression.²⁰

Our finding that specific questions about appetite and sleep symptoms were seen as good precedents to more intrusive questions (such as: 'Do you feel that life is worthwhile?')

'How is your sex life?') confirms previous work in primary care which found that asking specifically about sleep, anhedonia, low self esteem, and appetite, led to recognition of most cases of major depression.²¹

Implications for general practice

- We asked people how they thought GPs should ask about depression. They wanted:
 - to be listened to, rather than just diagnosed
 - open questions about feelings, work or family to signal moving into emotional area
 - prompts such as: 'What do you think is the cause?'
- Alternative ways included:
 - asking about physical symptoms (eg. sleep disturbance or weight loss)
 - men particularly preferred questions about possible shorter fuse or anger toward pets.

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