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# Diagnosis of male depression

## Does general practitioner gender play a part?

### Background

Depression is a common illness often underdetected in general practice. Underdetection is more common in male patients compared with females. General practitioner gender and difficulties in communicating with male patients may play a role. This study aimed to determine if GPs found depression harder to diagnose in male patients compared with female patients, identify difficulties in diagnosis, and identify any GP gender differences in the diagnostic process.

### Method

A cross sectional survey mailed to Western Australia GPs.

### Results

Most respondents (64%) reported that diagnosing depression in men was harder compared with women, 73% of female GPs compared with 58% of males ( $p < 0.005$ ). Communication issues and infrequent surgery attendance by male patients were cited as the main difficulties.

### Discussion

Most GPs found diagnosing depression in men difficult, particularly female GPs. There is a need for GPs to communicate more effectively with male patients to improve the diagnosis of depression.

■ In Australia, depression is one of the most commonly diagnosed conditions by general practitioners. Estimates for 2006–2007 show that 10.4% of all GP encounters were for a mental health related cause, amounting to 10.7 million mental health encounters, with depression reported as the most frequently managed condition (34%).<sup>1</sup> The 2007 National Survey of Mental Health and Wellbeing found that the overall 12 month prevalence of affective disorders in the Australian population was 6.2%. While depression affects both men and women, the prevalence rate for men was lower than for women, 5.3% compared with 7.1%.<sup>2</sup> A lower prevalence of depression in men has also been reported in surveys from the United States of America,<sup>3</sup> the United Kingdom,<sup>4</sup> and The Netherlands.<sup>5</sup>

Despite the fact that depression is a common illness that presents frequently in the general practice setting, mild and moderate cases in particular, are often misdiagnosed and underdetected;<sup>6,7</sup> although detection rates improve as symptom severity increases.<sup>7–10</sup> Furthermore, underdetection of depression is greater among male patients compared with female patients.<sup>11–14</sup>

Both patient and GP led factors may contribute toward the underdetection of depression in men. At a patient level, attitudes toward health and health seeking behaviours differ in men compared with women. For example, women tend to rate their health more poorly than men,<sup>13</sup> report physical and somatic symptoms significantly more often than men, and rate these as more severe.<sup>15</sup> Conversely, men report better subjective health and fewer somatic, emotional and psychosocial symptoms than women.<sup>16</sup> Men are socialised into believing that it is 'unmasculine' and a 'sign of weakness' to admit to being ill, especially in regard to mental illness,<sup>16</sup> and masculine attitudes, behaviour and values add to delays in medical help seeking.<sup>17</sup>

The diagnosis of depression in men can be further complicated by substance use disorders.<sup>18</sup> In Australia, men experience higher rates of these disorders compared with women (7.0 vs. 3.3%<sup>2</sup>) and comorbidity between substance use disorders and mood disorders is common.<sup>19,20</sup>

In addition to patient factors, practitioner factors also impact on the identification and management of depression. Communication styles, level of mental health training, the treatment and management of conditions between male and female doctors, and their interactions with male and female patients are different, and may play a part in the under recognition of depression in men.<sup>21–25</sup>

Our study aimed to determine if GPs found depression in male patients harder to diagnose compared with female patients, identify difficulties that might arise in the diagnosis of depression in men, and identify any differences that may exist between male and female GPs in the diagnostic process.

## Method

### Design

A cross sectional questionnaire was mailed to 1100 GPs in Western Australia through local divisions of general practice. General practitioners were asked to state if they found depression harder to diagnose in male patients compared with female patients. An open ended question enabled respondents to describe reasons why depression was either easier or harder to diagnose in male patients compared with female patients.

### Analyses

Data was analysed using SPSS. Statistical differences in GP characteristics (time spent in general practice, number of patients booked per hour, mental health interest and attendance of training courses in the past 5 years) according to GP gender were identified using Chi-square analysis.

### Open ended question

To identify factors that presented as a difficulty in the diagnosis of male depression, comments to the open ended question were grouped into five major themes: communication, denial, presentation, somatisation, and weakness/failure.<sup>26</sup> Comments provided by each GP were categorised under one of these five themes and agreements listed separately for male and female GPs. Chi-square analysis was performed to determine statistical differences in each theme and GP gender.

The study was approved by the University of Western Australia Human Research Ethics Committee.

## Results

### GP characteristics

Four hundred and thirty-six GPs responded to the survey (40% response rate), 255 (58%) respondents were male and 181 (42%) were female. The mean age of respondents was 47.3 years, male GPs were significantly older than females; 49.4 years compared with 43.1 years ( $p<0.001$ ). The majority had been in practice for more than 20 years and saw four patients per hour. Significantly more female GPs than male GPs reported a special interest in mental health (63 vs. 46%,  $p<0.001$ ), and more female GPs had attended a mental health training course in the past 5 years (70 vs. 60%,  $p<0.035$ ).

### Diagnosis of depression in men

Overall, 64% of respondents reported that diagnosing depression in men was harder compared than in women, 73% of female GPs compared with 58% of males ( $p<0.005$ ). General practitioners in practice for more than 20 years were almost twice as likely to find depression easier to diagnose in men than those in practice for less than 10 years. No significant differences in the diagnosis of male depression were found in level of mental health interest and attendance of training programs in the past 5 years.

Two hundred and seventy-nine GPs responded to the open ended question, representing 64% of the total sample. Of this subgroup, 145 (52%) were male and 134 (48%) were female. *Table 1* shows the most commonly reported comments by GPs grouped into the five themes. Responses, percentages and statistical significance of each theme between male and female GPs are shown in *Table 2*. For both genders, communication issues such as a reluctance to discuss emotional problems and volunteer information about feelings, and minimisation of feelings and less honesty, were the most commonly reported factors related to difficulties in diagnosing depression in male patients, with significantly more female GPs reporting this as a difficulty ( $p=0.009$ ). Issues around surgery attendance by male patients were also found to be statistically significant, with more female than male GPs reporting that men do not attend the surgery, are reluctant to attend and only attend under pressure from a partner ( $p=0.015$ ). No significant gender differences were found in the themes of denial, somatisation and weakness/failure.

### Responses to the open ended question

A range of comments were provided by respondents that described some of the problems related to the difficulty in diagnosing depression in men.

### Male GPs

'It depends on how well I know the patient'.

'Men find it hard to open up, you have to be very alert to notice warning signs. Often first impressions. A good history usually makes diagnosis relatively easy, but men don't generally volunteer as much information'.

'Reluctant to come to the doctor in the first place and when they do, they focus on physical symptoms rather than their state of mind'.

'Possibly because women articulate the key symptoms more clearly, gives opportunity to screen for depression more readily'.

'Society still believes men should not get depression or seek help for it'.

'Subtle differences in presentation of symptoms'.

'Depression in men aged between 40–55 is often missed due to work stresses'.

'Blokes don't talk as much, especially not about emotions'.

Table 1. GP comments and themes

Theme 1 Communication	Theme 2 Denial	Theme 3 Presentation	Theme 4 Somatisation	Theme 5 Weakness/failure
Men are poor communicators; less forthcoming; don't discuss emotional problems; don't volunteer information about feelings; not open to questions about emotions; less honest; minimise feelings	Men deny depression; mask/minimise symptoms; deny diagnosis	Men don't present to the surgery; are reluctant to attend; only attend under pressure from partner	Men somatise or present with physical symptoms	Men see depression as a weakness; as unmasculine, sign of failure; unmacho; mask symptoms with alcohol and/or drugs

Table 2. Themes and GP responses to difficulties in diagnosing depression in men

Theme	Male frequency (%) n=145	Female frequency (%) n=134	p value
Communication	75 (52)	90 (67)	0.009
Denial	54 (37)	38 (28)	0.115
Presentation	29 (20)	44 (33)	0.015
Somatisation	25 (17)	29 (22)	0.353
Weakness/failure	21 (14)	21 (16)	0.781

### Female GPs

'Denial is a problem. As a female GP, male patients are reluctant to talk about it'.

'Men are infrequent attenders. Often I have less of a relationship to start with'. 'They volunteer less information and undersell everything. There are exceptions. And the men are often much more severely depressed when they first present'.

'Men tend to hold back in front of a female GP'.

'Men more likely to display anger rather than sadness'.

'Delineating stress and depression is difficult, as men have social and mood reference points that I don't understand!'

'Women tend to self present, present earlier and network more effectively than men'.

'Men tend to internalise their feelings, perhaps tend to turn to work, alcohol or drugs to cope, rather than other supports. Perhaps don't like talking to a female GP'.

'I think as a woman I can relate to women better, get a better feel for their problem. Men have more trouble expressing their emotions'.

'Men present only in crisis, women present before the crisis'.

## Discussion

### Diagnosis of depression

Sixty-four percent of GPs in our study found depression harder to diagnose in men compared with women, with significantly more female GPs reporting this than male GPs. While difficulties in diagnosing and treating depression in male and female patients have been observed in several studies,<sup>6,7</sup> less is known of the association between GP gender and patient gender in the process. For example, Krupinski and Tiller<sup>6</sup> found that 28% of GPs in their study were able to provide at least five depression symptoms necessary for diagnosis, but any differences in GP gender were not reported. Richards et al<sup>21</sup> assessed the management of depression in general practice,

and found that female GPs were more likely to provide treatment to depressed patients and use nonpharmacological treatments than male GPs, but information on the impact, if any, of patient gender was not given. Ross et al<sup>9</sup> however, reported on both GP and patient gender interactions in their vignette based study, finding that female GPs were more likely to refer male patients for psychiatric follow up than male GPs. The focus on GP gender and male patients in our study adds an important dimension to research in this area.

### Communication issues

The most commonly reported reason by all GPs for difficulties in diagnosing depression in men were communication problems, with significantly more female GPs citing this as the main difficulty. Effective communication is crucial in the patient-doctor relationship, leading to improved patient outcomes and patient satisfaction, adherence to treatment, and patient recall and understanding of information.<sup>27,28</sup> Our results seem contrary to previous studies which have found that female physicians tend to practise a more 'person focused'<sup>22</sup> and 'patient centred' style of interviewing.<sup>29</sup> This interviewing style includes greater focus on the person than the disease, adoption of a personable and friendly approach, being open to the patient's agenda, and addressing psychosocial issues.<sup>22</sup> While it could be expected that female GPs would be better at psychiatric case finding than male GPs, results of our study suggest that female GPs find communication with male patients on emotional issues difficult and are less comfortable discussing these issues compared with their male colleagues.

Comments by GPs to explain specific aspects of communication that make identification of depressive symptoms in male patients difficult focused on the reluctance of men to open up and discuss emotional problems, difficulties in volunteering information about how they feel, and being honest about their feelings. General practitioners perceived that communication difficulties were due to men themselves, in particular their inability to articulate and convey emotion, rather than a

lack of skills and expertise on their part. Brownhill<sup>30</sup> describes difficulties in interpreting the way that men express and act out emotional distress as a 'big build'. This refers to a build up of negative emotions and problems which can manifest in behaviours such as aggression, deliberate self harm, and drug and alcohol use. The presence of hidden symptoms and the various strategies men use to manage and mask their feelings make it difficult to identify the core symptoms of depression. Brownhill identified that for men, avoidance of problems, 'numbing' and 'escaping' were strategies used to deal with problems and relieve emotional distress. Comments by GPs in our study reflect some of the themes, 'blokes don't talk as much, especially not about emotions' (male GP) and 'men tend to internalise their feelings, perhaps tend to turn to work, alcohol or drugs to cope, rather than other supports...' (female GP). Our study suggests that problems with communication by the GP are likely to play a role in the underdetection of depression in men.

### Surgery attendance by male patients

Addressing the reluctance of men to attend the surgery is perhaps harder to overcome. Raising awareness of this could focus attention on strategies to more effectively promote access to health care services for men. Improved GP communication skills could increase the chances of depressive symptoms being identified. In addition, the implementation of waiting room screening tools may help. Evaluation of the 'For men only' prompt list found that 60% of male patients reported that it helped them to raise emotional issues with their doctor, 71% of GPs said that it clarified information about their patients, and 86% said that it was useful in building rapport with male patients.<sup>31</sup>

### Limitations of this study

We surveyed a small sample of GPs in a specific geographical location. This could influence the generalisability of the results to GPs practising in other locations. In addition, the majority of respondents had a special interest in mental health, and are perhaps not representative of all GPs.

### Conclusion

The underdetection of depression in male patients has serious implications for patient outcomes. Our study has raised some important issues relating to the diagnosis of depression in men and raises awareness of some of the difficulties that GPs have in this area, particularly in relation to communication problems. More routine analysis of gender at both the patient and practitioner level in future research will assist in identifying further differences that may improve the rate of underdetection of depression in men.

Conflict of interest: none declared.

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