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Meaning of depressive syndrome for general practice physicians in a Colombian region☆

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ABSTRACT

Objective: To determine the perception that some general clinical practitioners have about depressive syndrome in a region of Colombia.
Methodology: The qualitative approach was established as a basis for this study using grounded theory for the description, analysis, and interpretation of data collected in 20 semi-structured interviews aimed at general medical practitioners who had treated patients with depressive syndrome in their clinical practice.
Results: Throughout the interviews, some essential elements are highlighted such as: "seeing beyond a body," where the interest of the physician is reflected by individualising each patient case because regardless of having the same disease, knowing that not all can be addressed or treated equally. "From insignificant to terrifying" shows that the network of experiences, experiences, emotions, and desires that make up part of the physician, are reflected in the compassion that he has for patient with depression, a situation that makes him confront as a human being before the suffering of others. In contrast appears the "my hands are tied" with a health system that prevents proper care of these patients, and generates problems for the treating physician.
Conclusions: The malleable and unfinished scenario where the physicians interact with the depressive syndrome, allows them to understand their humanity while reflecting on the possibilities, limitations, meanings, attitudes and actions that they have about this disorder that is reflected in the ability of general physicians to diagnose and treat depression that is not necessarily associated with age or experience in practice. However, errors in care can be reduced with sufficient knowledge and an appropriate approach to mental illness.

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Significado del síndrome depresivo para médicos generales en una región colombiana

Palabras clave:
Síndrome depresivo
Atención médica
Significado
Sufrimiento
Estudio cualitativo

RESUMEN

Objetivo: Comprender los significados que el síndrome depresivo tiene para algunos médicos generales en ejercicio clínico en una región colombiana.

Métodos: Se asumió el enfoque cualitativo como guía para esta investigación utilizando la teoría fundamentada para la descripción, el análisis y la interpretación de 20 entrevistas semiestructuradas dirigidas a médicos generales que hubieran atendido a pacientes con síndrome depresivo.

Resultados: En las entrevistas resaltan algunos elementos indispensables, como: «ver más allá de un cuerpo», donde se refleja el interés del médico por individualizar cada caso de cada paciente porque, aparte de que tengan la misma enfermedad, sabe que no a todos se debe abordar ni tratar por igual. En «De insignificante a terrorífico» se observa que el entramado de vivencias, experiencias, emociones y anhelos que hacen parte del médico se reflejan en la compasión que este tenga del paciente con depresión, situación que hace que como ser humano afronte el sufrimiento del otro; en contraposición, aparece el «Verse atado de manos» respecto al sistema de salud, que dificulta la adecuada atención de estos pacientes y genera un sinsabor en el médico tratante.

Conclusiones: El escenario maleable e inacabado en el que interactúa el médico con el síndrome depresivo le permite saberse humano mientras reflexiona en relación con cada una de las potencialidades, las limitaciones, los significados, las actitudes y los comportamientos que tiene ante esta entidad nosológica, lo que se ve reflejado en la habilidad de los médicos generales para diagnosticar y tratar la depresión, que no necesariamente se asocia con la edad o la experiencia en la práctica. No obstante, se puede reducir los errores en la atención con un conocimiento vasto y un enfoque apropiado de la enfermedad mental.

Introduction

Depressive syndrome is considered to be a clinical condition in which a large number of signs and symptoms converge. It has a high prevalence in the general population. It can occur in any age group, and onset can be influenced by a range of different precipitating factors. In view of the complexity of the symptoms, the disability it generates, the subsequent deterioration in people's quality of life and the costs for society, a number of researchers have sought to identify the factors associated with depressive syndrome,[1,2] its causes and consequences[3] and the most appropriate treatment.

There are a number of factors affecting the quality of care for patients with depressive syndrome in Colombia. Among them are the recognised barriers in the *Sistema General de Seguridad Social en Salud* [General System of Social Security in Health][4] which, "despite setting out the principles of equity, obligation, integrality and quality", has been shown to have difficulties with the system of referral and counter-referral, limitations in the provision of services and insufficient emphasis on programmes for the promotion and prevention of mental health problems.[5]

Other factors include physicians having insufficient scientific and technical knowledge. The extent of the knowledge deficit has led their academic training in mental health to be called into question,[5] as it has been found that in first level care there is a lack of proper diagnosis of mental disorders and initiation of appropriate treatment. The World Health Organisation[6] developed the Mental Health Gap Action Programme, aimed at improving and expanding care for mental, neurological and substance use disorders by making them priority conditions.

Given the high rates of depression in Colombia,[2] there is no question that all physicians, whether in their personal life or family, social or professional circles, will have had interaction with people suffering from depressive syndrome. Such experiences will have passed through the physician's conscious and subconscious thoughts and led them to form perceptions and interpretations about depressive syndrome. It will be these thoughts that finally determine both their ability to understand and resolve the problems that arise in the clinic, and the quality of the care they provide to people who find their biopsychosocial environments affected by this set of signs and symptoms.[7]

Several publications have recommended improving intervention in mental disorders through the promotion of mental health and prevention.[8–10] There are studies that discuss the social stigma of mental illness and the impact it has on patient care.[11] Other studies have examined not only the mentally ill, but also physicians' communication with patients and its impact on the treatment and treatment adherence.[12] Specifically in Colombia, studies have been conducted to assess the capabilities of the physicians and their knowledge about men-