



RESEARCH REPORT

Management of mood disorders by osteopaths in New Zealand: A survey of current clinical practice



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KEYWORDS

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Abstract *Background:* Early detection of mood disorders in primary health care can help prevent progression. In this context, a primary health care practitioner such as an osteopath may play an important role.

Objective: The purpose of the study was to explore how a population of osteopaths in New Zealand with internet access identify, assess and manage clients with mood disorders and to describe their previous education and further educational needs related to mood disorders.

Methods: The study was done using mixed methods design combining quantitative and qualitative research designs. An online survey was used for this purpose. This article reports the quantitative analysis of the survey.

Participants: Using convenience sampling, a total of 216 New Zealand registered osteopaths whose email addresses was publicly available were invited to complete the online survey.

Results: Sixty two respondents (29%) completed the survey. Osteopathic practitioners in New Zealand who participated in the study reported that they 'often' come across clients with a history of mood disorders. While questioning clients was the preferred assessment tool, many respondents reported difficulties in managing clients with mood disorders, caused in part by their lack of specific education about mood disorders.

Conclusion: Further education for New Zealand osteopaths about mood disorders is recommended, which has the potential to improve health outcomes for people experiencing mood disorders.

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Implications for clinical practice

- The findings of this present study suggest that there is a clinical dilemma for osteopaths in managing mood disorders.
- This clinical dilemma can be linked to the practitioner's perception of their own abilities and level of knowledge about mood disorders and when to refer their clients on to other practitioners or services.
- More information regarding management of mood disorders in the form of CPD courses may benefit clinical practice.

Introduction

Mood disorder is considered as a unique, broad diagnostic category by traditional and current classifications.¹ In western society, the average age of onset for mood disorder is the late thirties.^{2,3} According to a 2006 New Zealand mental health survey, the lifetime prevalence of mood disorders is 20.2%. Within the category of mood disorders, 'major depressive episode' is the most prevalent disorder with a lifetime prevalence rate of 16.0%.⁴ This exerts a substantial economic burden on society with depression identified as the leading cause of years lost to disability in New Zealand.⁵ Further, the risk of suicidal ideation, plan and attempt has been shown to be associated with mood disorders⁶; with an estimated 15% of deaths of people with a major mood disorder occurring from suicide.^{7,8} Hence early identification and management is important.

As the majority of clients with uncomplicated mood disorders are managed in primary care⁹ primary health care practitioners, such as osteopaths, play an important role in early identification of clients with mood disorders. A core principle of osteopathy describes the body as a unit and states that the treatment used should treat the whole person: body, mind and spirit. Early observations made by Dr. A.T. Still (founder of osteopathic medicine) were among the first to support the view that there is an integration between the nervous system, behaviour and the immune system.¹⁰ Hence psychiatry became one of the earliest osteopathic specialities. However due to the nature of the profession's evolution in New Zealand, the main focus of contemporary osteopathy practice is within the musculo-skeletal field.¹¹ Consequently osteopaths may be most focused on somatic (body structure) complaints.

With a strong focus on somatic complaints any co-morbid psychiatric symptoms of mood, behaviour and thought disturbances may be over-looked.¹² Clients with depression, for example, commonly report a number of somatic symptoms including back and chest pain, abdominal pain, headache, unexplained pain syndrome, fatigue and weakness.^{13,14} Though the majority of somatic symptoms may improve within weeks, an important minority experience chronic symptoms due to the failure in identifying an underlying psychological problem.¹⁵ This may be crucial as psychosocial factors and depressive mood have been clearly linked to the transition from acute to chronic pain and disability.^{16,17} For osteopathic practitioners, an undiagnosed underlying psychological problem in a client might pose a considerable challenge in terms of diagnosis and management. Although a number of studies^{10,18–20} have investigated the role of manual therapy in clients with mood disorders; it remained unclear how osteopaths in New Zealand assess and manage these clients. In this paper, we report results of a study designed to explore how a population of osteopaths with internet access in New Zealand identify, assess and manage mood disorders in clients they treat and to explore their educational background and future needs in this respect.

Methods

Study design

The study was based on a descriptive explorative survey design combining quantitative and qualitative methods (mixed methods) for data collection and analyses. The mixed design had certain advantages such as complementarity, incrementality and enhanced validity.²¹ This article reports the quantitative analysis of the survey. Convenience sampling was used for the following reasons¹: The lack of data available on the research topic,² the aim of the study,³ the data collection tool (survey questionnaire) and⁴ accessibility to research participants. The study received approval from Unitec Institute of Technology's Research Ethics Committee (UREC registration number: 2007. 719).

Data collection

The survey tool used for data collection was a questionnaire (with closed and open-ended questions) with a web-based mode of delivery. The internet service/web site that was used to host the questionnaire for this research was "Survey

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