



## Research report

# Prevalence and correlates of DSM-IV-TR major depressive disorder, self-reported diagnosed depression and current depressive symptoms among adults in Germany



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## ABSTRACT

**Background:** While standardized diagnostic interviews using established criteria are the gold standard for assessing depression, less time consuming measures of depression and depressive symptoms are commonly used in large population health surveys. We examine the prevalence and health-related correlates of three depression measures among adults aged 18–79 years in Germany.

**Methods:** Using cross-sectional data from the national German Health Interview and Examination Survey for Adults (DEGS1) ( $n=7987$ ) and its mental health module (DEGS1-MH) ( $n=4483$ ), we analysed prevalence and socio-demographic and health-related correlates of (a) major depressive disorder (MDD) established by Composite International Diagnostic Interview (CIDI) using DSM-IV-TR criteria (CIDI-MDD) in the last 12 months, (b) self-reported physician or psychotherapist diagnosed depression in the last 12 months, and (c) current depressive symptoms in the last two weeks (PHQ-9, score  $\geq 10$ ).

**Results:** Prevalence of 12-month CIDI-MDD was 4.2% in men and 9.9% in women. Prevalence of 12-month self-reported health professional-diagnosed depression was 3.8% and 8.1% and of current depressive symptoms 6.1% and 10.2% in men and women, respectively. Case-overlap between measures was only moderate (32–45%). In adjusted multivariable analyses, depression according to all three measures was associated with lower self-rated health, lower physical and social functioning, higher somatic comorbidity (except for women with 12-month CIDI-MDD), more sick leave and higher health service utilization.

**Limitations:** Persons with severe depression may be underrepresented. Associations between CIDI-MDD and correlates and overlap with other measures may be underestimated due to time lag between DEGS1 and DEGS1-MH.

**Conclusions:** Prevalence and identified cases varied between these three depression measures, but all measures were consistently associated with a wide range of adverse health outcomes.

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**Abbreviations:** CIDI, Composite International Diagnostic Interview; DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, 4th edition; DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision; DEGS1, German Health Interview and Examination Survey for Adults (DEGS1); DEGS1-MH, Mental health module of DEGS1; MDD, Major depressive disorder; PHQ-9, Patient Health Questionnaire nine item depression scale; SES, Socio-economic status

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## 1. Introduction

Depression is one of the most common mental disorders and a leading cause of years of life lost due to disability and disease burden worldwide (Ferrari et al., 2013; Murray et al., 2012; Whiteford et al., 2013; Wittchen et al., 2011). Reliable data on the prevalence and consequences of depression in the general population are needed to estimate disease burden, inform healthcare policy and develop preventive strategies.

A key challenge in obtaining reliable population estimates of

depression arises from how the term depression is defined and used in the literature. The generic term depression is commonly used to describe a broad spectrum of diverse conditions which share the common characteristic of disturbed mood. These conditions may range from isolated depressive symptoms of short-duration, through dysthymia or subthreshold depressive disorders, to major depressive disorders with variable severity and duration (American Psychiatric Association, 2013; Angst and Merikangas, 1997; Ayuso-Mateos et al., 2010). Accordingly, measurement instruments range from simple self-rating scales to screen for current depressive symptoms without differential diagnosis, such as the Patient Health Questionnaire nine-item depression scale (PHQ-9) (Kroenke et al., 2001; Löwe et al., 2002), to fully-structured diagnostic interviews such as the World Health Organisation (WHO) Composite International Diagnostic Interview (CIDI) (Kessler et al., 1998) to assess for major depressive disorder (MDD) using the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013) criteria. In addition to these different approaches, population surveys in the US (Reeves et al., 2011), Canada (Betancourt et al., 2014), Germany (Busch et al., 2013; Buttery et al., 2014; Maske et al., 2014) and other countries frequently employ questions about the history of health professional-diagnosed depression to capture the reality of clinical practice and the communication of depression diagnosis experienced by respondents.

CIDI-defined major depression is the gold standard for estimating the burden of clinical depression in general populations (Haro et al., 2006; Wittchen et al., 1998). However, due to time constraints or specific research objectives, shorter and simpler measures are commonly used in health surveys and general population samples. For example, sub-threshold depressive symptoms are important to measure from a public health perspective as they are associated with functional impairment (Rapaport et al., 2002) and other adverse health outcomes (Rodriguez et al., 2012).

The aim of this study is to provide up-to-date information on the burden of depression in the general adult population in Germany by considering three different measures of depression. We examine the prevalence of MDD according to DSM-IV-TR criteria in the last 12 months as assessed by CIDI interview, self-reported

physician- or psychotherapist-diagnosed depression in the last 12 months and current depressive symptoms in the last two weeks (PHQ-9 score) in a nationwide population-based study of adults aged 18–79 years. As these three measures must be clearly distinguished with regard to the underlying construct and the time frame, Table 1 shows an overview of their main features. Associations of all three measures with a range of socio-demographic characteristics and health-related correlates, including self-rated health, somatic comorbidity, indicators of impairment and functioning and health service use are examined.

## 2. Methods

### 2.1. Study design and sample

The German Health Interview and Examination Survey for Adults (DEGS1, field work 2008–2011) and its mental health module (DEGS1-MH, field work 2009–2012) were conducted to obtain comprehensive information about the health of the non-institutionalized population aged 18–79 years in Germany. The design, objectives and methods of DEGS1 and DEGS1-MH have been described in detail elsewhere (Göbwald et al., 2013; Jacobi et al., 2015; Jacobi et al., 2013; Kamtsiuris et al., 2013; Scheidt-Nave et al., 2012). In brief, a random sample of persons aged 18–79 years stratified for sex, age and geographical location was selected using two-stage clustered random sampling (stage 1: 180 sample points from all German municipal communities; stage 2: participants from local population registries of those sample points) and supplemented by former participants of the previous German National Health Interview and Examination Survey 1998 (Kamtsiuris et al., 2013; Scheidt-Nave et al., 2012). For DEGS1-MH, all DEGS1 participants with complete assessment (interview and examinations) aged 18–79 years were eligible who had consented to being re-contacted for the mental health module, who had sufficient language skills and who were available during the assessment period (Jacobi et al., 2015; Jacobi et al., 2013).

In DEGS1, data was collected by self-administered written questionnaire, standardized physician-administered computer-

**Table 1**  
Overview over the three depression measures.

Measure	Method	Features and areas of application
Major depressive disorder according to DSM-IV-TR criteria	Composite International Diagnostic Interview (CIDI)	<ul style="list-style-type: none"> <li>Assessment: fully-structured clinical diagnostic interview (face-to-face CAPI interview)</li> <li>Time frame: last 12 months</li> <li>Gold standard for assessing 12-month MDD according to DSM-IV criteria in clinical and epidemiological studies</li> <li>Allows for in-depth analyses on MDD subtypes, onset of episodes, analyses beyond threshold diagnosis</li> <li>Considers diagnostic exclusions on a lifetime basis (bipolar disorder, substance-induced depression, depression due to a general medical condition, bereavement)</li> </ul>
Diagnosed depression in clinical practice	Self-reported depression diagnosis made by physician or psychotherapist	<ul style="list-style-type: none"> <li>Assessment: physician-administered interview questions (face-to-face CAPI interview): "Has a physician or psychotherapist ever diagnosed you with depression?". If the answer was yes: "Was the depression present during the past 12 months"</li> <li>Time frame: last 12 months</li> <li>Measure for health surveys about mental disorders as identified and treated in routine clinical care (in Germany: ICD-10 based)</li> <li>Influenced by service utilization, severity, comorbidity and treatment status</li> </ul>
Current depressive symptoms based on DSM-IV-TR criterion A	Patient Health Questionnaire nine-item depression scale (PHQ-9) sum score $\geq 10$ points	<ul style="list-style-type: none"> <li>Assessment: self-administered questionnaire with 9 items</li> <li>Time frame: last 2 weeks</li> <li>Measure of current depressive symptoms in clinical and epidemiological studies and in health surveys</li> <li>Brief tool for screening and measuring severity of depressive symptoms and syndromes in clinical practice</li> <li>No diagnostic exclusions possible</li> </ul>

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