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Recent epidemiologic studies have found that most patients with mental illness are seen exclusively in primary care medicine. These patients often present with medically unexplained somatic symptoms and utilize at least twice as many health care visits as controls. There has been an exponential growth in studies in this interface between primary care and psychiatry in the last 10 years. This special section, edited by **Jürgen Unutzer, M.D.**, will publish informative research articles that address primary care-psychiatric issues.

Management of depression in primary care: a survey of general practitioners in Spain

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Abstract

Objective: The objective of this study was to analyze the current situation of health care for depression in Spain according to general practitioners' (GPs') opinion and how it has evolved over the last 20 years on the basis of comparisons with the results of two previous social-health studies (published in 1997 and 1982).

Method: Throughout 2002, we recorded the opinions of 238 GPs after asking them to fill up structured questionnaires in which they rated care, clinical, therapeutic and care quality aspects.

Results: Only 40% of patients with depression visit a doctor, implying a very high level of "concealed epidemiology." The diagnostic instruments most commonly used are assessment of symptoms and patient interview. Pharmacological treatment is the option GPs most commonly choose once a depression diagnosis is established (80% vs. 50% in 1997; $P<.001$). Selective serotonin reuptake inhibitors (SSRIs), together with anxiolytics, are the drugs most commonly used in the treatment of depression. SSRIs are the first choice drugs, being preferred to tricyclic antidepressants and anxiolytics, which were the most popular options for GPs in the 1997 survey. Areas where there is a need for improvement are time devoted to consultation, coordination between GPs and psychiatrists and waiting lists.

Conclusions: The quality of health care for depression has improved in recent years, thanks to changes in the attitudes of GPs and the evolution of pharmacological treatment.

Keywords: Depression; Primary care; Spain; Quality of care; Antidepressants; Survey

1. Introduction

Depressive disorders constitute one of the most widespread pathologies in the primary care context. The prevalence of depression in primary care is estimated to be between 5% and 25%, depending on the diagnostic methods and criteria used [1–4].

Furthermore, these disorders represent a significant public health problem that affects both patients and society in general because apart from the functional incapacity that they entail for patients (chronic negative influence on their health, social functioning and quality of life), the direct and indirect social costs involved are enormous [5].

Most depressive patients initially seek help at the primary care level [6]. It is estimated that only one third go first to a mental health specialist. Therefore, general practitioners (GPs) are currently a key figure in the diagnosis and treatment of depressive disorders [7].

Indeed, in the last two decades, there has been a growing awareness of the impact of psychiatric problems on health care and of the fundamental role of GPs in the detection and

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treatment of mental disorders [6]. Psychiatric reform in Spain has contributed to bringing these problems closer to the community, such that numbers of psychiatric hospitals and hospital beds have fallen, in favor of the creation of specialized mental health units capable of providing effective support for primary care [8,9]. Furthermore, access to primary health care in Spain has increased considerably with the opening of health centers, which currently number at approximately 3000 (Table 1). Such data confirm the emerging role of outpatient care and thus of primary care in the treatment of patients with mental disorders in general and affective disorders in particular.

Moreover, the last few years have seen the publication of numerous handbooks for identifying patients with depressive disorders, both for GPs and specialists [10], although their use is actually quite limited as shown in studies from various countries [11,12].

In addition, the introduction of new antidepressants that are safer and easier to manage, such as selective serotonin reuptake inhibitors (SSRIs) and other new drugs, has made the treatment of depression at the primary care level more satisfactory [5,13].

The above mentioned developments motivated the onset of the present study, whose objectives were to analyze the current situation of health care for depression in Spain in the opinion of GPs and to study its evolution over the last 20 years.

2. Methods

Using structured questionnaires filled up by the participants themselves, the present study recorded the opinions of 238 GPs. These questionnaires consisted of 37 items dealing with factors related to care provided and its quality as well as clinical and therapeutic aspects. They also included, at the end, a section for sociodemographic and occupational data such as age, sex, years in the profession, place of work, type of work and mean number of patients seen per day.

Participants were provided with assistance for the questionnaires from expert sociologist interviewers, who also distributed and collected them. The questionnaires were distributed randomly throughout 2002 among doctors in several cities, with the aim of guaranteeing maximum representativeness of the results. The sample was randomly selected from the administrative list of general practitioners (members of the Family and Community Medicine Spanish Society, and of the Rural and Generalist Medicine Spanish Society) according to a stratified poll on geographical areas. The questionnaires used in our study were designed following the lines of previous studies carried out by our team [14] and applied in the social health white book *The Quality of Care for Depression in Spain* [15] so as to permit the comparison of our results with previous data. Likewise, some questions were designed with the aim of obtaining data to compare with the survey carried out in the sociological white book *Depression in Spain* [16] and to analyze the evolution of different parameters.

In the 1982 analysis, a total of 350 GPs were interviewed using structured questionnaires. In the study, carried out in 1997, the number was 252, selected at random; this number permits the estimation of the desired proportion in the population with a 95.5% confidence level and an interval half-width or at most 6.3%. In both cases, the samples were obtained from different cities and from health care professionals with a variety of characteristics. The questionnaires were applied by expert sociologist interviews, and the statistical analysis was performed by the Bernard Krief Board of Sociological Studies applying, in the 1997 study, the ISO 9000 International Quality Procedures.

The statistical analysis of the data obtained in the present study was carried out using SPSS Version 11.5 and, on some occasions, Statistix Version 2.0. A descriptive analysis was

Table 1
Spanish national health indicators

Indicator	Year		
	1982	1997	2002
National health care system expenditure/inhabitant	$179.5 (1984)[a]	$917[b]	$1148 (2001)[b]
Public health care expenditure vs. GNP (%)	4.8[c]	5.4[d]	5.4 (2001)[d]
Public health care centers			
Health care centers		1707 (1995)[e]	2889[f]
Consultation offices	710±238 conc.[g]	3128 (1995)[e]	
Outpatient centers	328[g]	206 (1995)[e]	
Hospitals	172±172 conc.[g]	788[m]	783[h]
No. of inhabitants/physicians	362[g]	236[i]	229[i]
Hospital beds/ 1000 inhabitants	5.0[j]	4.2[k]	4.2 (2000)[l]
No. of psychiatric hospitals	113[j]	87[m]	91[h]
Public	52[j]	38[m]	38[h]
Private (charity)	21[j]	21[m]	23[h]
Private (no charity)	40[j]	28[m]	30[h]
Psychiatric hospital beds	37,725[j]	19,194[e]	15,605 (2001)[n]

GNP indicates gross national product.
[a] Spanish national health (INSALUD) data.
[b] OMS data (www.who.int/country/esp/es).
[c] April report.
[d] MSC, Institute of Health Information, 2003.
[e] MSC: Spanish national health. Data and figures, 1995.
[f] Institute of Health Information, 2003.
[g] FARMAINDUSTRIA: Pharmaceutical industry in figures, 1985.
[h] MSC, National Hospitals Catalogue, 2003.
[i] Year statistical report (www.ine.es/inebase).
[j] INE: Year statistical report, 1986.
[k] Health database for all, OMS European Regional Office (health systems under transition; Spain, 2001).
[l] Year statistical report; Health indicators, 2000.
[m] MSC data: Statistics of health centers, 1997.
[n] MSC, National Hospitals Catalogue, 2001.