

# Physical Symptoms of Depression as a Public Health Concern

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Depressive disorders are a public health problem. They occur frequently, and it is highly likely that their prevalence will grow in the years to come. Depressive disorders can have severe consequences in terms of suffering, disability, and increased mortality, particularly if left untreated. They are present in all cultural settings and present a major difficulty for the normal functioning of patients' families. A large proportion of people with depressive disorders do not get treatment, and a major reason depressive disorders go unrecognized is that they often present mainly physical symptoms. The fact that depression often co-occurs with physical illness further complicates the diagnosis and treatment of depressive disorders. Better undergraduate education of medical students and general education for the public in understanding and treating depressive disorders could considerably improve the prognosis of patients suffering from these illnesses. *(J Clin Psychiatry 2003;64[suppl 7]:3-4)*

Depressive disorders are a public health problem. They occur frequently, and it is highly likely that their prevalence will grow in the years to come due to demographic changes in most countries of the world that increase the numbers of people at high risk for depressive disorders, the longer life expectancy of people with chronic illness who often suffer from depressive disorders, iatrogenic depression, and the effects of certain forms of prolonged stress.<sup>1,2</sup> Depressive disorders can have severe consequences in terms of suffering, disability, and increased mortality, particularly if left untreated. They are present in all cultural settings and present a major difficulty for the normal functioning of the patients' families.

These facts are reasons for serious public health concern, particularly in view of the fact that recent years have seen the development of a variety of effective methods of treatment of depressive disorders. These new therapies are significant additions to the armamentarium of the psychiatrist, but what is more important is that general practitioners and other physicians can successfully apply many of them.

## LACK OF RECOGNITION AND TREATMENT

It is therefore disturbing that a large proportion of people with depressive disorders do not get treatment. The gen-

eral population is unaware of the frequency and ubiquity of the disorder and does not realize that effective treatment is possible. Therefore, many do not come forward seeking help from health care services, and unfortunately even those who utilize health services are not always appropriately treated. It is estimated that in developed countries nearly half of those who have depressive disorders do not come forward asking for help from their doctors, and of those who do, half remain unrecognized as suffering from depressive disorders.<sup>3</sup>

The reasons for this trend are many. The stigma attached to mental illness makes patients reluctant to speak about their psychological problems. Physicians are often reluctant to treat people with mental illness and therefore may be rather superficial in their exploration of the psychological state of their patients. Many physicians received little training in psychiatry, and the training that they did receive was likely during a time when the treatment of mental disorders did not seem easily possible. Unless these physicians were given additional training during their service, they may not see much point in recognizing diseases for which they think there is no adequate treatment.

A major reason for not recognizing depressive disorders is that they often present mainly as physical symptoms. In previous years, it was believed that somatic complaints characterized mainly patients from developing countries and those with little education. Today it is clear that this is not so and that somatic symptoms and complaints are frequent in all populations and in people with different degrees of education. In a study carried out under the aegis of the World Health Organization (WHO),<sup>1</sup> for example, it was found that somatic symptoms were among the most dominant in groups of patients with depressive disorders seen in Switzerland, Japan, Iran, and Canada.

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Other studies had similar findings. Simon et al.<sup>4</sup> examined data from the WHO study<sup>1</sup> of psychological problems seen in general health care to establish the relationship between somatic symptoms and depression in different cultures. They found that in the WHO study, which included some 25,000 patients contacting health care services in 14 countries, 69% (ranging from 45% to 94%) of all people with depression who contacted health services reported only somatic symptoms as the reason for their visit to the doctors.

The situation is complicated by the fact that depression often co-occurs with physical illness. Approximately 40% of people who have suffered a stroke have a depressive disorder, and depressive disorders are present in approximately 20%–30% of chronic physical illnesses (e.g., gastrointestinal diseases).<sup>5</sup> When depression is comorbid with physical illness, the prognosis of both is less favorable than when either disorder appears alone. In such instances, somatic symptoms (such as fatigue, joylessness, irritability, and disturbances of sleep and appetite) can be interpreted as being due to the physical illness, although they are symptoms of both the depressive disorder and the other illness. Patients and doctors often enter into a tacit collusion when depressive disorders are comorbid with physical illness, in that they agree to deal with the physical illness and not discuss the psychological problems that are also present. This tacit collusion has the untoward consequence that treatment for depression is not provided and that the prognosis of the physical illness becomes worse. This collusion may also affect statistical reports and result in an underestimation of the frequency of depressive disorders, since the physical illness is declared as the main reason for treatment and depression is not mentioned on the forms.

### IMPROVED RECOGNITION AND TREATMENT

The recognition of depressive disorders and their treatment has significant long-term consequences for the life of the patient. Angst et al.<sup>6</sup> recently reported the results of a long-term follow-up study showing that the mortality of patients with depressive disorders is higher than that of the general population. Among people with depressive disorders, those who received antidepressant treatment had lower mortality rates than those who did not receive treatment, due in part to the lower suicide rates of those treated and in part to the lower mortality from cardiovascular and other physical disorders. The recognition and treatment of depressive disorders is thus not only important because it reduces the suffering of the patients (and often of their families) but also because it will reduce the mortality rates of people with depressive illness.

It is also probable that appropriate treatment of depressive disorders could reduce the burden of illness in general. Unipolar depressive disorders—which represent approximately one third of all depressive disorders—were

among the main causes of the world's disease burden in 1990, and the World Health Organization and the World Bank estimate that unipolar depression alone will be the second most important cause of burden among all the diseases by the year 2020.<sup>7</sup>

The recognition rates of depressive disorders could be improved by better undergraduate education of medical students and by additional in-service training about depressive disorders and their clinical picture and treatment. Such training does not have to be long and can be carried out in a manner that is convenient for the general practitioners (for example, by spacing it out and having short training sessions given once a week for several weeks). Several training programs have been developed for this purpose. Possibly the most widely used is the training program developed by the World Psychiatric Association (WPA) in collaboration with the International Committee for the Prevention and Treatment of Depression. This training program includes 4 volumes covering the fundamental knowledge about depressive disorders, depression in the elderly, depressive disorders in the presence of physical illness, and methods for training general physicians. These volumes can be freely obtained from the WPA Web site (<http://www.wpanet.org/>).

Training or retraining doctors, however, is not sufficient. The education of the general public to increase awareness of the seriousness of the depression and currently existing possibilities for the effective treatment of depressive disorders could increase the number of people with depressive disorders who come forward and ask their doctors for medical help. Further, it is also important for clinicians to think of ways in which people with depressive disorders and their families can be trained in dealing with chronic depressive illness and in preventing suicide—the most tragic consequence of depressive disorders.

*Disclosure of off-label usage:* The author has determined that, to the best of his knowledge, no investigational information about pharmaceutical agents has been presented in this article that is outside U.S. Food and Drug Administration–approved labeling.

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