

**Depression Screening in Primary Care and
Correlations with Comorbidities in Romania
- an international approach-**

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Background on depression and co-morbidities

- NCDs lead in the GBD and of disability. Mental disorders alone represent 14% of the GBD and 30-45% of the global burden of disability.
- 50% of mental disorders exist by age 14 and 75% by age 24.
- Mental disorders affect countries economies; the direct and indirect costs of mental ill-health can amount to over 4% of GDP in OECD countries.
- Globally, an estimated 350 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.
- Depression can be properly diagnosed and treated in primary health care system.
- Fewer than half of those affected in the world (in many countries, fewer than 10%) receive treatments.

The international context of the research project

Project **Depression screening in primary care** – China, India, Iran, and Romania.

- Developed by a working group initiated and supported by the **The *World Psychiatric Association***;
- Lead by Professor Juan Jose Lopez-Ibor and Profesor Eliot Sorel;
- Aimed to assess the **current levels of depressive symptoms and correlations with comorbidities** in primary care;
- Considered possible implications for populations' health, health systems performance, and implications in the delivery of care, health promotion, protection, and illness prevention.

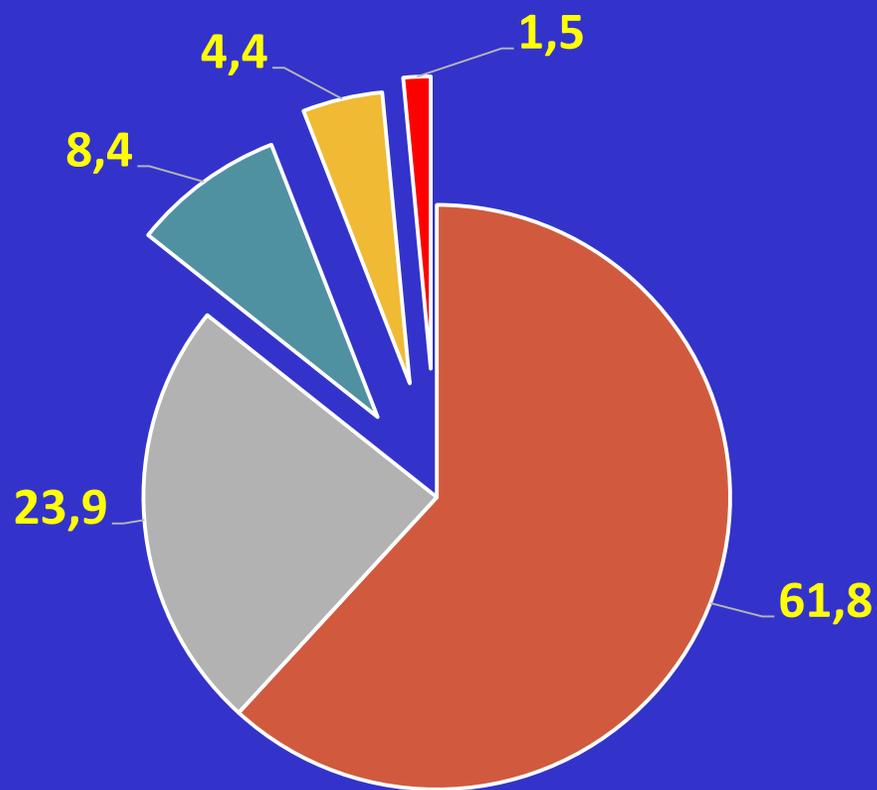
Materials and methods

- PHQ-9 questionnaire was administered to 1710 patients [1050 females (61.31%) and 660 males in primary care offices, during 18-24 June 2012 (aggregate research sample for all countries – over 4000 patients).
- Data about patients and their comorbidities were collected.
- χ^2 tests were used to determine whether two categorical variables are associated.
- Pearson coefficient was used in order to assess linear relationship among continuous variables.
- Binary logistic regression models were performed (with depression status as dependent variable).

Results

Depressive symptoms by PHQ9 scores

PHQ9 \geq 10 (14,3%)



■ No DS ■ Mild DS ■ Moderate DS ■ Moderately severe DS ■ Severe DS

Comorbidities

Previous chronic treatment	63.7
Cardiovascular disorders	56.8
Reported impaired activity due to depressive symptoms	42.3
Gastrointestinal disorders	15.9
Osteoarticular disorders	13.6
Obesity	13.4
Diabetes	10.9
Previous mental and behavior disorders	8
Neurological disorders	7.5
Respiratory disorders	7.3
Genitourinary disorders	6.8
Chronic pain	4.3
Cancer	2.7
Dermatological disorders	1

Multivariable regression: independent factors that predict for PHQ9 ≥ 10

Variable	B	Odds ratio (95% confidence interval)
Female gender	0.63	1.8 (1.26-2.82)-RISK FACTOR
Rurality	-0.73	0.48 (0.30-0.75) –PROTECTIVE FACTOR
Monthly income <200 euro	0.44	1.55 (1.09-2.21) – RISK FACTOR
Impaired activity due to depressive symptoms	1.84	6.07 (4.63-7.95)- RISK FACTOR
Mental and behavioral disorders	0.88	1.51 (1.51-3.89)- RISK FACTOR
Gastrointestinal disorders	0.48	1.61 (1.08-2.40)- RISK FACTOR

The predictive capacity of the regression model is 88.1%,
B-unstandardized correlation coefficient

Conclusions and future opportunities

- High levels of comorbidity and a great deal of similarity regarding depression and comorbidity in primary care in China, India, Iran and Romania were found.
- In Romania 21.05% of patients with moderately severe depressive symptoms and 44% with severe depressive symptoms were referred to psychiatrists.
- Depression and comorbidities screening in primary care must become a high priority for all health care systems.
- Develop collaborative integrated teams well trained to work together will enhance access, quality and sustainability of care.
- This research and integrative model merits replication nationally in Romania and collaboratively with European neighboring states.

References

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