



Depression by GPs: another point of view

18 November 2003



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GPs in Italy take in care a number of patients which remains quite the same for a long time, often all along their life. It happens that GPs know not only the clinical history of their patients but their life: family problems, religious beliefs, social relations, economic situations and even sexual tendencies and problems.

Because GPs know their patients deeply it becomes easy to notice what they have changed in their way of doing. In a situation like that the GPs is often able to make a diagnosis of Depressive Syndrome easily and nearly always he recognises the starting causes too.

In this case two questions could be enough:

1. During the past month have you often been bothered by feeling down, depressed, or hopeless?
2. During the past month have you often been bothered by little interest or pleasure in doing things?

But we have to remember that the patient himself plays the most important part in every contact with his doctor (GPs or specialist). The patient tends often to refuse the idea and the diagnosis: he refuses to recognize he is affected by a "mental" disease.

In my opinion it means that the real problem is: how to let the patients understand that depression is a common disease? How to let him understand that depression is curable?

Depressive Syndrome needs to be attacked in another way: to get knowledge of what depression is restate the problem itself; more you know less you risk.



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Frequent Attender's phenomenon is one of the major discouraging problems that General Practitioners (GPs) have to face in their everyday life. Frequent Attenders (FAs) use a large amount of health care resources. However, the institutions seem not to be concerned about the problem, and the GP is left alone to deal with it. Many studies have tried to trace a stereotype of the FAs, showing a high incidence of psychiatric illness and social problems. We tried to find out other characteristics of the FAs that could help us solve the problem.

From January 2001 to June 2001 the cohorts of patients of 7 GPs were investigated. These characteristics were examined: number of GP consultations, age, gender, social problems, trust in the doctors, influence of the mass media. Patients with major diseases which appropriately required a high rate of consultations were excluded.

We found that between 389 FAs, these characteristics were pre-eminent: lack of trust in the doctors (23.7%), influence of the mass media (32.1 %) and conflictual relationship with their disease (48.8%).

FAs' problem is not only a social and psychiatric matter. Often the misuse and abuse of Health Care System is deliberate. The attitude and the structural bureaucracy of Health Care System towards the patients very often facilitates the occurrence of FAs' phenomenon. A Health Care System's policy change is required: a ticket paid by every patients for consultations, home visits and other procedures might increase the patient sense of moderation and reduce their attendance.

Many studies have tried to trace a stereotype of the FAs, showing a high incidence of psychiatric illness and social problems.
(1,2,3,4,5,6,7,8,9,10,11,13).

Scaife (1) found that patients who were more likely to be frequent attenders included those who were divorced or widowed, who belonged to the female gender, to lower social classes or those who were unemployed. In a study set in a UK teaching general practice of 12400 patients, Heywood al (2) showed that a population of very frequent attenders, consulted five times as often as the norm, received five times as many prescriptions and were referred to hospitals five times as often. The author wonders if this represents good general practice containment of the problem or is a poor use of the resources. O'Dowd focused attention on those Frequent attenders whom GPs found to be an emotional burden : the heart sink patients (5)

Common characteristics among the frequent attenders are : high incidence of psychiatric illness and social problems. (1,3,7,8,10,11) Dowrick (13) postulated frequent attendance as a shared problem between doctors and patients with mutual failure in communication and comprehension. Zizzo e Carelli showed that in psychiatric illness an improvement of communication skills reduces attendance of frequent attenders. (12)

We must explain what "Lack of trust in doctors" means: some patients want to have more than just one opinion on their illness so they tend to refer to a lot of



physicians or consultants. "Conflictual relationship with their disease" means that some patients affected by chronic diseases such as hypertension or arthrosis are not fully convinced that their diseases are lifelong. Influenced by media: patients are continuously asking their doctors about the latest drug or the latest procedure they watched on TV or in the newspaper. These definitions are subjective but we should remember that this survey was conducted by family doctors that know their patients well.

Our data confirm what other authors have already found: patients affected by multiple disease present a high incidence of psychiatric and social problems, but this doesn't fully explain the phenomenon. As a matter of fact, there is a high percentage of patients who doesn't show these features and, furthermore, the FAs selected in our study are only the tip of the iceberg of an excessive and widely spread frequent attendance. We try another hypothesis, we can't fully demonstrate it because our study does have some lacks: there is no comparative group and no statistical elaboration about the significance of our variables and furthermore most of these variables are based on subjective opinion of the gp, yet we believe that we are quite near the truth.

The influence of the media is important: very often they cause, in the patients who are often uneducated, and obviously without a critical eye, fears and expectations which the general practitioners are unable to face by themselves. Scientific and Medical successes, so emphasised by the media and carried from an experimental ambit of selected cases to a possible global solution of patient's disease, very often cause these problems. (14).

Nigel Edwards (14) writes about "the growing use of guidelines, protocols, audit, regulation, and inspection that many doctors perceive as eroding their control over their professional lives". These protocols, regulation and audit can change the "Evidence Based Medicine" into "Bureaucracy Based Medicine"

We believe that one of the main problems is the interaction among three important structural factors that we call the hellish triad: demagogy (empty promises), hypocrisy (the awareness that those promises cannot be kept) and bureaucracy (the attempt of the National Health Systems to defend themselves by the attacks often caused by their own demagogy). Very often, the misuse of the health system is deliberate: often the FA is aware of his/her excessive consultations but he/she also feels a sense of entitlement for that. So, another possible profile for the FA is that one that we could call "Professional Martyr". In the view of the professional martyr some things that might be useful are absolutely indispensable and he is ready to fight against everything to get them. A possible definition of the Professional Martyr is: "person that take an undue advantage from those rules and laws that tend to help people with social and physical problems".

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abstract