Canadian study finds that antidepressant use has increased in people with major depression over the past decade

Patten SB. Major depression and mental health care utilization in Canada: 1994 to 2000. *Can J Psychiatry* 2004;**49**:303–9.

Q What is the frequency and pattern of antidepressant use in Canadian people with major depression?

METHODS

Design: Prospective longitudinal study.

Setting: General population, Canada; enrolment 1994–95.

Population: 9438 people aged over 15 years at enrolment, randomly sampled from the general population. Exclusions: military bases, native reserves, and some remote areas.

Assessment: Data were collected every two years on the frequency of healthcare use in relation to major depression as part of the National Population Health Survey. Episodes of depression in the year preceding assessment were identified using the Composite International Diagnostic Interview Short Form for Major Depression. Any medications used in the two days preceding the interview were recorded and participants were asked if they had consulted a health professional about their mental health and about the frequency of these consultations.

Outcomes: Major depression.

Follow up period: Six years.

MAIN RESULTS

The prevalence of major depression did not significantly change during follow up (1994–95 v 2000–01: 6% v 5%). Among people with major depression, antidepressant use has significantly increased over time (see table). The greatest increases in antidepressant use were in people <35 years, unmarried people, and men. Antidepressant use also increased across educational groups, and in both urban and rural areas (data not shown). There was a significant increase in the use of concomitant medications. The frequency of visits to alternative practitioners also significantly increased (1994–95: 3%, 95% CI 2 to 5; 2000–01: 12%, 95% CI 8 to 16).

Table Antidepressant use in people with past-year episodes of major depression

	Antidepressant use (95% CI)	
	1994–95	2000–01
People aged <35 years	7% (3 to 11)	31% (22 to 39)
People aged 35–54 years	21% (14 to 28)	31% (23 to 40)
Males	6% (0 to 13)	27% (16 to 37)
Females	16% (11 to 20)	32% (25 to 39)
Taking more than 1 antidepressant	3% (0 to 6)	9% (5 to 12)

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CONCLUSIONS

Antidepressant use is increasing in people with major depression in Canada, particularly in men, unmarried people, and people aged less than 35 years. This appears to be due to changes in practice as the frequency of professional consultation has not increased.

Commentary

This paper addresses the undertreatment of depression, an important and continuing public health problem. Depression is prevalent, particularly among women, and functional consequences of untreated major or subsyndromal depression are significant.¹ It is in this context that Patten and Beck's work gives cause for optimism, suggesting that practice patterns related to the identification and treatment of major depression are improving, and important disparities in treatment disappearing. These findings are particularly noteworthy because the authors found no corresponding increase in mental-health-specific consultations. Clinicians simply appear to be doing a better job of identifying and treating major depression in routine practice. Other findings indicate improved care: Patten and Beck found significant progress among groups of people that, in previous surveys, had lower treatment rates. In the past, men with episodes of major depression were less likely to take antidepressants than women, but this difference nearly disappeared in the period between 1994/1995 and 2000/2001. Similarly, rates of antidepressant use among individuals in certain sociodemographic categories have also improved: differences in antidepressant use have disappeared or nearly disappeared among people with lower education levels compared with people possessing higher education levels, among unmarried people compared with married people, and among individuals aged 15–34 years compared with those aged 35–54 years. At the same time, significant opportunities for improvement exist. People with past-year major depression living in rural areas remain less likely to take antidepressants than those living in urban areas, and given reduced disparities in other categories, improving treatment for rural residents may present an important challenge. Most importantly, many people with depression, irrespective of sociodemographic profile, do not receive treatment despite common opportunities for screening in healthcare settings. Clinicians should consider more frequent screening for depression² and collaborative care models, such as those developed by Katon *et al*,³ that increase uptake and proper use of prescribed antidepressants.

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1 Judd LL, Pauly MV, Wells KB, *et al*. Socioeconomic burden of subsyndromal depressive symptoms and major depression in a sample of the general population. *Am J Psychiatry* 1996;**153**:1411–17.

2 US Preventive Services Task Force. Screening for depression: recommendations and rationale. *Ann Intern Med* 2002;**136**:760–4.

3 Katon WJ, Von Korff M, Lin EH, *et al*. Collaborative management to achieve treatment guidelines. Impact on depression in primary care. *JAMA* 1995;**273**:1026–31.

Purpose and procedure

E*vidence-Based Mental Health* alerts clinicians to important advances in treatment, diagnosis, aetiology, prognosis, continuing education, economic evaluation, and qualitative research in mental health. We select and summarise the highest quality original and review articles. Experts in the field comment on the clinical relevance and context of each study.

Our target audience includes psychiatrists, psychologists, nurses, social workers, occupational therapists, pharmacists, and other professionals whose work may be enhanced by up to date research. *Evidence-Based Mental Health* is multidisciplinary. It covers studies of adults, children, older adults, people who have developed psychiatric or psychological problems as a result of trauma, and people with learning disabilities, head injuries, drug and alcohol problems, and personality disorders.

Evidence-Based Mental Health is published quarterly by the BMJ Publishing Group. The Editors are Professor John Geddes at the University of Oxford, Professor David Streiner at the Baycrest Centre for Geriatric Care and the University of Toronto, Professor Peter Szatmari at McMaster University in Canada, and Professor Graham Towl, Home Office/Department of Health.

SELECTION PROCEDURE

The Editorial team screens each issue of 52 leading journals for articles that meet our criteria and the following journals are regularly reviewed:

Acta Psychiatrica Scandinavica
Addiction
Age and Ageing
American Journal of Psychiatry
American Journal of Public Health
American Psychologist
Annals of Internal Medicine
Archives of General Psychiatry
Australian and New Zealand Journal of Psychiatry
British Medical Journal
Behaviour Research and Therapy
Behaviour Therapy
British Journal of Clinical Psychology
British Journal of General Practice
British Journal of Psychiatry
Canadian Journal of Psychiatry
Child Development
Clinical Psychology Review
Cochrane Library
Cognitive and Behavioral Practice
Developmental Medicine and Child Neurology
General Hospital Psychiatry
Health Psychology
International Journal of Behavioural Medicine
International Journal of Geriatric Psychiatry
Journal of the American Medical Association (JAMA)
Journal of Abnormal Child Psychology
Journal of Abnormal Psychology
Journal of Affective Disorders
Journal of Autism and Developmental Disorders
Journal of the American Academy of Child and Adolescent Psychiatry

Journal of the American Geriatrics Society
Journal of Child and Adolescent Psychopharmacology
Journal of Child Psychology and Psychiatry and Allied Disciplines
Journal of Clinical and Experimental Neuropsychology
Journal of Clinical Psychiatry
Journal of Clinical Psychopharmacology
Journal of Consulting and Clinical Psychology
Journal of Neurology, Neurosurgery, and Psychiatry
Journal of Neuropsychiatry and Clinical Neurosciences
Journal of Psychosomatic Research
Lancet
New England Journal of Medicine
Psychiatric Services
Psychiatry Interpersonal and Biological Processes
Psychological Bulletin
Psychological Medicine
Psychology and Aging
Psychosomatic Medicine
Schizophrenia Bulletin
Social Science and Medicine
United Kingdom Health Technology Assessment Reports
 We also assess journals nominated by our readers.

CRITERIA FOR SELECTING ARTICLES

Articles are considered for inclusion in *Evidence-Based Mental Health* if they are:

- original or review articles
- in English
- about humans
- about topics that are important to clinical practice in the field of mental health
- use analysis techniques consistent with the study design.

Studies of prevention, treatment, quality improvement, and continuing education must also:

- randomly allocate participants to comparison groups
- follow up a high proportion of the original participants (eg 80%)
- measure an outcome of known or probable clinical importance.

Studies of causation (aetiology) must:

- collect data prospectively if possible
- identify a comparison group(s) for the outcome of interest
- mask outcome observers to exposure (this criterion is assumed to be met if the outcome is objective).

Studies of diagnosis must:

- include a spectrum of participants, some, but not all of whom have the disorder of interest
- include a diagnostic (gold) standard
- include information about reliability if possible (measure of agreement among observers, for example)
- ensure each participant receives both the new test and some form of the diagnostic standard

- interpret the diagnostic standard and the new test result independently, without knowledge of the other test.

Studies of prognosis must:

- include an inception cohort of participants (first onset or assembled at a uniform point in the development of the disease), all initially free of the outcome of interest
- follow up at least 80% of the original participants.

Studies of the cost-effectiveness of interventions must:

- compare alternative diagnostic or therapeutic services or quality improvement strategies
- compare activities on the basis of the outcomes produced (effectiveness) and resources consumed (costs)
- include data from real (not hypothetical) participants from studies which meet the quality criteria for other articles described above
- present results in terms of the incremental or additional costs and outcomes of one intervention over another
- include a sensitivity analysis when there is uncertainty in the estimates or imprecision in measurement.

In review articles, at least one article included in the review must meet the quality criteria for treatment, diagnosis,

prognosis, causation, and cost effectiveness studies described above. Review articles must also:

- clearly state the clinical topic
- describe sources and methods
- explicitly state inclusion and exclusion criteria for selecting articles.

Qualitative studies must meet the following criteria:

- the content must relate to how people feel or experience situations that relate to mental health care
- data collection methods must be appropriate for qualitative studies. (For example, unstructured interviews, semi-structured interviews, participant observation of people in natural settings, focus groups, review of documents or text).

SUMMARISING MATERIAL

Relevant articles which meet these criteria are summarised using a structured abstract. Articles are reviewed by experts in the field who provide commentaries describing the context of the article, methodological problems that may affect interpretation, and recommendations for clinical application. If you are interested in writing an expert commentary, please contact Liz Bickerdike (Liz.Bickerdike@Bazian.com). Where possible, the author of the original article is given an opportunity to review the abstract and commentary.

Correction

In the article on page 26 of the February issue of the journal (CA Green. Canadian study finds that antidepressant use has increased in people with major depression over the past decade. *Evid Based Ment Health* 2005;8:26) the second author's name was omitted. C Beck is the second author of this article.