Medical Professionals KAP of Depressive Disorder in Pakistan.

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ABSTRACT

OBJECTIVES: To explore the level of knowledge, attitude, and practice patterns of of medical professionals about depressive disorder in Pakistan. The study design is Survey Research conducted at Centers of College of Physicians and Surgeons Pakistan (CPSP) from Karachi, Islamabad, Multan, and Peshawar between March to September 2013. **METHODOLOGY:** Two hundred and sixty three post graduate trainees and specialist who have attended the CPSP workshops were included in the study by using purposive sampling technique. To assess their level of knowledge, attitude, and practice of depressive disorder, researcher has developed a questionnaire. **RESULT:** Participants 'ratio for correct answers regarding knowledge of depressive disorder is 47%, while the ratio for incorrect answers is 52% and 1% respondents didn't reply to the asked question. When participants' attitudes were assessed about depressive disorder, most of them were feeling comfortable to work with the patient of depression, at the same time they believed that it is not easy to work with the patient of depression. Majority of participants reported that they tend to prescribed antidepressants and they also assumed that psychotherapy has place in the treatment of depression. Majority of participants reported that they prescribed selective serotonin reuptake inhibitors (SSRIs) while some of them also believed in the combination treatment. Most of the participants reported that they see less than five patients of depression in a week, and they tended to refer their patients to psychiatrists. Moreover, they believed that most of patients with depression report physical complains and most associated physical complain with depression is headache. **CONCLUSION:** Postgraduate trainees and specialists have relatively low level of knowledge about depression but they have relative positive attitudes and performed some desirable practices in their treatment of depression

Key words: Postgraduate Trainees.Knowledge.Attitude. Practice Patterns. Depression.

الملخص

الاهداف: لاستكشاف مستوى المعرفة، والاتجاهات والسلوك لدي المهنيين الطبيين حول الاكتئاب في باكستان. **منهج الدراسة:** دراسة مسحية في مراكز كلية الاطباء والجراحين بباكستان، في مدن كراتشي، إسلام آباد، ملتان، وبيشاور في الفترة من مارس وحتى سبتمبر 2013. شملت الدراسة مئتان ثلاثة وستون من الخريجين المتدربين ومن المتخصصين الذين حضروا ورش العمل بمراكز كلية الاطباء والجراحين بباكستان، وقد تم اختيارهم باستخدام تقنية أخذ العينات الهادفة. لتقييم مستوى المعرفة، والاتجاهات، والسلوك حول الاكتئاب بواسطة استبانة. **النتائج:** نسبة المشاركين الذين حصلوا إجابة صحيحة فيما يتعلق بالمعرفة حول الاكتئاب هي ٪47، في حين أن نسبة الحاصلين إجابة خطأ هي ٪52 و٪1 لم يرد على السؤال المطروح. عند تقييم اتجاهات المشاركين حول الاكتئاب، أفاد معظمهم بأنهم يشعرون بالراحة عند العمل مع مرضي الاكتئاب، وفي نفس الوقت يعتقدون بأنه ليس من السهل التعامل مع مرضي الاكتئاب. أغلبية المشاركين ذكروا أنهم يميلون إلى وصف مضادات الاكتئاب كعلاج وافترضوا أيضا أن العلاج النفسي مهم في علاج الاكتئاب. ايضا أفاد غالبية المشاركون أنهم بأنهم اعطوا مرضاهم مثبطات امتصاص السيروتونين (SSRIs) في حين أن بعض منهم يعتقد أيضا في فعالية العلاج المركب. أغلبية المشاركين افادوا بأنهم يرون أقل من خمسة مرضى اكتئاب اسبوعيا، وأنهم يحولونهم إلى الأخصائيين النفسيين. وعلاوة على ذلك فان معظم المرضى الذين يعانون من الاكتئاب يهم اعراض جسمانية واغلب ما يشتكون من الصداع. **الخلاصة:** الخريجين المتدربين و المتخصصين لديهم مستوى منخفض نسبيا من المعرفة حول الاكتئاب ولكن لديهم اتجاهات إيجابية نسبيا و يقومون ببعض الممارسات المرغوبة في معالجتهم للاكتئاب

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INTRODUCTION

Psychiatric disorder depressioncontributes significantly to the global burden of disease in developing countries. According to World Health Organization report, unipolar major depression will be the second leading cause of global burden of disease worldwide by 2020 (Who Report).[1] Another WHO study showed that in 15 primary care centers, 10.6% of all contacts was mainly due todepressive disorders.[2] Seventy six (76%) patients with affective disorder consult their general practitioner while 60% of people in the community seek professional assistance, even then depression is under-recognized and undertreated in primary care. There are various factors in patient, doctor and practice which contribute to the under-recognition and lack of optimal management of depression in general practice. Patient factors include co morbidity and stigma; doctor factors include inadequate knowledge and skills; practice factors include inadequate consultation time and insufficient access to specialized mental health resources. Somatic complaints are present in 80% of patients with a depressive or anxiety disorder which results in GPs' inability to recognize the origin of the patient's problem as depression or anxiety.[3]

In order to decrease depressive disorder a range of preventative and treatment strategies are urgently required. One of them may be providing the concept of 'mental health literacy that has emerged to describe "knowledge and beliefs about mental disorders which helps in recognition, management and prevention" of the depression which is not only common and disabling but it also responds to evidence-based treatments.[4]

WHO conducted a study in six centers showed that primaryhealth care staff lacked training in mental health and therefore had very limited knowledge of managing depression. Another study conducted in Campinas, Brazil, investigated the attitudes, knowledge, and self-reliance of primary care physicians to detect and treat depression found that 42% of the physician participants felt incompetent to differentiate between depression and unhappiness and 45% agreed that depression is a medical condition, 47% felt that depressive disorders is the outcome of tragedies in the person's life.[2]

Health professionals themselves have prejudiced attitudes and misperception about mental illness that it is incurable or self-inflicted can also be damaging for patients which results in impaired patient's referral to appropriate mental health care. Not only primary health care providers but even Psychiatrists themselves share the stigma of mental illness toward their patients. Also, the practice of psychiatry is often viewed as unscientific, imprecise and ineffective. Consequently, these primary care physicians tend to focus on physical symptoms and minimize diagnosis of mental disorder and are less likely to refer patients to mental-health services. Medical students judge psychiatrists to be emotionally unstable and 'woolly' thinkers but senior medical staffs often have more realistic attitudes towards mental illness than do their junior colleagues. This implies that the stigma of mental illness can be reduced by education and experience.[5]

A local study also revealed that the knowledge of family doctors about depression was quite low.One of the reasons for failure to detect psychiatric disorders include the lack of guidance for interviewing and diagnostic practices taught in medical schools. Primary care physicians fear loss of control, stigma and issues of time and money. The GPs misdiagnosis occurs because of not considering personal and family history and presence of stressful factors.[6]

This study was designed to assess the knowledge, beliefs and attitudes of medical professionals towards depressive disorder in Pakistan where mental health curriculum is limited to overcome the dearth of mental health problems and secondly KAP has not been estimated in Pakistan among Post graduate trainees or specialist. By conducting this survey magnitude of the problem can be assessed.

The objective of the study is to ascertain the current status of the knowledge, attitude and practice pertaining to depression among;
a) Access level of knowledge about depression among postgraduate trainees and specialist.
b) Access attitude and practicing trends among postgraduate trainees and specialist.

METHODS

This is survey research that was designed to explore the level of knowledge, attitude, and practice

patterns of post graduate trainees and specialists at CPSP centers from Karachi, Multan, Islamabad, and Peshawar cities of Pakistan. A survey was conducted from March to September 2013. All participants were recruited to study the research objective through purposive sampling technique. Data for the study was collected from selected participants after getting permission from president of CPSP.

Postgraduate trainees and non-psychiatric specialists who have attended CPSP workshops were included as inclusion criteria in the study. The exclusion criteria did not include doctors who were neither trainee nor psychiatric specialists were excluded from the study. After getting informed consent from participants, their demographic information including age, gender, professional status, and educational level were obtained. The data was collected by administering the self-constructed questionnaire that was designed to measure knowledge, attitude, and practices. It includes 08 items to assess participants' knowledge according to criteria for diagnosis of depression, 10 items which measure participants' attitude toward depression, and 07 items to assess practice patterns of participants.

Data Analysis:

Data was entered and analyzed by using the Statistical Package for Social Sciences (SPSS-17). Simple frequencies and percentages were computed to interpret research findings.

RESULTS

To assess doctors' knowledge about depressive disorder, we have constructed eight questions with four alternatives. They have to select the one, most appropriate answer out of four given alternatives.

As shown in table 1, the overall, ratio for correct answers is 47%, incorrect answers is 52%, and 1% respondents didn't reply to the asked question. It indicates that the level of knowledge of doctors about depressive disorder is not much satisfactory.

To measure doctors' attitude about depressive disorder, we have constructed 10 item Likert scale that ranged from 0=strongly disagree to 4=strongly agree. Results are shown in table 2; majority of doctors reported that despite assuming it difficult to work with the patient of depression they feel comfortable and gratified to invest their time in treating the

Table 1 Doctors' knowledge about depressive disorder

S.No.	Questions	Total participants	Correct Answer	Incorrect Answer	No Answer
1	Depressive disorder is diagnosed when it is continues for at least some days	263	93 (35%)	165 (63%)	5 (2%)
2	Core feature of depression	263	132 (50%)	130 (49%)	1 (0.38%)
3	Appetite of depressed patients	263	203 (77%)	59 (22%)	1 (0.38%)
4	Hopelessness is a feature of	263	147 (56%)	114 (43%)	2 (0.76%)
5	Pessimistic thoughts about present in depressive disorder	263	113 (43%)	144 (55%)	6 (2%)
6	Cognitive functions are impaired	263	131 (50%)	128 (49%)	4 (2%)
7	Suicidal thoughts are assessed by asking about suicide	263	111 (42%)	149 (57%)	3 (1%)
8	According to WHO Depression will be the Leading cause of disease burden worldwide by 2020	263	41 (16%)	216 (82%)	6 (2%)
Total		263	47%	52%	1%

patients of depression. Most of doctors are satisfied with the effectiveness of anti-depressive drugs and they assumed that psychotherapy has place in the treatment of depression. Additionally, they also believed that prescription of antidepressants and psychotherapy should be given by specialists.

To explored doctors' practice in the treatment of depression, the researchers have constructed seven statements. Results are shown in table 3, majority of doctors reportedly prescribed SSRIs although some of them also prefer to the combination therapy. Majority of doctors reported that they see less than five patients of depression in one week and they tended to refer them to the mental health specialist. Most of the doctors reported that most of the patients with depression report physical complain and the most associated physical complain with depression is headache.

DISCUSSION

This exploratory study was designed to explore medical professionals' level of knowledge, their attitudes, and general practice in the treatment of depressive disorder in Pakistani context. Our results indicate that doctors' knowledge level about depressive disorder

Table 2 Doctors' attitudes about depressive disorder, N=263

S.No.	Questions	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	No Answer
1	It is easy to differentiate between a patient who is sad and one who is depressed.	24 (9%)	28 (11%)	55 (21%)	44 (17%)	111 (42%)	1 (0.3%)
2	Working with depressed patients is difficult	29 (11%)	17 (6%)	43 (16%)	33 (13%)	140 (53%)	1 (0.3%)
3	Depression is a way that weak people confront life's problems	31 (12%)	53 (20%)	48 (18%)	44 (17%)	85 (32%)	1 (0.3%)
4	I am comfortable addressing the problems of patients with depression	23 (9%)	33 (13%)	58 (22%)	51 (19%)	94 (36%)	4 (2%)
5	Depression reflects a personality characteristic in the patient that is not easy to change	16 (6%)	81 (31%)	56 (21%)	26 (10%)	79 (30%)	5 (2%)
6	It is gratifying to invest time in treating depressed patients	47 (18%)	27 (10%)	30 (11%)	24 (9%)	123 (46%)	12 (5%)
7	Psychotherapy has no place for depressed patients	3 (1%)	165 (63%)	41 (16%)	15 (6%)	15 (6%)	10 (4%)
8	Antidepressants produce satisfactory results in treating depressed patients	33 (13%)	37 (14%)	35 (13%)	47 (18%)	104 (40%)	5 (2%)
9	Psychotherapy of depressed patients should be left to the specialist	24 (9%)	46 (17%)	80 (30%)	46 (17%)	62 (24%)	5 (2%)
10	Depressed patient who needs antidepressants should be treated by psychiatrist	47 (18%)	51 (19%)	58 (22%)	27 (10%)	70 (27%)	10 (4%)

is not satisfactory. It implies that they are not well aware about the symptomatological representation of depressive disorder. Consistent findings with our results are reported by other researchers in the scientific literature. For example Mahmood-Abadi, Kayhani, Rabi, and Mohammadi have conducted a cross sectional research in Iran on non-psychiatric physicians to assess their level of knowledge toward depression and found that non-psychiatric physicians reported low level of knowledge about depression.[7] Other researches also reported same evidences, that most of the physicians were not confident about their diagnosis of depressive disorder.[8, 9] Family physicians lack the necessary knowledge to diagnose and treat depression.[10] Most of the primary care physicians feel challenges to diagnose and treat bipolar disorders including depression.[11] Similar findings also reported by Jafri, Minhas, Tamiz-ud-Din, Slatch and Mujeeb in Pakistan. They have interviewed both educated community members with rural as well as urban

Table 3 Doctors' practice in treating depressive disorder, N=263

S.No.	Questions	Frequencies of Doctors' responses to the corresponding questions				No Answer
1	Which antidepressant do you prescribe more?	SSRI=146 (56%)	SNRI=22 (8%)	TCA=49 (19%)	Others = 15 (6%)	31 (12%)
2	Do you use combination of antidepressants?			Yes=78 (30%)	No=92 (35%)	93 (35%)
3	Which combination of antipsychotics and antidepressant you prescribe?	TCA-BENZO=33 (13%)	TCA-Antipsychotic= 102 (39%)	SSRI-BENZO= 38 (14%)	SSRI-Antipsychotic= 27 (10%)	63 (24%)
4	How many depressive patients you see in one week?	<5=141 (54%)	6-10= 61 (23%)	10-20= 12 (5%)	>20=5 (2%)	44 (17%)
5	How much you refer to mental health specialist?	<5=73 (28%)	6-10= 41 (16%)	10-20= 77 (29%)	>20=14 (5%)	58 (22%)
6	How many depressive patients report physical complain with depression?	<5=72 (27%)	6-10= 15 (6%)	10-20= 46 (18%)	>20=67 (25%)	63 (24%)
7	Types of pain associated with depression	Headache= 106 (40%)	Back pain= 37 (14%)	Gastric= 40 (15%)	Aches and Pain=61 (23%)	19 (7%)

Note: SSRI:selective serotonin reuptake inhibitors, SNRI: Serotonin and nor epinephrine reuptake inhibitors, TCA: tricyclic antidepressants, BENZO: Benzodiazepines

backgrounds and health care providers, where both community members and health care providers reported low level of knowledge about mental illnesses. Most of them considered drug abuse and addiction as common mental illness. When they asked about the symptoms of depression majority of the participants reported irritability as a major symptom of depression but according to DSM-V and ICD-10 this is an associated symptom of depression instead of major symptom.[12] Our findings and related empirical evidences indicate that non-psychiatric physicians treat depression without proper insight about the depressive disorder that is serious concern. If they treat without understanding and proper diagnosis the treatment may be ineffective or even harmful for the patients of depression.

The second objective of the study was to find out doctors attitudes about the treatment of depressive disorder. Somewhat mix findings were found about this objective. Majority of doctors believe that it is not difficult for them to differentiate between a patient who is sad and one who is depressed but they assumed that it is difficulttask for them to work with depressed patients. Mahmood-Abadi, Kayhani, Rabi, and Mohammadi also reported same findings where most of the non-psychiatric physicians perceived themselves as incapable to manage depression.[7] Despite having the sense of difficulty to work with the patients of depression,medical professionals in our studyfeel comfortable to address the problems of person with depression. Some research findings such as those reported by Mahmood-Abadi et al, most of the non-psychiatric physicians had little knowledge about the psychotherapy and the time duration it needs to take effect in the treatment of depression.[7] But medical professionals who have participated in our study were well aware about the concept of psychotherapy in the treatment of depression.They believe that psychotherapy has place in the treatment of depression and it should be given by its specialist. According to Casini, Sighinolfi, Tedesco, Bandieri, Bologna,Colombini, et al majority of primary care physicians agreed that the psychotherapy is effective in the treatment of depression and it should be left to a specialist and only 20% physicians reported that psychotherapy is ineffective in the treatment of depression, indicating

a general positive opinion about the psychological treatment of depression.[13] Some other researches claimed that according to general physicians, psychotherapy cannot replace antidepressants while some of them considered it as essential complement in the treatment of depression. Problem solving therapy as intervention for depression is a currently practicing approach and potentially useful to both general professionals and patients.[14, 15] Additionally, Mahmood-Abadi et al, fond that majority of non-psychiatric physicians were not much knowledgeable about the therapeutic indications and time needed for the antidepressants drugs to have effect. In contrast medical professionals in our study were satisfied about the effectiveness of antidepressants but they assumed that antidepressants should be prescribed by psychiatrist.

Finally, we have also explored medical professionals' general practice in the treatment of depressive disorder. Findings indicate that most of the doctors prescribe SSRIs to treat depression. These findings are in line with other evidences reported that primary care physicians agreed about the effectiveness of antidepressant drugs in the treatment of depression.[13] Some medical professionalism our study also reported that they use combination of drugs to treat depression. Antidepressants monotherapy is more prevalent among primary care physicians although it is relatively low among psychiatric regimens but combination treatment become more common among primary care physicians when they perceive that the severity of disease increases. The commonly used agents with antidepressants included another antidepressant, an anxiety agent, and atypical antipsychotic agents.[16] We have also observed somedesirable practices among medical professionals in our study that is they use to refer their patients to the mental health specialist. Stang, Frank, Yood, Wells, Burch, and Muma also found that most of the primary care physicians willingly refer their bipolar patients to the psychiatrist for the diagnosis and treatment in order to ensure the optimal care of their patients.[11] Additionally, respondents of the present study also believed that majority of patients with depression report physical complainsand the most associated physical complain with depression is headache. This claim of our respondent is consistent with other empirical evidences reported by Madhukar and Trivedi. According to them physical symptoms are common in depression. High number of patients with depression seeks treatment in the primary care setting report only physical symptoms.[17]

Conclusion

The present findings revealed that medical professionals in Pakistan tend to have relatively low level of knowledge about depressive disorder but still treating it that is serious concern. The positive aspect of medical professionals that we have found in this study is that they believe in the effectiveness of antidepressants and psychotherapy as effective interventions for depression and assumed to be provided these services by their specialist, so that most of the medical professionals reported that they use to refer their patients to mental health professionals.

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