Knowledge and perception about depression in the Spanish population

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Conocimiento y percepción de la depresión entre la población española

Summary

Introduction. *The aim of this study is to investigate the Spanish people's perception of depression. Identification of the existing mistakes in depression perception will be the first step to correct them and to contribute to the patients' well being.*

Material and methods. *More than 1,000 structured surveys were conducted all around Spain with segmented representation for each regional community.*

Results. *Two out of three interviewed people considered depression to be a disease, in a somewhat higher degree those who had suffered from depression (67%). Forty two percent of people thought depression affects more than 25% of the population. Spanish people think that the incidence of depression will increase in the future. Their opinion of the importance of depression is high, considering it among the three most prevalent diseases, even exceeding that of coronary diseases. Most people interviewed would not accept a pharmacological treatment of at least one year of duration. The most mentioned adverse effect of antidepressants is dependency, and it is the reason why interviewed people are reluctant to maintain long term treatment. Only 50% of people treated for depression thought they had had enough family and social support. Eighteen percent of depressed people hide their diagnosis, basically for fear of stigma at work.*

Conclusions. *Nowadays, the Spanish population has a good knowledge of depression. However, there are still some prejudices that make more difficult both the treatment and the recovery of depressed people and their social readjustment. These beliefs make up small stigmas that hinder treatment adherence, which is doubtlessly the most important factor to improve the outcome of depression.*

Key words: *Depression. Perception. Knowledge. Spanish population.*

Resumen

Introducción. *El objetivo de este estudio es conocer cómo percibe la población española la depresión. Poner de manifiesto los errores existentes en la consideración de la misma será el primer paso para poderlos corregir y poder contribuir a un mayor bienestar de los pacientes.*

Material y métodos. *Se realizaron más de 1.000 entrevistas estructuradas por toda la geografía española, con representación segmentada para cada comunidad autónoma.*

Resultados. *Dos tercios de los entrevistados consideraron que la depresión es una enfermedad; algo más quienes la habían padecido (67%). El 42% opinó que la depresión afecta a más del 25% de la población. La población española cree que en el futuro la incidencia irá en aumento. Los españoles otorgan gran importancia a la depresión, considerándola entre las tres enfermedades de mayor incidencia, superando a las enfermedades coronarias. La mayoría de los encuestados no aceptaría un tratamiento farmacológico de al menos 1 año de duración. El efecto adverso de los antidepresivos mencionado con mayor frecuencia es la dependencia, motivo por el cual los entrevistados son reacios a seguir un tratamiento durante largo tiempo. Sólo un 50% de los tratados por depresión consideró que recibió suficiente apoyo familiar y social. El 18% de los afectados por depresión ocultó su trastorno, fundamentalmente por motivos relacionados con el estigma laboral.*

Conclusiones. *La población española actual tiene un notable conocimiento de la depresión. Sin embargo, siguen existiendo prejuicios que dificultan tanto el tratamiento y la recuperación del paciente deprimido como su reinserción social. Estas creencias constituyen pequeños estigmas que dificultan la adherencia al tratamiento, sin duda el factor más importante para mejorar el pronóstico de la depresión.*

Palabras clave: *Depresión. Percepción. Conocimiento. Población española.*

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INTRODUCTION

Nowadays, depression is one of the most frequent and incapacitating psychiatric disorders. It has a greater impact on the community than that of many chronic physical diseases. Depressed patients may experience great deterioration in their usual functioning, well being and quality of life.

An annual prevalence of 2%-3% for men and 8% for women is estimated, placing life prevalence of depres-

sion around 18%[1]. Recently, Ayuso-Mateos et al.[2] performed the first epidemiological study of depression in the European population and found a global prevalence of 6.61% for men and 10.05% for women, in comparison with those obtained for Spain: 4.3% and 5.5%, respectively. On the other hand, The European Study of the Epidemiology of Mental Disorders (ESEMeD/MHEDEA 2000)[3] that is presently being carried out in order to detect the prevalence of different mental disorders (among them depression) in a sample of 22,000 Europeans can be mentioned. The results of this study show a depression lifetime prevalence in the Spanish population of 10%-12% and a yearly prevalence of 4%.

The concept of depression changed greatly over the past century and, although it was considered an acute disease some decades ago, it is presently recognized as recurrent and even chronic in some cases. In the 1970's, Angst et al.[4] documented the probability of relapse and recurrence in major depression. These findings were verified prospectively by a series of studies sponsored by the National Institute of Mental Health and performed by Keller and Hanks[5]: At least 50% of the individuals who have suffered a major depression episode will experience a second episode later on. After a second episode, the probability of recurrence is 70% and after a third one, a 90% recurrence rate is estimated.

Thus, assuming a 5% life risk for major depression[6], an individual who has recovered from a depression episode has a 10 times greater risk of having a new episode when compared with someone from the same gender and similar age who has never had a clinical depression.

On the other hand, depression has an important impact on the family, social and work setting of the affected individual, with yearly costs approaching 50 billion dollars in the United States[7,8]. Although the duration of the episode may be limited, family dysfunction is quite common and may persist once the episode has remitted[9]. Furthermore, social and occupational deterioration may remain much time after the resolution of the episode[10,11]. In spite of all this, it is still common that many depression patients do not go to the physician or are incorrectly diagnosed and/or treated. The DEPRESS study[12] manifested that one third of the subjects with major depression had not consulted any professional about their depression. This means an important disease burden on the community with potentially treatable patients remaining untreated. In comparison with those who are not affected, subjects with major depression have between four and five time more occupational sick leave days due to disease. Major depressive disorder was associated with a mean of 13 days of work absenteeism in the six months previous to evaluation. It is obvious that lack of diagnosis and treatmen account for important costs for the community.

In regards to treatment and in spite of the fact that efficacy and safety of antidepressants have significantly increased during recent years, many patients continue not to comply with the recommendations, although there is evidence that continued treatment with an antidepressant may reduce the risk of recurrence during the follow-up in the long term (between 18 months and 5 years), by at least 50%. In case of recurrence, this is generally less serious if the treatment has been maintained. The studies published up to date indicate that between 30% and 60% of the patients do not take their medication as prescribed[13]. The main reasons to discontinue treatment are, by order, adverse effects, the belief that the medication is not necessary, feeling better, believing that the treatment is not useful (it has no use, it does not work) and, finally, running out of medication[14].

This situation undoubtedly is reinforced by stigmatizing social attitudes that, far from facilitating remission, hinder the evolution and worsen the good short term prognosis that affective disorders have in general[15,16]. Depressed patients suffer not only because of the depression itself but also because of the lack of understanding from their environment and sometimes because of the associated prejudices and stigma.

Up to now in our country, there is no study reflecting how the general population perceives depression and how this affects the evolution and well being of those suffering it; thus the objective of this study is to know this perception. Manifesting the errors existing in its consideration will be the first step to be able to correct and contribute, in this way, to greater well being of the patients; to improving compliance of the professional's prescriptions, decrease the risk of recurrences and suicide and, consequently, improve the prognosis and quality of life.

MATERIAL AND METHODS

A field study was designed in order to know how the Spanish population perceives depression. It was carried out from July 18 to August 8, 2001 with the support of a specialized company and with professional interviewers.

To perform the investigation, two consecutive techniques were applied; the first qualitative and the second quantitative. In the qualitative phase, there were three discussion groups in three different cities in Spain, with segmented representation according to ages, social class and study levels. The persons gathered showed the profile of the universal component type being studied. They were invited to discuss subjects related to the objectives to be investigated in order to make an artificial and scaled reproduction of the behavior of the universe of which the microgroup formed a part. This phase made it possible, on the one hand, to state and close the question of the quantitative phase better and, on the other, supplied richness in the information and more detailed explanation of many aspects that arise in the whole of the investigation.

In the quantitative phase, 1001 telephone interviews were performed randomly (95.5% confidence interval

and limit of error approximately ± 3%) valid for all the Spanish geography, with sufficient representation in each regional community, so that it was possible to obtain conclusions with statistical significance for all the sample and in each one of the communities. This phase made it possible to measure or quantify the aspects required according to the study.

Thus, a specific questionnaire was elaborated in order to collect the impression of the interviewed subjects on depression and was administered to a total of 1001 individuals. The statistical examination of the data was performed using the STAR statistical program.

RESULTS

Of all the 1001 individuals interviewed, 491 were men and 510 women. The participant's ages ranged from 18 to 85 years, with a mean of 44.3 ± 17.2.

A greater number of women (63%) was observed among those treated for depression as well as a higher mean age (49 years). Among those surveyed, 18% had been treated for depression and 46% had family, friends or acquaintances who had also suffered the disorder.

Table 1 summarizes the main demographic characteristics of the subjects included in the study. Six of every 10 interviewed subjects were married, 27% were single and 1 out of every 8 was separated, divorced or widowed. Regarding the participant's study level, a greater number of persons (45%) had finished elementary/primary studies. Differences were observed between those who had been treated for depression and those who had not been. Thus, a greater percentage of individuals without studies (12%) or elementary/primary studies (49%) and a lower number of individuals with secondary school studies (20%) or university studies (19%) was recorded among the participants who had suffered a depressive disorder.

Two thirds of those interviewed considered that depression is a disease, this percentage being somenhat higher among those suffering it; for the rest, it is simply a mood state. The fact that it is mostly considered a disease contributes to removing the disorder's stigma. However, 46% of those interviewed who had not been treated for depression considered that this disease may be feigned. This fact manifestly contrasts with the previous.

A total of 80% considered that it is a psychological or mental disease. The symptoms considered to be most common in depression were: apathy, lack of interest or motivation, sadness, irritability, anxiety, stress. Although 57% of those surveyed thought that depression usually means suicidal ideas, less than 10% believed that there was a cause-effect correlation between depression and suicide.

Unanimously, it was considered that depression is a chronic disease, that is, for a lifetime from the moment that it is manifested.

A total of 42% believe that depression affects more than 25% of the population. However, when this fact is segmented between treated and non-treated, the perception changes greatly: 60% of the treated subjects stated that depression affected more than 25% of the population while only 37% of the non-treated believed the same.

The Spanish population is pessimistic regarding the future (fig. 1) incidence, 75% of those interviewed believing that it will increase. Five percent of those who thought that it would decrease attributed it to the supposed medical advances that may occur in the next years. The reasons mentioned as cause of the increase were,

TABLE 1. Sociodemographic characteristics of the sample (%)

Number surveyed	*Treated*	*Non-treated*	*Total*
Gender (man/woman)	37/63	49/51	100
Mean age	49	43	44
Role at home			
Father	28	34	31
Mother	48	37	39
Child	13	25	24
Other	11	4	6
Studies			
No studies	12	6	7
Elementary/primary	49	42	45
Secondary	20	26	24
University	19	26	24
Occupational situation			
Self-employed	11	12	13
Employed	31	47	40
Inactive	58	41	47

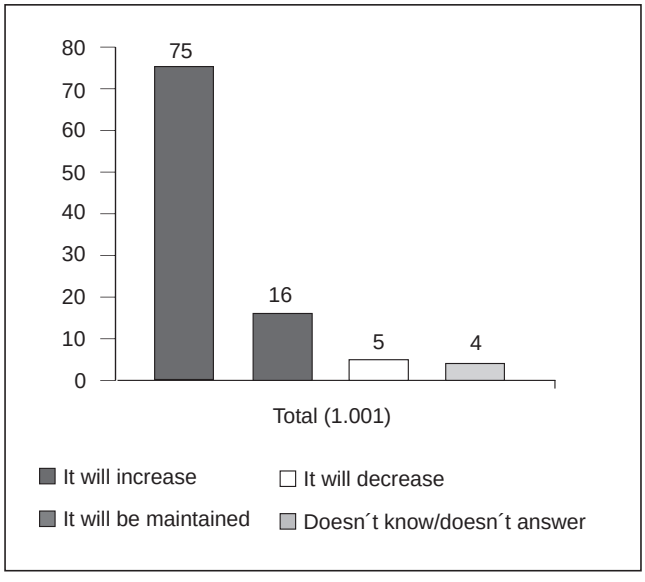

Figure 1. Forecast of the incidence of depression among the Spanish population (%).

in order and according to the opinion of the surveyed: rhythm and type of life of the present society, stress, problems and concerns in general, work problems, loneliness and lack of communication, competitiveness and ambition, economic problems and family problems.

The general Spanish population grants great importance to depression, considering it to be among the three diseases having the greatest incidence (after cancer and AIDS), and greater than that of coronary diseases (fig. 2). Those who had not been treated for depression considered that the incidence was lower. However, this manifests the impact that communication medias have in the population's perception, that attribute a greater frequency to those diseases that are more known.

A total of 80% of those interviewed manifested that depression is more frequent in developed societies; only 4% think that it occurs more in less developed countries. Among the reasons given in this case are hunger, economic problems and other problems in general.

Almost unanimously, it was considered that depression may affect anyone; however, optimistic individuals with a strong character and children were considered to be less vulnerable to suffering depression. It may be stated that among the individuals who had been treated for depression, 60% stated that they had 6 or more employees working for them.

When these data were processed separating the subjects who have been treated for depression from those who have not, the results are similar in regards to tendency, however, they show significant differences with regard to some items. The patients who were treated at one time think, with significantly greater frequency, that depression is a disease, that it cannot be feigned, that it has a high prevalence in the general population, that it is not more frequent in developed countries and that anyone may be affected by this disease (chi-squared, difference of proportions sustaining each opinion and according to the groups: treated versus not treated). Although the differences are significant in all the items commented, the statistical power is only superior to 85% in the perception of a high prevalence (100%) and in the opinion that this is not greater in the developed countries (86%) (table 2).

TABLE 2. Opinion treated versus non-treated

Variable	*p*	*Statistical power*	*Differences treated versus non-treated*
Disease versus mood state	0.04	33%	6%
Feigning possibility	0.04	77%	–11%
Depression prevalence	0.04	100%	19%
More frequent in developed countries	0.03	86%	–10%
Any person can suffer it	0.02	60%	4%

As causes of the depressive disorder, occupational problems, family problems, stress, economic problems, loss of a loved one and loneliness have been mentioned, confusing the precipitating causes with the real ones that cause depression.

Psychiatrists and psychologists were considered as the most indicated specialists to treat depression, detecting a clear confusion between both terms, while the family physician was the one who diagnosed most of the cases (fig. 3). A total of 92% of those interviewed manifested that the psychologist was the specialist indicated to

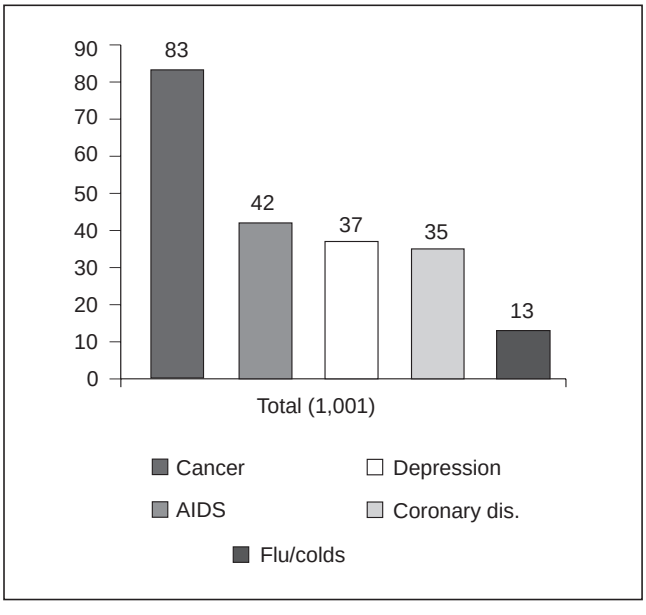

Figure 2. Most frequent diseases in Spain (total mentioned: in %).

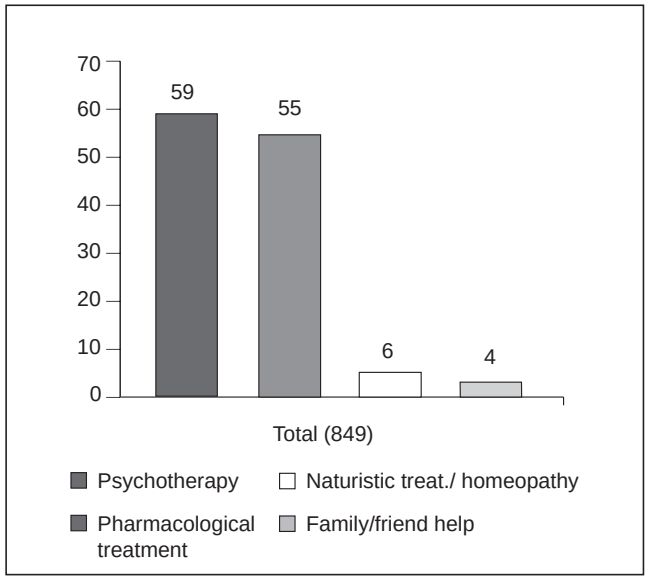

Figure 3. Treatments considered most adequate to treat depression.

treat depressive disorder and 77% considered that going to the psychiatrist is «normal». This opinion is more frequent among young and middle aged persons. For 15% of the population, it is still frowned upon to visit the psychiatrist and it has negative connotations, while 8% believe that it is fashionable.

It is believed to be absolutely necessary to treat depression (85% manifested that it was necessary compared to 15% who did not think so), although they consider pharmacological treatment and psychotherapy as adequate; other alternative treatments (homeopathy, naturopathy) were mentioned by a minority. Most of those surveyed would not accept a pharmacological treatment of at least one year long. The adverse effect of antidepressants most frequently mentioned is dependence, the reason why those interviewed are reluctant to follow a treatment for a long time.

Only 50% of those treated for depression consider that they received sufficient family and social support. The families and friends morally support the patient with depression, but when they face this situation, they are disoriented and require an adaptation period.

A total of 18% of those affected by depression hide their disorder, basically due to reasons related with occupational stigma. The remaining 82% reported it and, of these, 48% did so to receive some type of help.

TABLE 3. Most common symptoms or manifestations of the person with depression (spontaneous, %)

	Total
Apathy/lack of interest-motivation	59
Sadness	58
Irritability	14
Anxiety	14
Stress	11
Concentration difficulty	11
Fears/worries	10
Insomnia	8
Suicidal ideas	7
Guilty feeling	6
Physical symptoms	6
Ideas of ruin	2

DISCUSSION

From the clinical point of view, assuring adherence to treatment is as important as making a diagnosis and indicating treatment. Adequate information to the patient and his/her surrounding on the characteristics of this disease and the treatment established are as important in the case of depression as in most psychiatric disorders. The information provided by the present study is valuable in this sense.

Undoubtedly, it is relevant that two thirds of those surveyed consider that depression is a disease. However, this is a concept that should be stressed, since simultaneously there are other underlying beliefs that contribute to the stigma of depression. The subjects who have not been treated for depression think that this may be feigned and that it is a disorder that is present more frequently in weak persons with little vitality, while those who have been treated for depression have a significantly different opinion. It is important to remember that in the subgroup of those treated for depression, 60% have more than six employees working for them, which is more than sufficient to observe a premorbid and postmorbid, adjusted and normal personality.

Although a superficial evaluation of the results gives a glimpse of a certain optimism regarding the present social stigma of depression, if the results are carefully considered, it is seen that the opinions reflected need an additional explanation. The relationship between suicide and depression is not clear in the population studied. Suicide is perceived, in general, as an attitude toward insurmountable problems in life; there is no knowledge on the real risk of suicide within depression.

Although the convenience of disclosing this fact to the general population is debatable, the clinician should always in keep it mind as something to be systematically investigated in every patient and discussed in due time. Furthermore, emphasis should be placed on the importance of the pharmacological treatment and on the possible need for admission or the indication of more aggressive treatments (electroshock treatment) to the patient and family

An aspect that calls attention is the fact that depression is perceived as a disease and, at the same time, there is confusion regarding its treatment. Although those surveyed mostly think that it should be treated, they believe that it can be done indistinctly by a psychiatrist or psychologist and by drugs or psychotherapy. A certain education in the sense of differentiating depression from sadness as an emotion and the depressive disease in adaptive situations that are expressed with sadness is necessary. The patient and those around him/her should know that depression is a disease that necessarily requires a pharmacological treatment, that this has scientifically demonstrated a more than significant effectiveness and that the adaptive problems of life (affective separations, loss of work, etc.) may need an additional psychotherapeutical approach, although it is true that a specific therapy after the resolution of the depressive episode may decrease the environmental stress and thus reduce the risk of recurrence.

Another relevant aspect is the perception of depression as a chronic disease. It is important for the clinician to explain the concept of chronicity and recurrent disease to the patient and his/her family. Fortunately, chronicity is a rare situation in depression. Depressive disease generally remits and it does not mean evolution to the persistence or worsening of residual symptoms, at least in 60% of the cases. This is extremely relevant information when advising indefinite treatment. «Chro-

nic» treatment is, in fact «prophylactic» in depression. When an indefinite treatment is indicated, it should be clear that its objective is to avoid recurrences (that is, the appearance of new episodes) and not that of treating the persistent and sometimes physically incapacitating symptoms as occurs in diabetes, hypertension or any rheumatic disease. This distinction is crucial for the patient and his/her family to understand the importance of a correct treatment and, above all, its objective: complete long term remission.

Regarding the treatment, there are deeply rooted fallacies that contribute decisively to poor compliance. The belief that antidepressants cause dependence in more than two thirds of the population surveyed deserves a systematic explanation by the clinician, both aimed at the patient as well as his/her surrounding. It is important to explain what the term dependence implies and the occasional possibility of a withdrawal syndrome if the drug is suddenly withdrawn. In any case, the non-existence of physical dependence during antidepressive treatment should also be explained. It must be kept in mind that the «satanization» of benzodiazepines by the different administrations and specialists in drug dependencies has extended to the rest of commonly used psychodrugs. This means a risk of poor compliance induced by the medical environment itself with clearly negative consequences. Furthermore, it has indirectly meant the appearance of natural remedies «that do not produce dependence», without the least utility. Caution should be taken when giving opinions on depression and its setting. Depressive patients make up a population with a direct mortality due to suicidal behavior that approaches 15%.

In spite of the understanding expressed towards depressive disease and those who suffer it, half of the subjects surveyed who supposedly had suffered depression had felt they were poorly supported and understood during their disease and, as a majority, they hid it in their work setting. This fact shows the importance of psychoeducation of the patient's setting to reduce suffering and perhaps decrease the stress situations that may imply a greater suicide risk.

In the social setting, and specifically in the work area, depression should be understood as a totally recoverable disease, in general, with incorporation to the work market of the majority. It is possible that 10% of the chronification is significant in the global count of long diseases, but this data should always be considered in the epidemiological context characteristic of depressive diseases.

In summary, there are some issues in the treatment of depression that merit being systematically treated during the interview the clinician maintains with the patient and his/her family and that are even susceptible of being developed in psychoeducative sessions:

— Depression is a disease that implies biochemical dysfunction.
— It should be treated with specific drugs.
— These have a high effectiveness (they are effective and well tolerated).
— After a third episode, indefinite treatment that does not imply dependence risk is required.
— Support, knowledge and understanding of the patient's family on depression as a disease means greater adherence to treatment and a possible reduction in the complications (chronification, socio-occupation deinsertion, suicide).

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