

References

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P.1.173 Diagnosis of depression by the primary care physician and the patient

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Objective: To evaluate the degree of agreement between the primary care physician (PCP) (DSM-IV) and patient (PHQ) in diagnosing Major Depressive Disorder (MDD).

Methods: Observational study on patients with clinical diagnosis of major depression. After inclusion PCPs completed a list with DSM-IV criteria for MDD, and then, independently the patients completed the PHQ, a self-report version of PRIME-MD with items identical to the symptoms used in the DSM IV (1). Other PHQ-modules (somatoform disease, panic, anxiety and alcohol abuse) were used to investigate co morbidity.

Results: In the study 1072 patients (mean age 48,1 yr, 315 man and 757 women) were considered as evaluable for baseline-analysis. Among them 969 pts (90%) were diagnosed with MDD by the physician. On basis of the patient's self-diagnosis (PHQ) 668 (68%) had MDD. Gender made a significant difference ($p=0.04$) in the diagnosis made by the patient: 65% of the men and 71% of the woman had a self-diagnosis of MDD. Overall agreement between the physician's and patient's diagnosis was found to be particularly low. Analysis of the different symptoms: in both DSM-IV and PHQ the same items/symptoms are questioned. A comparison was done on the agreement between PCP and patient for each item. Percentages of agreement (meaning both PCP and patient agree on the presence or absence of symptoms) were calculated (cross-classification in 2x2 tables) together with the percentage of confirmation by the PCP on presence of symptoms on PHQ. Agreement ranged from 44% to 97%. Highest agreement-scores were obtained for the symptoms depressed mood, loss of interest and fatigue. Lowest agreement was found for weight/appetite (44% agreement) and suicide/suicidal thoughts (73% agreement). It appeared that PCPs confirmed the presence of suicidal thinking in 60% of the patients presenting this symptom. Analysis of comorbidity (PHQ) showed that 385 (42%) patients had a somatoform disorder, gender turned out to be a significant risk factor ($p=0.005$) putting women at higher risk than men (OR=1.5). Of the 1072 patients, 29% had a panic disorder. Anxiety complaints decreased with age ($p=0.015$). Finally, 16% were diagnosed with alcohol abuse. Young men ($p<0.0001$) living alone ($p=0.0021$) were particularly at risk of developing alcoholic disease. Presence of any of these comorbid disorders enhanced the agreement in diagnosis made by PCP (DSM-IV) and patient (PHQ) of MDD.

Conclusions: Our results further emphasized the real interest of PHQ in the assessment of both depression diagnosis and symptom severity, as well as a screening instrument for comorbid symptoms. Overall agreement between diagnosis by the physician (DSM-IV) and the patient (PHQ) was low. This was confirmed at the level of the different symptoms/items. This finding strongly suggests that a combined assessment, done by both physician and patient will increase the accuracy of the diagnosis of depression.

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P.1.174 Assessment of cerebral regions associated with sexual arousal in depressive women by using functional magnetic resonance imaging

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Patients with depressive disorder may have difficulties in sexual functioning. However, there have been few clinical studies on associated cerebral regions. The purpose of this study was to compare the cerebral regions associated with sexual arousal between the healthy and depressive women by fMRI based on blood-oxygenation-level-dependent technique. Nine healthy women (mean (SD) age, 40.3(11.6)) and seven depressive women (mean (SD) age, 41.7(13.8)): mean (SD) scores of BDI and HAMD-17, 35.6(7.1) and 34.9(3.1), respectively) with sexually potent underwent to functional MRI on a 1.5T MR scanner (GE Signa Horizon). The fMRI data were obtained from 7 oblique planes using gradient-echo EPI. Sexual stimulation paradigm began with a 1 minute rest and a 4 minute stimulation by an erotic video film. The brain activation maps and their quantification were analyzed by the statistical parametric mapping (SPM99) program. The number of pixels activated by each task was used as index of activation, where the significance of the differences was examined by unpaired t-test. The regions significantly activated by erotic visual stimulation in healthy women were middle occipital gyrus, middle temporal gyrus, inferior frontal gyrus, insula, hypothalamus, septal area, anterior cingulate gyrus, parahippocampal gyrus, thalamus and amygdala. The regions depressive women showed lower than 50% activity compared to healthy women were hypothalamus (55.5% vs. 3.0%), septal area (49.6% vs. 8.6%), parahippocampal gyrus (18.2% vs. 5.8%) and anterior cingulate gyrus (23.5% vs. 11.0%). These preliminary results suggest that the activated cerebral regions associated with sexual arousal are qualitatively and quantitatively different between healthy and depressive women. In addition, these findings may assist in understand neural mechanisms for sexual dysfunction in patients with depressive disorder. Future studies should ensure that treatment, including pharmacotherapy, may influence the affected regions in patients with depressive disorder.

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