

# Generalized anxiety and major depression in a Belgian primary care setting, influence by socio-economic factors. The GADIS II study

A. Mignon<sup>1</sup>, B. Fischler<sup>2</sup>, M. Anseau<sup>3</sup>, M. Dierick<sup>4</sup>, S. Leyman<sup>1</sup>

<sup>1</sup>*Wyeth Pharmaceuticals, Medical department, Louvain-la-Neuve, Belgium;*

<sup>2</sup>*University Hospital St Pierre, Brussels, Belgium;*

<sup>3</sup>*University Hospital Sart-Tilman, Psychiatry. Liège, Belgium;*

<sup>4</sup>*St Camillus hospital, Afsnee, Belgium*

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## Purpose of the study

A previous screening programme, GADIS I, revealed important regional differences in the prevalence of GAD and MDD in Belgium. This study is aimed to determine if socio-economic factors such as relationship, education, employment can explain differences in the prevalence of GAD and MDD in Primary Care and if they impair the patient's functioning.

## Method used

377 General Practitioners were asked to participate in a large scale screening programme. Between September 2002 and March 2003, each physician screened 40 consecutive patients at predefined time periods. After informed consent, all questions from the GAD and MDD sections of the Mini International Neuropsychiatric Interview (MINI) were completed. Current treatment was documented and socio-economic parameters collected. Impact on the patient's functioning was assessed using the Sheehan Disability Scale. Results are expressed as means  $\pm$  standard deviations (SDs) for quantitative variables and as counts and proportions (prevalences) for categorical findings. Statistical analyses were always carried out on the maximum number of data available using the SAS (version 8.02 for Windows) and S-Plus (version 6.1) software packages.

## Results

A total of 13.699 patients were screened. There were 60% of women and 40% men with a mean age of  $49.3 \pm 17$  years. DSM-IV defined GAD alone was diagnosed in 6.8%, depression alone in 4.4% and comorbidity of depression and generalised anxiety in 6.6%. Overall, 17.8% of the patients were diagnosed with GAD or MDD. A new diagnosis was made in 71.4% of these cases, 54.2% were already treated for anxiety and 44.0% for depression. The scores on the Sheehan Disability Scale showed significant disability on work, social and family life in positive patients. Comorbidity results in the highest levels of impairment with mean score of  $7 \pm 2$  as compared to  $2 \pm 2$  in negative patients. Higher prevalence of GAD and MDD is found in Brussels (18.8% and 15.4%) and Wallonia (16.7% and 14.2%) compared to Flanders (9.8% and 7.7%). GAD and MDD are most correlated with gender, region, relationship and employment. No association was found with education.

## Conclusion

This large scale epidemiological study shows that GAD and MDD are highly prevalent in primary care and frequently comorbid. They result in important impairment in professional, social and family functioning. Some Socio-economic factors play an important role in prevalence of GAD and MDD.

## References

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