

Depression: Many patients are inadequately cared for

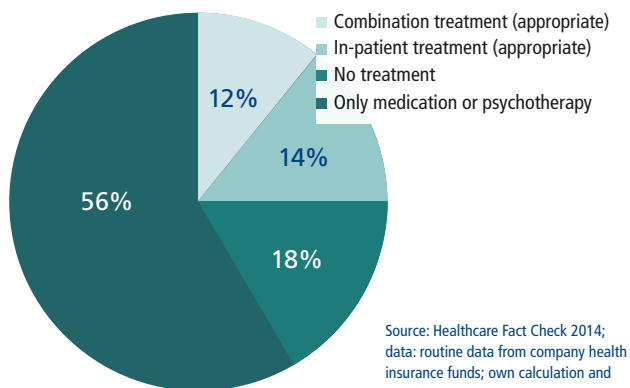
Their chances of receiving suitable treatment differ according to where they live

The Depression Fact Check reveals relevant quality shortcomings in the diagnosis and treatment of depression.

Three quarters of patients with severe depression are not being treated in line with current standards.

- Only one quarter of patients received the treatment recommended by the national guidelines. For example, only 12 % were treated with the recommended combination of antidepressants and psychotherapy for an appropriate minimum period. 18 % were not treated at all over the three-year period covered by the study (2010–2012).

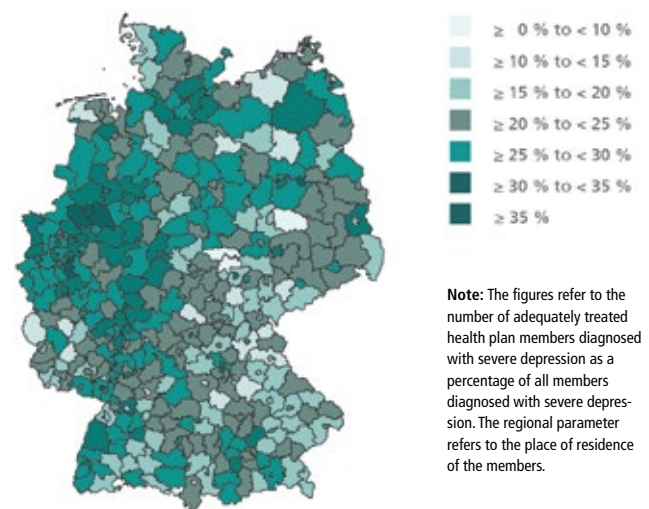
Types of treatment for severe depression



Whether patients with severe depression are well cared for depends partly on where they live.

- In some districts, less than 10 % and in others nearly 40 % of patients are treated as set out in the guidelines. The treatment quota therefore varies by a factor of four.
- Districts in northern and central Germany have higher rates of adequately treated patients than districts in the east and south of the country.
- In Bavaria and Baden-Württemberg with relatively high incidences of depression, fewer patients tend to be treated in accordance with the guidelines.

Regional distribution of cases of severe depression treated in accordance with guidelines, 2011



Source: Healthcare Fact Check 2014; data: routine data from company health insurance funds; own calculation and map (UKE & EHA, 2014)

Two thirds of patients were diagnosed with „chronic depression“ but only a few of these are being treated according to the guidelines.

- Bavaria, Baden-Württemberg and Schleswig-Holstein have the highest incidences of chronic depression.
- 31 % of patients suffering from chronic depression were not treated; 57 % received only antidepressants or psychotherapy.
- Only about 12 % received combination treatment in accordance with the guidelines. Here, too, the rates varied from district to district by a factor of up to three times. The lowest rates of incidence amounting to about 7 % were noted in Bavaria, whereas in North-Rhine Westphalia there are districts in which 24 % of patients are treated appropriately.



With increasing age, patients more frequently receive inadequate care or none at all.

- 25 % of over-sixties patients suffering from severe depression receive no treatment at all. Hardly any receive psychotherapy, combination treatment or in-patient treatment. If they are treated at all, then exclusively with medication.
- Whereas about one third of 18 to 50 year olds are treated as set out in the guidelines, this number is only about 10 % in the case of the over-sixties.
- In the case of the over-sixties, more than 80 % are diagnosed with chronic depression.

Depression affects a great many people – they are highly relevant, both individually and economically.

- Nearly one in five individuals suffer from depression during the course of their lifetime. At least 50 % of all patients who suffer from depression experience several episodes of depression.
- In 2011, some 13 % of all members of health insurance plans were diagnosed with depression, corresponding to almost one adult in every eight.
- About one in seven of all in-patients treated for a severe depressive disorder commits suicide.
- Depressive disorders can generally be dealt with very effectively if they are recognized in time and adequately treated.

INFO

The Depression Fact Check was compiled by a team of authors consisting of Dr. Hanne Melchior, Prof. Dr. Holger Schulz and Prof. Dr. Dr. Martin Härter of the Institute and Polyclinic for Medical Psychology, University Medical Center Hamburg-Eppendorf (UKE) on behalf of the Bertelsmann Foundation. Data pertaining to some 6 million members of company and guild health insurance funds were analyzed by the Health Risk Institute (HRI) (Dr. Jochen Walker und Dr. Matthias Ganning).

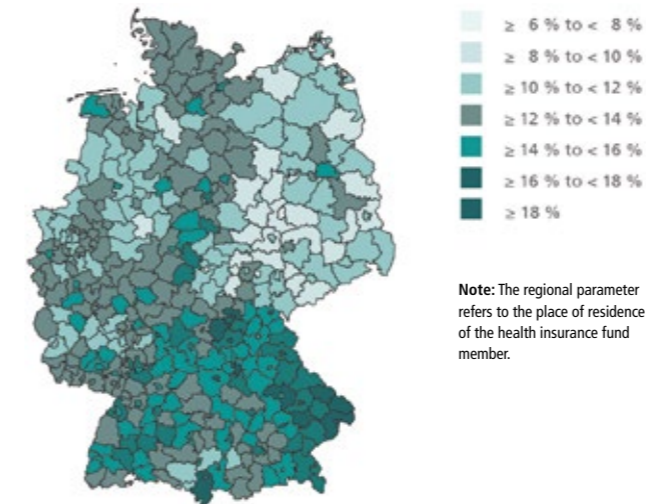
The current guidelines for treating patients with depression recommend classifying the diagnosis according to severity and allocating different courses of treatment to different degrees of severity.

Whereas **mild** depression does not require specific treatment immediately (= within 14 days), in cases of **acute moderate** depression, the physician must decide together with the patient whether the disorder should be treated by means of antidepressants or psychotherapy. In cases of **acute severe and chronic** episodes of depression, combination treatment consisting of antidepressants and psychotherapy should be carried out. See also the decision-making fact boxes at www.faktencheck-depression.de/faktenboxen

Rates of diagnosis vary considerably from region to region and diagnoses are often too unspecific.

- There is a very uneven spread in the number of cases diagnosed, with variations of up to three times at district level and up to five times in the case of diagnoses classified according to severity. In Bavaria, the number of patients diagnosed with specified degrees of severity is almost twice that in Saxony-Anhalt. In the case of patients suffering from severe depression, Bavaria comes second only to Saarland.
- The relatively small number of patients diagnosed with depression in the eastern regions may be due to under-diagnosis, whereas the higher number in Bavaria, Baden-Württemberg and major cities may be a sign of over-diagnosis.
- About 50 % of patients received an unspecific diagnosis. This means that a significant portion of diagnoses are not accurate enough to enable the appropriate treatment to be determined.
- More than three quarters of the unspecific diagnoses of depression are made by family doctors.

Regional variation of all cases of depression, 2011



Source: Healthcare Fact Check 2014; data: routine data from company health insurance funds; own calculation and map (UKE & EHA, 2014)

There are also considerable regional variations in the frequency and quality of treatment with antidepressants and psychotherapy.

- **Antidepressants** – More than one quarter (28 %) of patients received an antidepressant for a course of treatment lasting at least nine months as set out in the guidelines. The number of adequate prescriptions issued in each district varied from 20 % to 36 %.
- **Psychotherapy** – The rate of psychotherapeutic courses of treatment lasting for a suitable minimum period varied by up to six times. The districts with especially low rates of treatment (of only 5% – 6 %) for a suitably long period are in the rural areas of Thuringia, Mecklenburg-Western Pomerania and Bavaria. The highest rates of treatment are to be found in the university cities of Freiburg, Münster and Heidelberg.

Key determinants and possible causes of the regional variations

Different care structures may explain some of the regional variations.

- A greater **density of general practitioners** goes hand in hand with a higher rate of diagnosis for depression and a lower rate of inpatient treatment.
- The distribution of **psychiatric and psychosomatic specialists and psychological psychotherapists** varies from district to district by a factor of up to twenty. In Berlin, Bremen or Hamburg there are up to four times as many therapists per head of population as in the eastern

states. This is accompanied by a higher number of specific diagnoses for depression and a higher rate of appropriate courses of psychotherapy.

- However, the rate of adequately treated cases of medium and severe depression does not really correlate to the care structures.
- **Over-diagnosis and under-diagnosis** – In part, depressive disorders are more frequently diagnosed in regions with denser care structures. This may be the result of more precise diagnoses but may also be indicative of over-diagnosis. In regions with a low care density and in which few diagnoses are recorded, it is possible that only the most severe cases are adequately identified and diagnosed.

Different care structures only account for part of the variations, so other factors must also be taken into account.

- **Risk factors and frequency of disorders** – Differences in the rates of diagnosis could also be attributable to differences in regional risk factors. However, we would then expect to find a lower incidence of depression in the more affluent federal states such as Bavaria, Baden-Württemberg and Hesse and in the city states, whereas the evidence shows that depression is in fact more frequently diagnosed in these states.
- **Attitude to mental health issues** – Regional variations in attitudes and approaches to mental health issues may influence the extent to which patients take advantage of the care structures available.

Certain contracts and financial incentives may affect the nature and quality of diagnosis and treatment.

- Financial incentives in general practitioners' contracts may affect the coding behavior (selecting and entering the diagnosis code) of physicians and thereby increase the regional rates of diagnosis. A further possible determinant is continuing to list the diagnosis in the patient's medical record even when the disorder is no longer being treated.
- In Bavaria and Baden-Württemberg, the number of patients diagnosed with depression is one third higher than in the eastern German states. This makes it a reasonable assumption that the care structures centering on family doctors as implemented in Bavaria and Baden-Württemberg are associated with changed patterns of diagnosis.

- An amount of 80 to 90 billion euros of health insurance fund contributions is distributed to the health insurance funds on the basis of the main diagnoses made by physicians (under the terms of the so-called morbidity-based risk structure compensation scheme). Here, too, the frequency of diagnoses for depression has no small part to play.

Goals of guideline-oriented and needs-based treatment of patients with depression

- Diagnose the disorder at an early stage and introduce a suitable course of treatment in accordance with the guidelines
- Reduce waiting times for treatment by specialists and psychotherapists
- Ameliorate the symptoms of the disorder and improve quality of life and social skills of the patients
- Cut down on inpatient stays and reduce periods of incapacity

Improvement suggestions and recommendations for treatment

Patient education, specific information for patients and decision-making aids could help those concerned to identify a depressive disorder, to talk about it, to obtain suitable care at an early stage and to decide upon an appropriate course of treatment together with their physician or psychotherapist.

There is urgent need for action in terms of **improving the quality of diagnosis**, entering the correct code for the **diagnosis and in professional development for healthcare professionals**.

The regional distributions of general practitioners, specialists and psychotherapists must be taken into account when carrying out **needs-based planning** in accordance with the guidelines. Planning activities must be continuously examined and adapted to ensure that they are meeting the relevant needs.

Research into healthcare provision and further development of innovative ways of studying regional variations in health care must be promoted more actively. This will enhance understanding of the deficiencies in healthcare provision and help to derive proposals for possible improvements.

Networked, integrated care structures must be developed and implemented more systematically.

A list of integrated healthcare projects can be found here: www.integrierte-versorgung.psychenet.de

The psychenet model project – Hamburg mental health network

The project “psychenet – Hamburg mental health network” is an innovative model for improving the provision of care for people with mental health issues and is so far the only one of its kind in Germany: www.psychenet.de.

In the sub-project “Depression network” a graduated treatment concept carefully coordinated between care providers consisting of a total of six treatment options of varying degrees of intensity are being developed and evaluated.

INFORMATIONEN ABOUT THE HEALTHCARE FACT CHECK – DEPRESSION

Interactive map of Germany

The Healthcare Fact Check uses interactive maps to depict rates of depression in each rural and urban district. This gives patients, physicians and all other stakeholders an instant overview of the situation in their region and enables them to compare it with other regions.

Fact Check Report

On behalf of Bertelsmann Foundation, Prof. Dr. Dr. Martin Härter, Dr. Hanne Melchior and Prof. Dr. Holger Schulz analyzed the state of care and offer possible explanations for the regional variations and proposals for working solutions.

Tips for patients

Depression Fact Check provides useful tips, check lists and practical information.

Reader-friendly fact boxes give information about the advantages and risks of major forms of treatment.

Further information can be found at faktencheck-depression.de and faktencheck-gesundheit.de

