

# HOSPITAL PHYSICIAN®

## FAMILY PRACTICE BOARD REVIEW MANUAL

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## Depression and Anxiety

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#### I. INTRODUCTION

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Depressive disorders encompass a wide spectrum of conditions. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* includes major depression (both single episode and recurrent), dysthymic disorder, adjustment disorder with depressed mood, mood disorder due to a general medical condition, substance-induced mood disorder, and depressive disorder not otherwise specified in its classification.<sup>1</sup> Anxiety is present in about 80% of depressed patients.

Depression is one of the most common disorders seen by primary care practitioners. The lifetime prevalence of a major depressive disorder is 7% to 12% for men and 20% to 25% for women.<sup>2</sup> Between 5% and 10% of primary care patients will meet the criteria for

major depression at any given time, although fewer than half will receive treatment for their disorder.<sup>3,4</sup> Among medically ill hospitalized patients, an estimated 20% to 33% will meet the criteria for major depression.

The cost of depressive disorders is enormous, both financially and otherwise. Estimates range up to \$40 billion per year in the United States for expenses related to treatment, time lost from work, and other measures of lost productivity.<sup>5</sup> However, the cost of depressive disorders in terms of human suffering and disability is less easily quantified. Mortality among depressed patients is significantly increased through an exacerbation of medical illness, accidents, and suicide.

Society's view of mental illness is often based more on misperception and fear than on the knowledge and awareness that it represents a true disease process. Consequently, concerned relatives and friends frequently regard depression not as the illness it is, but