EDITORIAL

Intervention for Depression in Medically Ill Patients

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Prevalence of depression in medically ill patients is 3-4 folds higher than the general population. Clinical depression affects 20%-30% of patients with chronic diseases. Unfortunately, physicians commonly have difficulties detecting depression in medically ill patients. Symptoms such as tiredness or fatigue, poor appetite, loss of weight and frequent disturbed sleep are common clinical presentation of a physically sick person. Being depressed could have been accepted as a normal reaction to medical illness. As a result, the patient may have been left alone to deal with their own emotional turmoil.

Undetected depression could worsen the patient’s general well-being, quality of life, poor self-care and compliance to treatment for physical illness that may lead to either poor outcome of illness or even increase the morbidity and mortality. In a busy general hospital set-up or out-patient clinic especially in Malaysia, perhaps doctors prefer a simple and short screening tool to help them to detect depression. Self-report screening tools such as Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire (PHQ), Zung Depression Scale and Beck Depression Inventory (BDI) are common depression scales used in psychiatric research. However each of these scales needs to be validated first for the local population and some effort has been given to it.

Treatment of depression in medically ill patients is either pharmacotherapy or psychotherapy or both depending on the severity. Antidepressants have been shown to be significantly superior to placebo in treating depression in medical illness. One has to be careful when choosing the antidepressant depending on its side effects. The second-generation antidepressants are said to be safe and less drug-drug interactions to be used in medically ills. However, in general, it is advised to go slow and low dose to start the antidepressant.

Patients with multiple medical illnesses and depression have high health-care cost. It is known that integrating mental health care into the management of such patients can improve the outcome. The psychological interventions of depression in medically ill patients may be effective and cost-effective. However, developing this model in the health care system is challenging. It needs training and supervision of all levels of ‘carers’ such as the nurses, nurse specialists, medical officers, clinical specialists and consultants to be able to detect depression, offering simple counselling and start the antidepressant. Our policy makers in the government need information on the relative cost, benefits and cost effectiveness in order to implement new intervention. We need audits and more research to look at the cost-effectiveness of psychological interventions in the medically ill patients. Perhaps the health economists can assist the decision makers in this country to look at the health-care cost.
References


3. Lua PL and Wong SY. The Reliability of the Malay Versions of Hospital Anxiety Depression Scale (HADS) and Mcgill Quality of Life Questionnaire (MQOL) among a Group of Patients with Cancer in Malaysia. MJP 2012; 21(1):25-37.


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