Depression not discussed during rheumatoid arthritis doctor visits

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Patients with rheumatoid arthritis (RA), the most common chronic inflammatory arthritis, are twice as likely as other individuals to experience depression. Although depression in primary care has been well studied, no studies have examined whether rheumatologists and RA patients discuss depression during medical visits.

A new study published in the February issue of Arthritis Care & Research found that patients whose activities were more restricted due to their arthritis were more than twice as likely to have moderately severe to severe symptoms of depression. It also found that few depressed patients discussed their condition with their rheumatologists and the subject was always brought up by the patients as opposed to the physicians.

Led by Betsy Sleath, of the University of North Carolina at Chapel Hill, NC, the study included 200 RA patients from four rheumatology clinics with eight participating doctors. Patient visits were audiotaped and patients were interviewed after their medical visits using a questionnaire to measure their mental status.

The results showed that almost 11% of the patients in the study had moderately severe to severe symptoms of depression and that those who were rated as being more restricted in their normal activities were significantly more likely to have these symptoms. Furthermore, only 1 in 5 of the patients who showed symptoms discussed depression with their rheumatologists and they were always the ones to bring up the topic.

Even when depression was brought up, it was often not discussed at any length.

When patients visit their rheumatologists, their main focus is their RA, yet such chronic diseases can greatly impact a patient's psychosocial well-being. In addition, many RA patients see their rheumatologists more often then their primary care physician and depression can also affect a patient's adherence to treatment regimens. For these reasons the authors suggest that it is important for rheumatologists to consider addressing both the RA and the depression when they see their patients. The authors note that some physicians may not feel comfortable discussing depression with their patients, but they should consider having their office staff administer a brief depression screening before the patient's visits in order to identify problems early on.

In addition to screening for depression, the authors suggest it is important for patients to have access to appropriate treatment. Rheumatologists can treat the depression themselves, refer patients to a mental health professional, or communicate with the patient's primary care physician to coordinate a treatment plan. Also, given how common depression is in these patients, rheumatology training programs should educate physicians about the importance of screening for and treating depression.

"Failure to detect and treat depression may compromise patients' adherence to regimens and, ultimately, their health outcomes," the authors conclude. "Future research should examine patient- and physician-reported barriers to communicating about depression in rheumatology practices and use these findings to design innovative interventions that can be delivered effectively in busy rheumatologist practices."

Source: Wiley-Blackwell

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