Invited commentaries on: Evaluation of ICD–10 PHC mental health guidelines in detecting and managing depression within primary care†

A GP PERSPECTIVE

This paper records research building on previous work that showed that the use of ICD–10 PHC guidelines could make a difference in the diagnosis and management of depression. The study covers all mental health problems presenting to the general practitioner (GP) but focuses mainly on depression.

The work has been competently done and reported although it did not prove possible to have a concurrent control group and it is possible that the methods used were too blunt to detect real change. The GPs involved were not representative of all GPs in that they probably had above-average skills and interest in managing mental illness in their patients. The study may have underestimated any improvement in diagnostic accuracy as data were recorded from the first encounter only and, because of short appointment times, one would expect a firmer diagnosis to be possible at the second or subsequent interviews.

None the less, the results are disappointing. Despite attending a study day, which included structured role-play, this group of GPs showed no improvement in overall detection of mental health problems or in accuracy of diagnosis or drug prescribing for patients diagnosed with depression, although there seems to have been increased awareness of depression and unexplained somatic symptoms among the doctors participating. This increased awareness may be important for a group of patients particularly likely to be overlooked.

A follow-up for only 11 weeks is undoubtedly short, so improvement, where it occurred, may have been transient. It is difficult to say how useful the guidelines were. We have only the impressions, after two years, of the participating doctors. Only two claimed to use the guidelines on a regular basis, with most not accepting them as general day-to-day reference for patients with mental health problems. This usage seems unlikely to influence day-to-day practice significantly.

The Discussion is well presented and helpful in pointing the way to future research on the acceptability of printed guidelines for this purpose. Particularly helpful are the short lists of clinical implications and limitations. The authors acknowledge that the actual classification of mental disorders can be difficult and particularly daunting in general practice populations. Accuracy of underlying psychiatric diagnosis may be less relevant, at the first consultation, to the GP than the recognition of a clinically significant mental health problem, which can be further explored at a second, longer, consultation.

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ENTHUSIASM FOR GUIDELINES DAMPENED

At first glance this paper lacks originality and one is tempted to say that it merely tells us what we think we already know, namely that GPs are poor at detecting and treating depression. None the less, this study has important differences. A guideline was used, and was administered in the context of a training package carried out by one of the authors to help the GPs to implement it. Given the avalanche of guidelines arriving on the desks of GPs, and indeed other doctors, a study addressing whether or not they make any difference to practice is of some importance; therefore, although the topic is highly unoriginal, the paper is important because of its use of the ICD–10 PHC guidelines.

The overall design of the study is reasonable. There are limitations, the most important of which is the way in which the GPs were selected for the study in the absence of a control group. To be fair to the authors, however, they recognise this and discuss it reasonably fully. The methods are adequately described and I think appropriate; for example, an adequate power calculation was carried out.

By and large the interpretations and conclusions are reasonable. The authors perhaps make too much of the increase in the number of patients recognised as having depression who present with unexplained somatic symptoms. They claim that the change is important, but it is difficult to argue this convincingly when it does not result in better treatment, and the study fails to demonstrate that it does. Two things not discussed were: (a) whether the training period was adequate, and (b) whether the apparent lack of ongoing monitoring of whether or not the GPs were using the guidelines may have contributed to the relatively disappointing results.

The main reason publication of this study should be welcomed is that it is a reasonably well conducted study with a group of volunteer GPs, who, as the authors point out, may well have more of an interest in mental disorder and more expertise in it – and yet the introduction of the guidelines had at best only modest results in changing their practice. In the context of the current enthusiasm for guidelines I think this is an important finding.

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†See pp. 476–482, this issue.

https://doi.org/10.1192/S0007125000154303 Published online by Cambridge University Press