

Anticipating Recovery From Depression – First Responses

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1. Introduction:

Previous studies focus on the patient experience of depression and antidepressant medication, however their primary objective is not concerned with the patient experience of stopping medication. This poster presents the preliminary findings from a mixed method study that aims to explore patients' fears and concerns when anticipating stopping their antidepressant medication.

Explanatory Model Theory

- Kleinman's Explanatory Model has been successfully used as a framework in a variety of mixed method studies whose aim was to understand how patients conceptualise their illness and treatment.
- Explanatory Models (EMs) denote the notions about an episode of illness and its treatment that are employed by all those engaged in the clinical process, they can thus be used to identify both the etic (clinician) and the emic (patient) perspective.
- EMs of an illness provide a way to understand the phenomena relevant to the health needs of a particular population.

2. Methods:

The study has 2 phases: a postal questionnaire sent to a practice population and in-depth interviews with a sub-sample of the original respondents. This poster shows preliminary findings from the questionnaire responses.

Questionnaire

Drawing on the work of Kleinman and his explanatory models of illness, a 2-part short-answer questionnaire was sent to 572 patients who were receiving either a TCA or an SSRI antidepressant from one General Practice. Patients were asked to complete Part A, personal sociodemographic background detail necessary to contextualise patients' EMs; and Part B which used Kleinman's 8 EM questions necessary to elicit the patient's EM of their illness. The questionnaire responses helped identify potential interviewees for the second phase of the study. Patients who did not want to participate were invited to return a decline slip.

Interviews

30 in-depth interviews are underway. The use of Kleinman's EM as the theoretical framework will facilitate our understanding of how people experience depression and anticipate stopping their antidepressant medication. The '5 parts of an Illness Experience' provides an a priori framework for data analysis.

8 Explanatory Model Questions

1. What do you call your problem?
What name does it have?
2. What do you think has caused your problem?
3. Why do you think it started when it did?
4. What does your illness do to you? How does it work?
5. How severe is it? Will it have a long or short course?
6. What do you fear most about your illness?
7. What are the chief problems your illness has caused you?
8. What kind of treatment do you think you should receive? What are the most important results you hope to receive from the treatment?

3. Questionnaire Response Rate:

	Number	% of Total
Questionnaires sent	572	
<i>Response Rate</i>	431	75%
Analysis of response rate		
Response rate	431	75%
<i>Questionnaires returned</i>	202	35%
<i>Declined to participate</i>	229	40%
<i>Reason given for declining</i>	65	28%

Questionnaire Analysis:

Meaning of depression:

Creates a feeling of negativity; a sense of second class citizenship within people; an altered perception of how others view them

Paradox of medication:

Needing medication but not wanting it; conflict with the knowledge medication helps recovery, helps achieve a normal life. Medication is a crutch, take the medication away and for some respondents this is a very threatening proposal.

Fears:

Real fear of stopping medication; of not having control over when medication is stopped. Fear of never feeling normal again, then when back to normal a fear of the return of depression. Fear of recurrence, fear of needing medication for ever.

Hopes:

Hope to come to terms with what caused the depression initially; hoping to be able to come off medication eventually and cope on one's own.

Locus of control:

External factors are in control of depression i.e. medication, CBT. Concerns about the lack of self-control, the potential for losing control e.g. emotional chaos, madness, suicide.

Loss:

Loss of self, family, relationships, work..

Illness trajectory:

Depression is part of a trajectory towards senility, dementia, madness; a beginning of the end.

4. Conclusion:

The use of a questionnaire that draws on lay models of illness belief offered the opportunity to test Kleinman's theoretical model and to inform the identification of a sub-sample of 30 patients. These preliminary findings ask new questions and provide new insights about how patients perceive depression, how they anticipate and define recovery; they reveal perceptions of the long-term consequences of depression.

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Worried

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Melancholy

+

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Illness / Disease

=

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Depression

5 Parts of an Illness Experience

1. Aetiology
2. Time of onset
3. Pathophysiology
4. Course
5. Treatment