

### OP04.3

#### Managing patients with chronic depression in primary care

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**Background and Aim:** Patients with chronic depression are mainly treated in primary care. They represent a clinically relevant group with extensive (co)morbidity, high functional impairment and associated costs. Yet little is known about general practitioners' (GPs') management of chronically depressed patients with persisting symptoms for  $\geq 2$  years. The main objective of this study was to examine how GPs manage patients with chronic depression and how patient-related factors influence treatment decisions.

**Method:** 1000 randomly chosen German GPs were asked to complete a newly designed questionnaire. A cross-sectional study was performed through descriptive analysis.

**Results:** 220 (22%) GPs participated. 93% stated that they distinguish between treatment of patients with chronic depression and treatment of patients with first onset major depressive episode. Main differences consist in an earlier start and a longer-term prescription of antidepressants (ADs) as well as intensified monitoring and follow-up. 92% would recommend psychotherapeutic co-treatment to their chronically depressed patients. The presence of severe physical comorbidity prompts GPs to either hold back on ADs (65%) or to urgently refer to specialists (40%). Two thirds of GPs see the need for combination therapy in case of a coexisting anxiety disorder. A comorbid substance abuse leads GPs to an urgent referral (84%). Selection-bias and a non-validated questionnaire may limit the results.

**Conclusions:** Participating GPs present high awareness towards chronic depression. They report safe diagnosis and high-quality care. Patient-related factors as advanced age, severe physical comorbidity and mental comorbidity may influence treatment decisions. Further research is needed.

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