





DEPRESSION: THE PAINFUL TRUTH

An international survey conducted among physicians and people living with depression in Brazil, Canada, France, Germany and Mexico

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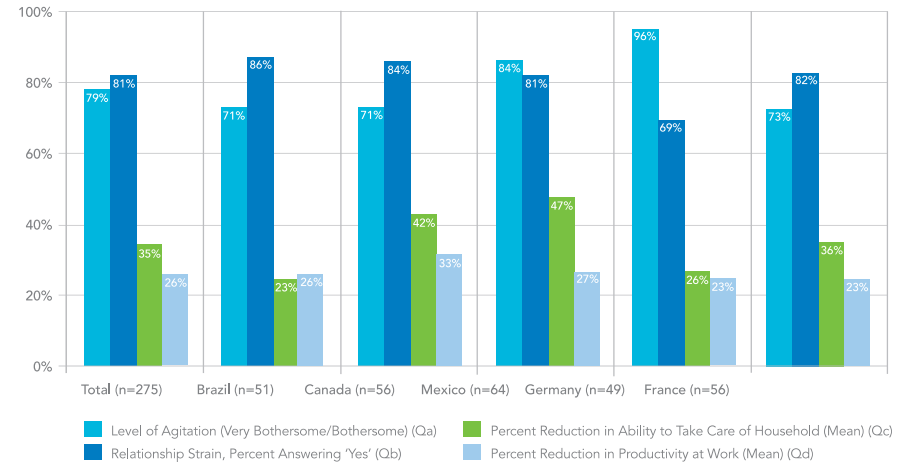
Depression is not simply a mood disorder. It is a complex mind-body disorder, comprising of both emotional and physical symptoms. An estimated 340 million people worldwide suffer from depression, yet 75 percent never receive any treatment, according to the World Health Organization. Depression is currently the fourth leading cause of disability worldwide and projected to become the second by 2020.

Very often people with depression don't seek help for their condition because they don't connect their symptoms with depression. In particular, the painful physical symptoms of depression – such as chronic headache, back ache and gastrointestinal disturbance – are often overlooked and sometimes misconstrued as an unrelated pain condition.

The World Federation for Mental Health is committed to improving the care and recovery of people with mental disorders, including those people suffering from depression. The intent of this survey was to measure both patient and physician understanding of depression, especially around painful physical symptoms. Our goal is to address the major knowledge gaps in our public awareness initiatives in the hope of improving the lives of people with depression around the world.

ON DIAGNOSIS

Depressed individuals acknowledged that painful physical symptoms significantly affected their lives.



BASE: Respondents who indicated painful physical symptoms or who experienced physical aches and pains

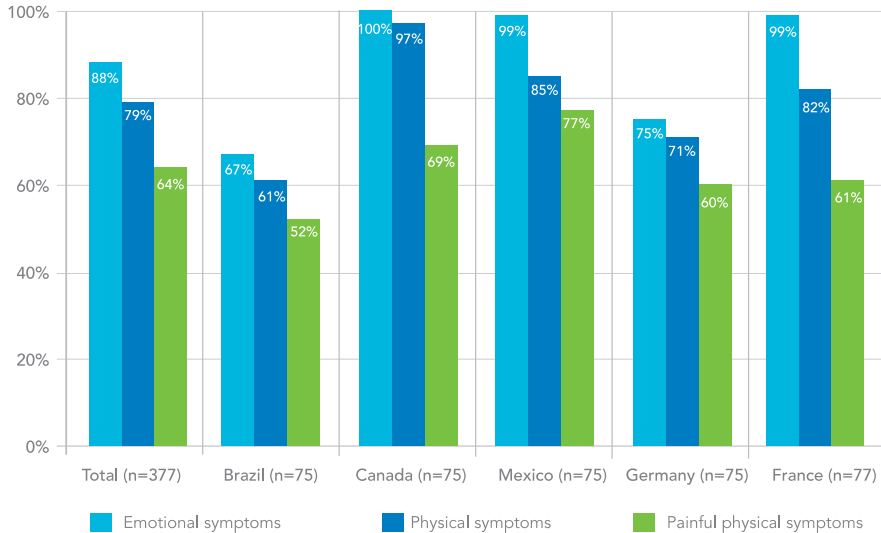
- Qa:** How bothersome to you were/are the physical aches and pains of depression?
- Qb:** Have these symptoms put a strain on your relationships with family (spouse, children or partner)?
- Qc:** Have you experienced reduced ability to take care of household chores?
- Qd:** Have you experienced reduced productivity at work?

People with depression don't connect painful physical symptoms with depression.

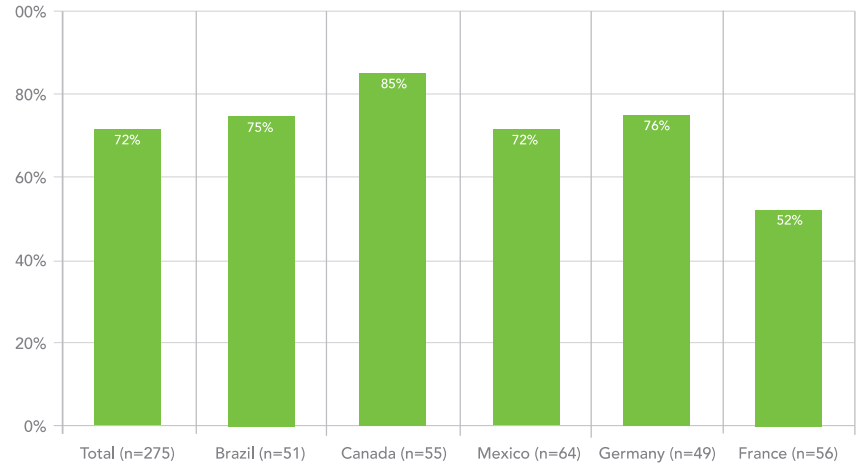
The majority of depressed individuals indicated that painful physical symptoms — either alone or in combination with emotional symptoms — prompted them to visit their doctor.

Yet on average, nearly three-quarters of depressed individuals did not believe, prior to their diagnosis, that physical aches and pains were a symptom of depression.

Symptoms that prompted visit to physician



Percent answering 'no'



BASE: All qualified respondents

Q: Thinking back about the symptoms of your depression that prompted you to go to your physician, please indicate the type(s) of symptoms you experienced. Please select all that apply.

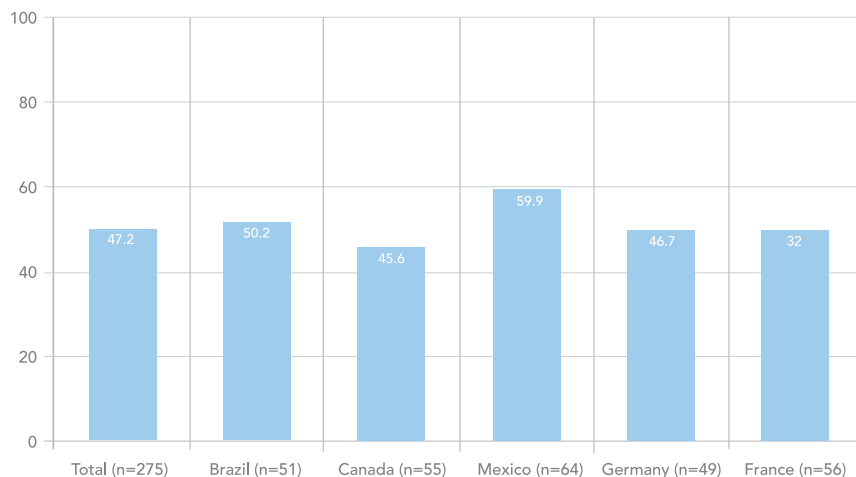
- Emotional symptoms (for example, sadness, loss of interest/pleasure, feelings of hopelessness, irritability, difficulty concentrating, difficulty remembering things)
- Physical symptoms (for example, abnormal sleep, fatigue, loss of sex drive, appetite change, weight change, dizziness)
- Painful physical symptoms (for example, vague aches and pains, GI disturbance, headache, muscle pain, neck pain, chest pain, back pain)

BASE: Respondents who indicated painful physical symptoms or who experience physical aches and pains

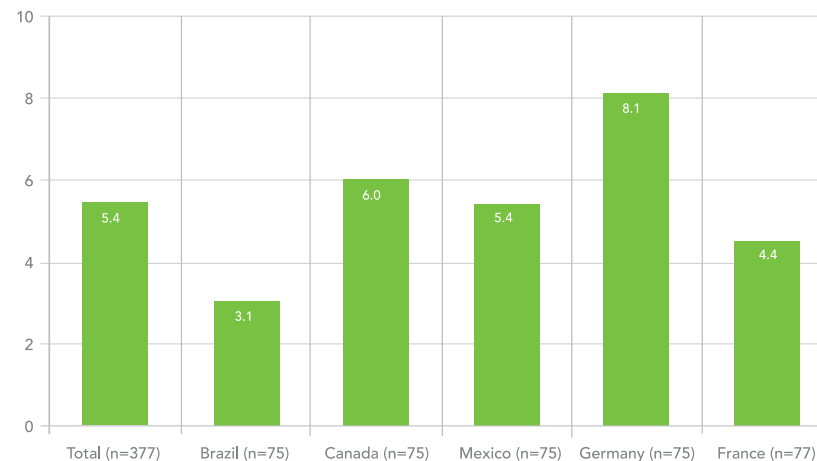
Q: Prior to your diagnosis, did you believe that physical aches and pains were a symptom of depression?

Depressed people with painful physical symptoms suffered in silence for up to a year before seeking help from a physician, while all depressed people visited a doctor an average of five times prior to receiving a diagnosis.

Number of Weeks Painful Physical Symptoms Experienced
(Mean - in weeks)



Number of Visits Before Diagnosis
(Mean - in visits)



BASE: Respondents who indicated painful physical symptoms or who experienced physical aches and pains

Q: How long had you been experiencing painful physical symptoms, that is, physical aches and pains, prior to your first visit with your health care provider?

BASE: All qualified respondents

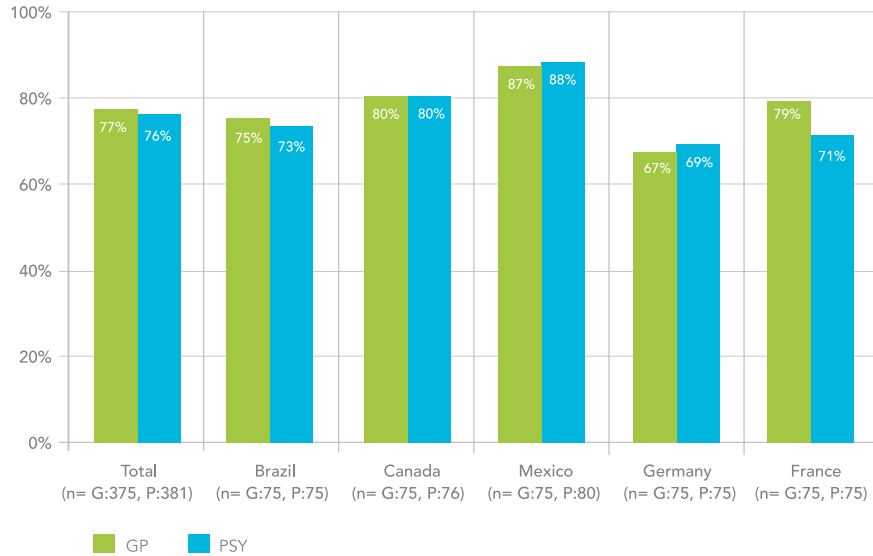
Q: Approximately how many times did you visit your doctor or health care professional with these symptoms before being diagnosed with, and treated for, depression?

Treating both physical and emotional symptoms is a key to recovery.

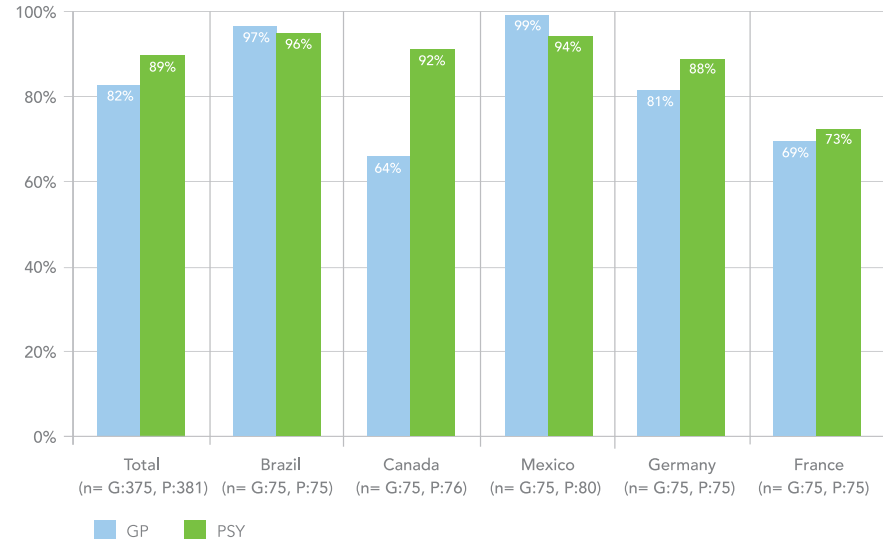
Physicians say failure to treat vague physical aches and pains associated with depression will increase the risk of relapse.

Physicians say it is more likely a patient will achieve remission (full symptom resolution) if both the emotional and painful physical symptoms of depression are treated.

Level of Agreement (Strongly Agree/Agree)



Level of Agreement (Strongly Agree/Agree)



BASE: All qualified respondents

Q: For each statement, please indicate how much you agree or disagree:

- Failure to treat vague physical aches and pains associated with depression will increase the risk of relapse.

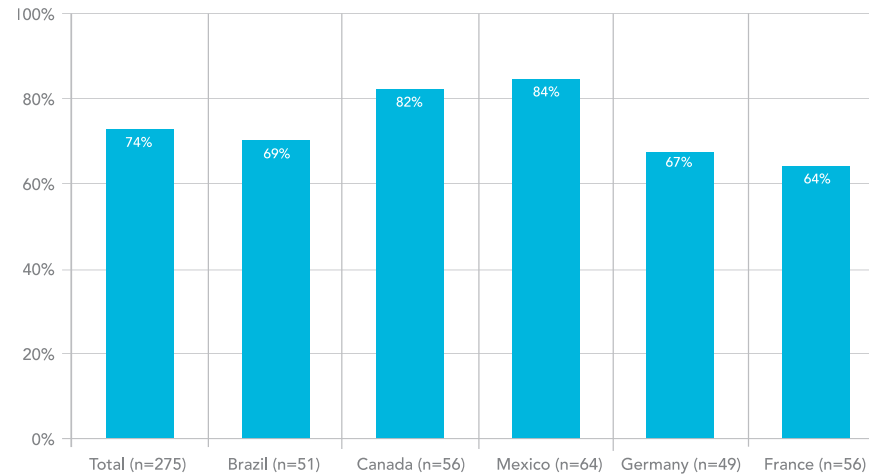
BASE: All qualified respondents

Q: For each statement, please indicate how much you agree or disagree.

- It is more likely a patient will achieve remission (full symptom resolution) if both the emotional symptoms and physical aches and pains of depression are treated.

Overall, approximately 74 percent of people with depression would consider switching to another medication if it resolved the painful physical symptoms of depression as well as the emotional symptoms.

Percent Answering “Yes”



BASE: Respondents who indicated painful physical symptoms

Q: If another medication were available and able to resolve the painful physical symptoms (the physical aches and pains) as well as the emotional symptoms of depression, would you consider switching to it?

Methodology: Harris Interactive® conducted the telephone survey on behalf of the WFMH between February 21 and April 11, 2005 in Brazil, Canada, Mexico, Germany and France. Sample: A total of 377 adults aged 18 and over who were diagnosed with depression five or less years ago and who currently take prescription medication for depression, and 756 physicians who are actively practicing as either a general practitioner or psychiatrist, who treat a minimum of four depressed individuals a year, with two to 30 years experience in the field. These data are unweighted and given the small sample size, data should be used only directionally. With samples of this size, there is 95 percent certainty that the overall results for the patient sample have a sampling error of plus or minus 5.0 percentage points and sampling error for the physician results is plus or minus 3.6 percentage points.

**For more information on the
Depression: The Painful Truth Survey
go to WFMH.org**

Depression: The Painful Truth Survey was sponsored by
Eli Lilly and Company and Boehringer Ingelheim.