MDD/No Self-reported Depression

OBJECTIVES: The current treatment of major depressive disorder (MDD) in urban China is underdiagnosed and undertreated due to the lack of awareness of MDD and the limited healthcare resources. This study aimed to assess the prevalence, awareness, and burden of MDD in an urban Chinese population.

METHODS: A total of 2,546 adults aged 18 years and older living in urban areas of East China were interviewed (n=1,058) and West China were interviewed (n=1,488). Self-reported depression was assessed using the Patient Health Questionnaire-9 (PHQ-9). Depression education was assessed using the Prognostic Risk Score (PRS) and the Depression Education Scale-9 (DES-9). The Charlson Comorbidity Index (CCI) was used to assess co-morbid conditions. The study also assessed resource utilization (past six months) and health outcomes as a function of MDD, controlling for diabetes, hypertension, smoking, and employment status. Multivariable generalized linear regression analyses were conducted to predict health-related quality of life (HRQoL) outcomes as a function of MDD.

RESULTS: The prevalence of MDD was found to be 6.0%, but only 8.3% of these respondents were diagnosed with depression. In other words, only 1.3% of respondents met the criteria for MDD with a positive depression diagnostic. In a total sample of 1005, 38.3% of respondents had been treated only with antidepressant medication, whereas 50.2% of those undiagnosed were female, similar to the rate of females among those with no-depression. Severe vs. moderate undiagnosed-MDD (n=1,005) were compared with non-depressed respondents, all p<0.05. Severe MDD respondents reported 1.4 times more provider visits in the past six months compared with non-depressed controls (all p<0.05). MDD respondents reported an MCS score 14.1 points lower than the no-depression control group. PCS scores were also 4.2 points lower for the non-diagnosed MDD group compared with no-depression controls and a point difference was observed on health utilities across the two groups (all p<0.01).

Conclusions: Given the lack of research on this in China, treatment guidelines for major depressive disorder (MDD) have been adapted from urban China. Despite the obvious relevance to urban China, no study had previously looked at the burden of MDD in an urban Chinese population.

Data suggest the need to increase MDD awareness, especially among females, and provide better access to treatment.

PREVALENCE, AWARENESS, AND BURDEN OF MAJOR DEPRESSIVE DISORDER IN URBAN CHINA

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Introduction

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Abstract

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