

BEYOND EMOTION: DEPRESSION CREATES DISCONNECT FOR CANADIANS AT HOME, WITH FRIENDS AND IN THE WORKPLACE

National survey finds functional impairment due to depression negatively impacts Canadians' relationships and work performance

Toronto, ON (July 6, 2009) – A new national survey on depression reveals that despite their impact on a person's daily life, disabling functional symptoms – difficulty concentrating or making decisions, lack of motivation and loss of interest or pleasure in nearly all activities¹ – are taking a backseat to discussion around emotional symptoms during patient-physician interactions.

“Most patients will speak with their physicians about being worried or feelings of sadness commonly associated with depression, but they're not always elevating the discussion to include the impact functional symptoms are having on their lives,” said Dr. Jeff Habert, family physician. “This survey is a wake-up call, highlighting why we need to pay closer attention to restoring patients' ability to engage in all settings of everyday life, and not just look at how they are feeling.”

Results from the survey show that the vast majority (96 per cent) of Canadian physicians recognize depression as one of the top three leading causes of disability.² In fact, depression is the most commonly cited disability by physicians. Despite this recognition, only half (50 per cent) of patients report often having a discussion around functional issues with their physician.² Less than four-in-10 say they often discuss their ability to handle family responsibilities (38 per cent), their ability to function at work (31 per cent), or depression's impact on personal relationships (28 per cent).² These results are surprising given nine-in-10 patients are at least somewhat concerned about the functional impact of depression, with 62 per cent being ‘very concerned.’²

“The good news is that the relationship between patients and physicians is perceived as a positive one,” said Phil Upshall, National Executive Director, Mood Disorders Society of Canada, commenting on the finding that 85 per cent of patients are satisfied with their ability to talk about the topics and issues most important to them.² “By proactively discussing the impact depression is having on their ability to handle responsibilities at home and at work, Canadians can more effectively partner with their doctors to ensure the best approach to treatment and care.”

NATIONAL SURVEY ON DEPRESSION/2

DEPRESSION IN THE WORKPLACE: FACING ECONOMIC UNCERTAINTY

An estimated three million Canadians will experience depression in their lifetime, and most will be affected in their working years, between the ages of 24 and 44.³ Depression can have a significant impact on productivity in the workplace but the survey suggests many physicians may not fully appreciate this fact. When experiencing depression symptoms, working respondents identified that they spend an average of two hours per working day on non-work-related activities. In addition, 42 per cent report leaving work early – however, only 23 per cent of physicians reported this specific coping mechanism coming up in discussions.²

Fifty-five per cent of working respondents are worried that such a decrease in their work performance may be misconstrued as a lack of interest in their job, and of these, 73 per cent feel this could make them vulnerable to layoffs in the current economic environment.² In fact, the majority of depressed Canadians surveyed (seven-in-10) have experienced significant disruption at some point in their working career as a result of their depression symptoms including quitting a job (35 per cent), taking short- or long-term disability leave (33 and 29 per cent, respectively), or losing a job (25 per cent).²

“It is especially concerning when the impact of depression is resulting in life changing circumstances like losing your income because of a condition that can be managed,” said Paula Allen, Vice President Organizational Solutions, Shepell.fgi. “It’s imperative that employers identify solutions that can help employees better manage emotional, physical and functional symptoms in the workplace.”

The functional symptoms of depression also go beyond the nine-to-five workday, extending into personal relationships and extra-curricular activities. Eight-in-10 Canadians with depression said they suffer from a reduced ability to enjoy favourite activities (80 per cent) and feelings of isolation or lack of involvement with family and friends (74 per cent).²

NATIONAL SURVEY ON DEPRESSION/3

MEASUREMENT-BASED CARE: IMPROVING THE MANAGEMENT OF FUNCTIONAL SYMPTOMS

The monitoring of patients with depression is often based on informal physician interactions that can lead to evaluations that do not quantify progress. In mental health care, standardized scales to quantify outcomes exist, but are not always used. Of the physicians surveyed, nearly nine-in-10 (87 per cent) who have used a scale find it helpful.² Yet only 33 per cent of physicians familiar with a tool that specifically tracks functional impairment (Sheehan Disability Scale)⁴ report using it 'sometimes.' Furthermore, eight-in-10 patients (79 per cent) whose doctors have used a scale to monitor their progress agree it is helpful and report better overall satisfaction with treatment versus patients who have not been exposed to such scales.²

“When dealing with mental health issues, we don’t always adopt the same basic principles of using tools to track patient progress as other disease areas,” said Dr. Habert. “Through the incorporation of tools such as the Sheehan Disability Scale, there is a real opportunity to evolve the management of depression beyond remission, returning patients to active and productive lives.”

SURVEY DESIGN AND METHODOLOGY

Conducted by Leger Marketing and sponsored by Wyeth Canada in partnership with Mood Disorders Society of Canada and Shepell.fgi, the survey consisted of two online questionnaires; one survey was conducted among Canadian adults diagnosed with depression and another among Canadian physicians. The patient survey was conducted between April 8 and April 24, 2009, using a national random sample of 802 respondents from a medical web panel who have been diagnosed with depression and are currently taking antidepressants or stopped taking them within the past year or less. This method simulates a probability sample which would yield a maximum margin of error of +/-3.5%, 19 times out of 20. The physician survey was conducted between April 6th and April 27th, 2009 using a national random sample of 150 physicians from a medical web panel who are currently treating patients taking antidepressants (100 general practitioners (GP’s) and 50 psychiatrists).

NATIONAL SURVEY ON DEPRESSION/4

ABOUT MOOD DISORDERS SOCIETY OF CANADA

The Mood Disorders Society of Canada (MDSC) is a national, not for profit, consumer driven, voluntary health charity committed to ensuring that the voice of consumers, family members and caregivers is heard on issues relating to mental health and mental illness and in particular with regard to depression, bipolar illness and other associated mood disorders. Its website – www.mooddisorderscanada.ca - provides resources and support on depression and other types of mood disorders.

ABOUT SHEPELL.FGI

For 30 years, Shepell.fgi has been Canada's leading provider of health and productivity solutions. Serving 7,000 clients and more than 8 million employees and family members, Shepell.fgi strengthens the health of people and organizations across North America and internationally.

ABOUT WYETH CANADA

Wyeth is one of the world's largest research-driven pharmaceutical and health care products companies. It is a leader in the discovery, development, manufacturing and marketing of pharmaceuticals, vaccines, biotechnology products and non-prescription medicines that improve the quality of life for people worldwide. Wyeth Canada (www.wyeth.ca), an affiliate of Wyeth, employs over 1,700 people across the country with a commercial head office in Markham, Ontario and manufacturing and R&D facilities in Montréal, Québec.

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¹ Adapted from DSM-IV-TR®. Washington, DC: American Psychiatric Association; 2000: 349 – 356.

² Leger Marketing. National Survey on Depression

³ Canadian Mental Health Association

http://www.cmha.ca/bins/content_page.asp?cid=3-86-87-91. Accessed June 5, 2009.

⁴ Centre for Quality Assessment & Improvement in Mental Health http://www.cqaimh.org/pdf/tool_lof_sds.pdf. Accessed March 1, 2009