Managing Depressive Disorders in Primary Care Setting – Refer and where?: An Audit in a Family Medicine Clinic

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Introduction
Depressive disorders are common, with prevalence in adults of around 5-20% according to local studies in Hong Kong. With growing needs of psychiatric healthcare services at General Out-Patient Settings, the Integrated Mental Health Program (IMHP) had been set up as a multidisciplinary team to empower and build the capacity in the management of common mental disorders in primary care level.

Objectives
To review the management and pathway of care for patients with depressive disorders in a local primary care clinic. To evaluate the utilization of IMHP services.

Methodology
Retrospective case review of patients who were diagnosed depression (ICPC code “P03 feeling depressed” or “P76 depressive disorder”) and prescribed selective serotonin reuptake inhibitors in our clinic in the period from May 2013 to October 2014 was performed. Their demographics, first presenting symptoms, treatment received, referral to other health care services and the waiting time were reviewed.

Result
20 patients were identified, among which 75% of them were female (M:F = 5:15). Their average age was 52 years on presentation (range 30-67 years). Majority of them (13, 65%) seek our clinic as the first point of contact for their mood conditions, and four patients (20%) were referred from private doctors. Three patients (15%) had been seen at the Accident & Emergency Department and were referred to the
Psychiatric Specialist Out-Patient Clinic (SOPC). They attended our clinic for monitoring of their depressive disorders while awaiting their first appointment at the SOPC. After consultation at our clinic, nine patients were referred to the Integrated Mental Health Program (IMHP), and two patients were referred to the Psychiatric SOPC. One patient was followed up at our clinic. Five patients were sent to the Accident & Emergency Department for subsequent assessment, among which two patients were referred back to General Out-Patient Clinic for care while three were given referrals to the Psychiatric SOPC. One patient defaulted appointment at IMHP and was referred to Psychiatric SOPC by our colleague subsequently. The waiting time of first appointment at Psychiatric SOPC ranged from 7 to 15 months (average 9.8 months), while that of case manager at IMHP was 1-4 months (average 1.9 months), and doctor session at IMHP was 2-4 months (average 3 months). Retrospective case note review found that out of the nine patients who were referred to Psychiatric SOPC, 8 of them fulfilled the referral criteria to IMHP. Our health care system faces high demands from patients with depression and other common mental conditions. General Out-Patient Clinics are often the first point of contact for many of them. With prolonged waiting time at SOPC and enhanced training and resources at the primary care level, IMHP serves a faster track for these patients to receive more timely multidisciplinary management of their mood problems.