Medical Xpress

Personality can hamper a physician's assessment of depression

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A physician's personality can affect practice behavior in inquiries about patient mood symptoms and the diagnosis of depression, according to a study led by University of Rochester Medical Center researchers.

"Some doctors, due to their personal preferences, traits or attitudes, are loathe to broach sensitive topics such as depression or suicide," said Paul R. Duberstein, Ph.D., professor of psychiatry at the Medical Center and lead author of an article on the study published online this month by the *Journal of General Internal Medicine*. "There is not one right way to do this. A physician does not have to undergo a personality change to ask patients about depression. But physicians should reflect on the possibility that their personal traits might have implications for their approach to the assessment of depression and perhaps other mental health concerns."

Some physicians, who are reluctant to inquire about depression and suicide or who are unnerved by the inquiry, could use a screening questionnaire, said Duberstein. Some practices should hire mental health specialists.

Treatment for depression often is sought initially from a primary care physician. But inquiries about depression and suicide could challenge a physician, emotionally and intellectually. Primary care physicians also have a limited time frame to collect information about many subjects, including sensitive issues such as depression.

"It is not surprising, therefore, that depression is frequently not

diagnosed and physicians often do not inquire about suicidal thoughts," the article's authors state.

The researchers analyzed data, audiotapes and medical records from a study in which six actors, all of women were women, were trained to portray a patient with major depression or one with adjustment disorder with depressed mood. With prior physician consent and the cooperation of health plans, the actor-patients received insurance cards and other paperwork corresponding to their false identities. The meetings with the physicians were taped using concealed tape recorders. The physicians, who were not informed when an actor was a patient, were internal and family medicine specialists in Rochester. In all, 46 physicians with 88 patient visits were studied.

Physicians in the study were characterized along three dimensions: dutifulness, vulnerability and openness to feelings. Dutiful suggests conscientiousness, the tendency to follow through reliably, as in paying bills on time. Vulnerability means anxiousness, the tendency to feel unsettled, moody and under stress. Openness indicates empathy, the capacity to understand the feelings of others.

"Doctors high in dutifulness are more likely to document a depression diagnosis but ask fewer questions about depression. They are no more (or less) likely to ask about suicide than their less dutiful peers," the researchers report. "Concern with time-economy could explain why, despite their apparent level of vigilance, they ask fewer questions about depression and are not more likely to inquire about suicide, arguably the most important symptom of depression. Perhaps they believe that asking about suicide will extend the office visit."

Physicians high in vulnerability were also more likely to document a depression diagnosis.

The research is part of a series of studies of the physician-patient relationship. In one study, Duberstein and other researchers showed that primary care physicians with high levels of openness and average, as opposed to extremely high, levels of conscientiousness are more likely to be trusted by patients. An article published earlier this year reported that more dutiful physicians engaged in greater exploration of a patient's psychosocial and life circumstances, but involved the patient less in treatment discussions. Physicians with more anxious vulnerability also involved the patient less.

Source: University of Rochester Medical Center