

Serious distress linked to higher health care spending

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Sufferers of serious psychological distress spend an average of \$1,735 more on health care each year compared to those without the condition. However, recognizing psychological distress and treating it is often complicated for patients and their doctors.

Two researchers at the Medical University of South Carolina have found those with serious [psychological distress](#) frequent their doctors more than those without distress, make more trips to the [emergency room](#) and demand, on average, eight more visits a year from home health agencies.

Leonard Egede, M.D., and Clara Dismuke, Ph.D., analyzed data from the more than 18,000 adults who took the 2007 Medical Care Expenditure Survey for a study appearing online in the journal *General Hospital Psychiatry*.

Distress symptoms mimic many of those seen in bipolar and [depression](#) patients: [feelings](#) of nervousness, [hopelessness](#) and worthlessness; inability to be cheered up; and, believing everything is an effort.

“It's a constellation of symptoms that suggest the need for further evaluation,” said Egede, who also holds an appointment at the Ralph H. Johnson Veterans Affairs Medical Center in Charleston, S.C.

Physicians need to determine the root cause of the distress and Egede suggested implementing screening for serious distress as part of primary care. He said [doctors](#) should pay greater attention to diagnosing

psychological distress now that experts know it to have a major financial influence on the health care system.

The convention is to screen for diseases when it afflicts at least 6 percent of people, Egede said. The new study found the prevalence of serious distress to be higher – at 4.9 percent – than 4 percent as previously shown in studies.

However, Ronald Kessler, a professor of health care policy at the Harvard Medical School, pointed to a few studies that said such screenings were not cost effective, despite the higher rate of [medical care](#) the mental health patients use.

Those studies found the quality of mental health treatment was poor at the primary care level.

“Assuming quality of care improved, though, then I think it would be good to screen routinely for mental disorders in primary care,” Kessler said. “Exactly what to screen for and where to draw the line in terms of need for treatment are complex issues that would require investigation.”

More information: Dismuke CE, Egede LE. Association of serious psychological distress with health services expenditures and utilization in a national sample of U.S. adults. *Gen Hos Psych* online, 2011.

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