

Cultural and economic factors affect European antidepressant use

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Various pills. Credit: Wikipedia

Public attitudes towards mental illness and levels of healthcare spending may explain the huge variation in antidepressant use across Europe, according to a new study by researchers from the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London.

The study, published today in the *British Journal of Psychiatry*, found that antidepressants were prescribed more often and used more regularly in [countries](#) with higher levels of healthcare spending. In addition, beliefs that people with a [mental illness](#) are 'dangerous' were associated with higher use, whereas attitudes that they 'never recover' or 'have themselves to blame' were associated with lower and less regular use of antidepressants.

This research is the first to examine the reasons behind variation in the prescription practices of antidepressants across Europe.

The King's College London research team used data from the Eurobarometer 2010, a large survey of the general population in 27 European countries, to measure antidepressant prescription and regularity of use. They compared this data to the health expenditure of individual European countries and country-level attitudes towards mental health problems.

There was wide variation in antidepressant use across Europe, from 16 per cent of the general population in Portugal to only 3 per cent in Greece. In the UK, 9 per cent of the population had used antidepressants in the past 12 months.

It was previously known that there was a high level of variation, despite no evidence of difference in the prevalence of mental health disorders. For example, previous research had found that doctors in Iceland prescribed 6.4 times as many antidepressants per person as those in Estonia in 2010.

The new King's study also confirmed previous findings that women and middle-aged/older adults are less likely to take antidepressants.

Dr Sara Evans-Lacko, Lecturer in Health Services and Population Research at King's College London, said: 'Our research provides new insights into how social attitudes and government spending on healthcare are associated with antidepressant use.

'Antidepressant prescriptions are increasing at a rate of 20 per cent every year across Europe as a whole. Finding a balance between overprescription and underprescription of antidepressants is difficult. We need to address the stigma in countries with low antidepressant

prescription to ensure that people who need treatment are able to get it. However, we also need to address the reasons behind the high prescription of antidepressants in some European countries.'

The study authors suggest that higher use of antidepressants in countries where people with mental illnesses are viewed as 'dangerous' may reflect a greater propensity towards help-seeking and more support for coercive treatment.

On the other hand, living in a country with stronger beliefs that people with mental illness 'have themselves to blame' or 'never recover' was associated with a lower likelihood of using [antidepressants](#) and lower regularity of use. According to the authors, this might be explained by the view of mental illness as a personality fault or incurable illness, which may reduce the likelihood of seeking out and using medical therapies.

Dr Evans-Lacko added: 'The perception that people with mental illness cannot recover or are blameworthy for their illness appears to be a strong barrier to antidepressant use in some countries. Countering these beliefs through public health campaigns and other interventions may contribute to more appropriate use of antidepressant medications.'

Provided by King's College London

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