SUMMARY

Depression is a common psychiatric disorder in primary health care throughout the world with increasing incidence and prevalence and is often under-treated and under-diagnosed. Consequently, several studies have shown that patients with depression tend to be high utilizers of medical services. This leads to considerable suffering of the patients (for example, it limits activity and productivity).

The descriptive cross-sectional study on the health resources utilization and socio-demographic correlates in depressed patients attending General Out-Patient Department (GOPD) of the Jos University Teaching Hospital (JUTH), Jos was undertaken between November 2006 and March 2007.

The study was aimed at determining the frequency of consultations and the use of health care resources (for example, laboratory investigations, x-rays among others) and the relationship between socio demographic variables (for example, sex, age, educational level among others) and the utilization of health resources in the depressed and non depressed patients in the last 12 months prior to the study.
Lastly, the study was also carried out to determine the effect of depression on work performance.

A total of two hundred (200) consenting patients who attended the GOPD, JUTH during the period of the study, who were selected by simple random sampling and satisfied the inclusion criteria for the study, were interviewed with the depression module of the Structured Clinical Interview for DSM-IV-axis-I disorders (SCID). The Hamilton Depression Rating Scale and a Profoma (questionnaire to assess the socio-demographic and health services utilization variables) were also administered. The results were analysed with the help of a biostatistician using SPSS version 13.0 statistical package for windows.

Fifty one (25.5%) of the 200 subjects fulfilled the DSM-IV criteria for the diagnosis of a Major depressive episode. Depression was significantly associated with frequency of consultation of doctors (P = 0.000), and other medical personnel such as nurses, and pharmacists (P = 0.000), number of hospitals consulted (P = 0.000), types of medicine consumed in the last 12 months (P =0.000) and types of medicine currently consumed (P = 0.002). Others are number of excuse-duty certificates (P =0.000), number of days excused from duty (P = 0.000) and poor work performance (P=0.000). There was also significant relationship between
being depressed and frequency of investigations when compared to the non-depressed: urinalysis (1.69 Vs 0.55, P = 0.000), chest x-ray (0.57 Vs 0.21, P = 0.000), widal test (1.92 Vs 0.39, P = 0.000), HIV screening (0.39 Vs 0.11, P = 0.000), urine mcs (0.94 Vs 0.185, P = 0.000), stool mcs (1.24 Vs 0.20, P = 0.000) and abdominal scan (0.59 Vs 0.05, P = 0.000).

Socio-demographic correlates like; the presence of a confidant, and partner relationship were significantly related to high utilization of health care resources in the depressed patients and marriage kind with low utilization. However, logistic regression revealed that the presence of a confidant and partner relationship emerged as significant predictors of high utilization of health resources while marriage kind was associated with low utilization. No significant relationship was found between depression and socio-demographic factors such as age, sex, marital status, educational level, occupation, place of residence, religion and with utilization of health care resources.

In conclusion, the study demonstrated that patients who suffer from depression are higher utilizers of health care resources than the non-depressed. Similarly, they experience significant functional work impairment as evidenced by absenteeism and diminished level of work compared with the non-depressed.
Therefore, it is recommended that general practitioners and other health workers need to be better equipped to deal with the diagnosis and management of depression. More research on issues relating to mental health care needs to be encouraged. Other physicians and policy makers need to be informed about the effect of under-detected and under-treated depression in patients and lastly, rather than setting barrier in medical practice, a holistic approach is advocated.