

Recognizing the Signs of Depression in Physicians

WELLToolkit 

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Agenda

- Definition of Depression
- Physician-specific risk factors
- Signs and symptoms
- How to help

burnout

fatigue

depression

suicide

substance
use

risk for
violence

Learning Objectives

burnout

fatigue

depression

suicide

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risk for
violence

1. Know the signs and symptoms of depression
2. Be aware of the factors that make physicians at increased risk for depressive episodes
3. Feel confident in knowing how to be the one to help a colleague who is showing signs of depression

Physicians Connected



<https://www.youtube.com/watch?reload=9&v=Xtfsrqp9XH4>

Diagnostic Criteria for Major Depressive Disorder (MDD)

At least 5 of the following symptoms have to have been present during the same **2-week** period (and at least 1 of the symptoms must be diminished interest/pleasure or depressed mood):

- Depressed mood
- Loss of pleasure or interest (anhedonia)
- Weight change or appetite disturbance
- Sleep disturbance (insomnia or hypersomnia)
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness
- Diminished ability to concentrate
- Recurrent thoughts of death or suicide

Major Depressive Disorder (continued)

- The symptoms cause significant distress or impairment in social, occupational or other important areas of functioning.
- The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
- The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorders
- There has never been a manic episode or a hypomanic episode

Epidemiology

Estimated prevalence of depression in physicians exceeds rates in the general population:

- **12%** of male physicians
- **19.5%** of female physicians
- **15-30%** among medical trainees

Screening for Depression

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Total Score: 1-4 Minimal depression; 5-9 Mild depression; 10-14 Moderate depression; 15-19 Moderately severe depression; 20-27 Severe depression

- The Patient Health Questionnaire (PHQ-9) is an evidence-based screening tool for depression (with 88% diagnostic sensitivity and specificity).
- There are free online PHQ-9 calculators such as: <https://www.mdcalc.com/phq-9-patient-health-questionnaire-9>
- There are also free PDF versions in >30 languages online at: <https://www.phqscreeners.com>

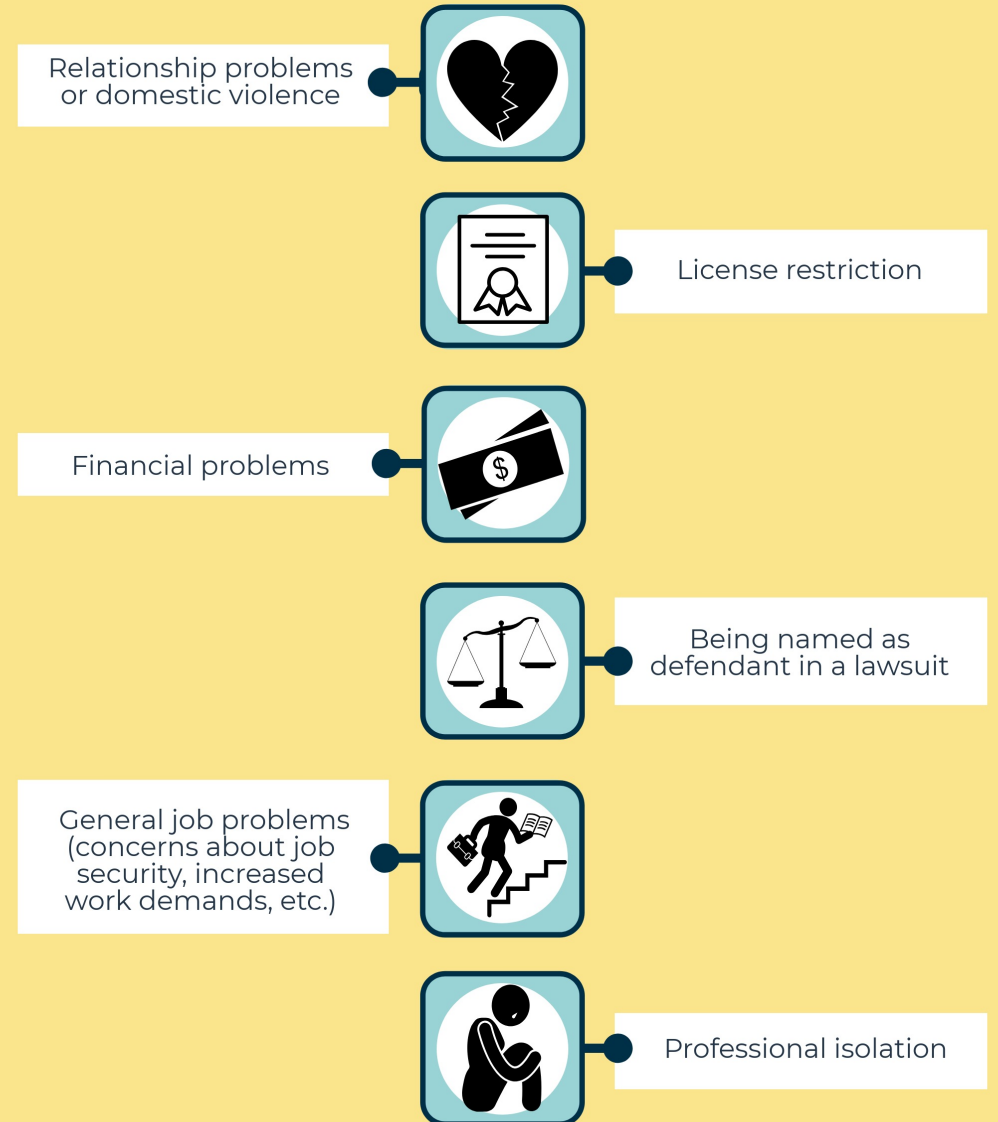
Unique Stressors

Physicians have unique work-related stressors:

- **Acute stressors** (e.g. patient deaths, medical error, job insecurity, patient and/or system dissatisfaction, license restrictions, malpractice lawsuits)
- **Chronic stressors** (e.g. difficulty unplugging from job, workload compression, professional isolation)

SEVERE

Stressors faced by physicians



Factors Associated with Increased Depressive Symptoms in Residents

- Burnout
- Social isolation
- Long work hours
- Poor sleep schedule and fatigue
- Lack of control (e.g. schedule, hours, workload)
- History of depression, anxiety, SI, or trauma
- Substance use
- Inadequate feedback
- Experiencing patient deaths
- Poor inpatient learning experiences
- Feeling mistreated at work
- In the process of or history of being sued
- Restrictions on license
- High institutional research rankings
- Stressors outside work (e.g. finances, relationship, health)

When to be Concerned: Changes in Work Performance

- Change in punctuality
- Delayed response to pages/phone calls
- Failure to complete required tasks
- Poor participation in work activities
- Change in “professionalism”
- Poor eye contact
- Poor patient care
- Work-family conflict
- Increased frequency of medical errors
- Sudden change in patient satisfaction scores

Beware that **performance** at work for physicians is often the last thing to go. Professionals often function relatively well until depression is severe!

When to be Concerned: Other Signs & Symptoms

- **Mood Changes:** Sad or depressed mood, hopelessness, irritability, humiliation, guilt, anxiety, rage, etc.
- **Concerning Statements:** for example, “I’m a burden to others”, “I feel trapped”, “this is unbearable,” “I have no reason to live”
- **Concerning Behaviors:** Recklessness, withdrawing from others and activities, decreased engagement, isolating self from family and friends, change in sleep habits, aggression, increased drug or alcohol use, etc.

<https://afsp.org/about-suicide/risk-factors-and-warning-signs>

<https://osteopathic.org/life-career/do-well-toolkit/physician-depression>

There may not always be overt signs of depression, so it is important to **ASK** how others are doing if you are concerned.

Starting the conversation

You might feel uneasy about starting a conversation where you are expressing concern for another physician. The likelihood is, however, your colleague will feel grateful that you cared enough to ask.

Instead of “How are you?” Perhaps try:

- “You don’t seem yourself. How can I help?”
- “I have to be honest, I’ve been concerned about you lately.”
- “What was today like for you? What brought you joy? Did anything derail you?”

A man with a beard and dark hair, wearing a dark long-sleeved shirt and blue jeans, stands in a living room. He has a thoughtful or awkward expression, with his right hand raised to his chin. The room features a large window with white curtains and blue vertical accents, a brown sofa with cushions, and a small table with a potted plant. The text "NO ONE LIKES AN AWKWARD SILENCE" is overlaid in large, bold, yellow capital letters across the center of the image.

NO ONE LIKES AN AWKWARD SILENCE



Keep the conversation going

Now that you've established that you're interested in helping, there are a variety of ways to continue the conversation. Sample language could include:

Validate:

- “We physicians are really good at taking care of others, but not always the best at seeking help for ourselves.”

Inform:

- “Seeking help can be confidential and doesn't have to impact your practice [or training].”

Normalize:

- “I've talked to somebody about my own problems, and it really helped.”

And Remember:

Asking about suicide does **not** increase the risk of suicide.

(Gould, 2005)

Thank you!

For more information:

<https://www.utoledo.edu/med/wellness/residents/>

Please email questions to:

Shaza Aouthmany MD

Assistant Dean of Graduate
Medical Education

shaza.aouthmany@utoledo.edu

