

Impact of alcohol and drug use on diagnosis and management of depression in gay men attending general practice

Key findings

The study explored the role of alcohol and drug use on the diagnosis and management of depression among gay men attending Australian general practice clinics, and found that:

- Men who used three or more types of drugs in the previous six months were three times more likely to have major depression than other men. However, this was the only drug-use variable that was independently associated with major depression.
- Both doctors and their patients felt that there was a complex relationship between drug use and depression. However, while doctors were concerned with the health effects of drug use, patients also talked about the beneficial uses that drugs played in their lives.
- There was good agreement between doctors' assessments of major depression and patients' scores on a screening tool for depression. There was less likely to be agreement when men reported frequent use of crystal methamphetamine.

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Research summary

Never Stand Still

Faculty of Arts and Social Sciences

National Centre in HIV Social Research

Supported by *beyondblue* with funds from The Movember Foundation

Developed by the National Centre in HIV Social Research in collaboration with an expert committee



Background

Gay men experience high rates of depression, which are in part explained by experiences of discrimination and homophobia (King et al., 2008; Mao, et al., 2008). Frequent alcohol and other drug use are generally found to be common among gay men (Cochran et al., 2004; Prestage et al., 2009). Depression and drug use often occur together in gay men, as in the general population (Davis et al., 2008). The relationship between them is complex. In some cases drug use is thought to cause mental health issues while in other cases, drug use is seen as the result of depression (Davis et al., 2008).

General practitioners (GPs) play a central role in gay men's health in Australia (Newman et al., 2009). To help GPs address alcohol, drug use and depression in gay men, the study was conducted with the goal of adding to the knowledge of these issues in the general practice setting.

Researchers at the National Centre in HIV Social Research further analysed data from the Primary Health Care Project on HIV and Depression, focusing on three main areas: alcohol

and illicit drug use among gay men and its association with depression; beliefs held by doctors and their gay patients with regard to drug use; and agreement between GPs' diagnosis of major depression and patients' scores on a screening tool for depression.

- In-depth interviews with 16 GPs from the seven general practices; and
- Brief surveys of the GPs, gathering additional information on the roughly 500 male patients who completed a survey.

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The original project involved:

- A survey of over 500 male patients attending seven “gay-friendly” general practices in Sydney and Adelaide;
- In-depth interviews with 40 of the men who, on the survey, self-identified as gay, bisexual or queer and as currently experiencing depression, and measured above 4 on the PHQ-9 screening tool for depression.



1 Patterns of alcohol- and other drug-use associated with depression

Previous studies have consistently found a relationship between depression and alcohol and other drug use (Davis et al., 2008). However, little is known about the specific types of drugs, the frequency of use or the range of drugs used that may be associated with depression in gay men. This analysis used the information collected in the original survey of over 500 gay men to determine which specific patterns of alcohol and other drug use were related to depression.

Roughly one in four men were classified as having major depression. Rates of illicit drug use, including cannabis, crystal methamphetamine, ecstasy and heroin, were much higher in this sample than in the general male population.

Men who reported using three or more types of drugs in the previous six months were three times more likely to

have major depression. This was the only drug use variable that was independently associated with major depression. Other factors that were independently associated with major depression were: younger age, earning less, more daily stressors, more passive coping strategies, less social support and less involvement in gay community activities.

The high rates of drug use found in this analysis show the importance of supporting GPs so they feel confident in discussing drug use with gay men. The factors, listed above, that were associated with depression can assist GPs and others to identify gay men who are at highest risk of major depression.



Holt, M., Bryant, J., Newman, C. E., Paquette, D. M., Mao, L., Kidd, M. R., Saltman, D. C., & Kippax, S. C. (2011).

Patterns of alcohol and other drug use associated with major depression among Australian gay men attending general practice. *International Journal of Mental Health and Addiction*. Advance online publication. doi:10.1007/s11469-011-9330-9

2 Comparing doctor and patient beliefs about drug use and depression

Good communication between doctors and their patients is important to good quality health care (Ong et al., 1995). Communication can be negatively affected by the beliefs that doctors and their patients hold about controversial subjects like drug use (Johnson et al., (2005). This analysis explored and compared doctor and patient beliefs about drug use and depression, using the information collected from in-depth interviews with 16 doctors and 40 of their gay male patients.

Both doctors and patients held similar views that drug use and depression were related in complicated ways. There were also differences in the way doctors and patients thought about these issues. Doctors were familiar with drug use in this patient population, but they also felt that drug use made it more difficult for them to diagnose and manage depression. Some felt that they did not have the professional capacity to deal with problematic drug use. On the other hand, gay men felt that drug use could, at times, be beneficial and useful. For example, drug use could sometimes make it easier to cope with difficult experiences and was seen as a central part of gay community life.

Communication between doctors and gay male patients could be improved if both groups better recognised each others' views. Doctors might be better able to address problematic drug use and its relationship to depression if they are aware of and able to discuss their patients' views on drug use, including patient perceptions of beneficial aspects (when they occur). Finally, doctors could use support in situations where they believe that dealing with drug use is beyond their professional abilities.

 Newman, C. E., Holt, M., Bryant, J., Kippax, S. C., Paquette, D. M., Canavan, P., Kidd, M. R., & Saltman, D. C. (2011). Comparing 'doctor' and 'patient' beliefs about the role of illicit drug use in gay men's depression. *Health and Social Care in the Community*. Advance online publication. doi:10.1111/j.1365-2524.2011.01044.x

3 Does drug and alcohol use affect agreement between doctors' assessments of major depression and patients' scores on a screening tool for depression?

Previous research shows that depression can be more difficult to diagnose when patients use alcohol and other drugs (Saltman et al., 2008). This is especially a problem among gay men, who have high rates of alcohol and drug use and who are at increased risk for depression. This analysis examined the impact of alcohol and other drug use on the agreement between doctors' assessments of major depression and patients' scores on the PHQ-9 screening tool. The data were drawn from the original survey of over 500 gay men and the brief survey of their GPs.

In almost 80% of cases, doctors' assessments and patients' scores agreed that the patient did or did not have major depression, although the agreement was better for patients who did not have major depression. The impact of different patterns of alcohol and drug use was examined, but only the frequent use of crystal methamphetamine among patients was associated with less agreement between patients' scores and their doctors' assessments.

This study shows that even though doctors have reported that alcohol and drug use makes it more difficult for them to diagnose depression, doctors are in fact quite good at identifying depression among their gay male patients. While doctors should be aware that frequent use of crystal methamphetamine could get in the way of diagnosing depression, other alcohol and drug use does not seem to have a noticeable effect on doctors' ability to diagnose depression.

 Bryant, J., Newman, C. E., Holt, M., Paquette, D. M., Gray, R., Canavan, P., Saltman, D. C., Kippax, S. C., & Kidd, M. R., (2011). Does drug and alcohol use undermine concordance between doctors' and patients' assessments of major depression among gay men attending general practice? *Australian Journal of Primary Care*. Advance online publication. doi:10.1071/PY11011

Study partners

beyondblue

This project was supported by *beyondblue*, a not-for-profit organisation with the key goal of raising awareness about depression and reducing stigma associated with this illness. Funding was provided through *beyondblue*'s partnership with The Movember Foundation.

National Centre in HIV Social Research

Researchers from the NCHSR at The University of New South Wales worked with *beyondblue* and an expert committee to conduct the study addressing the impact of alcohol and drug use on the diagnosis and management of depression in gay men. The study involved further analysis of data collected in the Primary Health Care Project on HIV and Depression, which was funded by an NH&MRC General Practice Clinical Research Grant (2006–2009).

Expert Committee

A committee comprising the following researchers, general practitioners and experts in drug and alcohol use, and gay and lesbian health guided the project:

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For more Information

beyondblue

<http://www.beyondblue.org.au>

National Centre in HIV Social Research

<http://nchr.arts.unsw.edu.au>

For more information on the original Primary Health Care Project on HIV and Depression, see the brief report located at: http://nchr.arts.unsw.edu.au/media/File/Primary_Health_Care_Project_on_HIV_and_Depression.pdf

To find out more about the three studies and for details of related publications contact:

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