

# GENDER ANALYSIS OF CLINICAL PRACTICE GUIDELINES FOR DEPRESSION FROM FOUR EUROPEAN COUNTRIES:

## AUSTRIA, FINLAND, SWEDEN AND THE UNITED KINGDOM

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# INTRODUCTION

- Depression is one of the most common psychiatric disorders and leading causes of disability worldwide
- Women suffer more than men from depression; men commit more suicides than women
- Depressed women and men have different symptoms and coping strategies

# STUDY GOALS

- To search and review literature on gender differences in depression
- to evaluate and compare how clinical practice guidelines for depression from four European countries have taken gender differences into consideration
- to develop a systematic approach to taking topics with relevant gender differences into account

# METHODOLOGY | Literature search

MEDICAL SUBJECT HEADING (MeSH) SEARCH	HITS
("Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder, Major"[Mesh])	108924
("Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum" [Mesh] OR "Depressive Disorder, Major"[Mesh])) AND ("Gender Identity"[Mesh])	724
Limitation: All humans, English, Published in the last 10 years	178
Limitation: All adult: +19 years	111

EMBASE SEARCH	HITS
Depression (in title) AND gender (in title) NOT drug (in abstract)	275
Limitation: Human, English language, 1999-current, Adult 18-64 years, Aged 65+ years	122

# METHODOLOGY | Guideline Selection

COUNTRY	TITLE	GUIDELINE ORGANIZATION	PUBLICATION YEAR (revision planned)
Austria	Depressive Erkrankungen	Initiative Arznei & Vernunft	2006 (n/a)
Finland	Käypä Hoito suositus: Depressio	Finnish Medical Society Duodecim	2004 (2007)
Sweden	Nationella riktlinjer för depressionssjukdom och ångestsyndrom – Beslutsstöd för prioriteringar: Preliminär version	National Board of Health and Welfare	2009 (n/a)
United Kingdom	Depression: Management of depression in primary and secondary care	National Institute for Clinical Excellence	2004 (2007)

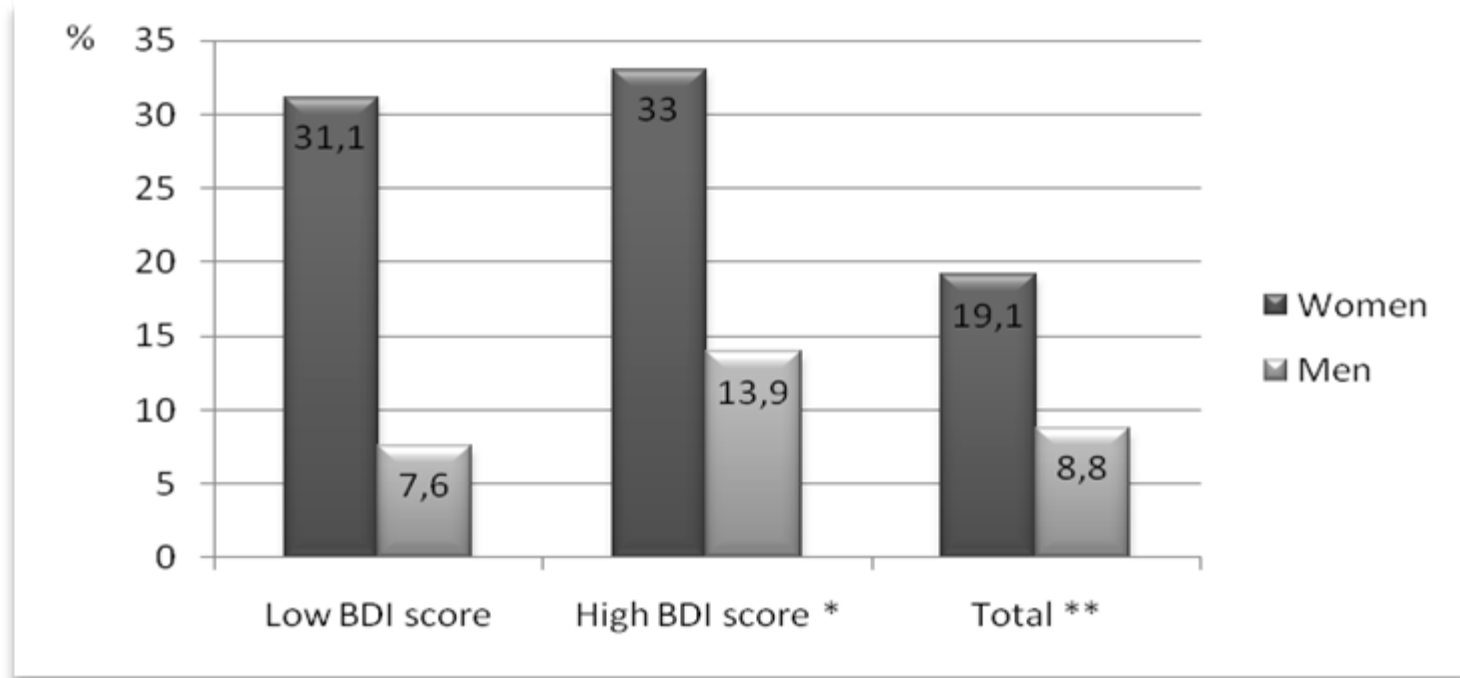
- Methodological assessment of the literature
- Gender-specific information from literature summarized, clustered, listed and used as a checklist
- Guidelines searched for the information on the checklist and rated ++, + or 0 accordingly

# RESULTS | Literature search

<b>CATEGORIES AND SUBCATEGORIES</b>
<b>I Epidemiology (11)</b>
Epidemiology
Explanations for gender gap
<b>II Symptoms (9)</b>
<b>III Suicide (5)</b>
<b>IV Diagnosis, treatment and prevention (9)</b>
Diagnosis
Treatment and prevention
<b>V Social factors (26)</b>
Gender roles
Working life
Family / social support
<b>VI Coping strategies (3)</b>

# RESULTS | Example gender differences in literature

## Diagnosis



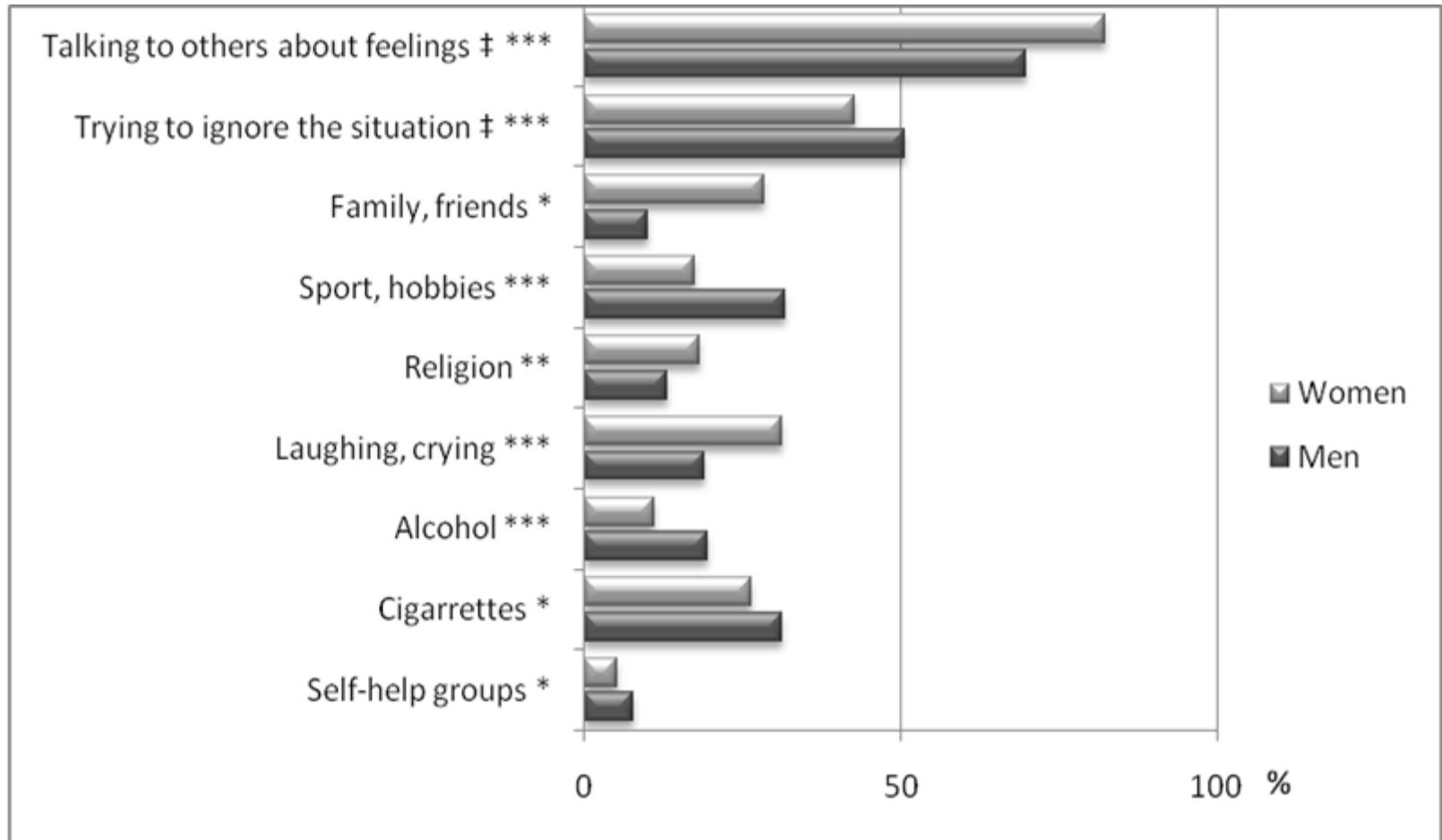
Patients recognized as depressed by their physicians (Bertakis et al., 2001).

\* Cut off point was defined at a BDI Score  $\geq 9$ ; \*\* all BDI Scores



# RESULTS | Example gender differences in literature

## Coping strategies



Differences in coping strategies in women and men  
(Angst et al., 2002; ‡ Solomon et al., 2005). \* $p < 0,05$ ; \*\* $p < 0,01$ ; \*\*\* $p < 0,001$ .

# RESULTS | Gender Analysis of Guidelines

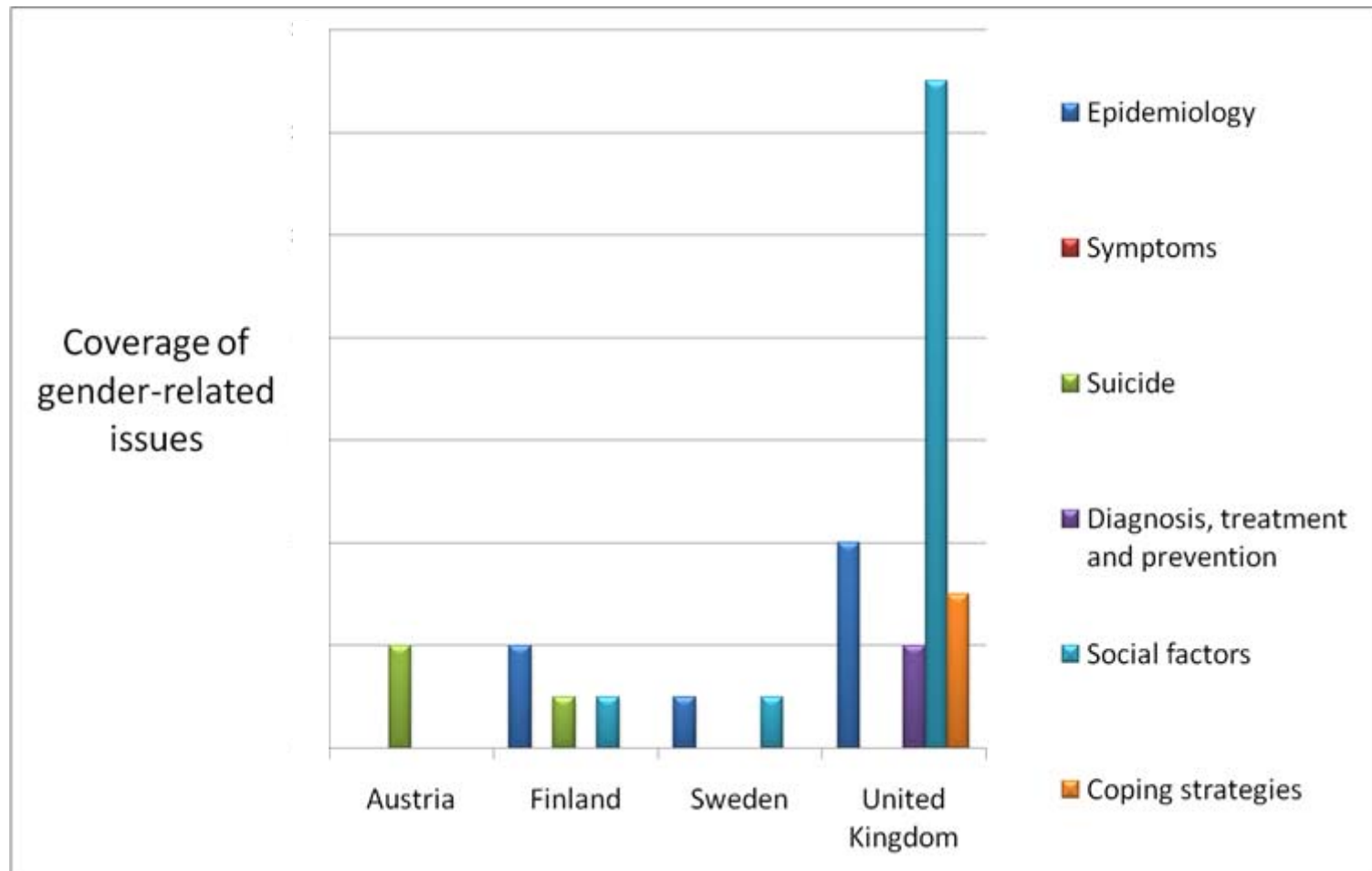
- ***Epidemiology*** → Finland and UK guidelines: depression more common in women
- ***Symptoms*** → No gender-specific symptoms mentioned in any of the guidelines
- ***Suicides*** → Austrian guideline: provides numbers, Finnish guideline: male sex as risk factor

# RESULTS | Gender Analysis of Guidelines

- **Health care utilization** → UK guideline: women visit physicians more often
- **Social factors** → UK guideline: lots of aspects covered, almost all guidelines : post-partum depression
- **Coping** → UK guideline: women seek more professional help and rely more on social support

# RESULTS | Gender Analysis of Guidelines

## Guidelines coverage of gender specific issues in literature



# DISCUSSION | Methods

- Literature/guideline search and appraisal
  - Search strategy and exclusion criteria might have been too restrictive
  - Level of evidence of „gender studies“ is often low
  - Appraisal of literature shows inconsistent results
  - Guidelines covering gender aspects may have been missed due to inclusion criteria

# DISCUSSION | Findings

- Some data on gender differences is available, but not used: no guideline refers to publications used for this study
- Lack of gender aspects in clinical practice guidelines for depression
- No validated tools for assessing „gender-sensitivity“ of guidelines
- Insufficient gender-specific information in clinical practice guidelines may lead to false diagnosis and therapy

# DISCUSSION | Limitations

- Low level of evidence in gender studies
- Limited scope and time frame of study (Master thesis)
- Limited scope due to language skills

# CONCLUSION | RECOMMENDATIONS

- More research on depression and gender
- Search and appraisal of gender specific studies
- Including gender experts in guideline development
- Developing an instrument or including gender aspects existing assessment instruments for guideline appraisal



# CONFLICT OF INTERESTS

Thank you for your attention!



The authors declare no financial but academic conflicts of interest