Perspectives and Experiences of Individuals Living with Depression: Severity of Condition, Wellbeing, and Quality of Life

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BACKGROUND

- People living with depression have reported problems coping with routines of everyday life, managing symptoms, and a sense of failure in being self-sufficient[1-2]
- Although there are numerous treatments available for depression, these therapies are not effective for everyone
  - In one study, between 50% and 70% of patients with depression experienced only partial response to medication.[3] Only 30% of patients achieved complete response[3]
  - In the STAR*D study, more than half of patients failed to achieve remission after first-line therapy, and about 70% did not achieve response after second-line treatment[4]
- People's perceptions of their depression, overall wellbeing, and treatment outcomes are crucial to understanding challenges they endure with their disease

OBJECTIVE

- To gain an understanding of the experiences, feelings, health-related quality of life (HRQoL), and overall wellbeing of people who are living with depression from a patient perspective
- To gain an understanding of how a clinical measure of depression (the Patient Health Questionnaire-9 [PHQ-9]) correlates with patients' self-reported resiliency, HRQoL, wellbeing, and self-perceived depression

METHODS

- An online survey was administered between December 2017 and March 2018 via the website, newsletter, and social media platforms of Depression and Bipolar Support Alliance (DBSA)
- Respondent inclusion criteria in this analysis were US residents aged ≥18 years with a self-reported diagnosis of major depressive disorder (MDD) only. Patients with MDD and bipolar disorder were excluded
- The survey included home-grown questions and the following patient-reported measures:
  - PHQ-9 measure of depression severity[5]
  - Short Form 12-item (SF-12) measure of HRQoL; includes mental component summary (MCS) and physical component summary (PCS)[6]
  - World Health Organization 5-item (WHO-5) measure of overall wellbeing[7]
  - Connor-Davidson Resilience Scale (2-item version; CD-RISC2) measure of resilience[8]
- Descriptive statistics and bivariate analyses were conducted to evaluate participants' self-reported perception of their symptoms, treatments currently used, and their responses on patient-reported measures

RESULTS

Participant Characteristics

- Among 435 participants who met the inclusion criteria and completed the online survey, 83% were female and mean age was 44 years **(Table 1)**
- 42% of the participants used DBSA resources

Disease Severity

- Mean (SD) duration of depression was 25.2 (14.1) years
- 69% of participants reported currently experiencing physical pain
- 52% of participants reported that over the past 2 weeks, they have been bothered by having little interest or pleasure in doing things more than half of the days (anhedonia)
- The distribution of self-reported disease severity generally aligned with disease severity measured by PHQ-9 **(Figure 1)**

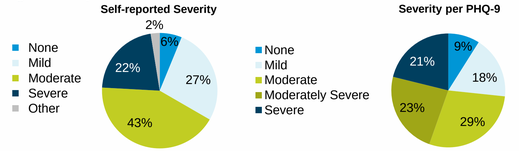
RESULTS (Contd)

Table 1. Participant Characteristics

Characteristic	N=435
Gender, %	
Female	83.4%
Male	12.6%
Other*	3.9%
Mean (SD) age, y	43.9 (14.3)
Marital status, %	
Married or domestic partnership	42.6%
Single, never married	29.5%
Divorced, separated, widowed	19.8%
Living together, not married	8.1%
Race, % white	87.4%
Education, %	
Bachelor's degree or higher	54.9%
Less than bachelor's degree	45.1%
Employment status, %	
Full time	43.0%
Part time	17.0%
Homemaker, student, retired	22.8%
Unemployed	14.7%
Not available	2.5%
Has health insurance, %	92.6%
Common (≥15%) comorbidities, %	
Anxiety	79.5%
Post-traumatic stress disorder	31.3%
Asthma	16.6%
ADD/ADHD	15.4%
Region of United States†, %	
South	33.1%
Midwest	30.6%
West	19.3%
Northeast	17.0%

ADD, attention-deficit disorder; ADHD, attention-deficit/hyperactivity disorder. *Transgender male, transgender female, nonbinary/nonconforming. †Based on state/territory reported by participant.

Figure 1. Depression Severity



PHQ-9, Patient Health Questionnaire-9. Self-reported depression severity was measured as "Over the last two weeks, I have experienced a) mild depression, b) moderate depression, c) severe depression, d) no depression at all."

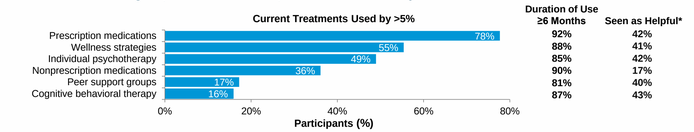
Treatment Strategies

- Less than 50% of participants perceived any of their treatment strategies, including medications, to be helpful **(Figure 2)**
- Among those currently using prescription medications, the most common therapy classes were selective serotonin reuptake inhibitors (48%), dopaminergic/nonadrenergic agents (34%), serotonin and norepinephrine reuptake inhibitors (33%), and atypical antipsychotics (22%)
  - While 78% of participants take medications for depression, only 42% of these find their medications helpful
- Participants with no or mild severity depression (PHQ-9 score ≤9) more frequently reported their treatment strategy (prescription medication and wellness strategies) was helpful compared with participants with moderate to severe depression
- Of all participants, 21% described their current treatment plan (including all treatment strategies) as effective, 51% as somewhat effective, 25% as not effective
  - About 48% of participants with no or mild depression (PHQ-9 score ≤9) described their current treatment plan as effective, compared with only 11% of participants with moderate to severe depression
- Getting enough quality sleep, playing with a pet, and exercising were perceived as the most helpful wellness strategies **(Figure 3)**

RESULTS (Continued)

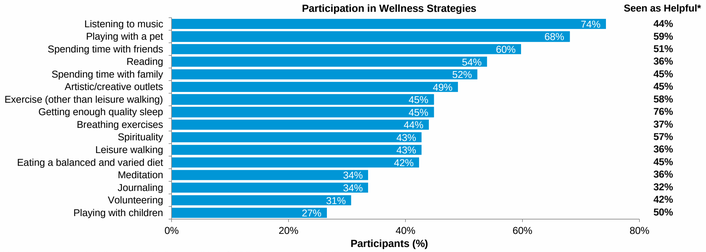
Treatment Strategies (Continued)

Figure 2. Current Treatment Strategies, Duration of Use, and Perceived Helpfulness



*Helpful: responded with a 6 or 7 on 7-point Likert scale (1, "not at all helpful;" 7, "extremely helpful"). Only strategies used by >5% participants are presented.

Figure 3. Wellness Strategies Utilized and Perceived Helpfulness



*Helpful: responded with a 6 or 7 on 7-point Likert scale (1, "not at all helpful;" 7, "extremely helpful").

- Most commonly reported desired treatment improvements and specific symptom improvements are shown in **Figures 4** and **5**
- When participants rank-ordered their desired improvements from their treatment plan, they ranked emotional wellbeing as the #1 most important desired improvement **(Figure 4)**
- When participants rank-ordered their desired symptom improvements, they ranked having "less suicidal thoughts and feelings" as the #1 most important symptom improvement **(Figure 5)**
- Participants with no or mild severity depression (PHQ-9 score ≤9) most frequently desired having "more interest or pleasure in doing things" and feeling "more positive and hopeful" as results of treatment; participants with moderate to severe depression most frequently desired not feeling "overly anxious, agitated or irritable" and feeling "more positive and hopeful"

Figure 4. Desired Improvements From Treatment for Depression

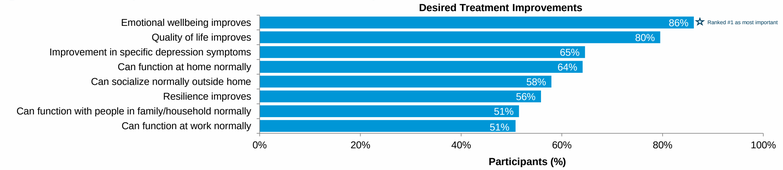
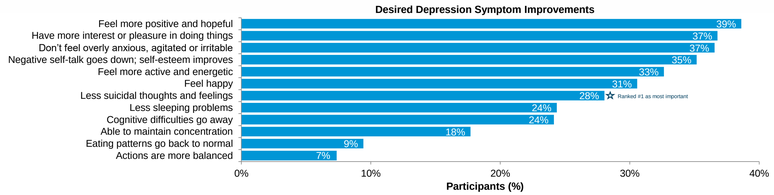


Figure 5. Desired Symptom Improvements from Treatment for Depression



RESULTS (Continued)

Relationships Between Disease Severity, Pain, Wellbeing, and HRQoL

- PHQ-9 (depression severity) scores were negatively correlated with SF-12 MCS (mental HRQoL) and WHO-5 (overall wellbeing) scores **(Table 2)**
- Mean and median scores for each self-report measure are shown in **Table 3**
- WHO-5, CD-RISC2, and SF-12 MCS and PCS scores were significantly ($p<0.05$) lower for participants who self-reported
  - anhedonia compared with those who did not report anhedonia,
  - pain compared with those who did not report pain (except SF-12 MCS), and
  - severe or moderate depression compared with mild depression (except SF-12 PCS)

Table 2. Correlation Matrix for Study Scales

Scale	SF-12 PCS	SF-12 MCS	PHQ-9	CD-RISC2	WHO-5
SF-12 PCS	1	-0.22	-0.17	0.21	0.20
SF-12 MCS	-0.22	1	**-0.71**	0.40	**0.67**
PHQ-9	-0.17	**-0.71**	1	-0.41	**-0.67**
CD-RISC2	0.21	0.40	-0.41	1	0.39
WHO-5	0.20	**0.67**	**-0.67**	0.39	1

CD-RISC2, 2-item Connor-Davidson Resilience Scale; HRQoL, health-related quality of life; MCS, mental component summary; PCS, physical component summary; PHQ-9, Patient Health Questionnaire-9; SF-12, Short Form 12-item; WHO-5, 5-item World Health Organization.
r values with absolute value >0.6 are shown in bold font. PHQ-9 scores were negatively correlated with SF-12 MCS and WHO-5 scores.

Table 3. Participants' Mean (SD) and Median Scores on Study Scales

Scale	Range	Mean (SD)	Median
SF-12 PCS	0 (lowest physical HRQoL)–100 (highest physical HRQoL)	48.9 (11.4)	50.3
SF-12 MCS	0 (lowest mental HRQoL)–100 (highest mental HRQoL)	30.1 (10.1)	29.1
PHQ-9	0 (no depression)–27 (severe depression)	13.7 (6.6)	14
CD-RISC2	0 (lowest resiliency)–8 (highest resiliency)	2.3 (0.8)	2
WHO-5	0 (lowest wellbeing)–25 (highest wellbeing)	6.7 (4.8)	6

CD-RISC2, 2-item Connor-Davidson Resilience Scale; HRQoL, health-related quality of life; MCS, mental component summary; PCS, physical component summary; PHQ-9, Patient Health Questionnaire-9; SF-12, Short Form 12-item; WHO-5, 5-item World Health Organization.

LIMITATIONS

- Participants self-identified as having depression, and this was not clinically verified
- Recall bias may have affected the results, as patients were asked to recall past treatments and length of use
- This was a cross-sectional survey of people living with depression, therefore any changes in symptoms of depression and its impact on patients' perception of their disease or treatment could not be assessed
- The results of this study may not be representative of the general population with depression:
  - 42% of participants reported engaging with DBSA, and these participants may be more engaged in the management of their disease
  - Women and persons of white race are overrepresented in this study, and participants have poor health, shown by high depression severity scores and low scores on HRQoL and wellbeing scales

CONCLUSIONS

- More than half of people living with depression feel they lack helpful and effective treatment strategies
- From patients' perspective, improvement in emotional wellbeing and HRQoL were perceived as the most desired improvements in treating their depression
- Scores on SF-12, CD-RISC2, and WHO-5 scales vary by self-reported symptom severity, presence of pain, and presence of anhedonia in people living with depression
- Depression severity measured using PHQ-9 aligns with patients' perception of their disease severity
- It may be valuable to incorporate scales that assess patients' disease severity, overall HRQoL, and wellbeing into clinical trials and routine clinical practice

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DBSA Depression and Bipolar Support Alliance

Alkermes Patient inspired

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