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Presentation Abstract

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Title: Emergency Department Resident Physicians' Comfort Levels With Diagnosing and Treating Depression

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Abstract: **Background:** The Emergency Department (ED) is often the first and only treatment for many people that otherwise lack access to outpatient care. ED physicians increasingly come into contact with patients presenting with major depressive disorder (MDD) yet it is unclear how comfortable providers are in diagnosing and treating this condition.

Objectives: The objective of this study was to examine resident ED physicians' comfort levels in diagnosing and treating major depressive disorder (MDD) as compared to diagnosing and treating other commonly presenting medical illnesses in the emergency department, hypertension and diabetes.

Methods: We examined levels of comfort in diagnosing MDD in comparison to hypertension and diabetes using a survey with a 5-point Likert Scale. We also examined comfort levels with prescribing medications for MDD compared to hypertension and diabetes in three scenarios: (A) without follow-up (no primary care provider/PCP), (B) with a PCP available for follow-up (but without speaking to him/her) and (C) with an available PCP that is reachable by phone to discuss a treatment plan.

Results: We had a total of 20 resident respondents to our survey. Residents exhibited significantly lower levels of comfort in making an initial diagnosis of MDD 2.45 (95% CI 2.03, 2.87) as compared to either hypertension 3.90 (95% CI 3.28, 4.52) or diabetes 4.00 (95% CI 3.52, 4.48). Comfort levels for prescribing medication for depression increased from 1.45 (95% CI 1.22, 1.69) without known followup to 3.21 (95% CI 2.75, 3.68) if followup was available and a primary care doctor could be reached and a treatment plan could be discussed. In comparison,

comfort levels with initiating treatment when a doctor could be reached were higher for hypertension 4.48 (95% CI 4.19, 4.78) and diabetes 4.33 (95% CI 4.02, 4.65). The most common barrier to treatment identified was lack of comfort with treatment due to follow up concerns.

Conclusion: Residents have a low level of comfort in both diagnosing and treating MDD as compared to conditions such as hypertension and diabetes. Further research is needed to examine residents' attitudes toward diagnosing and treating depression, and its' perceived barriers. Resident curriculums should incorporate diagnosis and treatment of MDD given the high number of patients with MDD that utilize ED services.

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