

4. Bates DW, Goldman L, Lee T. Contaminant blood cultures and resource utilisation: the true consequences of false positive results. *JAMA* 1991; 265: 365-369. □

Measuring outcomes in patients with depression or anxiety: an essential part of clinical practice

Anthony H Dinnen

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TO THE EDITOR: In advocating the use of questionnaire measures for outcomes for patients with depression or anxiety in clinical practice, Hickie, Andrews and Davenport advised that "for physicians who work predominantly in academic, specialist or administrative settings, the arguments for routine outcome measurement are obvious".¹

The arguments are not at all obvious for clinicians. What is obvious is the divide between clinical practice and academia. The claim that there is now "an urgent need" to promote such questionnaires for general practitioners is difficult to understand. The historical and professional resistance to the use of such "instruments" is for good reason. They are unwieldy and unreliable. The oldest measure of outcome, known to clinicians but overlooked by academics, is to ask the patient "Are you feeling any better?", and to evaluate outcome using clinical skill and expertise.

The key to understanding this peculiar proposition is to be found in the final sentence of the article, in its reference to the move for governments to "support major service innovations in primary mental healthcare". Those who produce, administer and measure such innovations will not, of course, see themselves unrewarded for their valued efforts to improve healthcare outcomes in the community. The poor GP will be burdened with yet another clinically irrelevant activity.

Hickie and colleagues will no doubt press on regardless. There is a hint of insight, however, in the professorial *obiter dictum* that these measures would not be "the prime concern for the treating clinician". The "health services planning and other research benefits" of collating clinical data is a nice idea. It is hard to see its relevance to general practice based treatment of psychiatric disorder. If it is true that one out of three general practice consultations are driven by some psychiatric problem, then GPs will have a lot of forms to fill out, won't they?

1. Hickie IB, Andrews G, Davenport TA. Measuring outcomes in patients with depression or anxiety: an essential part of clinical practice. *Med J Aust* 2002; 177: 205-207. □

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IN REPLY: It is pleasing to note that a senior psychiatrist is looking at the practicality of general practitioners (GPs) measuring the clinical outcome of patients with mental disorders. However, Dinnen's concerns may be groundless. For example, the Kessler Psychological Distress scale (K10) consists of 10 simple questions that patients can complete in two minutes in the waiting room and doctors can then score by summing 10 numbers between one and five.¹ This takes less time than writing a progress note.

The websites www.gpcare.org, www.beyondblue.org.au and www.mentalhealth.gov.au¹⁻³ are the simplest places for doctors to familiarise themselves with the proposed outcome measures and with other new initiatives for better outcomes in mental healthcare. For the K10, the website¹ advises GPs that if, after treatment, a patient's score remains above 25 the GP should review the patient and consider seeking a second opinion from a psychiatrist. In a specialist clinic (St Vincent's Hospital, Sydney) the average K10 score of a cohort of patients was 26.1 before treatment and 21.7 after treatment (indicating the effect of sound treatment). Nevertheless, the scores of a fifth of patients remained above 25 after treatment. Psychiatrists might therefore familiarise themselves with the measure so they understand when a GP refers a patient for a second opinion "with a K10 score above 25 after treatment".

1. Resources for clinicians. Available at <http://www.gpcare.org> (accessed Sep 2002).
2. *beyondblue: the national depression initiative*. Available at <http://www.beyondblue.org.au> (accessed Sep 2002).
3. Better Outcomes in Mental Health Care initiative. Available at <http://www.mentalhealth.gov.au> (accessed Sep 2002). □

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