

DEPRESSION AMONG MEDICALLY ILL PATIENTS

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The goals of this study were to evaluate the observational studies on the relation between medical illness and depression, especially etiology, clinical characteristics and diagnostic evaluation of depression in medically ill patients. We took a comprehensive search in Scopus, Web of Knowledge, Science direct, Medline, PubMed, Google Scholar, and Scientific Information Database (SID) with no restrictions of time but only English language, search the following keywords: depression, primary depression, secondary depression, medical illness. Evidence suggests that 1 of 10 primary care patients experiences major depressive disorder (MDD), but many cases are unidentified or improperly treated. The prevalence of major depression occurs in 13-77.5% among hospitalized patients and rates for outpatients from 13% to 42%. Even though depression occurs commonly in medically ill patients, it is underdiagnosed and undertreated in fewer than one-half of cases. Depression in medically ill patients is associated with a variety of adverse outcomes including worse quality of life, reduced physical function, poor treatment adherence, longer lengths of stay (LOS), increase in hospital readmission, predicting myocardial reinfarction, repeated stroke or mortality during one to ten years, reduced functional status, increased caregiver burnout. The collaborative care model, where both depression and medical illness are simultaneously managed in the primary care setting with the aid of a consulting psychiatrist, may result in a significant reduction in depressive symptoms. *Acta Medica Medianae* 2017;56(3):42-47.

Key words: depression, primary depression, secondary depression, medical illness