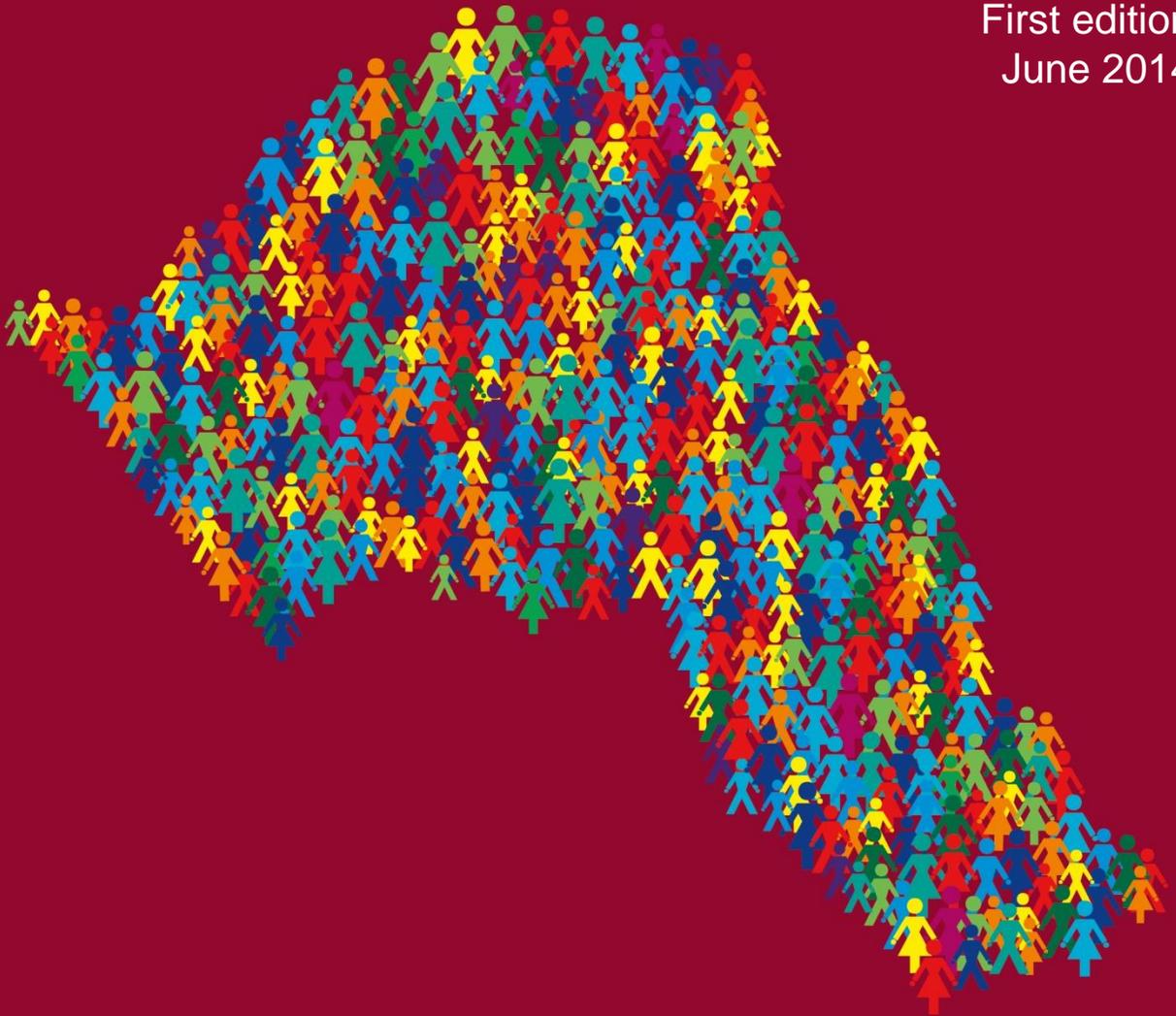


CAMDEN PROFILE PUBLIC HEALTH INTELLIGENCE

Mental Health: Depression and Anxiety

First edition
June 2014



About this profile

PURPOSE

This public health intelligence profile describes the trends and patterns in the prevalence of diagnosed depression and anxiety in people aged 18 and over in Camden.

This work will support and inform:

- London Borough of Camden Councillors and Public Health team
- Camden's Clinical Commissioning Group
- Individual general practices in Camden and Mental Health service providers

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FURTHER INFORMATION AND FEEDBACK

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We would like to thank Jane Brett-Jones (Public Health Strategist) and Jonathan O' Sullivan (Deputy Director of Public Health) for their input and assistance with this profile.

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Overview & recommendations

- 1. A larger percentage of women are diagnosed with both depression and anxiety compared to men in all major ethnic groups** (overall, 12% compared to 9% for depression and 10% compared to 7% for anxiety), resulting in almost two-thirds of those diagnosed being women. Although this may seem like a significant gender imbalance, it is not out of line with national findings of differences in the underlying rates of depression and anxiety between men and women. Nonetheless, men may be less likely to present or disclose symptoms in primary care, and it is important that primary care and psychological services are responsive to the needs of both men and women from different ethnic and cultural groups, and the ways in which they may present with depression and anxiety.
- 2. There are differences between ethnic groups in the proportion diagnosed with depression and anxiety, with men and women in White ethnic groups being more likely than other groups to have a diagnosis of the conditions.** There could be a number of factors contributing to these variations. These include *possible* differences in rates of depression and anxiety between groups. Other factors may include differing perceptions and attitudes towards mental health problems within communities; whether groups seek help in primary care settings; and whether differential presentations of symptoms are recognised in primary care as common mental health conditions. This highlights the need to ensure that the needs of different ethnic groups are addressed to improve access to help.
- 3. People living in the most deprived areas have a higher diagnosed prevalence of depression and anxiety** compared to the least deprived areas in Camden. Interventions for case finding and management of both depression and anxiety should therefore be considered as a key part of tackling the health inequalities that exist between people living in different areas of Camden.
- 4. There are significant variations in diagnosed prevalence between practices in Camden,** as well as in referrals to IAPT services (the subject of a separate report) and recording of key risk factors. This should be a focus for primary care development and improvement in the borough.
- 5. Adults with depression and anxiety are at higher risk of other long term conditions, regardless of age, and higher rates of alcohol consumption and smoking are seen in people with depression and anxiety compared to the general population.** Developing pathways for care of depression and anxiety that include a complementary focus on lifestyle changes and preventing and managing LTCs will contribute to better overall health outcomes.
- 6. Hospital admissions for depression-related reasons include over 40 patients with multiple (3 or more) admissions in a year.** The largest reason for admission is due to poisoning and other external causes: these patients are likely to be at significantly increased risk of suicide, which remains an important cause of premature deaths in the borough, and require close and timely follow-up and support to help reduce risk.

Please note: more information on the case definitions used in this profile can be found in 'Understanding the Data' on pages 6-10

Key messages: depression

Prevalence of depression in context

- In 2012/13, 11,078 people were recorded on the QOF depression registers in Camden. Camden's crude diagnosed prevalence (5.4%) was significantly higher than the London average, and the fifth highest across London's CCGs.
- In previous years, there were about 20,000 people (11%) diagnosed with depression. This includes people diagnosed with depression at any time.
- A change in the register definition of depression for the 2012/13 QOF resulted in a sharp decrease in the register size compared to previous years. The revised QOF definition only includes patients with unresolved depression diagnosed after April 2006, and excluded people with a depression diagnosis given before then. More information on this can be found in the Understanding the data section.
- This profile will use Camden's GP dataset and focus on people with unresolved depression diagnosed at any time (20,354); a definition aligned with 2011/12 QOF Business Rules.

Breakdown of Camden depression prevalence

- There were 20,354 people aged 18 and over with depression, regardless of their medication status, registered with Camden's GP practices. This equates to one-in-ten adults.
- Of all people with diagnosed depression, over two-thirds (68%) are on medication:
 - 7,122 adults with chronic depression (on medication for more than 2 years)
 - 6,651 adults with depression (on medication for less than 2 years)
- Around half of adults (49%) have had a diagnosis of depression for between five and 14 years, whilst a third (32%) were diagnosed less than 4 years ago. The average age at diagnosis is 38 years.

– Differences by GP practice

- Adjusted for the age structure of the population, the prevalence of depression is significantly higher than expected for six practices and significantly lower for seventeen. There is less variation when looking at people with depression (on medication for less than 2 years) and those with depression but not on medication.
- The number of adults with depression varies by practice, from 83 registered with the Matthewman practice to 1,753 registered with the Caversham Group Practice. Of these patients the number diagnosed with chronic depression ranges from 19 to 837, depression (on medication for less than 2 years) from 50 to 548 and depression without medication from 14 to 368.
- The South locality has a significantly lower prevalence of all diagnosed depression, compared to the Camden average, after adjusting for age (10% lower). A similar pattern is seen in the prevalence of depression with and /or without a medication status.

– Differences by demographic factors

- Women are more likely to be diagnosed with depression, with 12% of all women aged 18 and over diagnosed with depression. This reflects national estimates of differences in depression rates between men and women.
- The prevalence of diagnosed depression increases by age, with 45-64 year olds experiencing the highest prevalence.

- Among women, rates of depression are higher than the borough average for women from White and Black and Black British ethnic communities. For men, the White ethnic group is above the borough average for men.
- Rates were below the borough average for women in Asian or Asian British, Chinese and Other/Mixed ethnic groups. For men, Asian, or Asian British and Chinese groups had lower diagnosed rates.
- Prevalence is higher in the most deprived areas of Camden compared to the least deprived.

– **Prevalence of other LTCs in people with depression**

- One-in-three people with depression have one or more other LTCs, significantly higher than the general population (11%), and the majority are on medication for their depression (73%).
- Rates of LTCs in chronic depression are significantly greater than in those with depression of shorter duration.
- Of people with depression and at least one other LTC, those aged 40-49 are more likely to be diagnosed with depression first, whereas those over 60 are more likely to be diagnosed with another LTC before depression.
- Compared to the general population, and adjusted for age, people with depression are more likely to have COPD, chronic liver disease, dementia, stroke/TIA and CKD.
- Hypertension is the most common LTC for people diagnosed with depression (16%; 3,313), followed by diabetes (7%; 1,459).

– **Data recording and risk factor screening**

- Where recorded, adults with depression, particularly those with chronic depression, are:
 - more likely to be smokers (33%) compared to the general population (21%)
 - more likely to be obese (23%) compared to the general population (12%)
 - more likely to be high risk drinkers (16%) than the general population (10%)
- People with depression are more likely to have their smoking status, alcohol consumption and BMI recorded than the general population.
- However, there is significant variation by practice in the recording and prevalence of risk factors.

Care plans and review

- About 33% (320) of people with depression did not have a further assessment of the severity of their condition between 4-12 weeks after diagnosis. Reasons for this should be looked into, including whether more can be done to reduce exception reporting.

Depression-related admissions

- There were 80 admissions for depression in 2011/12 among Camden's responsible population. In addition, there were another 1,507 admissions where depression was one of the secondary reasons for admission.
- Of these admissions, 16% (245) were admitted for injury or poisoning due to external causes.
- Women, people aged 30-69, and those from White ethnic groups were more likely to be admitted for depression-related reasons.
- Of the 1,119 people admitted in one year, 91 people were admitted 3 or more times in a single year, together accounting for 406 admissions.

Interventions and referrals

- About 20% (39) of people diagnosed with depression and who were heavy drinkers were referred for an alcohol intervention and /or received advice on alcohol consumption. However, 80% of these patients had no record of any intervention.
- A separate report on referrals to IAPT will be published in Summer 2014.

Key messages: anxiety

Breakdown of Camden anxiety prevalence

- There were 17,626 people aged 18 and over diagnosed with anxiety registered with Camden GP practices in 2012; about 9% of adults.
- There were 3,741 new diagnoses of anxiety in 2012.
- More than half of adults with anxiety were diagnosed within the previous four years (60%), with another quarter diagnosed between 5 and 14 years (23%). The average age at diagnosis in Camden is 37 years.

– Differences by GP practice

- Adjusted for age, there is significant variation between practices in the prevalence of anxiety, with some practices reporting prevalence about 50% higher than average, and others 80% lower. Numbers vary by practice from 43 at the Matthewman Practice, and 1,848 at the James Wigg Group Practice.

– Differences by demographic factors

- Women are more likely to be diagnosed with anxiety, as well as newly diagnosed, compared to men.
- The prevalence of diagnosed anxiety increases with age for both men and women, peaking in the 55-64 year old age group.
- For both men and women, the rates of anxiety are significantly higher than the borough average for men and women in White ethnic groups. Rates are significantly below the borough average for women in all other groups. For men, only Black or Black British and Chinese ethnic communities had significantly lower diagnosed rates.
- The prevalence of anxiety is significantly higher in Camden's most deprived areas than its least deprived areas.

– Prevalence of other LTCs in people with anxiety

- About 40% of people with anxiety have another LTC (10,427 people), significantly higher than the general population. Of these, about 2,700 have more than three LTCs in total.
- Hypertension is the most common LTC for people diagnosed with anxiety. About 15% (2,718) are diagnosed with high blood pressure, followed by diabetes (5%, 953).

– DATA RECORDING AND RISK FACTOR SCREENING

- Where recorded, adults with anxiety are:
 - more likely to be smokers (29%) compared to the general population (21%)
 - more likely to be obese (23%) compared to the general population (12%)
 - more likely to be high risk drinkers (14%) than the general population (10%)

- People with anxiety are more likely to have their smoking status, alcohol consumption and BMI recorded than the general population. However, there is significant variation by practice in the recording and prevalence of risk factors.

Interventions and referrals

- About 20% (30) of people diagnosed with anxiety and being heavy drinkers were referred to an alcohol intervention and /or received advice on alcohol consumption. However, 80% of these patients had no record of any intervention.
- A separate report on referrals to IAPT will be published in Summer 2014.

Understanding the data: dataset and definitions

Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group. The GP Dataset was extracted in September 2012.
- The dataset includes key information on demographics (including language and ethnicity), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

Case definitions for depression and anxiety

- The analyses in this profile include adults aged 18 and over diagnosed with depression and / or anxiety, registered with a Camden GP practice.
- For depression diagnoses, the Read codes used to determine a depression diagnosis aligned with published QOF guidance which can be found here: www.pcc-cic.org.uk .
- Anxiety codes were determined with clinician input. The full list of codes is shown in Table 2 (see page 8).

– Difference with published QOF register sizes

- The latest 2012-13 QOF reported prevalence for depression (11,078) has reduced considerably compared with QOF 2011-12 (20,098) as a result of a change in the register definition of depression. Previously all patients with a record of unresolved depression at any point in their GP patient record were included on the register. As of April 2012, the register rules were changed to only include patients with a record of unresolved depression since April 2006, resulting in potentially fewer patients on practice depression registers. However, it is also worth noting that it may be that a number of patients had their depression resolved in the last year.
- Further information on the change of the register definition of depression can be found on the QOF Business Rules at: <http://www.pcc-cic.org.uk/article/qof-business-rules-v230>

Understanding the data: dataset and definitions

- Discrepancies in numbers when comparing information from QOF and the GP Public Health dataset are also due to the time and method of extraction and coding of disease conditions. Data from the GP Public Health dataset are recorded using Read codes and the date of extraction can vary across GP practices. Data from QOF is published by the Health and Social Care Information Centre (NHS IC).

E112%, E0013, E0021, E113%, E118, E11y2, E11z2, E130, E135, E2003, E291, E2B, E2B1, Eu204, Eu251, Eu32% (excluding Eu32A, Eu32B and Eu329), Eu33%, Eu341, and Eu412

Table 2: Read codes for anxiety used in this profile

READ CODE	DISEASE / DESCRIPTION
E200	Anxiety states
E2000	Anxiety state unspecified
E2002	Generalised anxiety disorder
E2003	Anxiety with depression
E2004	Chronic anxiety
E2005	Recurrent anxiety
E200z	Anxiety state NOS
E2920	Separation anxiety disorder
E2D0	Disturbance of anxiety and fearfulness in childhood and adolescence
E2D0z	Disturbance of anxiety and fearfulness in childhood and adolescence NOS
Eu054	[X]Organic anxiety disorder
Eu40	[X]Phobic anxiety disorders
Eu40y	[X]Other phobic anxiety disorders
Eu40z	[X]Phobic anxiety disorder, unspecified
Eu41	[X]Other anxiety disorders
Eu410	[X]Panic disorder [episodic paroxysmal anxiety]
Eu411	[X]Generalized anxiety disorder
Eu412	[X]Mixed anxiety and depressive disorder
Eu413	[X]Other mixed anxiety disorders
Eu41y	[X]Other specified anxiety disorders
Eu41z	[X]Anxiety disorder, unspecified
Eu930	[X]Separation anxiety disorder of childhood
Eu931	[X]Phobic anxiety disorder of childhood
Eu932	[X]Social anxiety disorder of childhood

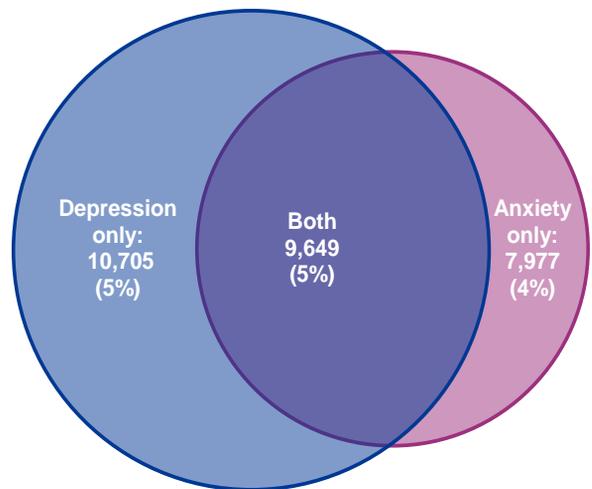
Understanding the data: dataset and definitions

– Presenting the two groups

- These analyses split any diagnosed depression and anxiety into sub groups to give an in-depth practice specific overview of the data in order to help GPs assess population outcomes and progress at practice level. Findings are presented in two sections, with three categories for depression, as follows:

1. All diagnosed depression with or without a medication status which includes:

- Chronic depression:** for the purpose of the analyses in this report, people diagnosed with depression and on depression medication for over 2 years are described as chronic depression
- Depression:** for the purpose of the analyses in this report, people diagnosed with depression and on depression medication for less than 2 years are referred to simply as depression (as opposed to chronic depression)
- Depression without medication:** people diagnosed with depression and never on depression medication



2. All diagnosed anxiety

– Case definitions for new diagnosed depression

- The analysis presented for newly diagnosed depression includes people with a record of diagnosis between September 2011 and September 2012. This was included to highlight any changes in diagnosing behaviour and to highlight specific groups which may be underdiagnosed. For those with chronic depression, a new diagnosis refers people with a diagnosis of depression, and being on medication for at least two years prior to September 2012.

– Case definitions for depression-hospital admissions

- Depression-related admissions were based on hospital admission records containing a primary or subsequent diagnosis field coded as depression (ICD-10 codes F32 and F33), during the period April 2011 – March 2012 (the most recent available data). Raw data was extracted from the Secondary User Service (SUS) by the North East London CSU Informatics team. SUS is a dynamic database containing all hospital admission data.
- Analysis was carried out on an admission and person basis. Admission-based analysis relates to the number of admissions to hospital for depression-related conditions (people may be counted more than once in any one year). Person-based analysis related to the number of people admitted to hospital for depression-related conditions (individuals are counted only once in any one year).

Understanding the data: how to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the variation that is important

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. Some patients do not wish to have the intervention and for other patients interventions may be unsuitable. Again, it is about the variation between different GP practices, not an expectation of reaching 100% achievement.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of September 2012, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Problems with coding and/or data extraction

There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: publichealth.intelligence@islington.gov.uk. St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) practices did not provide their data and have been excluded from the analyses of this profile.

Understanding the data: measures

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

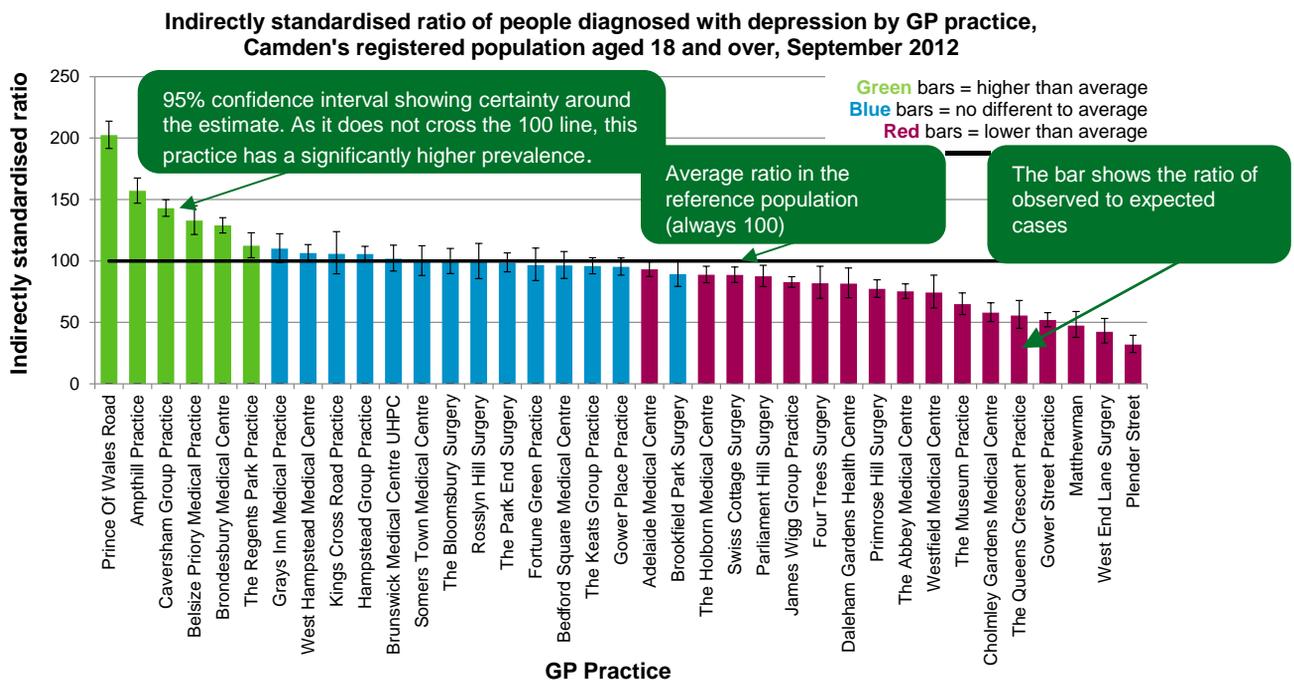
Indirectly standardised prevalence ratios (IDSR)

Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.



Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded
 Source: Camden's GP PH Dataset, 2012

SECTION 1

Diagnosed depression

11

PREVALENCE OF DIAGNOSED DEPRESSION

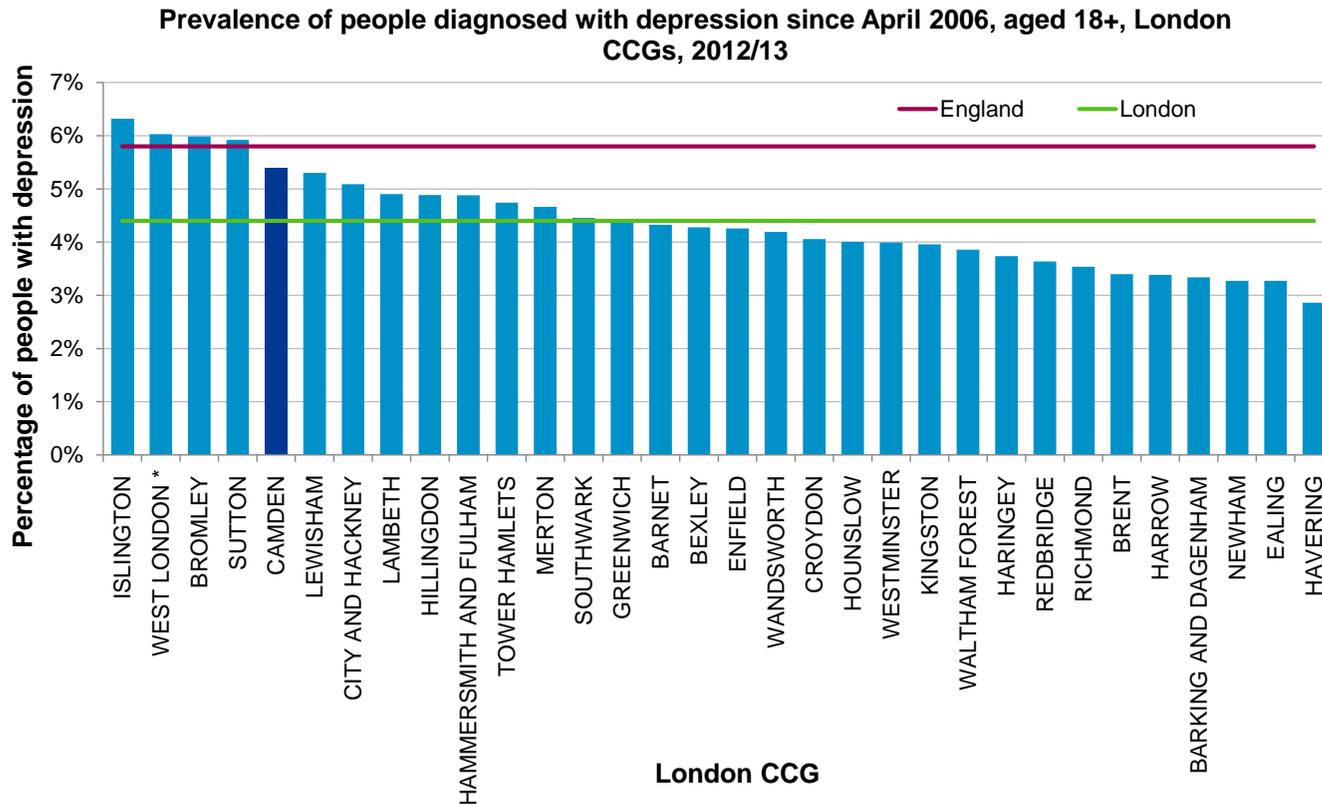
This section describes the prevalence of depression diagnosed at any point in time in Camden GP practices (i.e. Public Health GP dataset) split by category where appropriate, in people aged 18 and over:

- **Chronic depression:** people diagnosed with depression and on depression medication for over 2 years
- **Depression:** people diagnosed with depression and on depression medication for less than 2 years
- **Depression without medication:** people diagnosed with depression and never on depression medication

More information on this definition can be found on page 8.

London CCGs: crude prevalence

QOF prevalence since April 2006

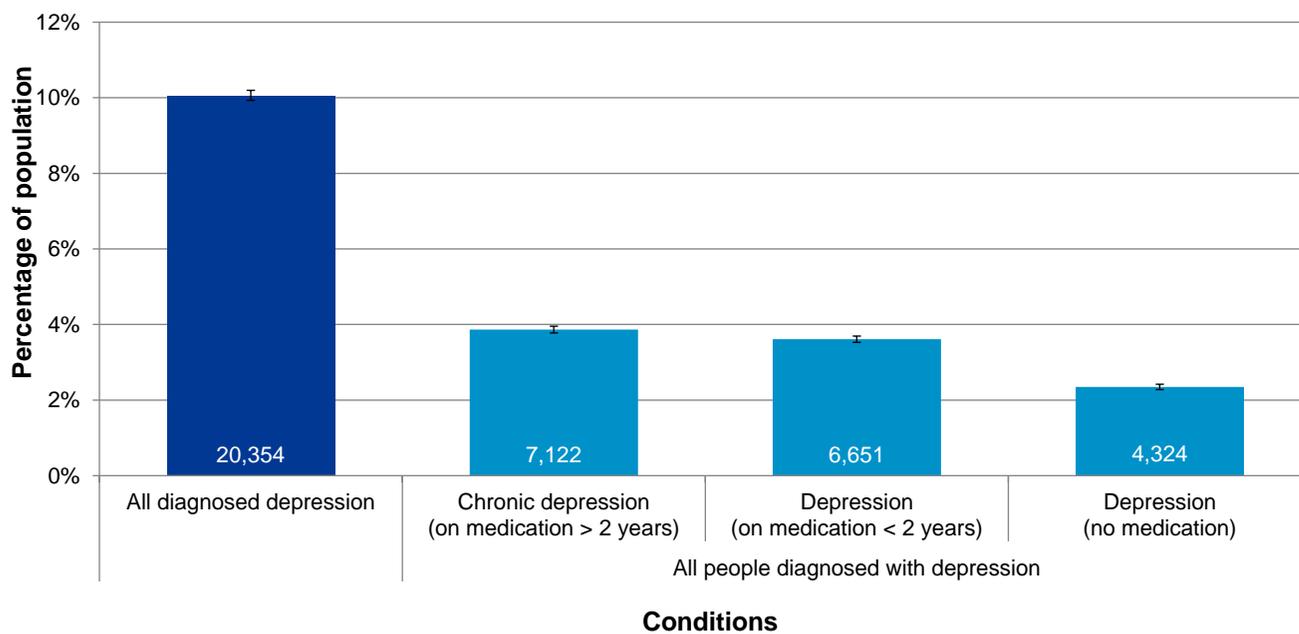


* Includes Kensington and Chelsea, Queen's Park and Paddington
Source: QOF, 2012/13

- Camden has the fifth highest prevalence (5.4%; 11,078) of people diagnosed with unresolved depression in London.
- A change in the register definition of depression for the 2012/13 QOF resulted in a sharp decrease in the register size compared to previous years (11,078 in 2012/13 vs. 20,098 in 2011/12). More information on this can be found in the 'Understanding data' section.

Crude prevalence: all categories

Prevalence of people diagnosed with depression, Camden's registered population aged 18 and over, September 2012

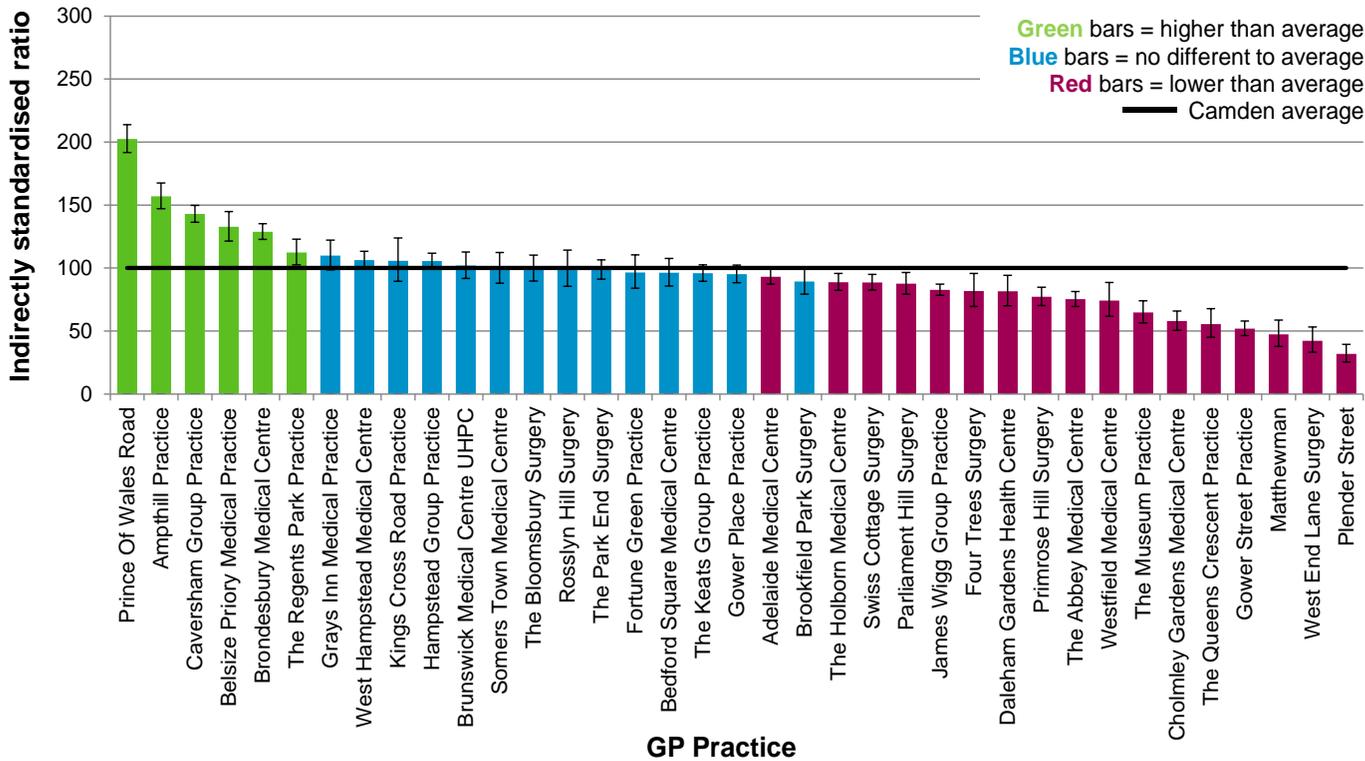


Note: Numbers on bars indicate the number of people diagnosed with different conditions of depression. 2,257 people have no recorded dates of prescriptions and are excluded from all sub-analyses regarding medication.
Source: Camden's GP PH Dataset, 2012

- There are 20,354 people diagnosed with depression (10%) at any point in time aged 18 and over in Camden.
- The majority of people diagnosed with depression were on medication:
 - 7,122 people with chronic depression (on medication for more than 2 years)
 - 6,651 with depression (on medication for less than 2 years).
- Different methods of data extraction and a change in the QOF register definition of depression in 2012/13 resulted in more people (9,276) with a diagnosis of depression in the Camden GP Public Health dataset compared to QOF (See 'Understanding data' section).

Diagnosed prevalence (IDSR): all depression

Indirectly standardised ratio of people diagnosed with depression by GP practice, Camden's registered population aged 18 and over, September 2012

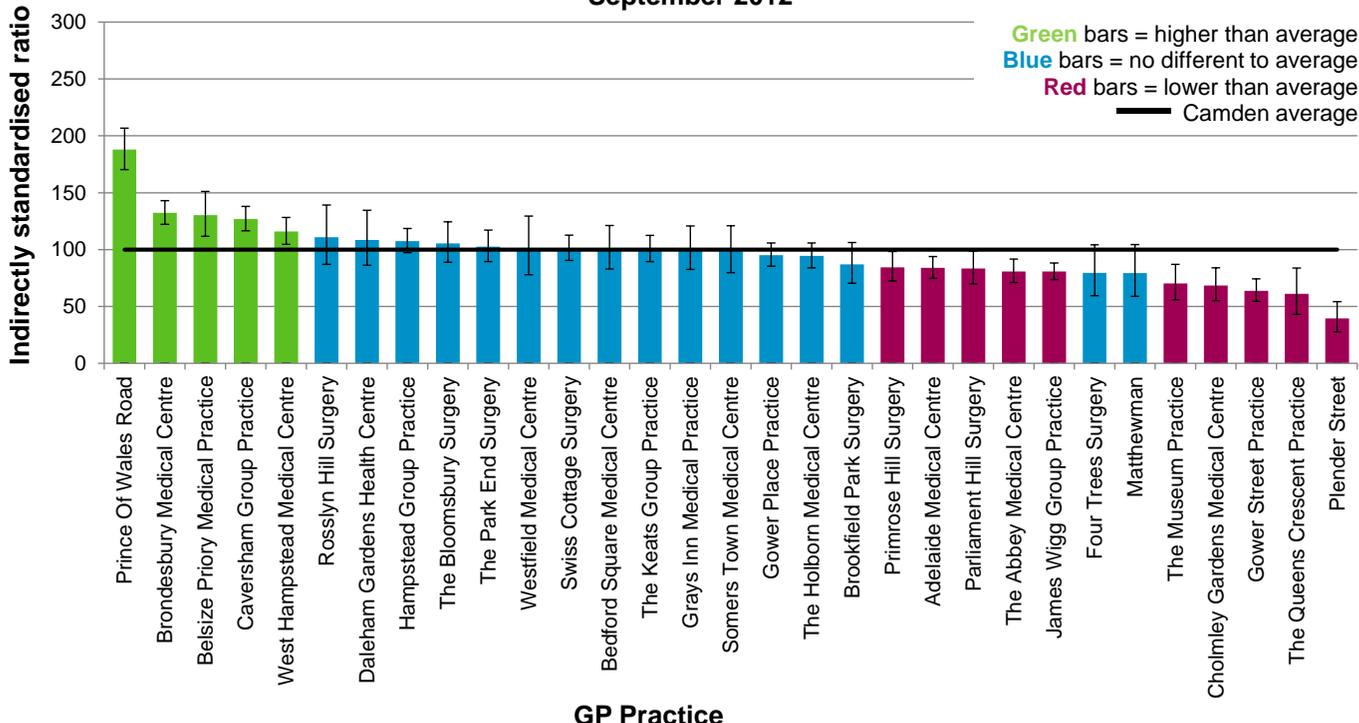


- After adjusting for age, there is variation in the diagnosed prevalence of depression across GP practices, with six having a significantly higher prevalence than the Camden average, and seventeen having a significantly lower prevalence.
- Variation between GP practices may be due to differences in population characteristics and/or diagnosis and recording practices.
- The next three slides show the prevalence of each category used in this profile.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded
Source: Camden's GP PH Dataset, 2012

Diagnosed prevalence (IDSR): Depression

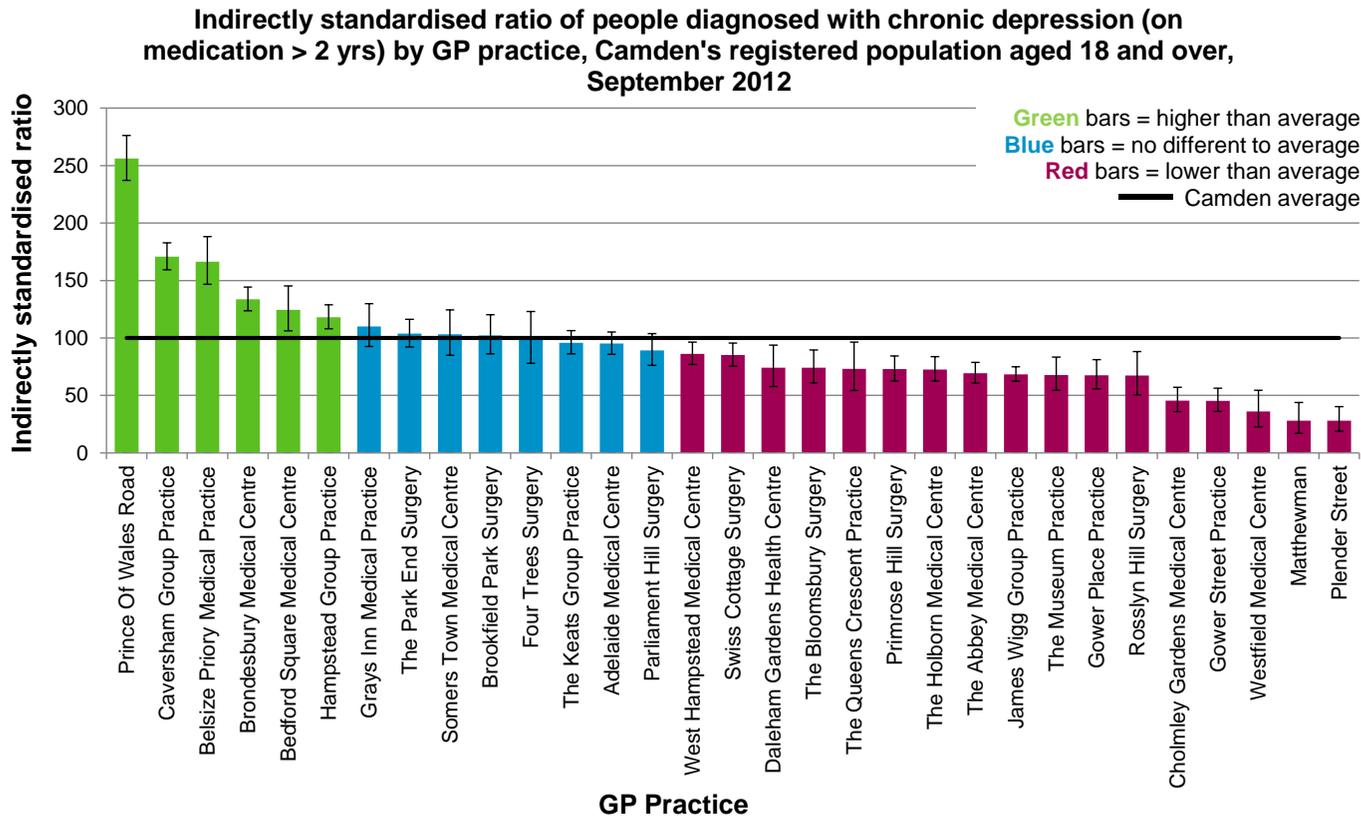
Indirectly standardised ratio of people diagnosed with depression (on medication < 2 yrs) by GP practice, Camden's registered population aged 18 and over, September 2012



- The prevalence of people diagnosed with depression and on medication for less than two years varies by GP practice.
- Five practices have a significantly higher prevalence than the Camden average. Ten practices have significantly lower prevalence than expected.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis. Six practices have no data recorded and are excluded
Source: Camden's GP PH Dataset, 2012

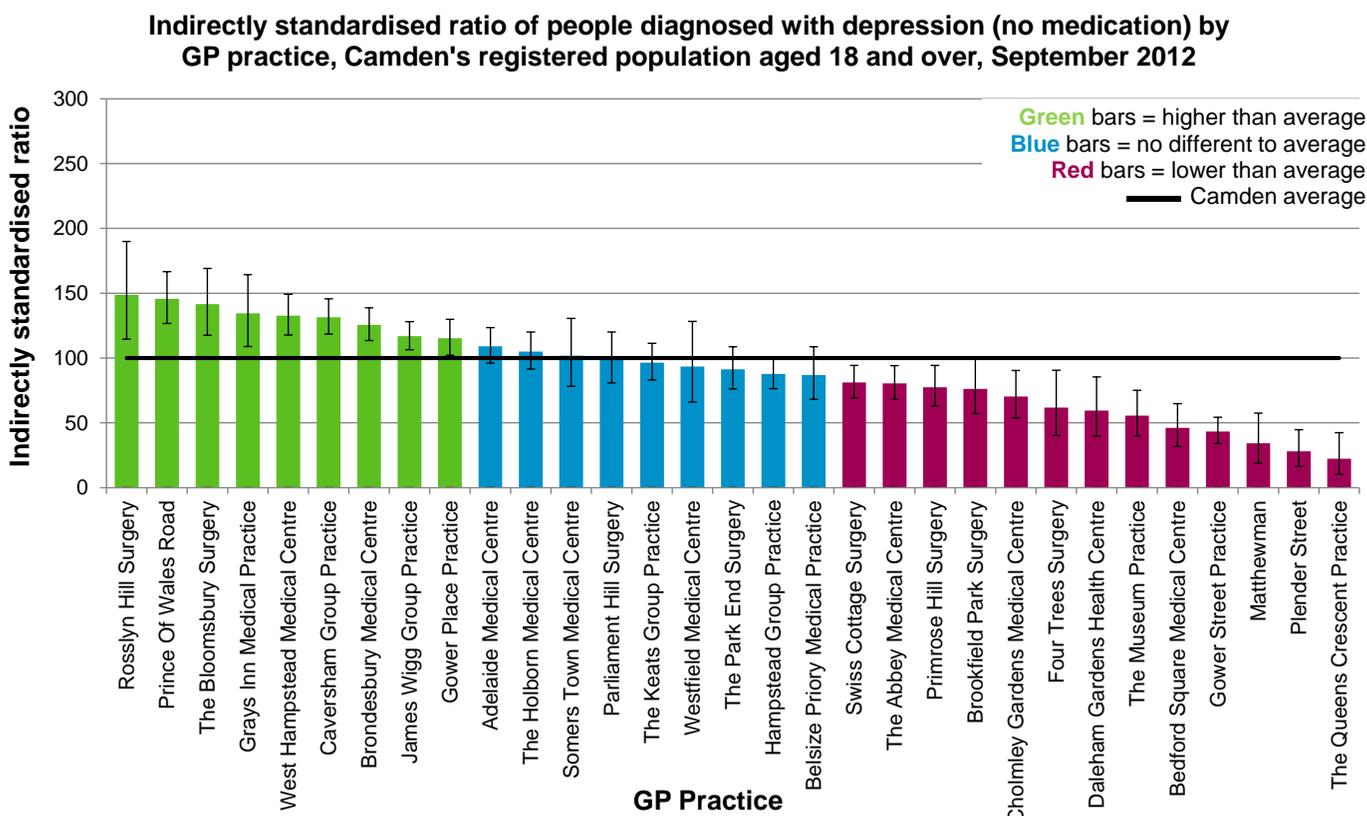
Diagnosed prevalence (IDSR): chronic depression



- Adjusted for the age structure of the population, prevalence of chronic depression varies by GP practice.
- Six practices have a significantly higher prevalence than the Camden average. Seventeen practices have significantly lower prevalence than expected.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis. Six practices have no recorded dates of prescriptions and are excluded from this analysis. Source: Camden's GP PH Dataset, 2012

Diagnosed prevalence (IDSR): depression without medication

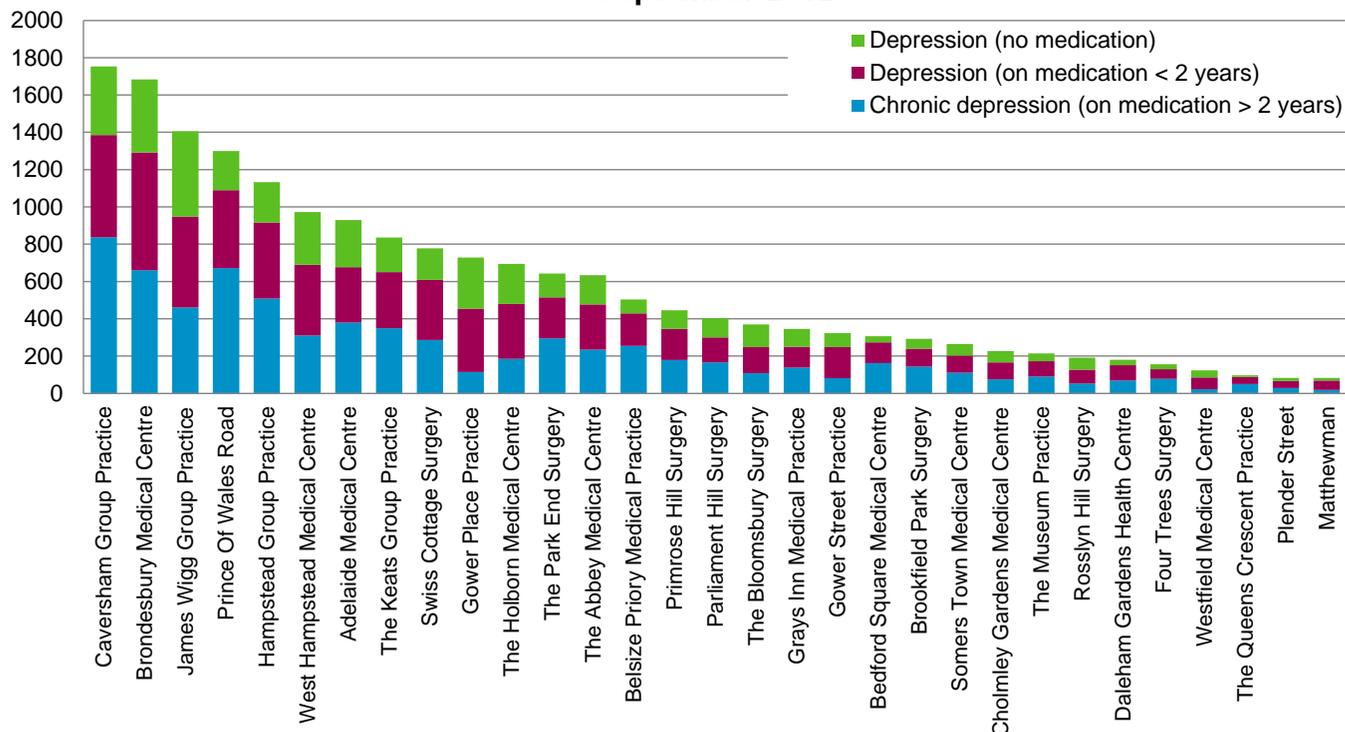


- Adjusted for the age structure of the population, prevalence of people diagnosed with depression but not on medication varies by GP practice.
- Nine practices have a significantly higher prevalence than the Camden average. Thirteen practices have a significantly lower prevalence than expected.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis. Six practices have no data recorded on medication status and are excluded from this analysis. Source: Camden's GP PH Dataset, 2012

Diagnosed prevalence (number): all categories

Number of people diagnosed with depression split by category by GP practice, Camden's registered population aged 18 and over, September 2012



- The total number of adults diagnosed with depression aged 18 and over varies by practice, from 83 (Matthewman) to 1,753 at Caversham Group Practice, reflecting the practice's population size.
- By category, these numbers of people vary by practice:
 - Chronic depression ranges from 19 to 837
 - Depression (medication less than 2 years) from 50 to 548
 - Depression without medication ranges from 14 to 368.

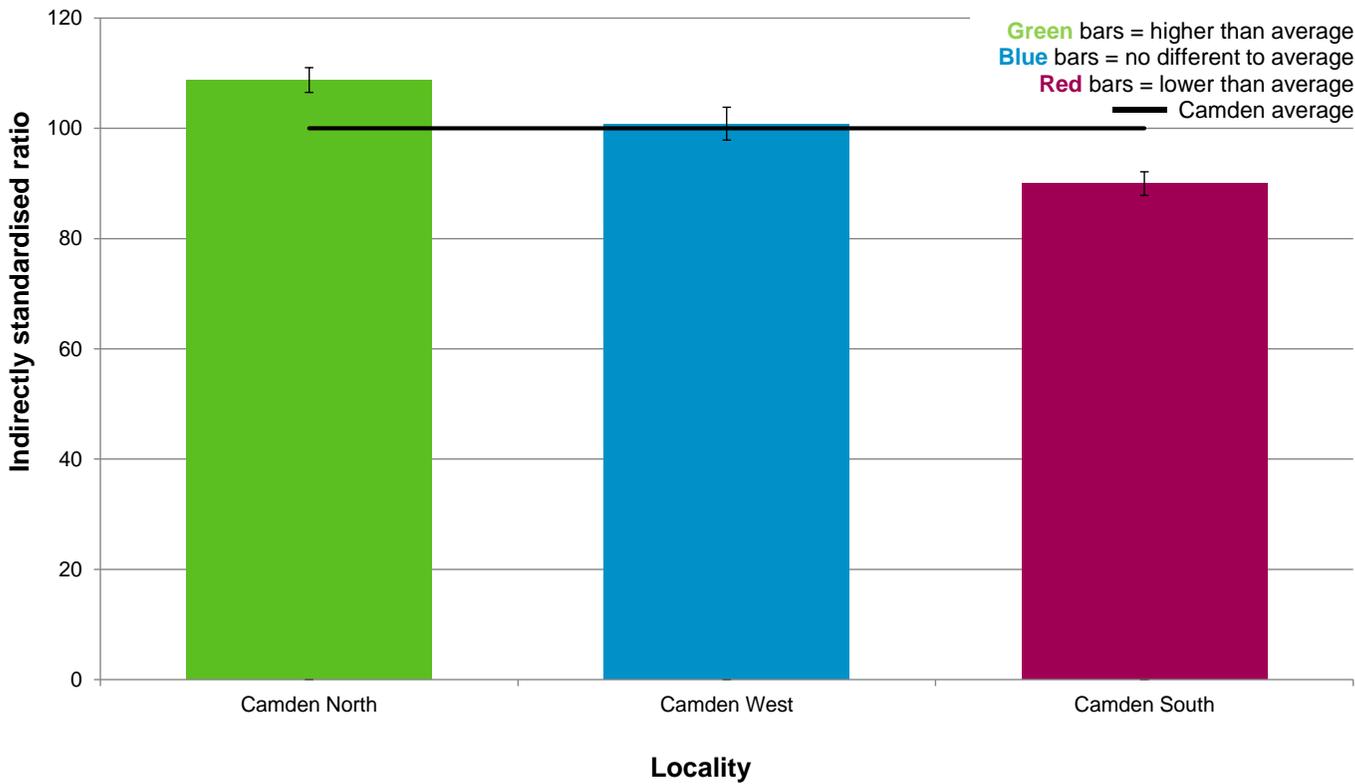
Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis. Six practices have no data recorded and are excluded
Source: Camden's GP PH Dataset, 2012

BREAKDOWN OF DEPRESSION DIAGNOSES BY DEMOGRAPHIC FACTORS

This section describes the demographic characteristics of people with depression in terms of age, sex, ethnicity and deprivation.

Diagnosed prevalence by locality: all depression

Indirectly standardised ratio of people diagnosed with depression by GP practice, Camden's registered population aged 18 and over, September 2012

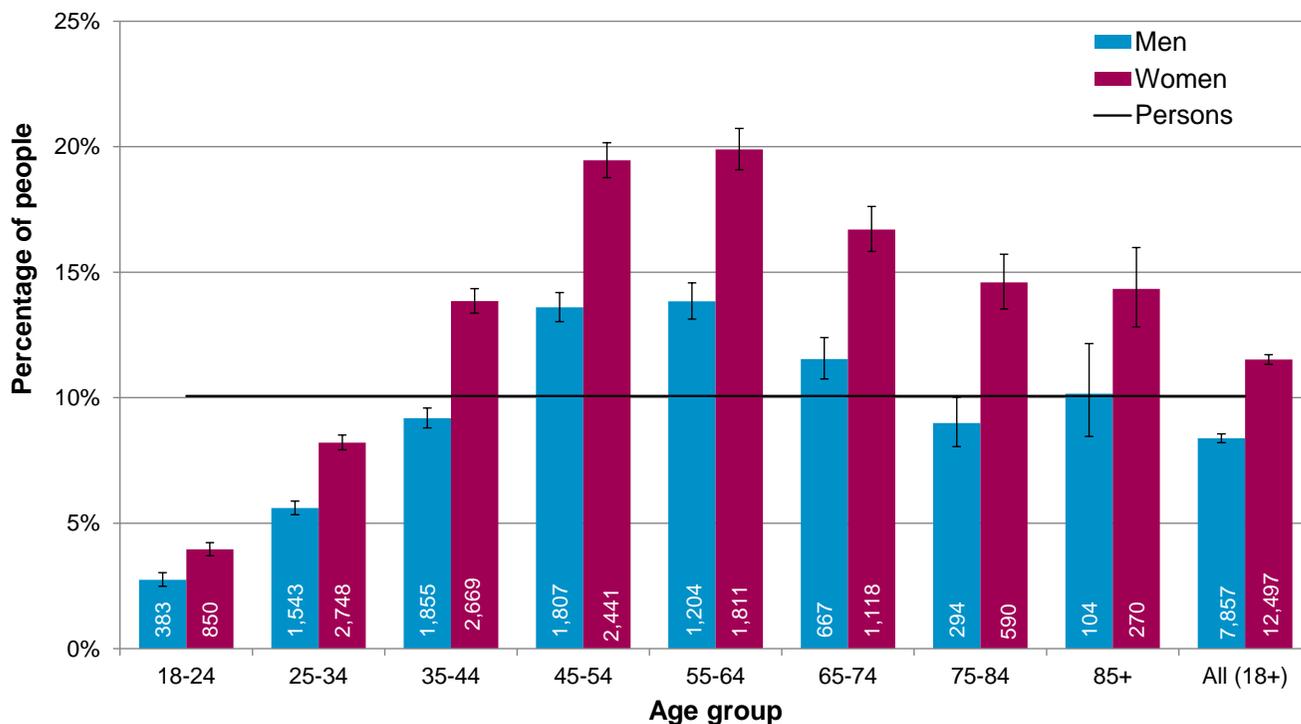


- The North locality has a higher prevalence of diagnosed depression than expected compared to the Camden average, taking age into account.
- The same pattern is seen for all categories used in this profile.

Source: Camden's GP PH Dataset, 2012

Differences by age and sex: all depression

Prevalence of people diagnosed with depression by age and sex, Camden's registered population aged 18 and over, September 2012

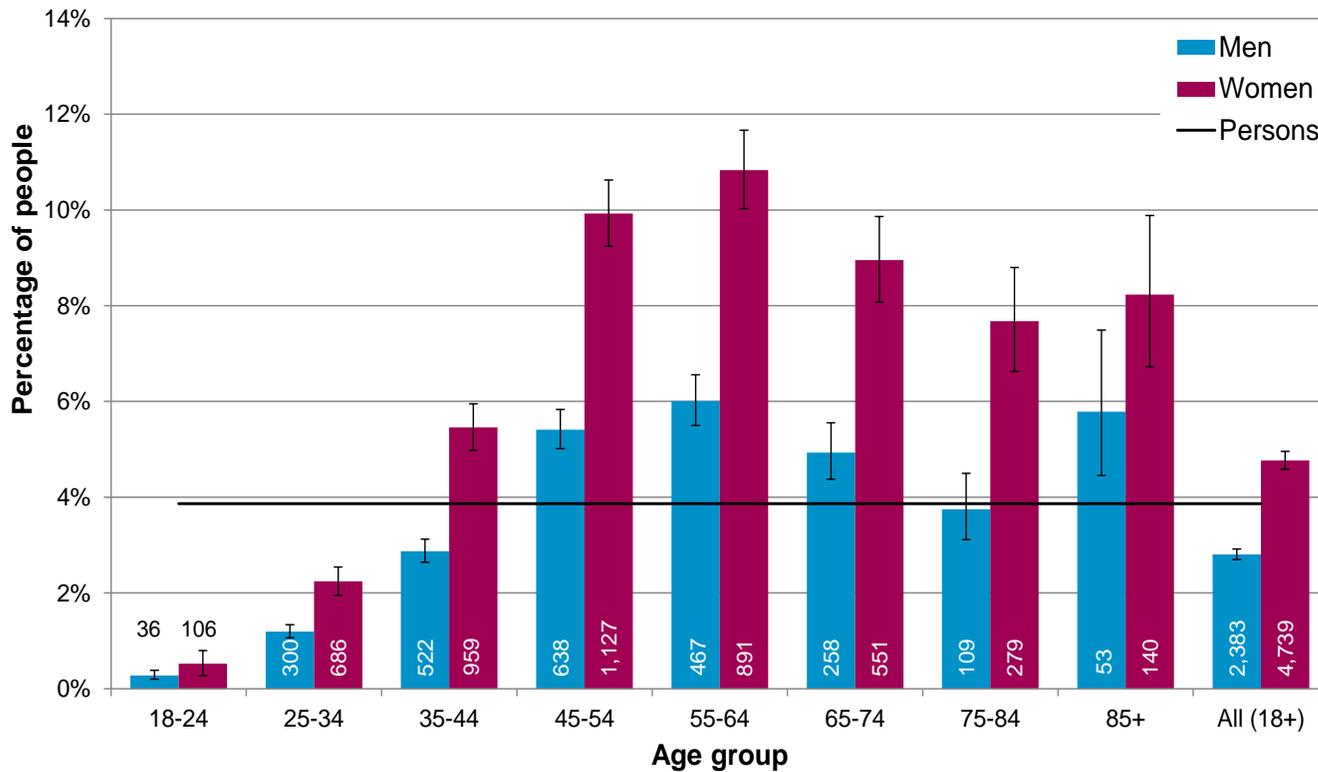


- Women account for the majority of diagnosed depression (61%; 12,497) in Camden (data not shown).
- In addition, women are significantly more likely to be diagnosed with depression, regardless of medication status. This is true for all age groups.

Note: Numbers on bars indicate the number of people diagnosed with depression
Source: Camden's GP PH Dataset, 2012

Differences by age and sex: chronic depression

Prevalence of people diagnosed with chronic depression (on medication > 2 years) by age and sex, Camden's registered population aged 18 and over, September 2012



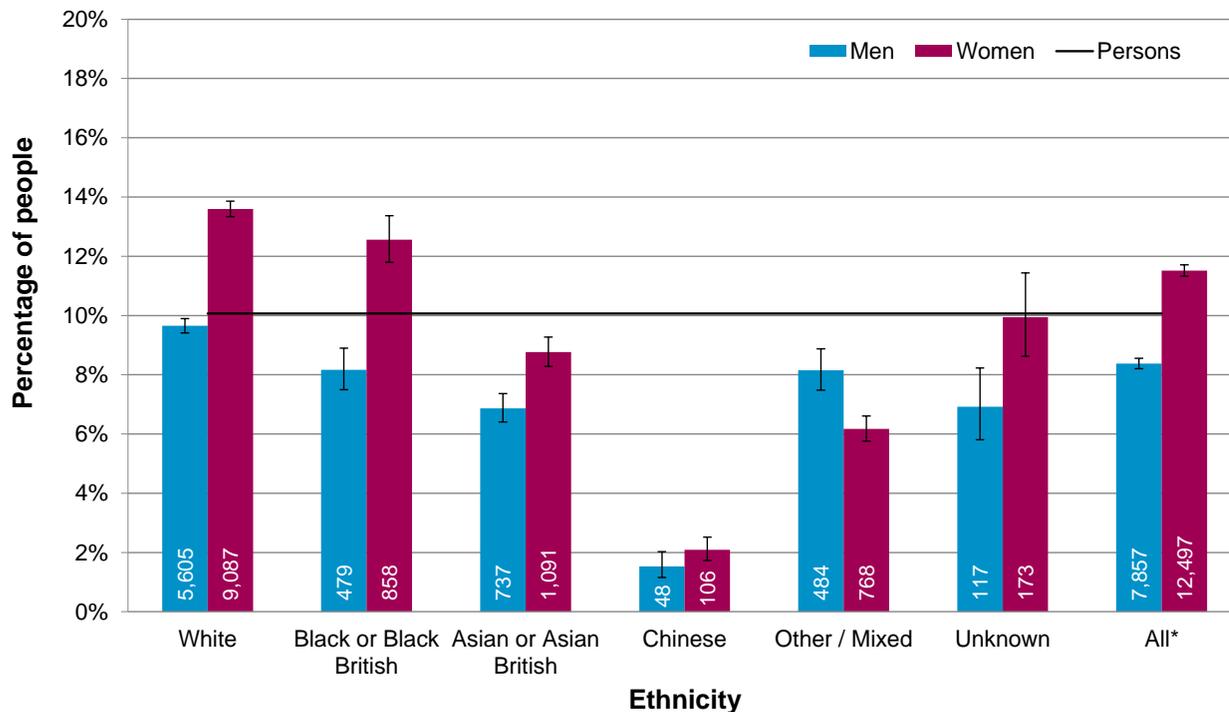
Note: Numbers on bars indicate the number of people diagnosed with chronic depression
Source: Camden's GP PH Dataset, 2012

- Women are significantly more likely to be chronically depressed than men and this trend is seen in all age groups except the 18-24 and 85+ age groups.
- The higher prevalence of chronic depression among women overall as well as the wider gap in prevalence between men and women, suggests higher levels of antidepressant prescribing in women, in particular between 45 and 64 years.
- A similar trend is seen in people with depression (on medication < 2 years), or those not on medication (data not shown).

23

Differences by ethnic groups: all depression

Prevalence of diagnosed depression by detailed ethnic group, Camden's registered population aged 18 and over, September 2012



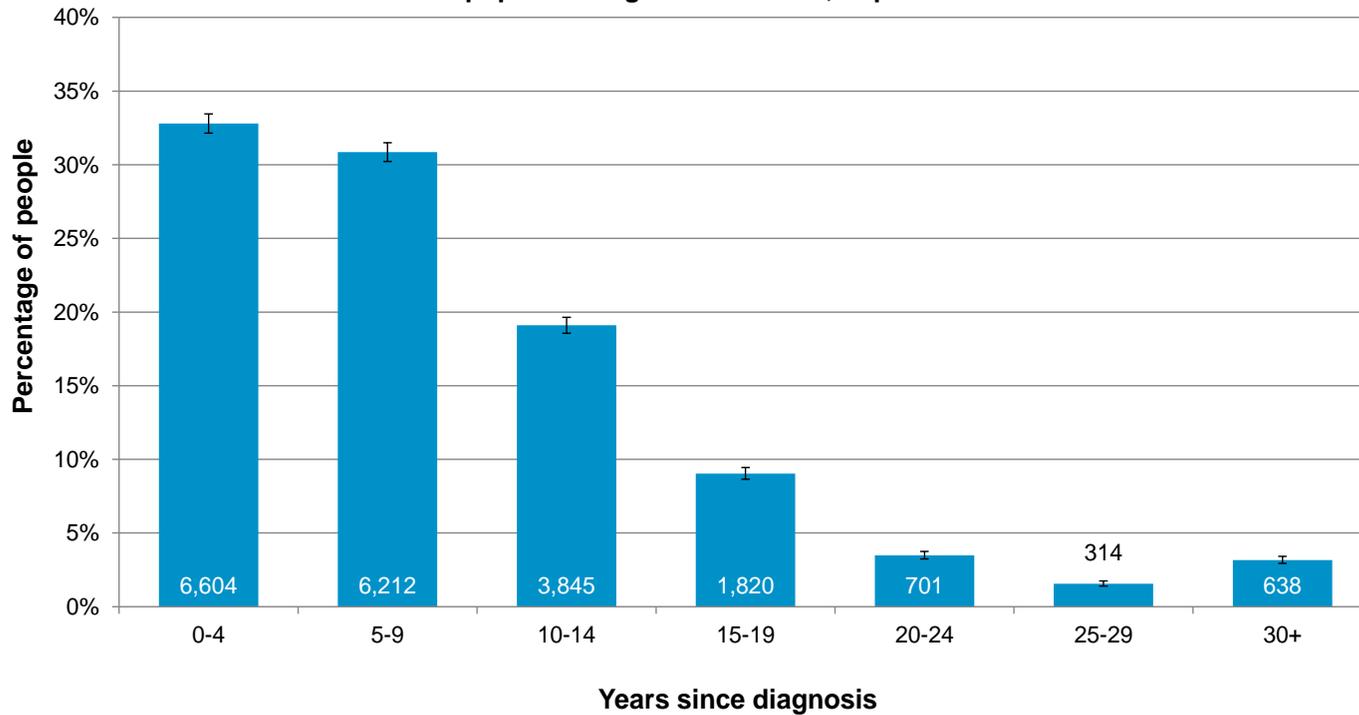
* Includes those with ethnicity unknown
Note: Numbers on bars indicate the number of people diagnosed with depression
Source: Camden's GP PH dataset, 2012

- A significantly higher than average prevalence of depression is recorded among White (13.6%) and Black (12.6%) women than any other ethnicities.

25

Years since diagnosis: all depression

Years since diagnosis in people diagnosed with depression, Camden's registered population aged 18 and over, September 2012

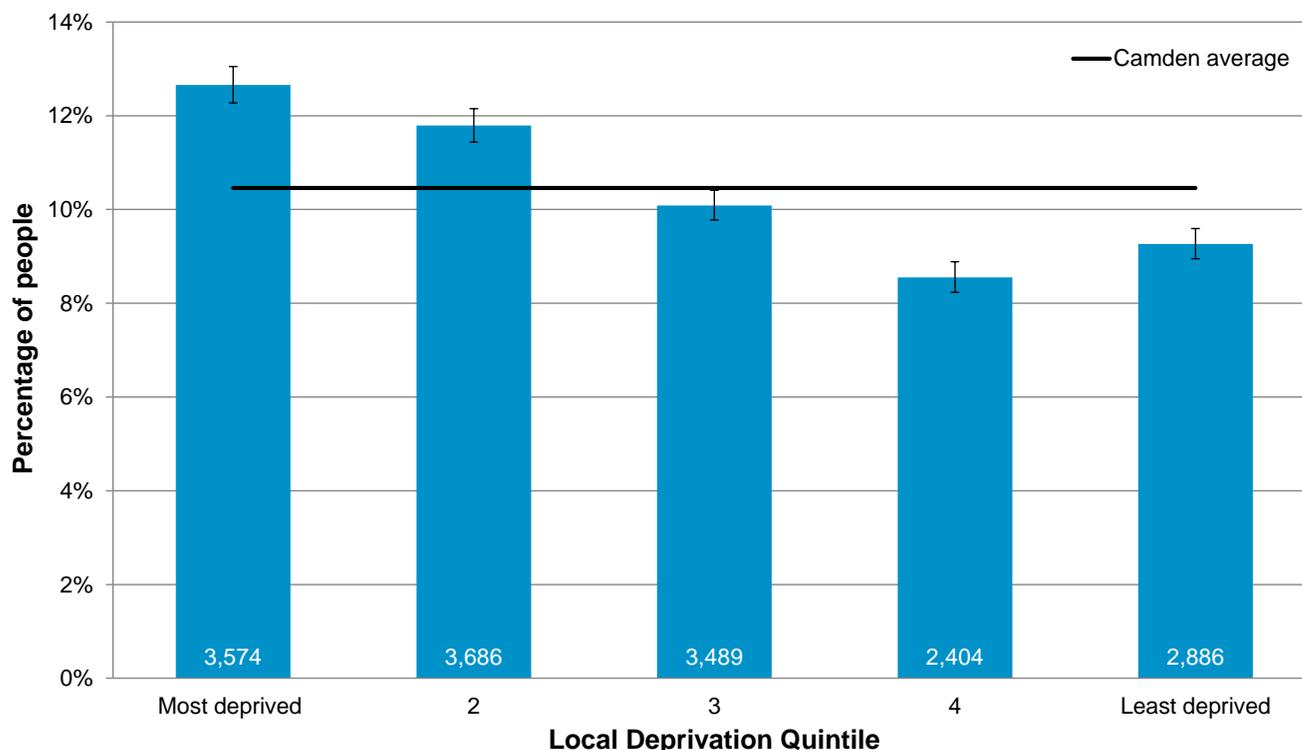


- Around a third (32%) of people aged 18 and over with depression were diagnosed 4 years ago or less (from September 2012).
- Around half (49%) were diagnosed with depression for 5 to 14 years.
- The average age at diagnosis were 38 years.
- The same pattern is seen in the prevalence of depression with or without a medication status (data not shown).

Note: Numbers on bars indicate the number of people diagnosed with depression; 222 diagnoses have no date recorded and are excluded
Source: Camden's GP PH Dataset, 2012

Differences by local deprivation: all depression

Percentage of people with depression by local deprivation quintile, Camden's registered and resident population aged 18 and over, September 2012



- Overall, the percentage of people diagnosed with depression is 37% higher in the most deprived quintile (13%) compared to the least (9%).
- People in the least deprived quintiles are significantly less likely to be diagnosed and/or prescribed medication for depression (data not shown).

Source: Camden's GP PH Dataset, 2012
Note: 4,315 people living outside Camden or with no deprivation score were excluded

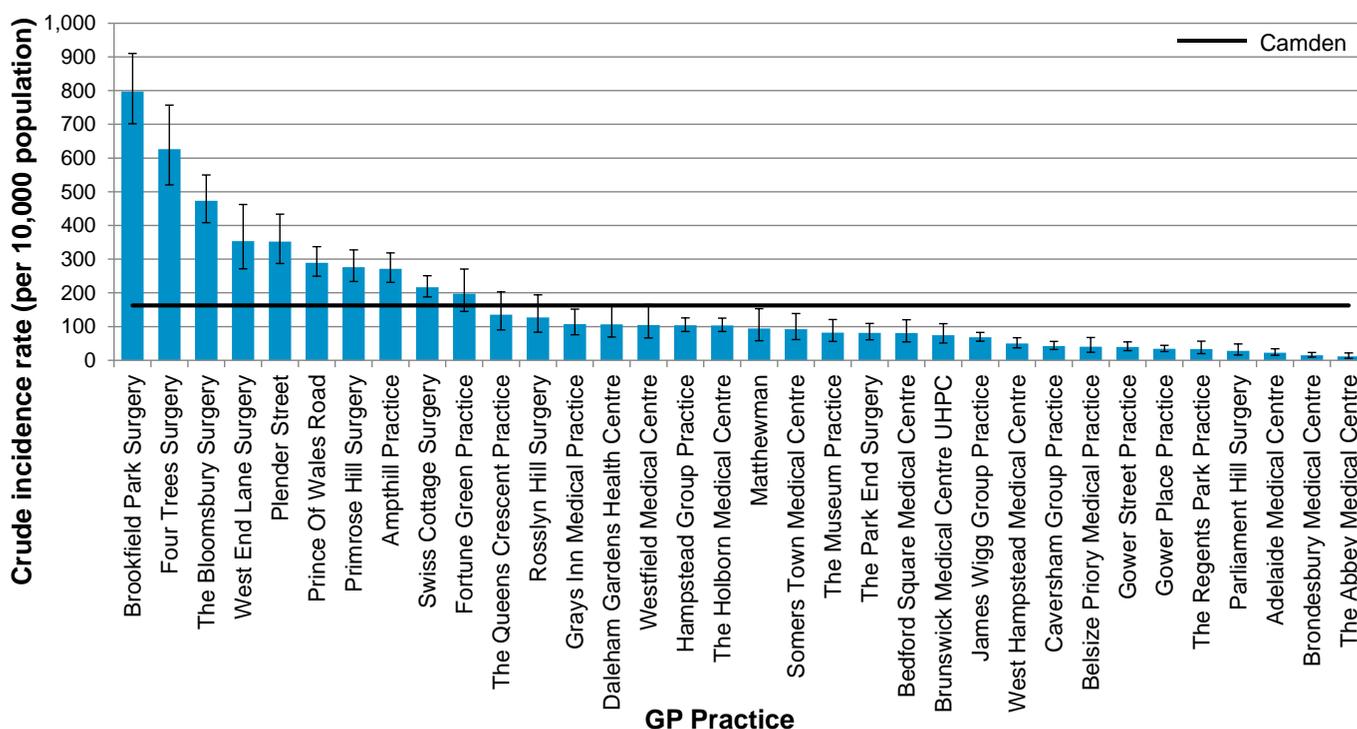
NEW DIAGNOSES (09/2011-09/2012): BREAKDOWN BY DEMOGRAPHIC FACTORS

This section describes the demographic characteristics of people newly diagnosed with depression between September 2011 and September 2012 in terms of age, sex, ethnicity and deprivation, split by each category, and the variation by GP practice and locality where appropriate.

27

New diagnoses by GP practice: all depression

Crude incidence of diagnosed depression (patients diagnosed in 2011/12) by GP practice, Camden's registered population aged 18 and over, September 2012

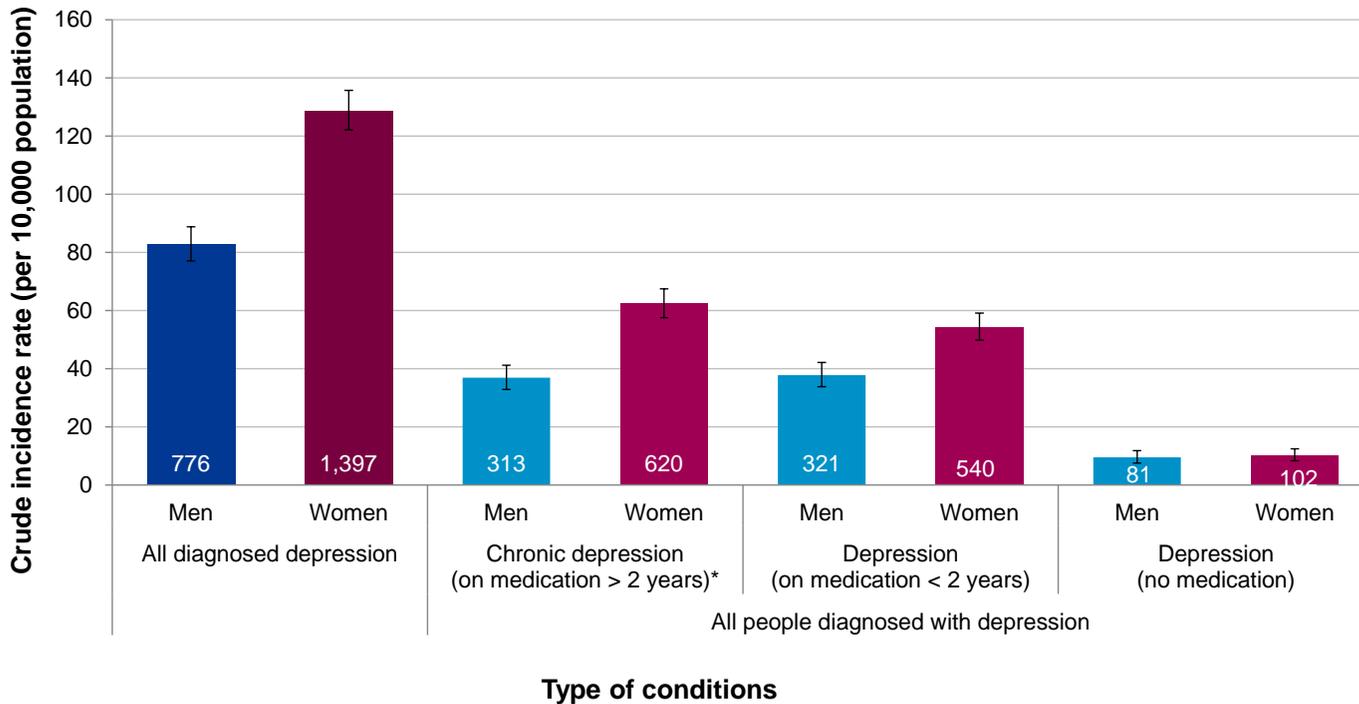


- The rate of new diagnoses of depression ranges from 797 per 10,000 population (Brookfield Park Surgery) to 11 per 10,000 population (The Abbey Medical Centre) across GP practices in Camden.
- Variation between practices may be due to differences in population characteristics and/or diagnosis and recording practices.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Three practices have small numbers and are excluded.
Source: Camden's GP PH Dataset, 2012

New diagnoses by sex: all categories

Crude incidence of diagnosed depression (patients diagnosed with depression in 2011/12), by sex, Camden's registered population aged 18 years and over, September 2012

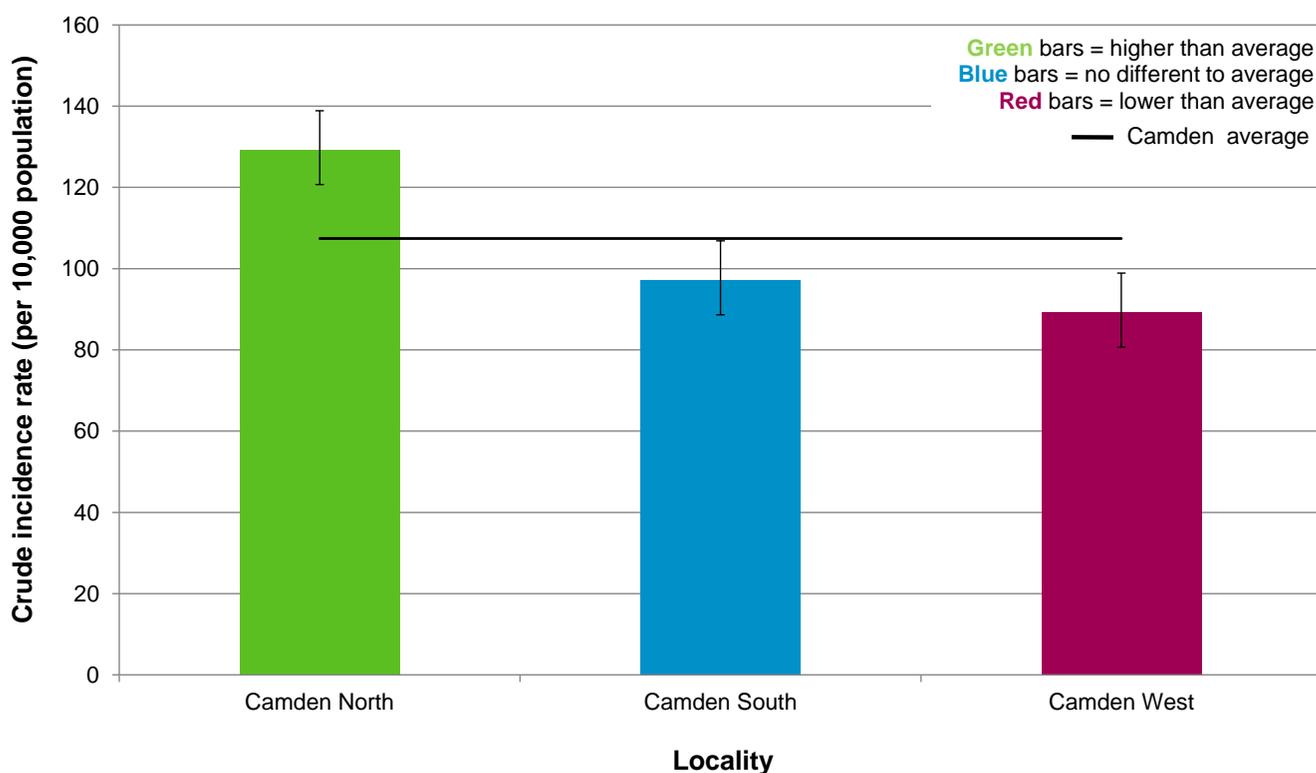


- 2,173 people aged 18 and over were newly diagnosed with depression in 2012.
- Women had a significantly higher incidence rate for depression compared to men (129 and 83 per 10,000 respectively).

Notes: Numbers on bars indicate the number of people diagnosed with depression in each category
 * New diagnosed chronic depression refers to people diagnosed with depression and being on medication for at least two years prior to September 2012. See 'Understanding data' section.
 Source: Camden's GP PH dataset, 2012

New diagnoses by locality: all depression

Crude incidence of diagnosed depression (patients diagnosed with depression in 2011/12) by locality, Camden's registered population aged 18 and over, September 2012

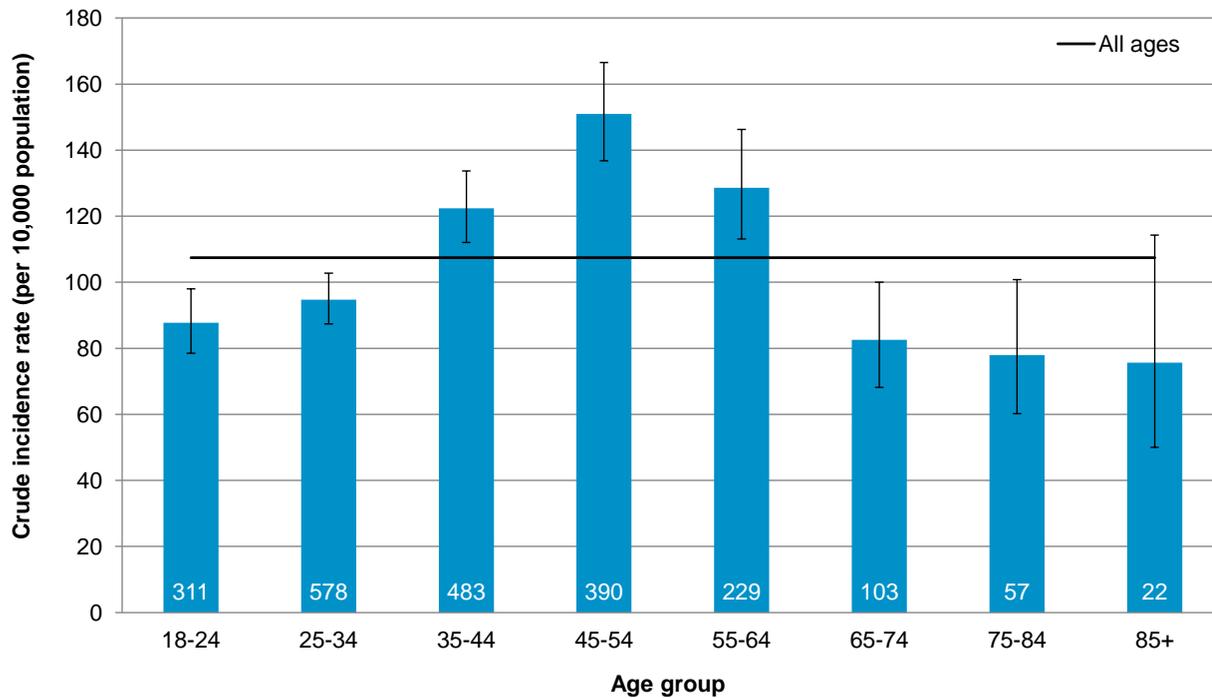


- The North locality has a significantly higher incidence of diagnosed depression (129 per 10,000 population) compared to the South and West localities (97 and 89 per 10,000 population respectively).
- A similar pattern is seen for people newly diagnosed with chronic depression.

Source: Camden's GP PH Dataset, 2012
 Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded

New diagnosis by age: all depression

Crude incidence of diagnosed depression (patients diagnosed with depression in 2011/12), by age, Camden's registered population aged 18 and over, September 2012



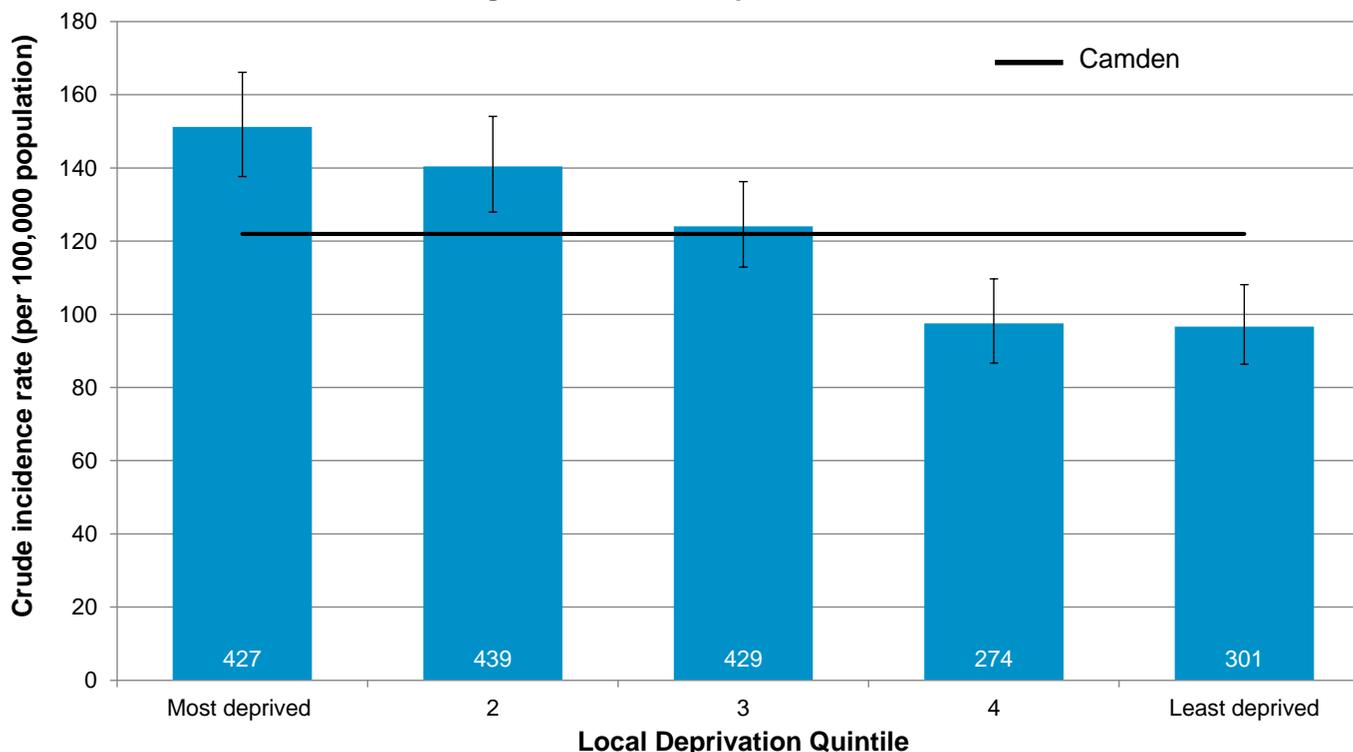
Note: Numbers on bars indicate the number of people diagnosed with depression in each age group
Source: Camden's GP PH dataset, 2012

- Analyses by age group shows that the incidence of depression is significantly higher than average for people aged 35-64.
- A similar pattern is seen in people with chronic depression.
- Analysis by sex is not included because of small numbers.

31

Differences by local deprivation: all new depression

Crude incidence of diagnosed depression (patients diagnosed with depression in 2011/12) by local deprivation quintile, Camden's registered and resident population aged 18 and over, September 2012



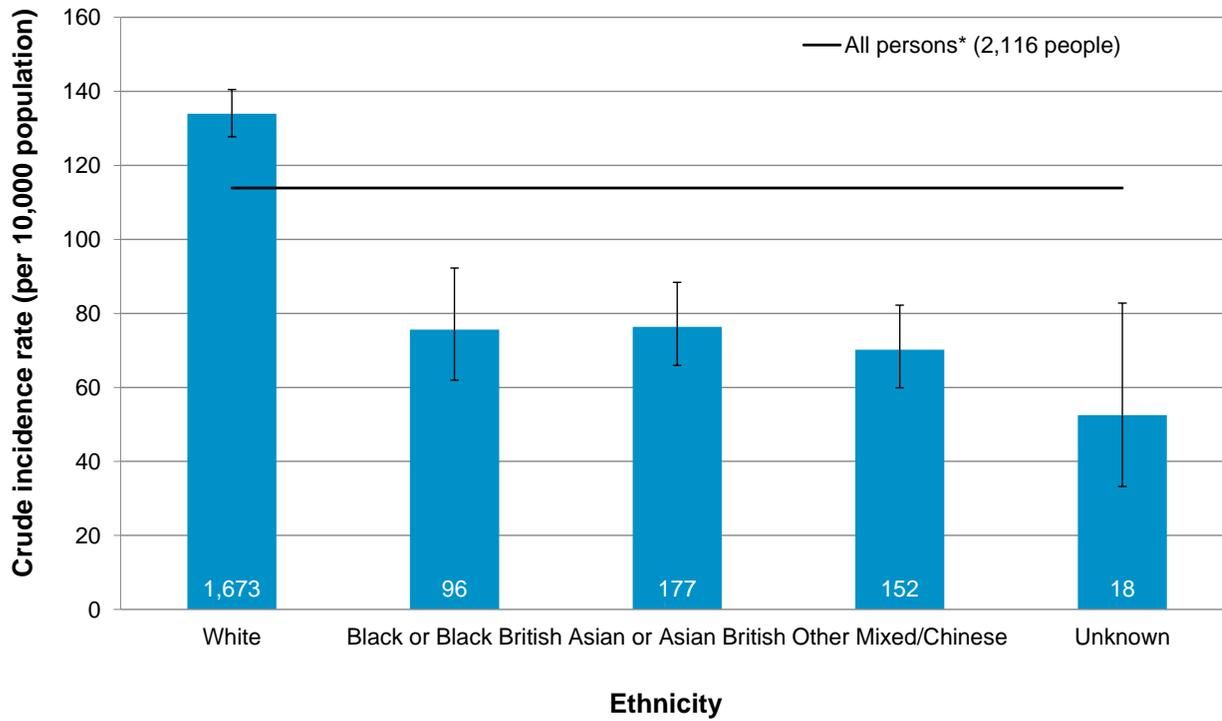
Source: Camden's GP PH Dataset, 2012
Note: 303 people living outside Camden or with no deprivation score were excluded

- The incidence of people with diagnosed depression is significantly higher in the most deprived quintile (151 per 10,000) than in the least (96 per 10,000), reflecting a social gradient in diagnoses.
- A similar pattern is seen in the incidence of people with diagnosed chronic depression.

33

Differences by ethnic group: all new depression

Crude incidence of diagnosed depression (patients diagnosed with depression in 2011/12) by detailed ethnic group, Camden's registered population aged 18 and over, September 2012



- Analyses by ethnicity shows that the incidence of depression is significantly higher than average in the White group.

* Includes those with ethnicity unknown
 Note: Numbers on bars indicate the number of people newly diagnosed with depression
 Source: Camden's GP PH dataset, 2012

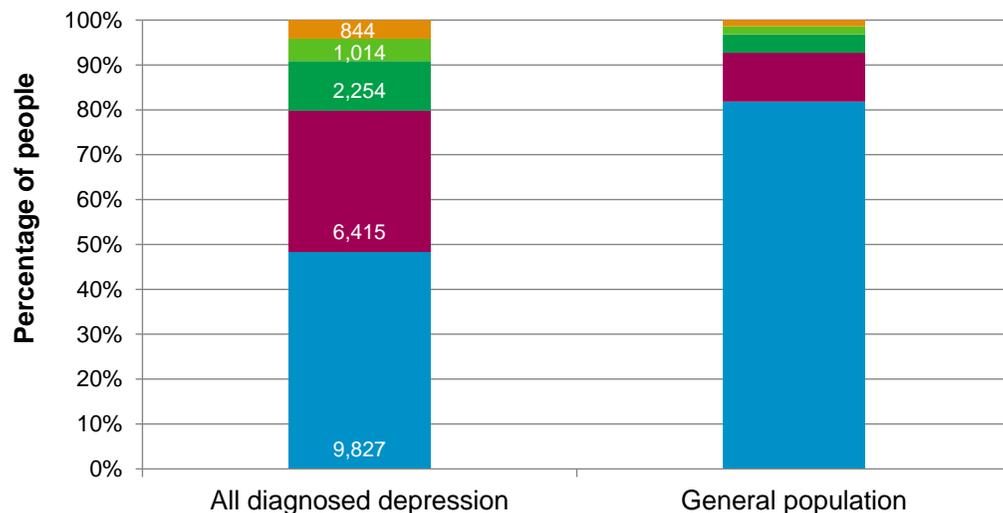
DEPRESSION AND LONG TERM CONDITIONS

This section looks at comorbidity, in terms of other long term conditions (LTCs), in people diagnosed with depression.

35

Comorbidity: all depression

Percentage of people diagnosed with depression, by number of long term conditions, compared to Camden's registered population aged 18 and over with a diagnosed long term condition, September 2012



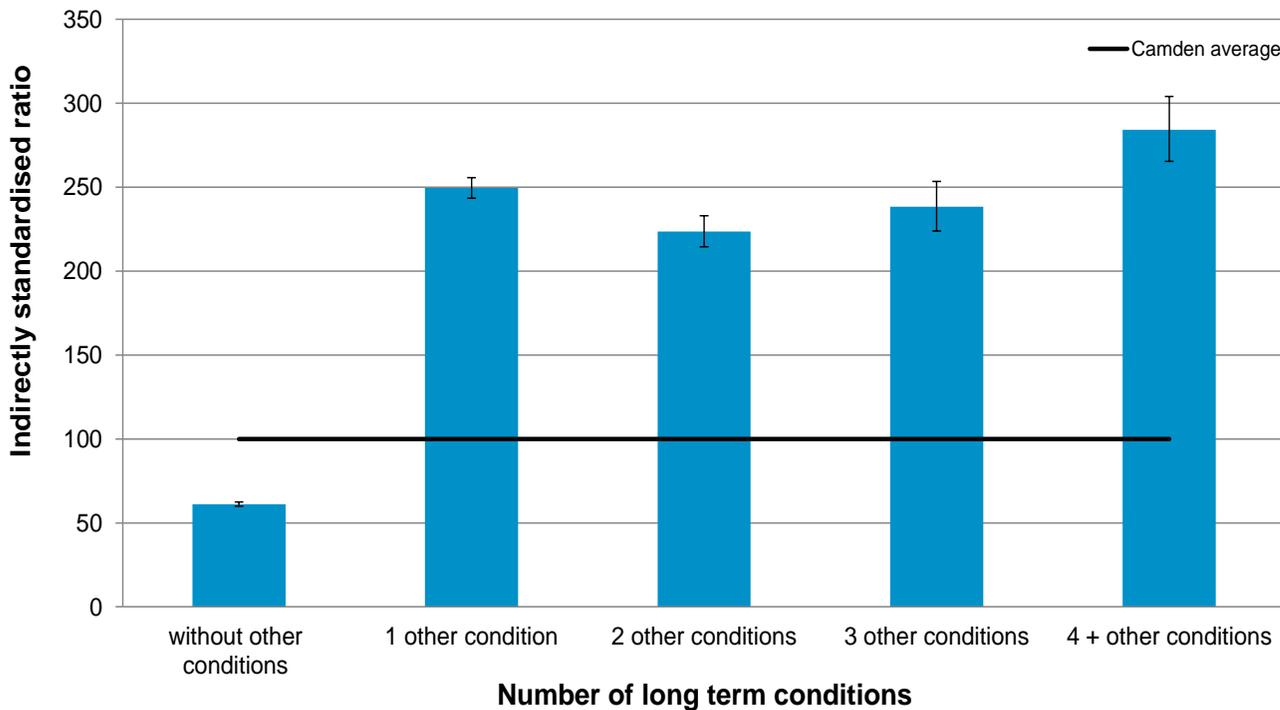
■ Without other conditions ■ 1 other condition ■ 2 other conditions ■ 3 other conditions ■ 4+ other conditions

- When compared to the general population with LTCs, people diagnosed with depression are more likely to have one or more other long term conditions.
- About 50% of people with depression have one or more LTCs compared to the 19% of the general population with a diagnosed LTC.

Note: Long term conditions (LTC) include high pressure, dementia, chronic kidney diseases, CHD, stroke/TIA, COPD, atrial fibrillation, dementia, heart failure and chronic liver disease. Numbers on bars indicate the number of people diagnosed with depression without other conditions and one or more long-term conditions.
Source: Camden's GP PH Dataset, 2012

Comorbidity (IDSR): all depression

Indirectly standardised ratio of people diagnosed with depression by number of LTCs, Camden's registered population aged 18 and over, September 2012

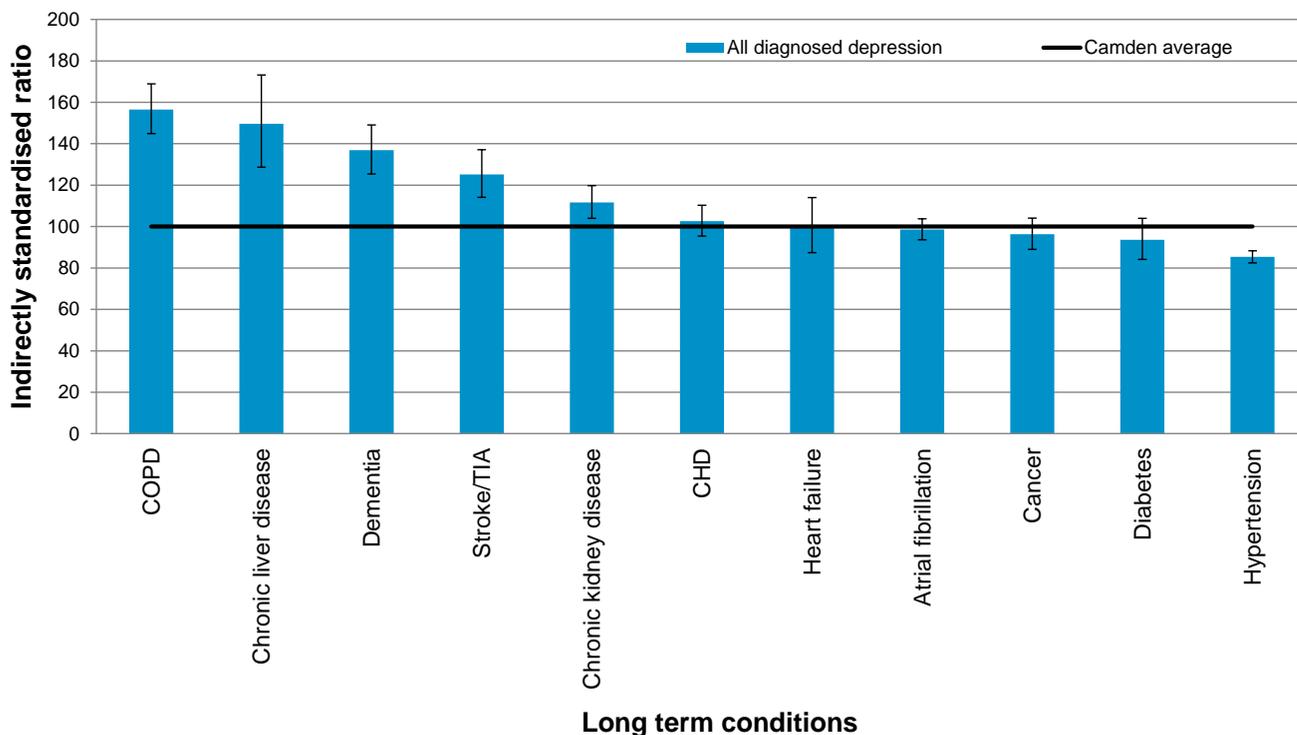


- People diagnosed with depression are more likely to have more than one LTC compared to the Camden average, after adjusting for age.

Note: Long term conditions (LTCs) include high blood pressure, diabetes, chronic kidney disease, CHD, stroke/TIA, COPD, heart failure, cancer, atrial fibrillation, dementia and chronic liver disease.
Source: Camden's GP PH Dataset, 2012

Long term conditions (IDSR): all depression

Indirectly standardised ratio of long term conditions among people diagnosed with depression, Camden's registered population aged 18 and over, September 2012

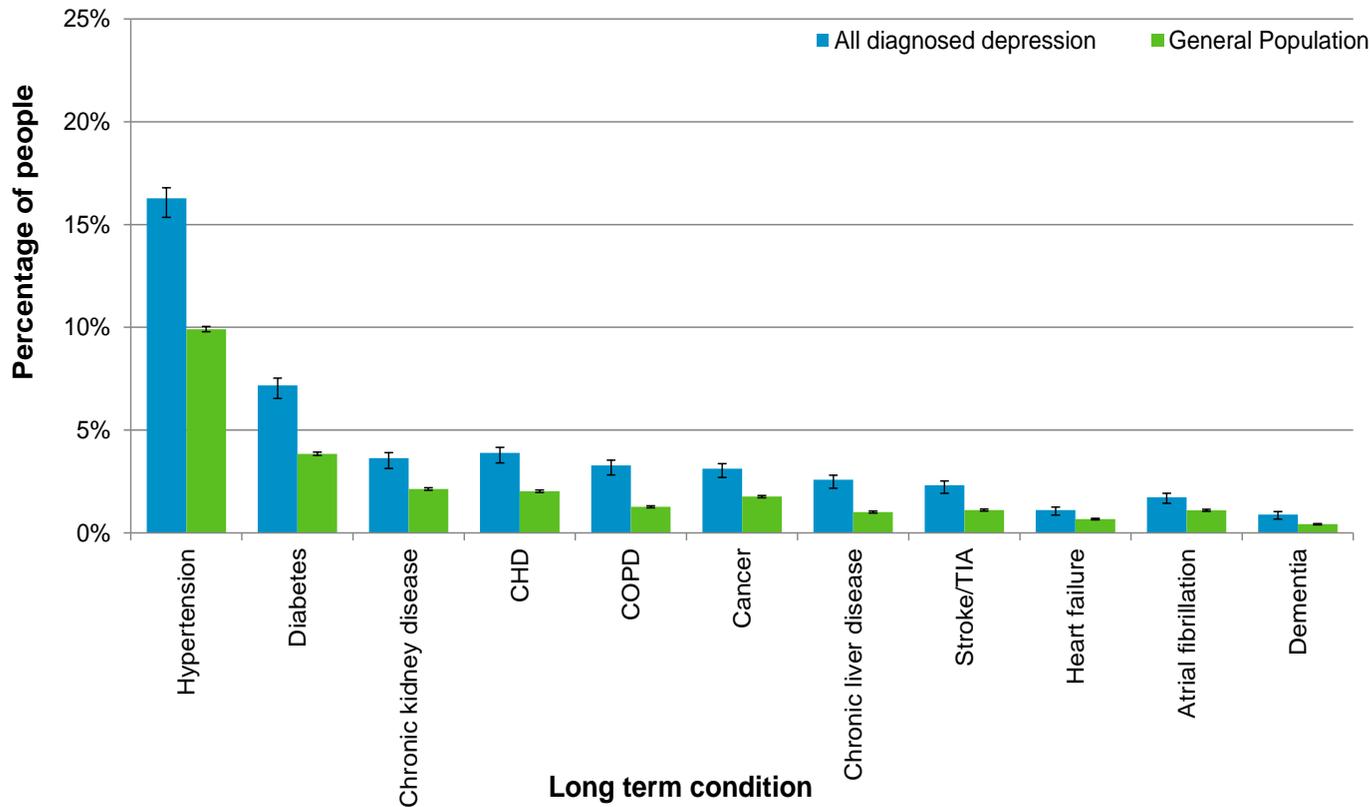


- Adjusted for the age structure of the population, people diagnosed with depression are more likely to have COPD, chronic liver disease, dementia stroke/TIA and chronic kidney disease conditions compared to the Camden average.

Source: Camden's GP PH Dataset, 2012

Long term conditions (crude prevalence): all depression

Prevalence of long term conditions among people diagnosed with depression compared to Camden's registered population aged 18 and over, September 2012

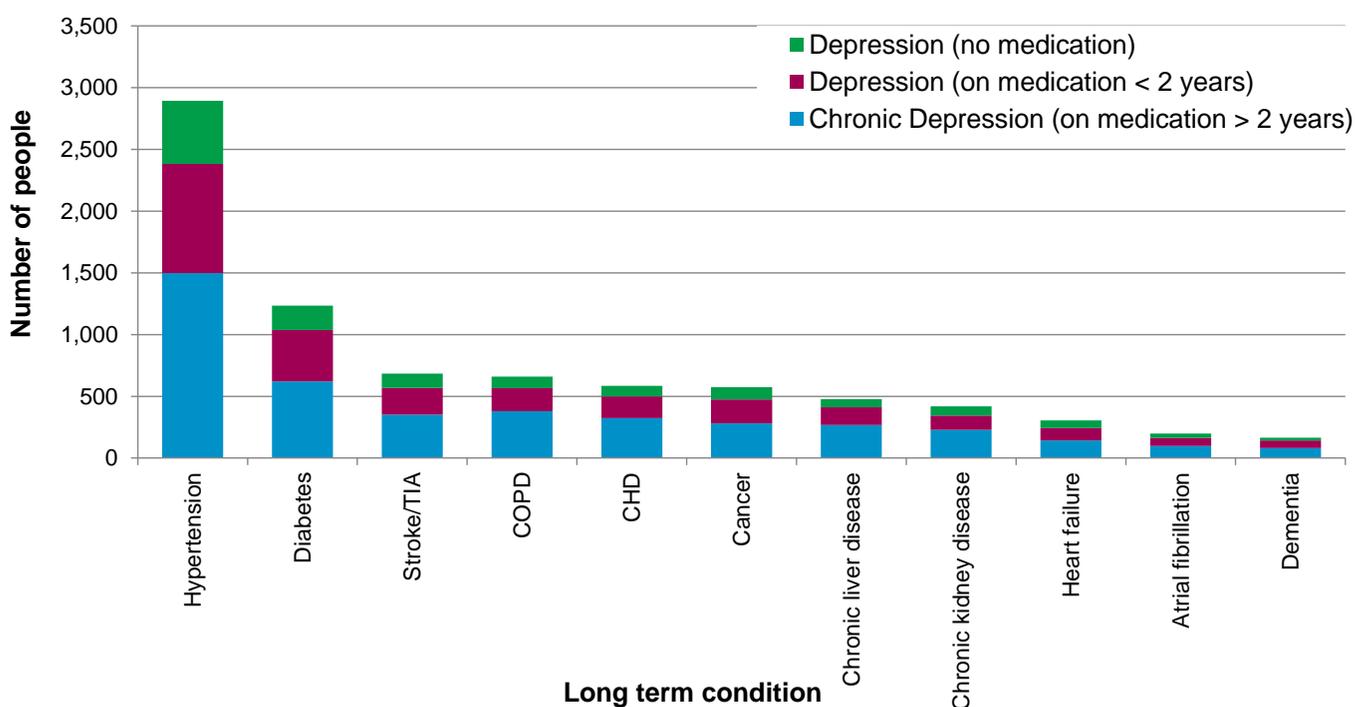


Source: Camden's GP PH Dataset, 2012

- Crude prevalence of LTCs shows that hypertension is the most common long term condition in people diagnosed with depression (16%), followed by diabetes (7%), chronic kidney disease and CHD (4%).
- Compared to the general population, people with depression are:
 - 2.6 times more likely to have chronic kidney disease and COPD
 - 2.1 times more likely to have stroke/TIA
 - 1.9 times more likely to have diabetes and CHD

Long term conditions (numbers recorded): categories

Number of other long term conditions in people diagnosed with depression split by category, Camden's registered population aged 18 and over, September 2012

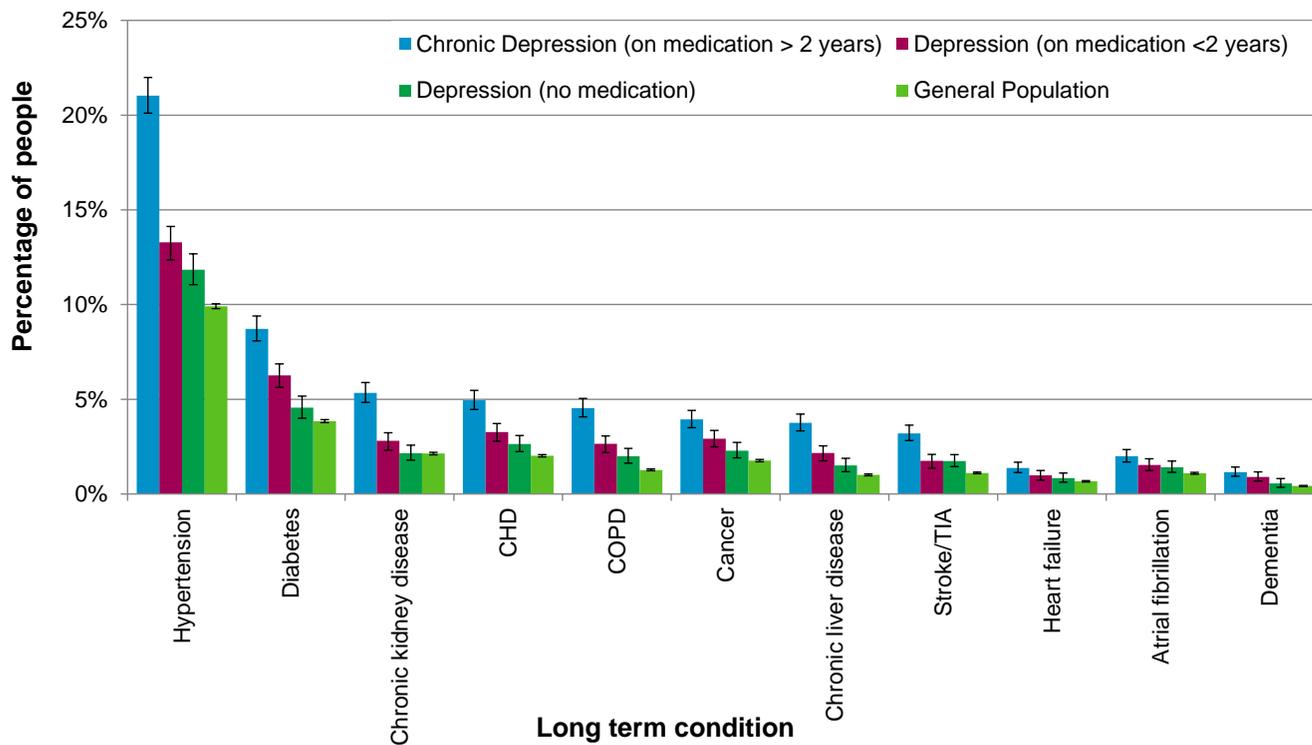


Note: people might be counted twice due to comorbidities.
2,257 people have been excluded from this analysis as dates of prescription were not reported.
Source: Camden's GP PH dataset, 2012

- Of all people with depression, 9,358 have one or more other LTC diagnoses:
 - 2,894 have a diagnosis of hypertension
 - Diabetes has been diagnosed for 1,234 people
 - Stroke/TIA has been diagnosed for 683 people
- People with depression and a medication status account for the majority (73%) of diagnoses with long term conditions.

Long term conditions (crude prevalence): categories

Prevalence of long term conditions among people diagnosed with depression split by category compared to Camden's registered population aged 18 and over, September 2012

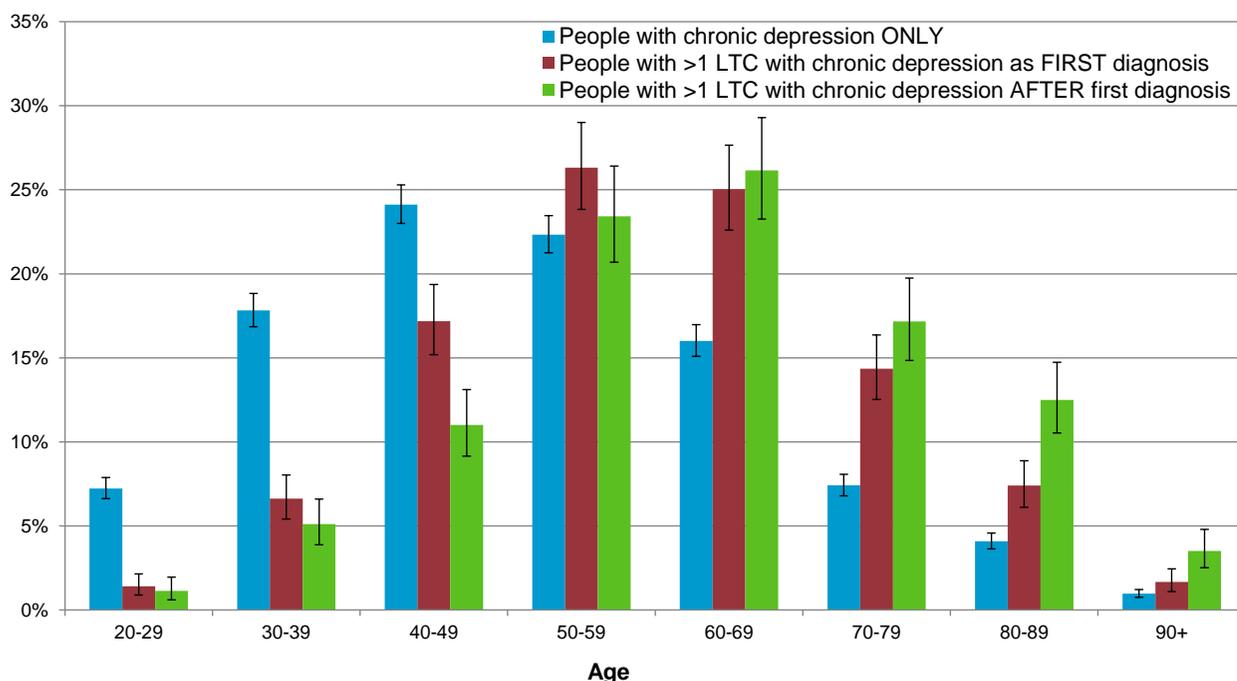


Source: Camden's GP PH Dataset, 2012

- Looking further into the different groups, the prevalence of LTCs shown are significantly higher in people with depression, regardless of medication status, compared to the general population.
- Compared to the general population people with chronic depression are:
 - 3.7 times more likely to have chronic liver disease
 - 3.6 times more likely to have COPD
 - 2.9 times more likely to have stroke/TIA

Long term conditions (order of diagnosis): chronic depression

Percentage of long term conditions in people diagnosed with chronic depression by age and the order of diagnosis, Camden's registered population aged 18 and over, September 2012



Source: Camden's GP PH dataset, 2012

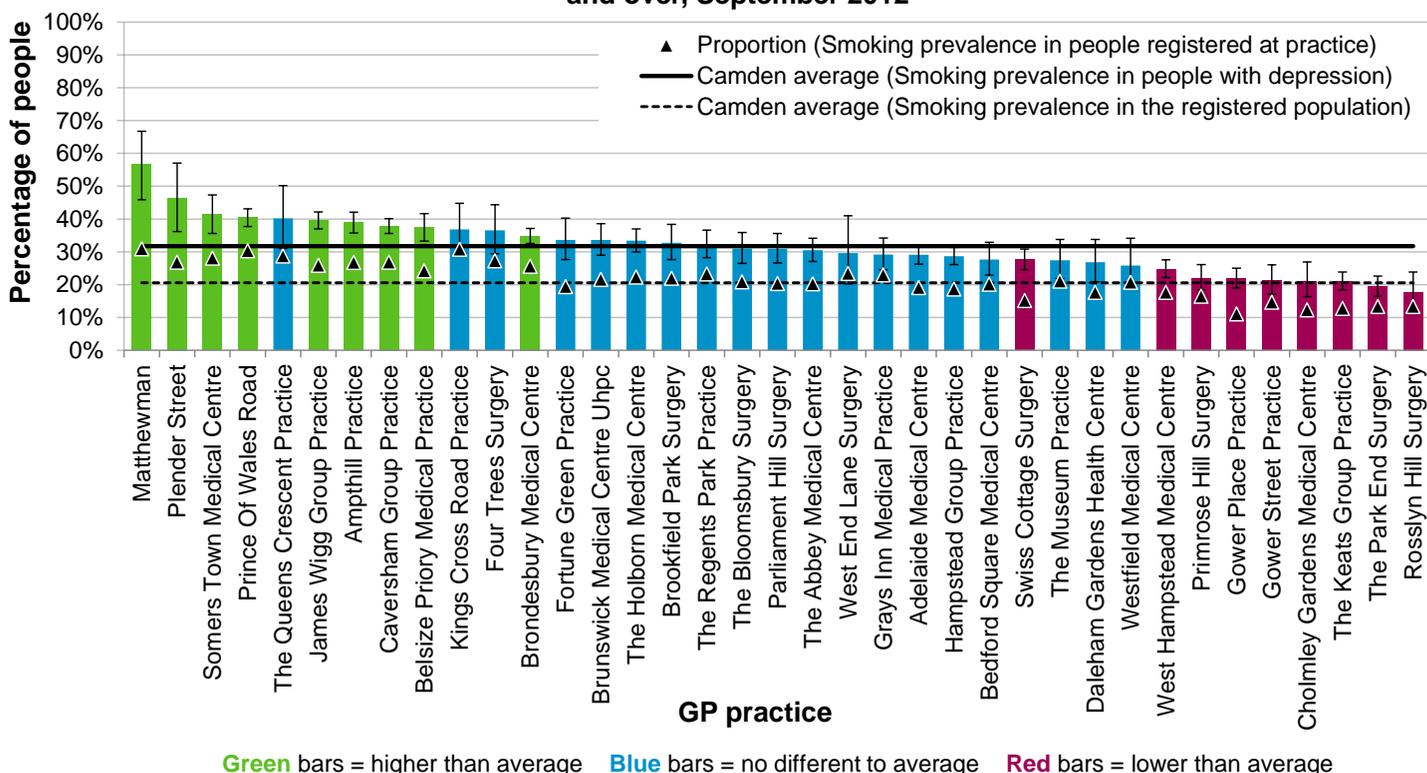
- Of people with more than one LTC, those aged 40-49 are more likely to be diagnosed with depression first, whereas those over 60 are more likely to be diagnosed with another LTC before depression.
- 7,119 people are diagnosed with chronic depression and do not have any other LTC diagnoses.
- Young people (aged 20-49 years old) account for the majority of chronic depression without any other LTC diagnoses.

DATA RECORDING AND RISK FACTOR SCREENING

This section compares the smoking status, alcohol consumption, body mass index and blood pressure recording of people with depression to the general population.

Smoking prevalence & all diagnosed depression

Prevalence of smoking in people diagnosed with depression and with a smoking status recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

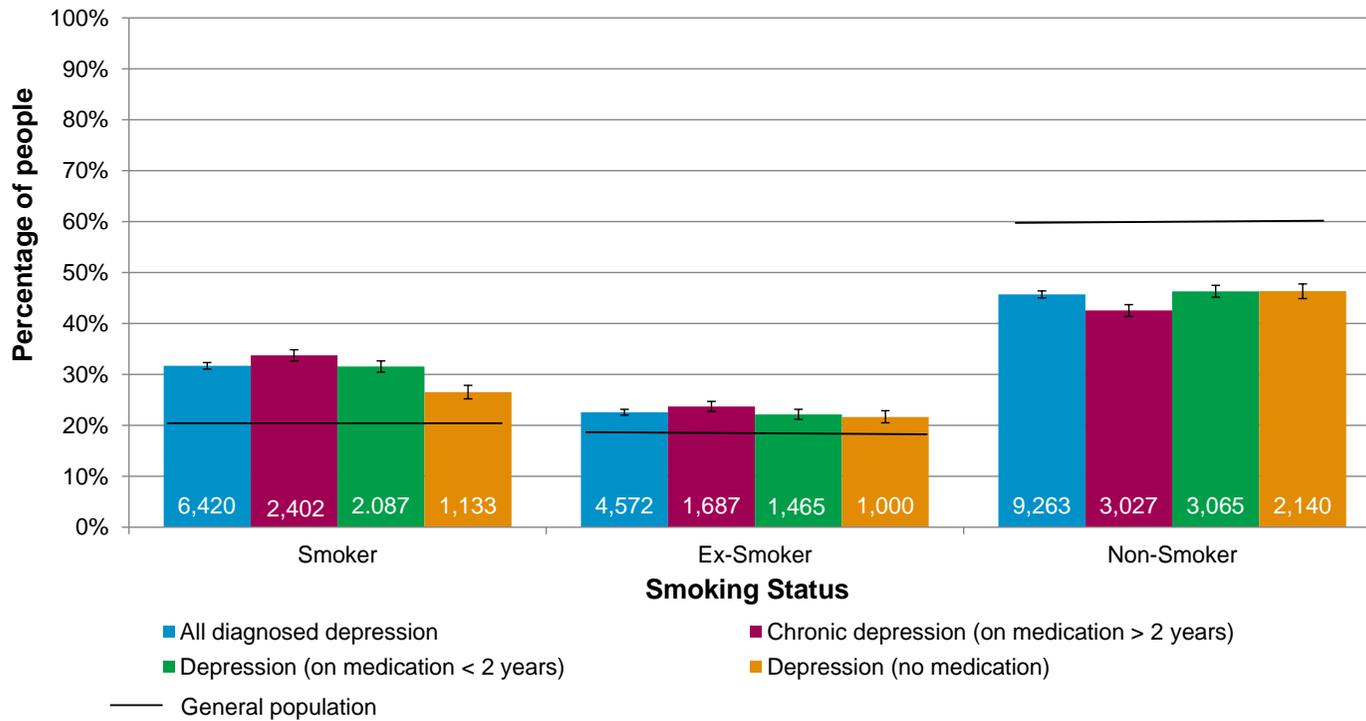


- The prevalence of smoking in people diagnosed with depression ranges from 18% to 57% across GP practices in Camden.
- This compares to a range of 11% to 31% and an average of 21% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for nine practices and significantly lower for nine.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded.
Source: Camden's GP PH dataset, 2012

Smoking status: all categories

Smoking status in people diagnosed with depression and with a smoking status recorded, compared to Camden's registered population aged 18 and over, September 2012

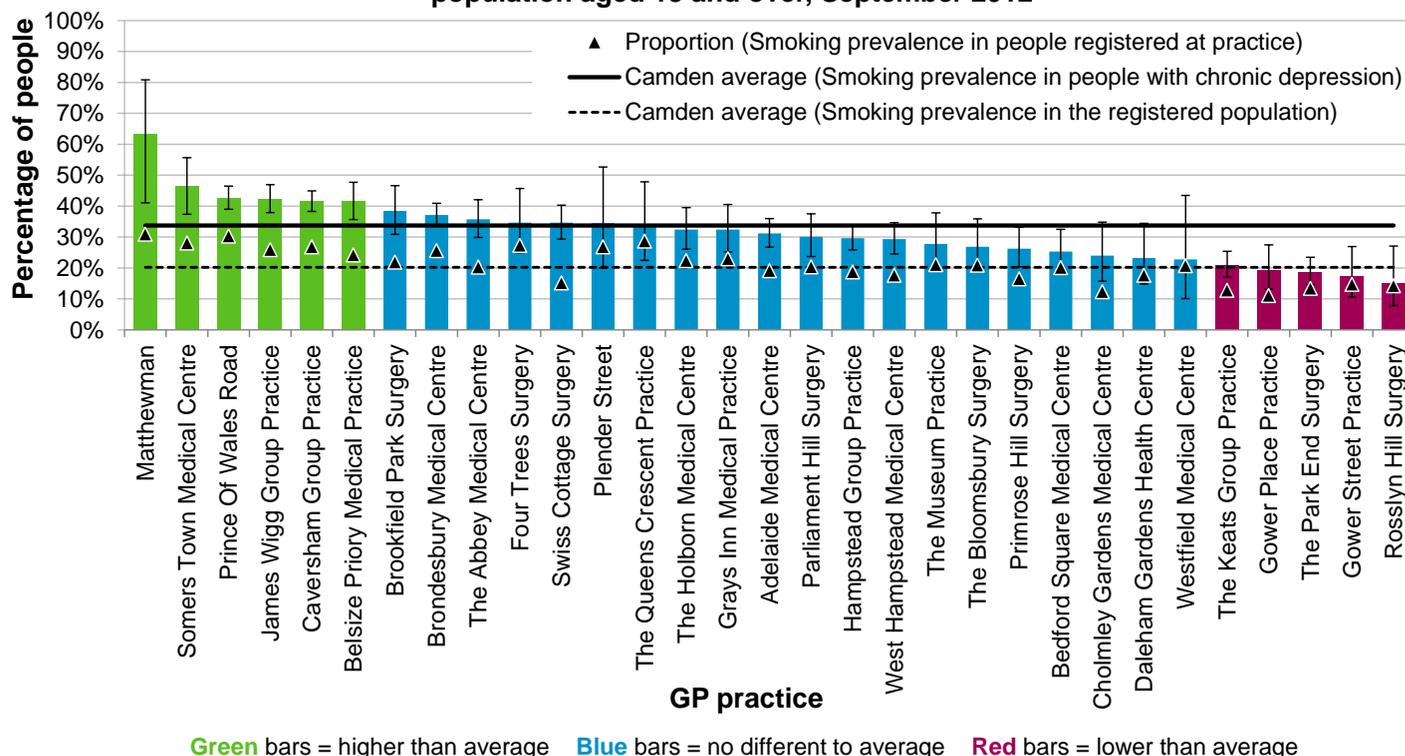


- People diagnosed with depression are more likely to be smokers than the general population aged 18 and over (of those with a smoking status recorded).
- Of people diagnosed with depression, 32% are smokers compared to 21% of the general population aged 18 and over.

Notes: Numbers on bars indicate the number of people diagnosed with depression and a smoking status recorded split by category
Source: Camden's GP PH Dataset, 2012

Smoking prevalence & diagnosed chronic depression

Prevalence of smoking in people diagnosed with chronic depression and with a smoking status recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

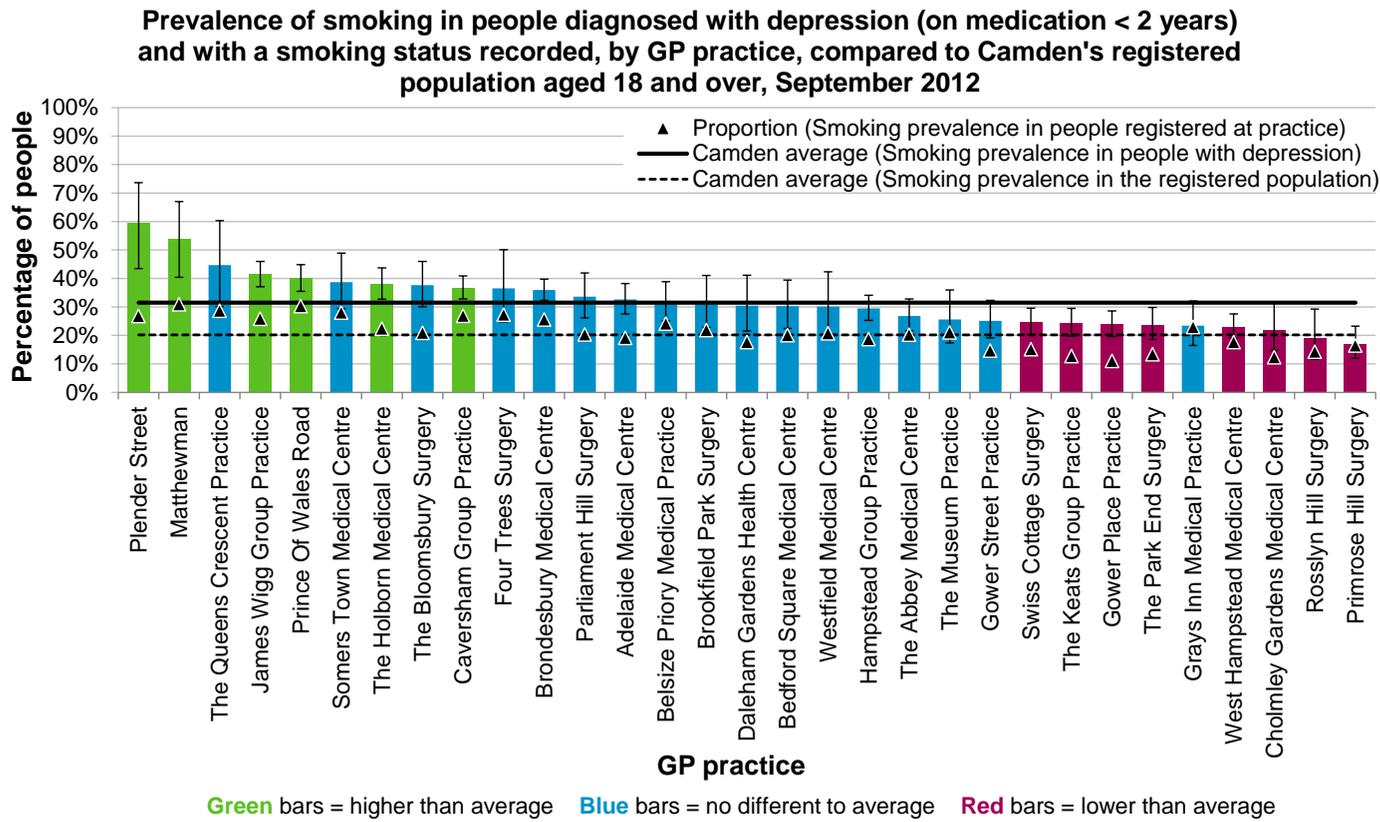


- The prevalence of smoking in people diagnosed with chronic depression ranges from 15% to 63% across GP practices in Camden.
- This compares to a range of 11% to 31% and an average of 21% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for six practices and significantly lower for five.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded.

Source: Camden's GP PH dataset, 2012

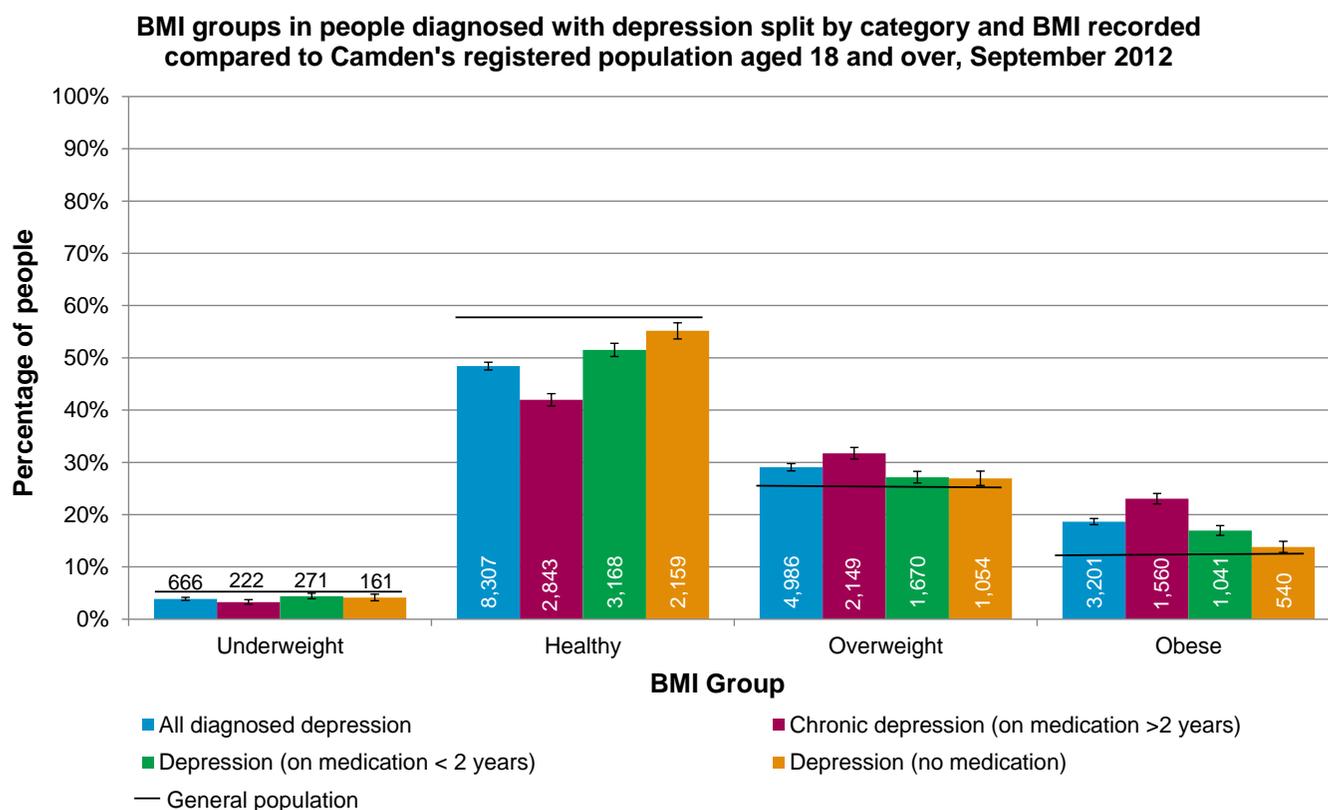
Smoking prevalence & diagnosed depression



Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded.
 Source: Camden's GP PH dataset, 2012

- The prevalence of smoking in people diagnosed with depression (on medication < 2 years) ranges from 17% to 59% across GP practice for Camden.
- This compares to a range of 11% to 31% and an average of 21% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for six practices and significantly lower for eight.

Body Mass Index: all categories

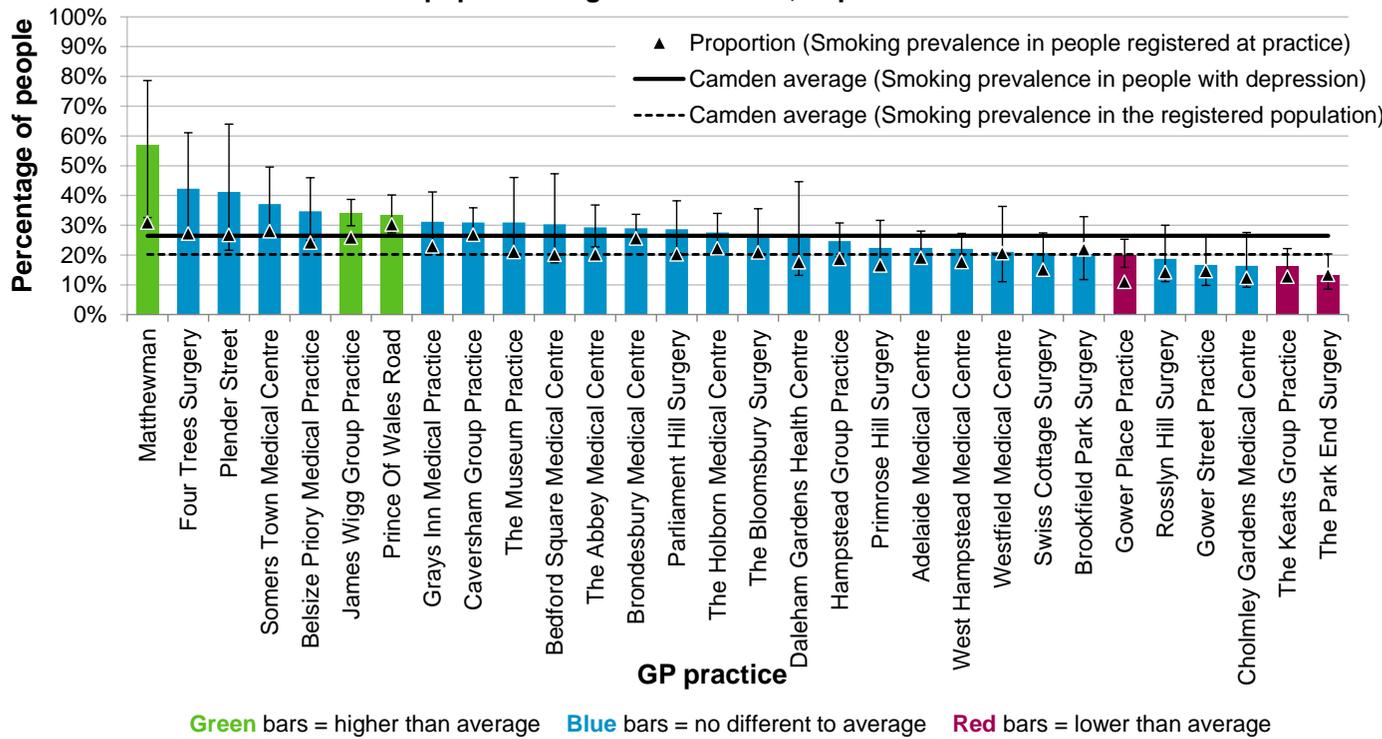


Notes: Numbers on bars indicate the number of people diagnosed with depression and a BMI recorded by category
 Source: Camden's GP PH Dataset, 2012

- People diagnosed with depression are more likely to be obese/overweight than the general population aged 18 and over (of those with a BMI recording).
- About one-in-four people diagnosed with chronic depression are obese and one-in-three are overweight compared to 12% and 25% respectively of the general population aged 18 and over.

Smoking prevalence & diagnosed depression (no meds)

Prevalence of smoking in people diagnosed with depression (no medication) and with a smoking status recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

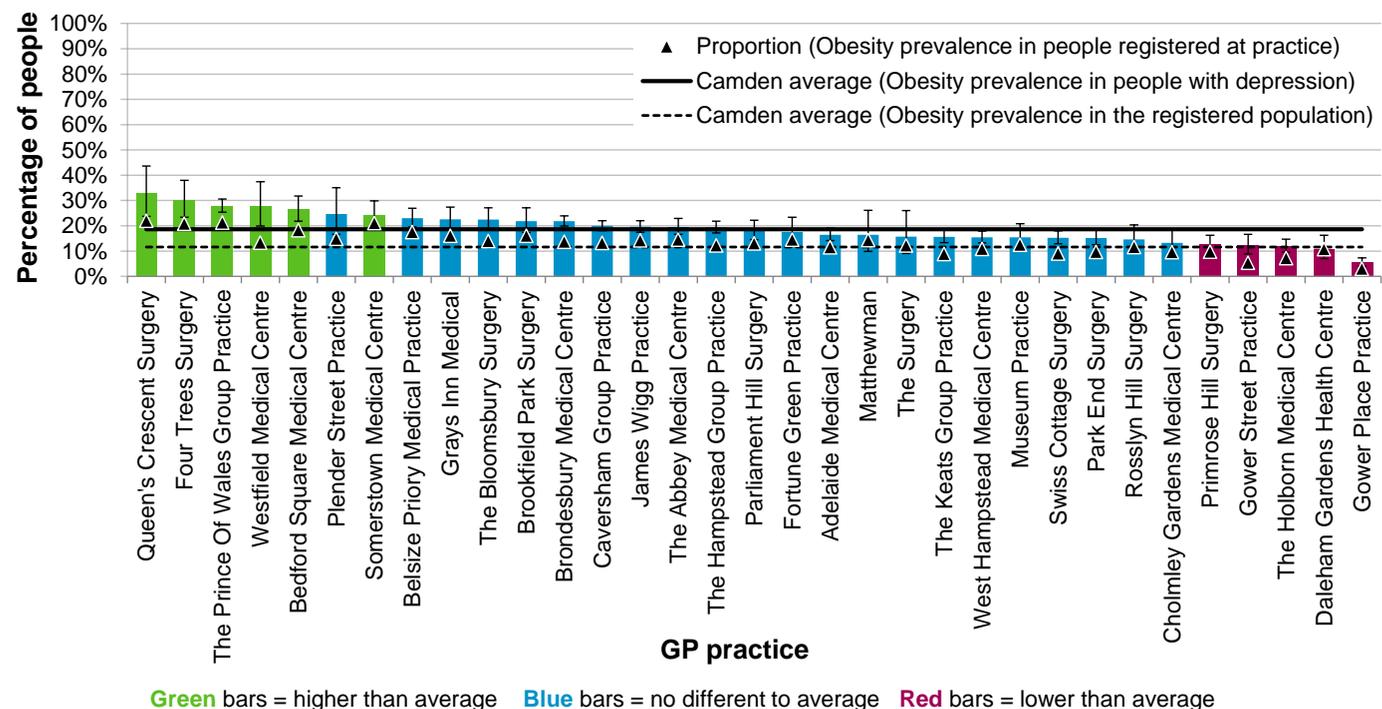


- The prevalence of smoking in people diagnosed with depression (no medication) ranges from 13% to 57% across GP practice for Camden.
- This compares to a range of 11% to 31% and an average of 21% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden for three practices and significantly lower for three.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Seven practices have no data recorded and are excluded.
Source: Camden's GP PH dataset, 2012

Obesity prevalence & all diagnosed depression

Prevalence of obesity in people diagnosed with depression and with a BMI recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

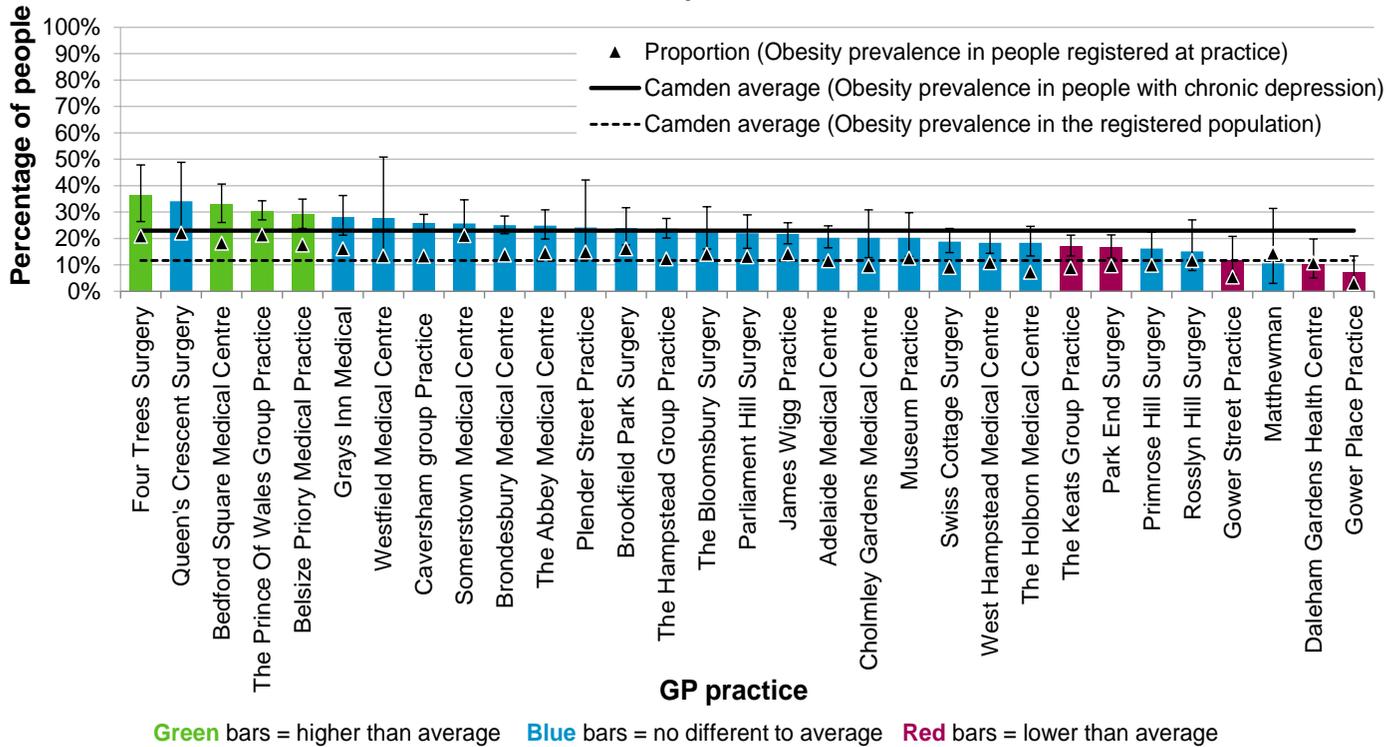


- The prevalence of obesity in people diagnosed with depression ranges from 5% to 33% across GP practices, with an average of 19% for Camden.
- This compares to a range from 3% to 22% and an average of 12% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for six practices and significantly lower for five.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded.
Source: Camden's GP PH dataset, 2012

Obesity prevalence & diagnosed chronic depression

Prevalence of obesity in people diagnosed with chronic depression and with a BMI recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

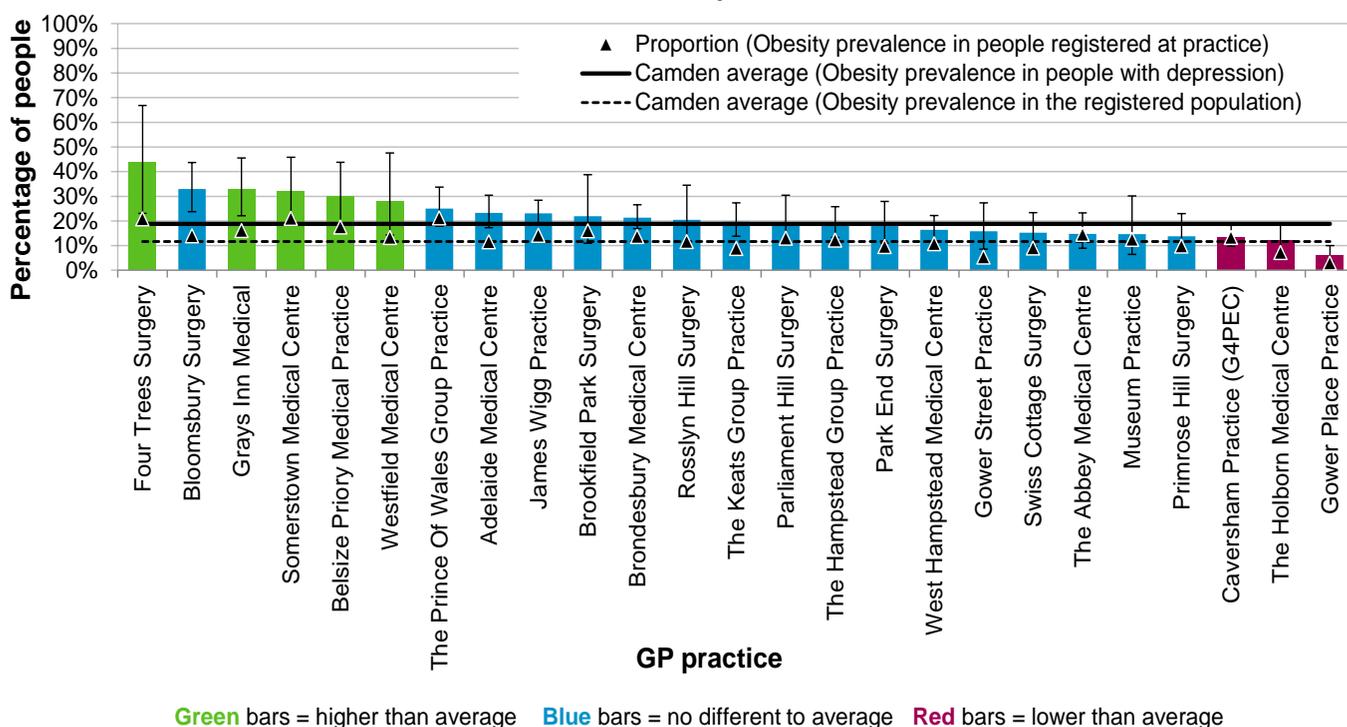


- The prevalence of obesity in people diagnosed with chronic depression ranges from 7% to 36% across GP practices, with an average of 23% for Camden.
- This compares to a range from 3% to 22% and an average of 12% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for four practices, and significantly lower for five.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded. Source: Camden's GP PH dataset, 2012

Obesity prevalence & diagnosed depression (no meds)

Prevalence of obesity in people diagnosed with depression (no medication) and with a BMI recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

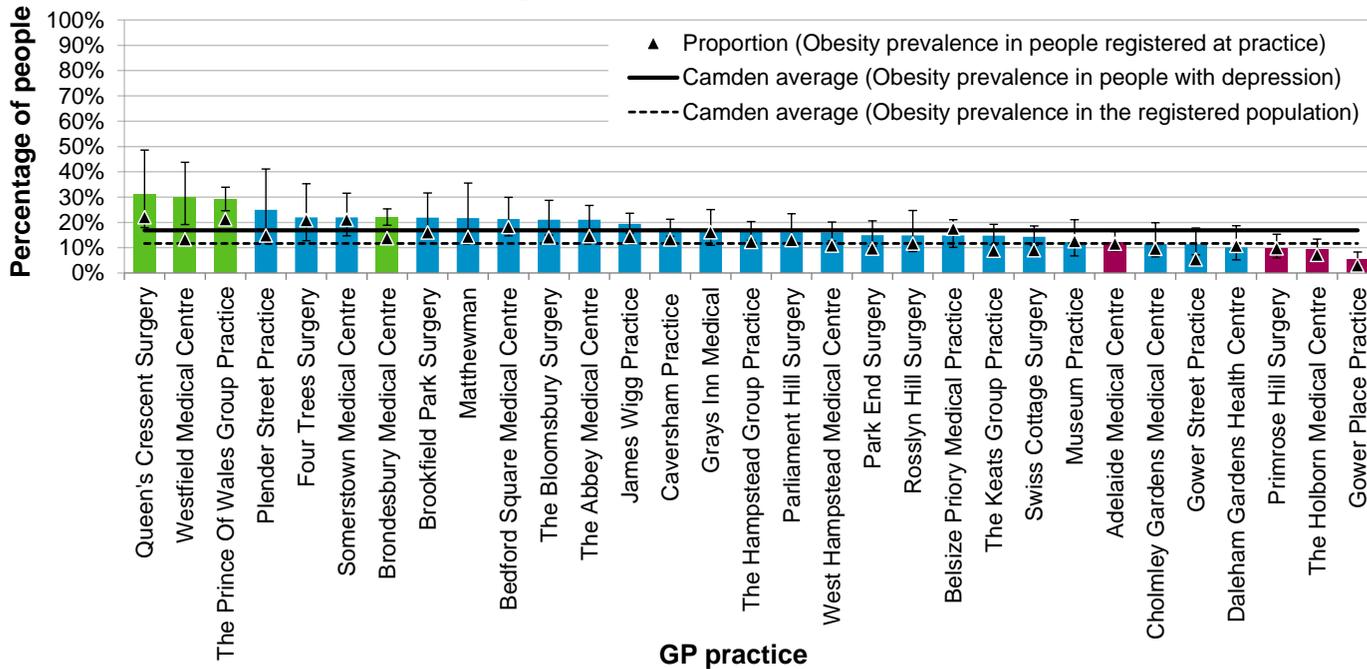


- The prevalence of obesity in people diagnosed with depression (no medication) ranges from 6% to 44% across GP practices, with an average of 19% for Camden.
- This compares to a range of 3% to 22% and an average of 12% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for five practices, and significantly lower for three.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded. In addition five practices have also been excluded because of small numbers. Source: Camden's GP PH dataset, 2012

Obesity prevalence & diagnosed depression

Prevalence of obesity in people diagnosed with depression (on medication < 2 years) and with a BMI recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012



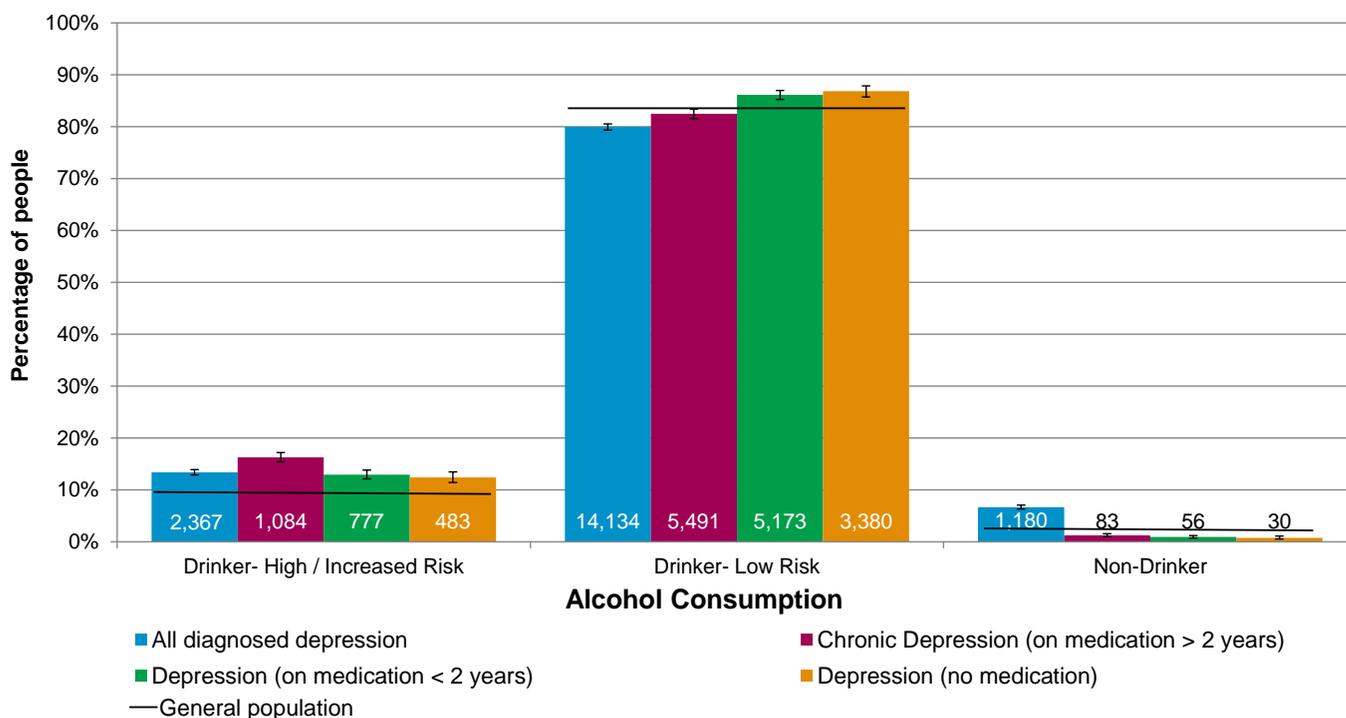
- The prevalence of obesity in people diagnosed with depression (on medication < 2 years) ranges from 5% to 31% across GP practices, with an average of 17% for Camden.
- This compares to a range from 3% to 22% and an average of 12% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for four practices, and significantly lower for four.

Green bars = higher than average Blue bars = no different to average Red bars = lower than average

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded. Source: Camden's GP PH dataset, 2012

Alcohol consumption: all categories

Alcohol consumption in people diagnosed with depression split by category and with an alcohol consumption status compared to Camden's registered population aged 18 and over, September 2012

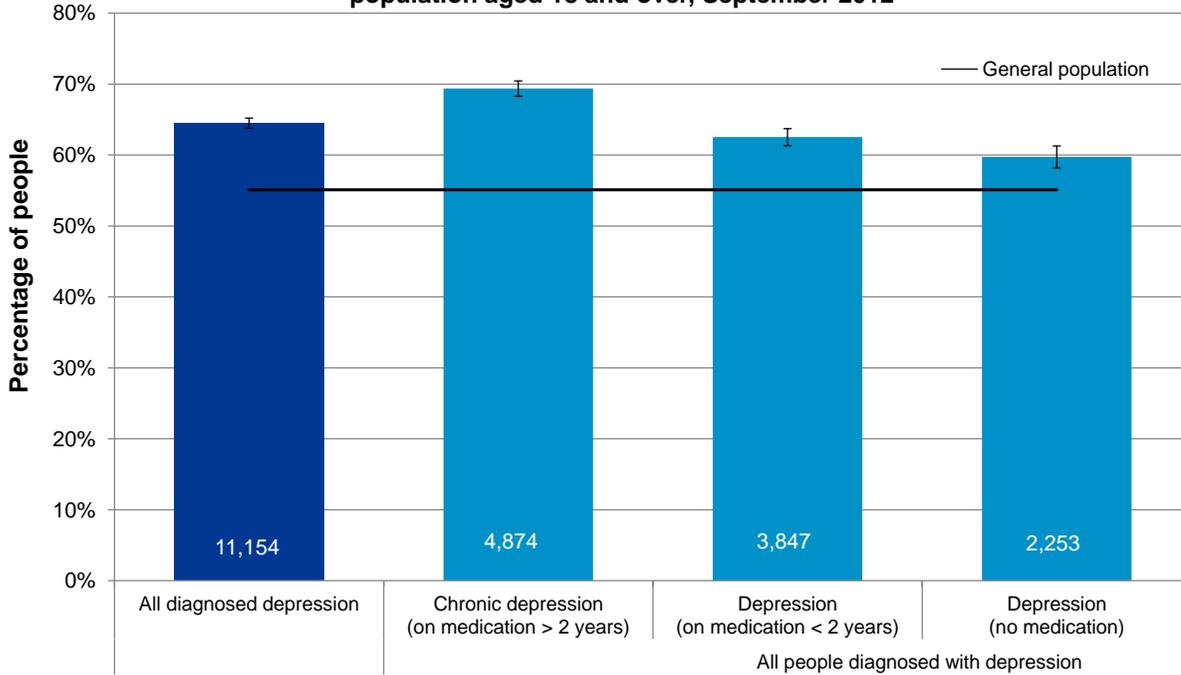


- People diagnosed with depression and/or a medication status are more likely to drink at high or increased risk, in particular people with chronic depression (16%) than the general population aged 18 and over (10%).

Notes: Numbers on bars indicate the number of people diagnosed with depression and an alcohol consumption status by category. Source: Camden's GP PH Dataset, 2012

Blood pressure recording: all categories

Proportion of people with diagnosed depression, split by category, and a blood pressure reading within the previous 15 months, compared to Camden's registered population aged 18 and over, September 2012

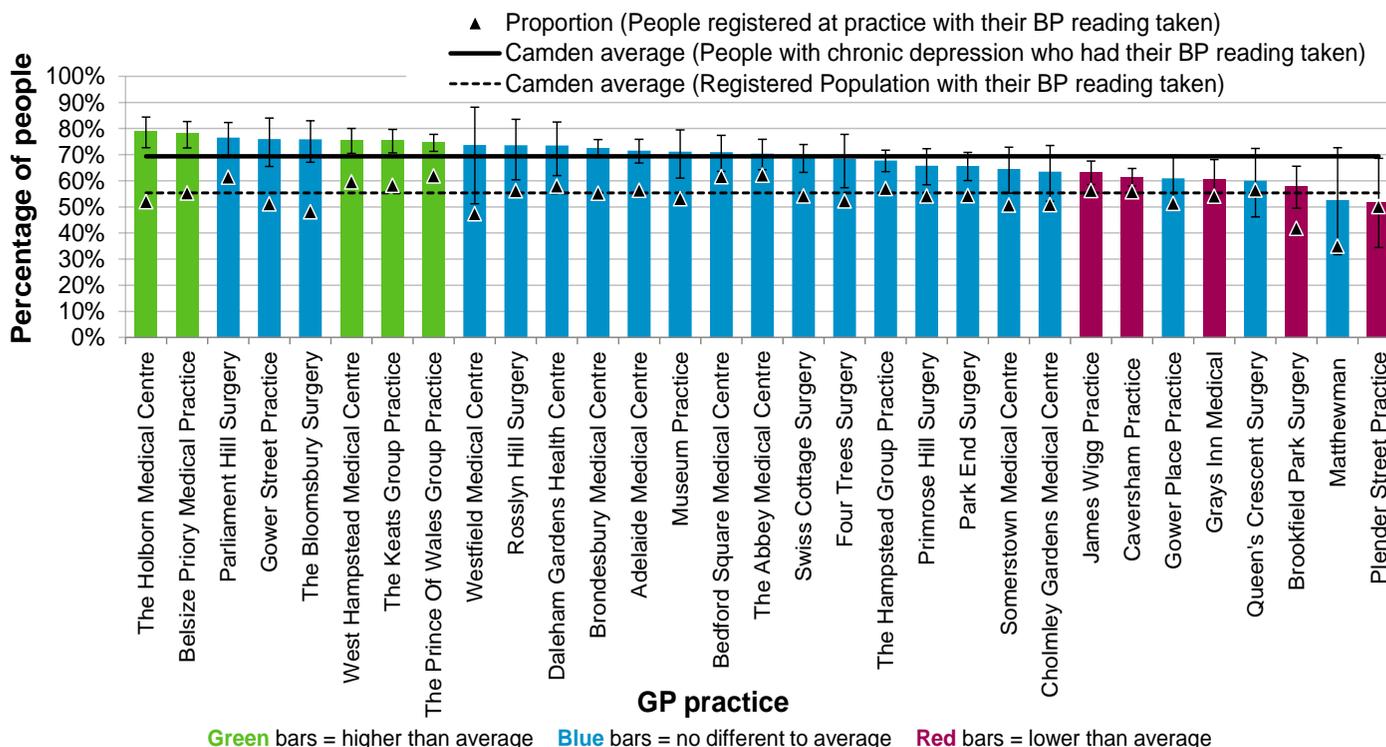


- The proportion of people with depression who had their blood pressure recorded during the past 15 months, is significantly higher than the general population aged 18 and over for all categories.

Notes: Numbers on bars indicate the number of people diagnosed with depression by each category
Source: Camden's GP PH Dataset, 2012

Blood pressure recording: chronic depression

Proportion of people who have chronic depression (on medication > 2 years) and a blood pressure reading within the previous 15 months, by GP Practice, compared to Camden's registered population aged 18 and over, September 2012

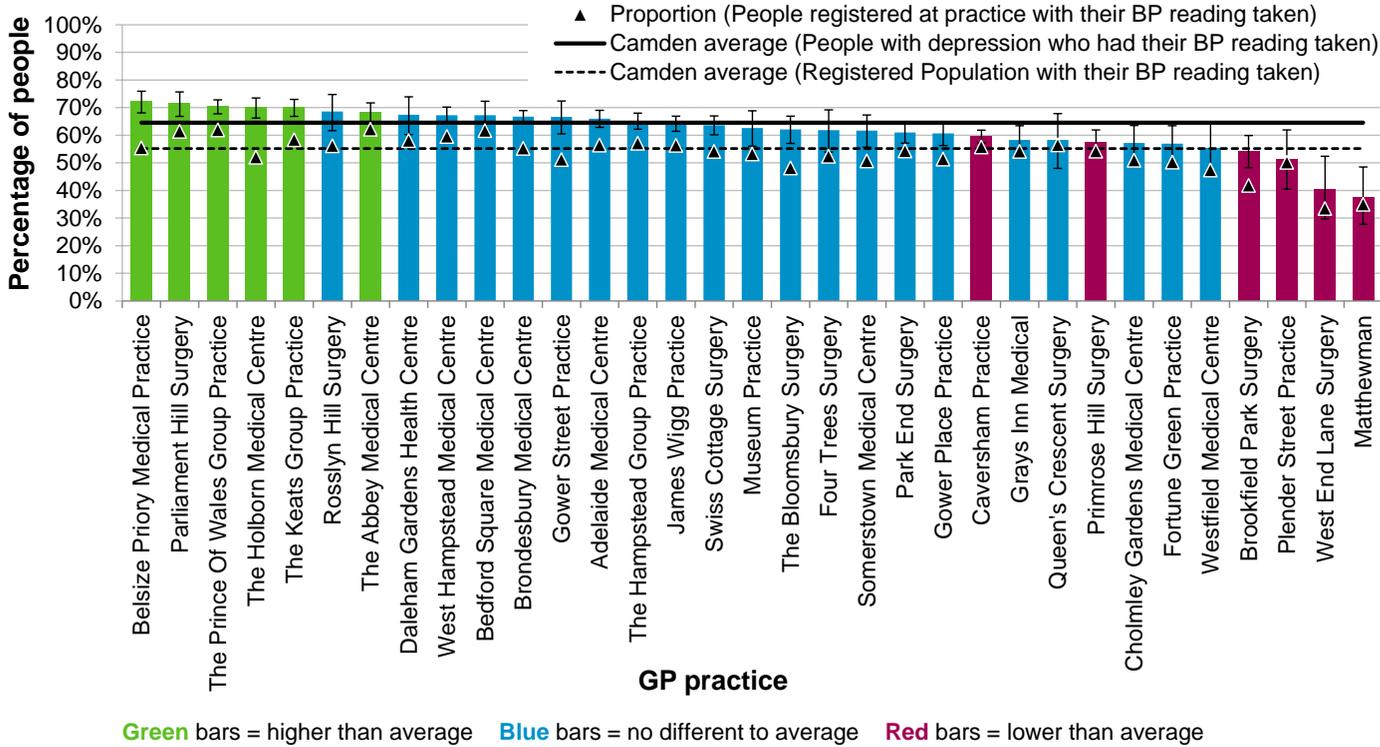


- The percentage of people diagnosed with chronic depression who had their blood pressure reading in the past 15 months range from 52% to 79% across GP practices, with an average of 69% for Camden.
- This compares to a range from 33% to 62% and an average of 55% among the general population aged 18 and over.
- The percentage is significantly higher than the Camden average for five practices, and significantly lower for five.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded. Source: Camden's GP PH dataset, 2012.

Blood pressure recording: all depression

Proportion of people with depression who have a blood pressure reading taken in the previous 15 months, by GP Practice, compared to Camden's registered population aged 18 and over, September 2012

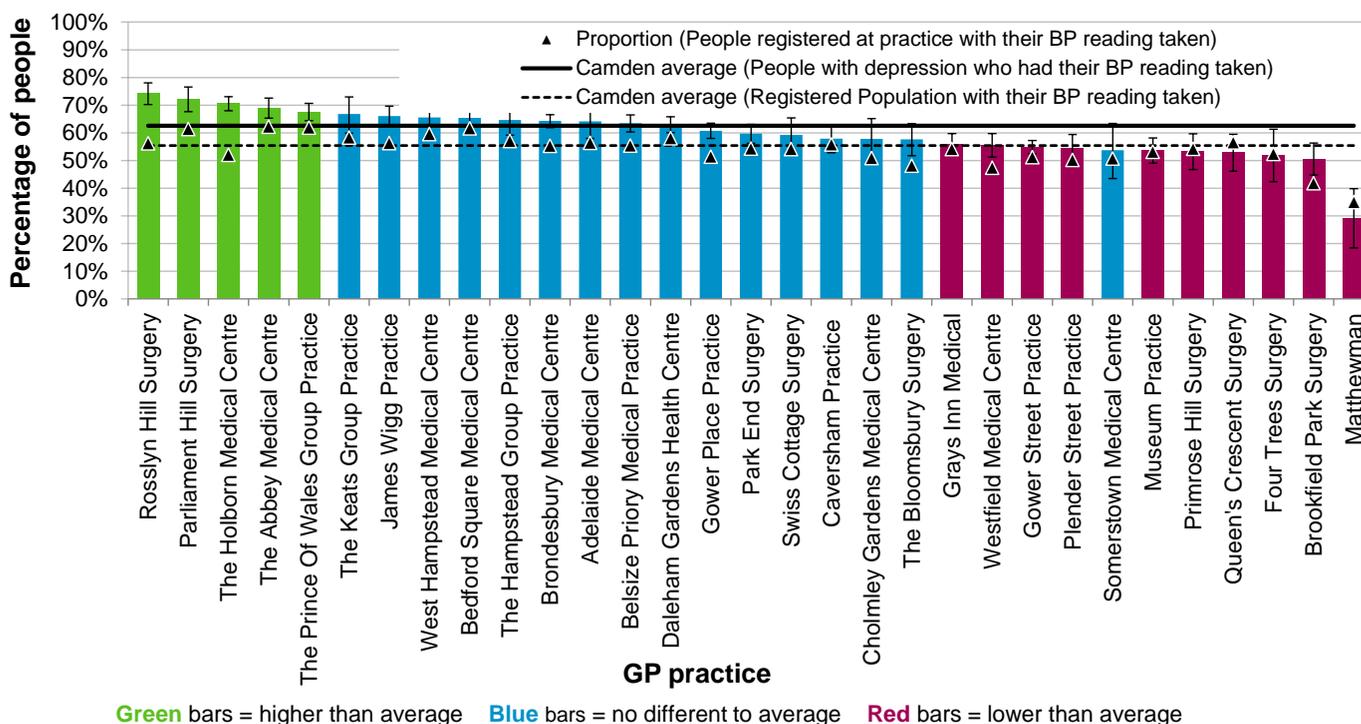


- The percentage of people diagnosed with depression who had their blood pressure reading in the past 15 months range from 38% to 72% across GP practices, with an average of 65% for Camden.
- This compares to a range from 33% to 62% and an average of 55% among the general population aged 18 and over.
- The percentage is significantly higher than the Camden average for six practices, and significantly lower for six.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Source: Camden's GP PH dataset, 2012

Blood pressure recording: depression

Proportion of people with depression (on medication < 2 years) who have a blood pressure reading taken in the previous 15 months, by GP Practice, compared to Camden's registered population aged 18 and over, September 2012

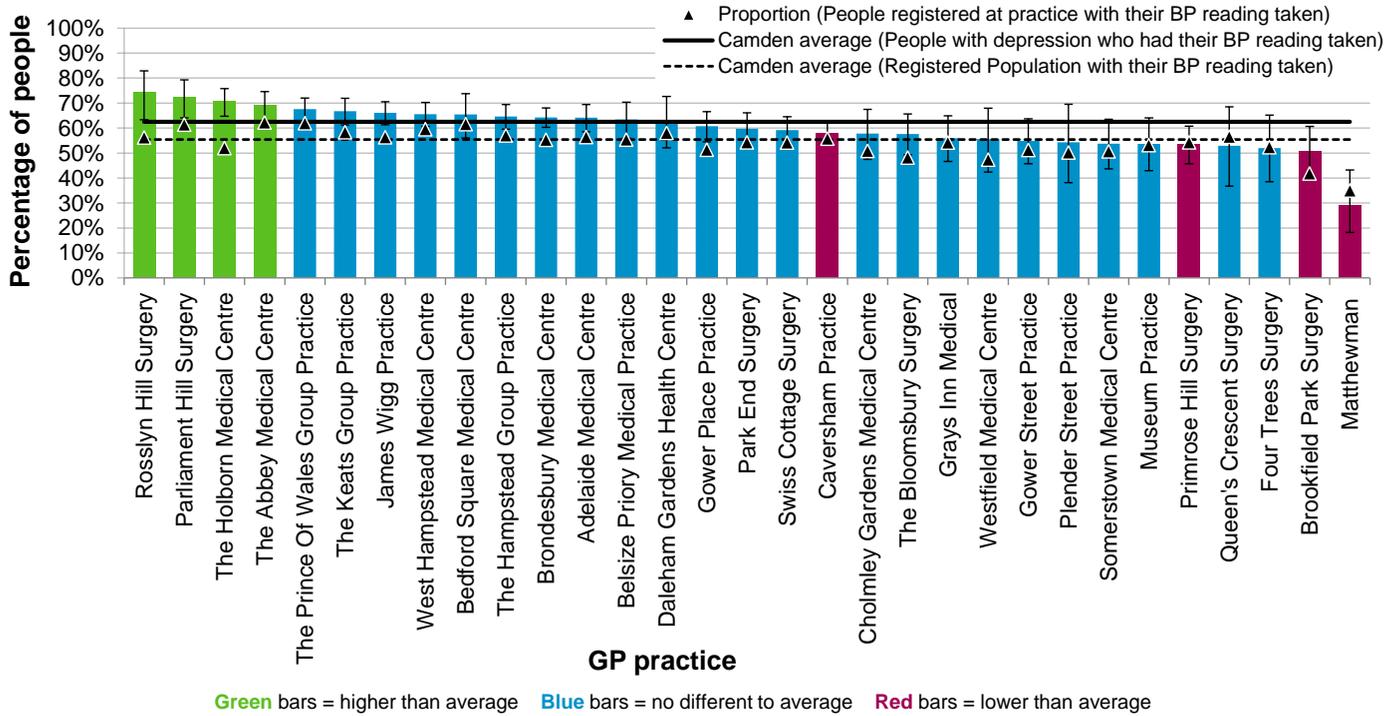


- The percentage of people diagnosed with depression (on medication < 2years) who had their blood pressure reading in the past 15 months range from 29% to 74% across GP practices, with an average of 63% for Camden.
- This compares to a range from 35% to 62% and an average of 55% among the general population aged 18 and over.
- The percentage is significantly higher than the Camden average for five practices, and significantly lower for ten.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded. Source: Camden's GP PH dataset, 2012

Blood pressure recording: depression (no meds)

Proportion of people with depression (no medication) who have a blood pressure reading taken in the previous 15 months, by GP Practice, compared to Camden's registered population aged 18 and over, September 2012

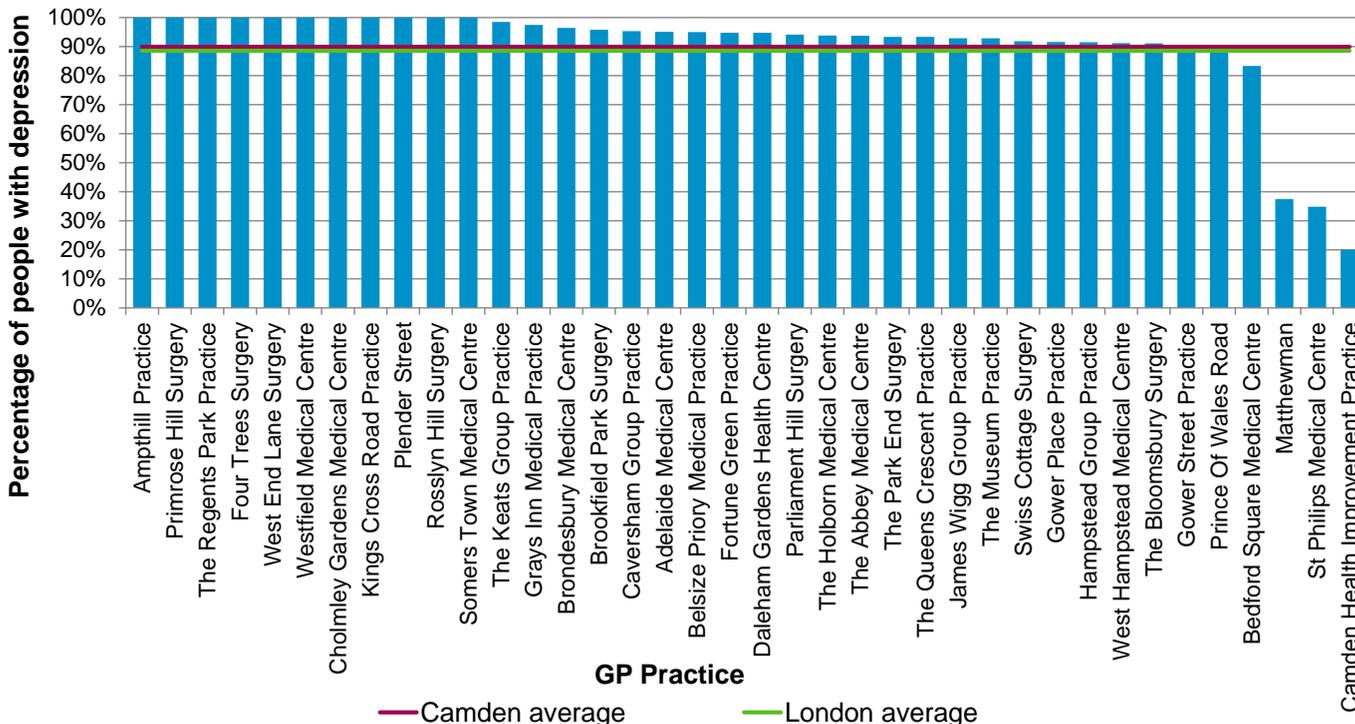


- The percentage of people diagnosed with depression (no medication) who had their blood pressure reading in the past 15 months ranges from 29% to 74% across GP practices, with an average of 63% for Camden.
- This compares to a range from 35% to 62% and an average of 55% among the general population aged 18 and over.
- The percentage is significantly higher than the Camden average for four practices, and significantly lower for four.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded. Six practices have no data recorded and are excluded. Source: Camden's GP PH dataset, 2012

Depression assessment for QOF (DEP06)

The percentage of people who had an assessment of severity at the time of diagnosis in those patients with a new diagnosis of depression, recorded between the preceding 1 April to 31 March, by GP practice, Camden's registered population, all ages, 2012/13



- 164 (11%) out of an eligible 1,466 people with a new diagnosis of depression did not have an assessment of severity recorded in the previous 15 months.
- The percentage varies across GP practices from 20% to 100%, with an average of 90% for Camden.

Note: Of 1,466 people on the register, 318 (22%) were exception reported. One practice has been excluded as QOF data were not reported. Source: QOF (2012/13)

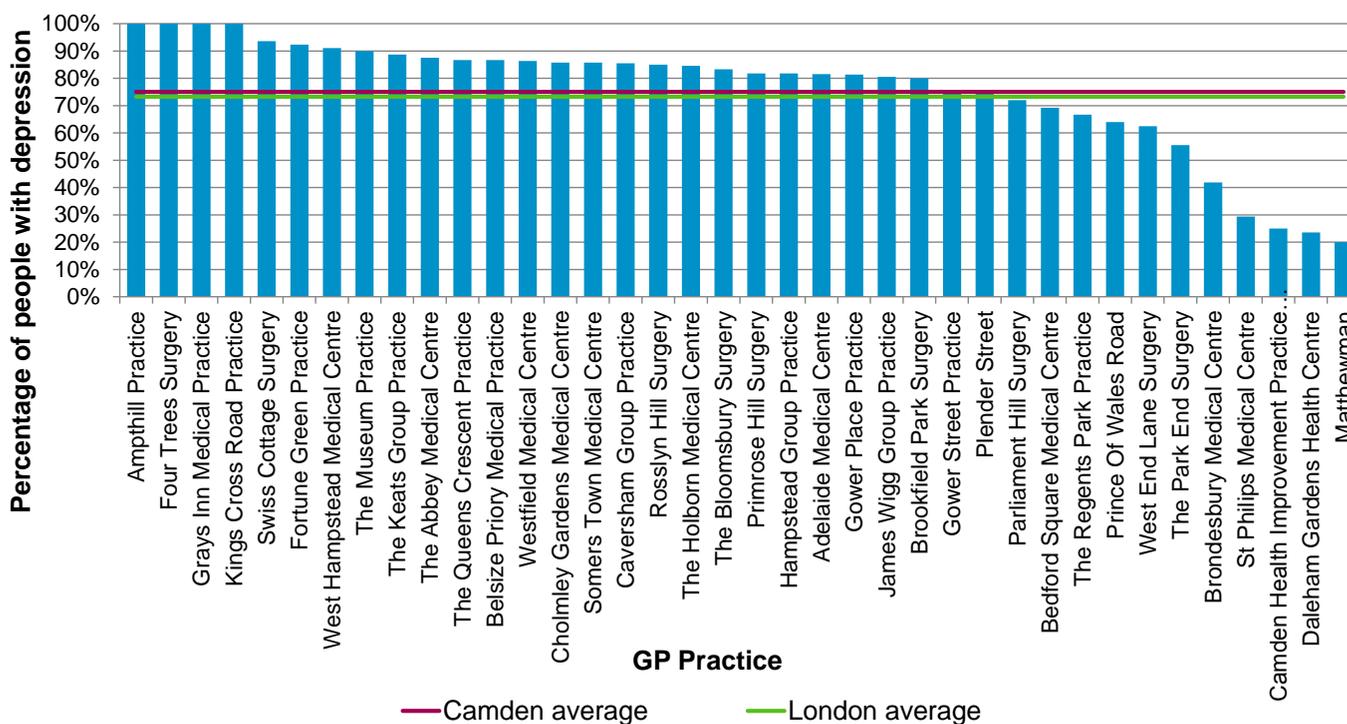
QOF ACHIEVEMENT: CARE PLANS AND REVIEW

This section presents three depression QOF indicators at GP practice level covering the period 2012/13. Please note that the prevalence of QOF was measured differently for 2012/13 so registered sizes and denominators will not be comparable to earlier years. More information on this can be found on page 9.

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Depression severity for QOF (DEP07)

The percentage of people who had a further assessment of severity 4-12 weeks after the initial recording of the assessment of severity between the preceding 1 April to 31 March, by GP practice, Camden's registered population, all ages 2012/13



- 320 (33%) out of an eligible 960 people with depression did not have a further assessment of severity recorded in the previous 15 months.
- The percentage varies across GP practices in Camden from 20% to 100%, with an average of 75% for Camden.

Note: Of 960 people on the register, 398 (41%) were exception reported. One practice has been excluded as QOF data were not reported.
Source: QOF (2012/13)

DEPRESSION-RELATED HOSPITAL ADMISSIONS AND REFERRALS

This section looks at depression-related hospital admissions and referrals to psychological therapies and alcohol intervention/advice.

For hospital admissions, people with a primary or subsequent field coded as depression were included in the analysis. Further information on this is included in the ‘Understanding data’ section.

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Primary reasons of hospital admissions by primary diagnoses where secondary cause related to depression (percentage of admissions)

Number and percentage of hospital admissions by primary diagnoses where secondary causes related to depression, Camden responsible population, April 2011-March 2012

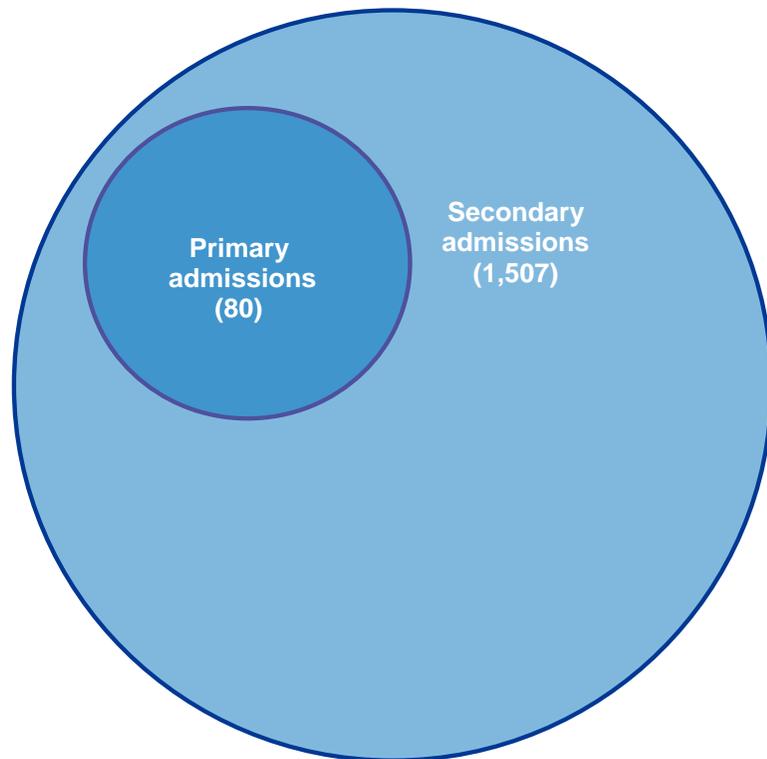
Primary diagnoses	Number	Percentage
Others	879	58%
All digestive diseases	206	14%
Unknown	163	11%
All cancers	53	4%
All cardiovascular diseases	73	5%
All infectious and parasitic diseases	29	2%
All respiratory diseases	104	7%
Total	1,507	100%

- There were 1,507 **admissions** in Camden where depression was the secondary reason for admission.
- Of all these admissions, 206 people (14%) were admitted for digestive diseases.
- ‘Others’ encompasses a range of conditions; more information is shown on the following slide.

Note: Some people will have more than one admission within the year
Source: SUS 2011/12

Depression-related hospital admissions: primary and secondary diagnoses (number of admissions)

Number of hospital admissions (primary and secondary reasons), Camden responsible population, April 2011- March 2012



- In 2011/12, there were a total of 80 **admissions** among Camden's population where depression was the primary reason for admission.
- However, this is only about 5% of all depression-related admissions (total 1,587) as a further 1,507 admissions mentioned depression as a secondary diagnosis.

Note: Some people will have more than one admission within the year
Source: SUS 2011/12

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Further information on primary reasons of hospital admissions by primary diagnoses where secondary causes related to depression (percentage of admissions)

Number and percentage of hospital admissions by primary diagnoses where secondary causes related to depression, Camden responsible population, April 2011- March 2012

Primary diagnoses	Number	Percentage
Injury, poisoning and certain other consequences of external causes	245	28%
Others	175	20%
Diseases of the musculoskeletal system and connective tissue	103	12%
Diseases of the genitourinary system	67	8%
Mental and behavioural disorder	60	7%
Pregnancy, childbirth and the puerperium	46	5%
Endocrine, nutritional and metabolic diseases	42	5%
Neoplasms / Diseases of the blood and blood-forming organs	39	4%
Diseases of the nervous system	38	4%
Diseases of the eye and adnexa / Diseases of the ear and mastoid process	12	1%
Diseases of the skin and subcutaneous tissue	29	3%
Factors influencing health status and contact with health services	23	3%
Total	879	100%

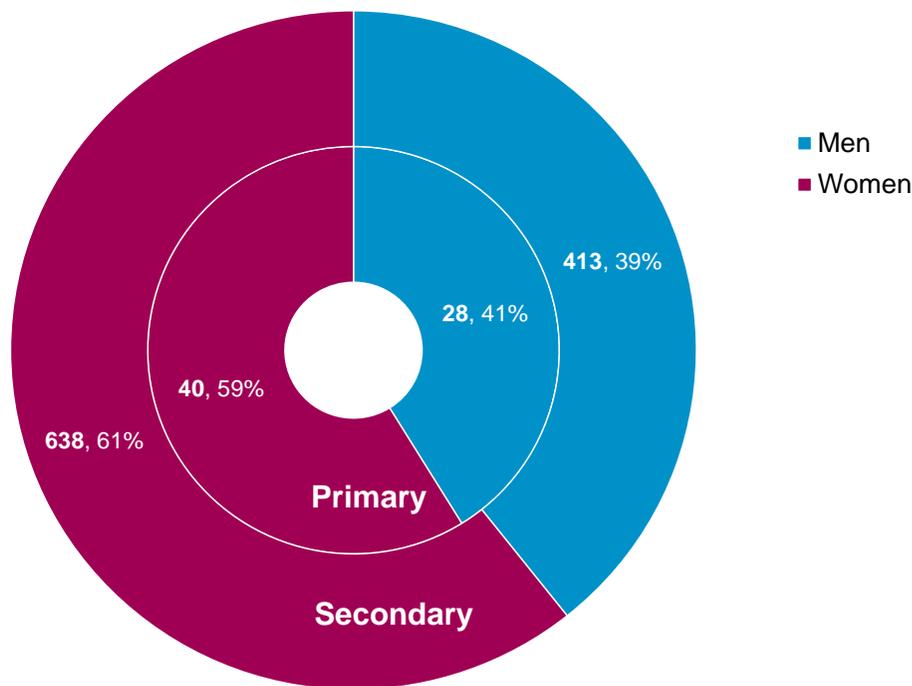
- Of the 879 **admissions** where depression was a second reason for admission (this number refers to the 'Others' category in the previous slide), 245 (28%) people were admitted for injury, poisoning and other external causes and 175 (20%) for other causes (not specified).

Note: Some people will have more than one admission within the year
Source: SUS 2011/12

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Depression-related hospital admissions: difference by sex (percentage of people)

Percentage of people with a depression-related admission by sex and order of diagnosis, Camden's responsible population, April 2011-March 2012

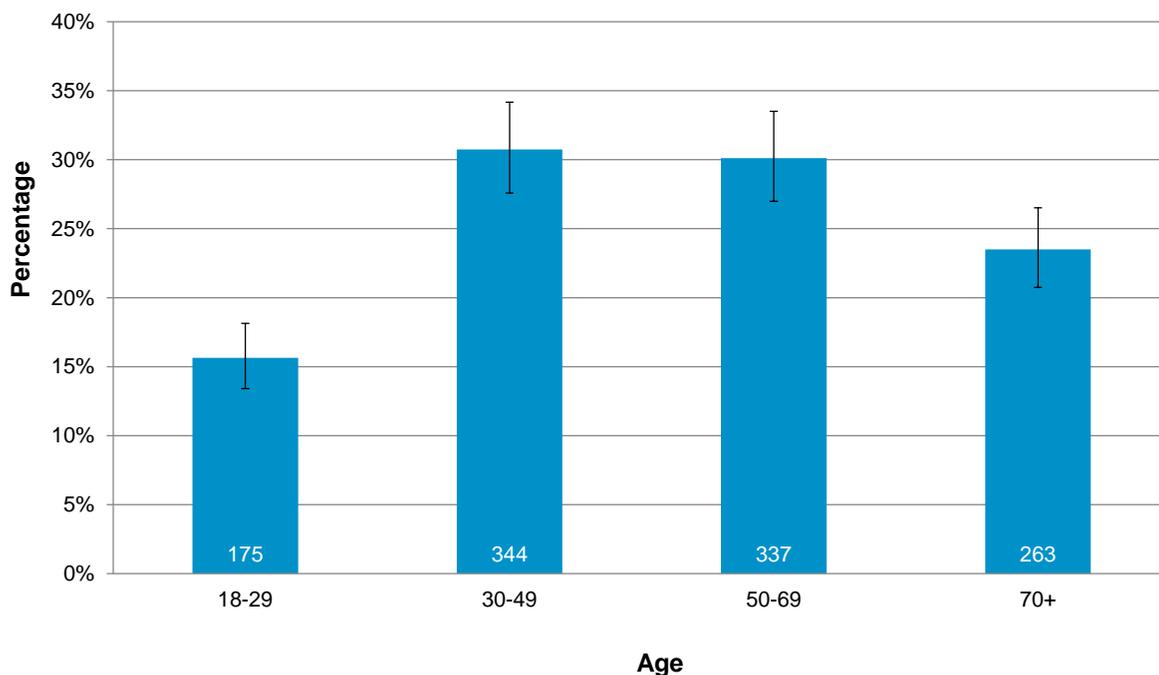


- In 2011/12, 1,119 **people** made up the 1,507 admissions for depression-related conditions:
 - 68 people with depression as primary diagnosis
 - 1,051 people with depression as secondary diagnosis
- Women account for more than half of all depression-related admissions recorded as both primary and secondary diagnoses:
 - 40 women (59%) with depression recorded as primary diagnosis
 - 638 women (61%) with depression recorded as secondary diagnosis

Note: People are counted only once within the year
Source: SUS 2011/12

Depression-related hospital admissions: difference by age (percentage of people)

Percentage of people with a depression-related hospital admission (depression coded as primary or secondary diagnosis) by age, Camden responsible population, April 2011- March 2012



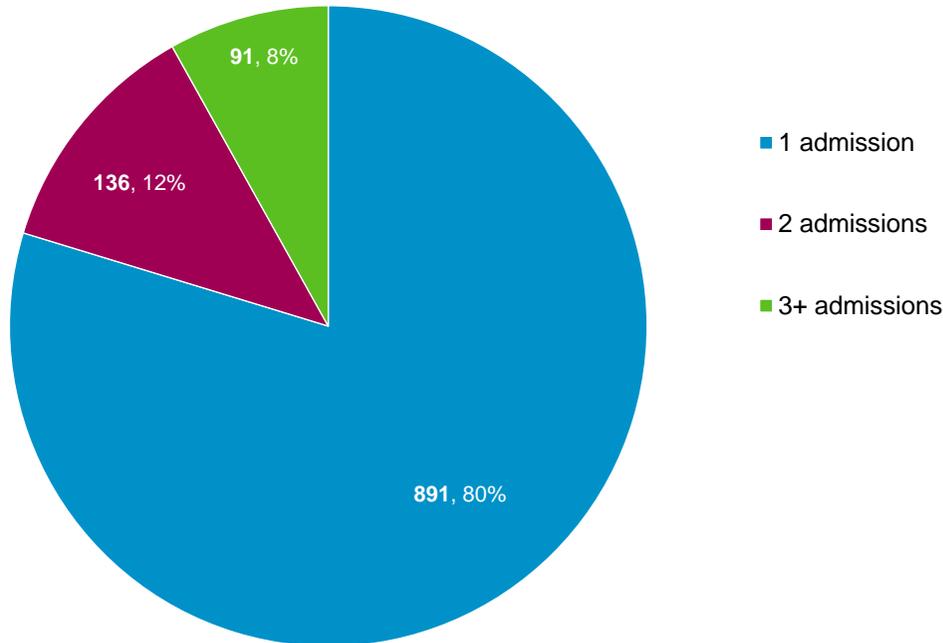
- The percentage of **people** admitted for depression-related conditions recorded as primary and secondary diagnosis is higher among people aged 30-49 and 50-59 years old than other age groups.

Source: SUS 2011/12

Note: People are counted only once within the year
Source: SUS 2011/12

Depression-related hospital admissions: repeat admissions (percentage of people)

Number of depression-related hospital admissions (depression coded as primary or secondary diagnosis), Camden responsible population aged 18 and over, April 2011-March 2012



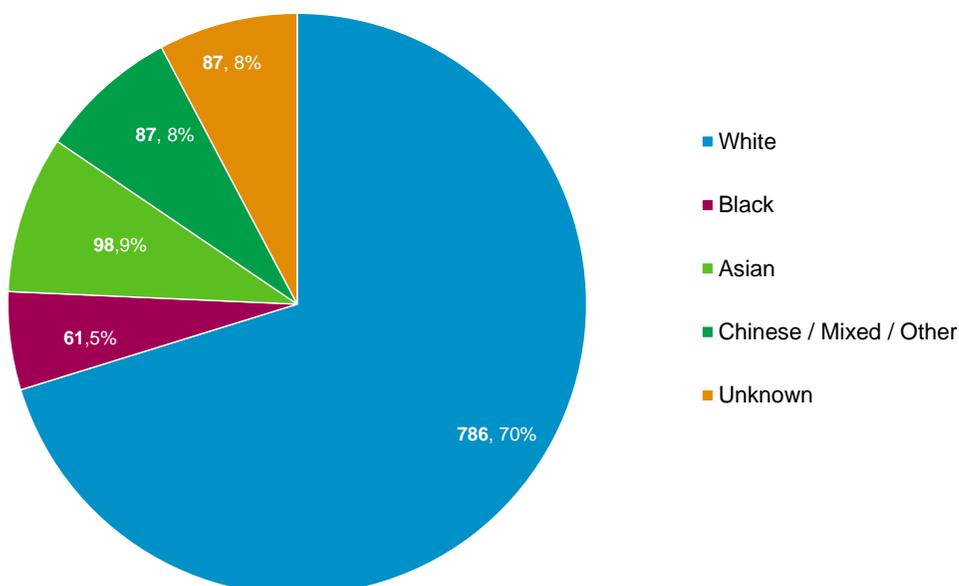
- Eighty per cent of all **people** (891) contributing to depression-related hospital admissions were admitted only once in Camden.
- Twelve per cent (136 people) were admitted two times.
- Ninety one people (8%) were admitted 3 or more times.

Source: SUS 2011/12

Note: People are counted only once within the year
Source: SUS 2011/12

Depression-related hospital admissions: differences by ethnic groups (percentage of individuals)

Percentage of people with a depression-related admission (depression coded as primary or secondary diagnosis) by ethnicity, Camden's responsible population, April 2011 - March 2012



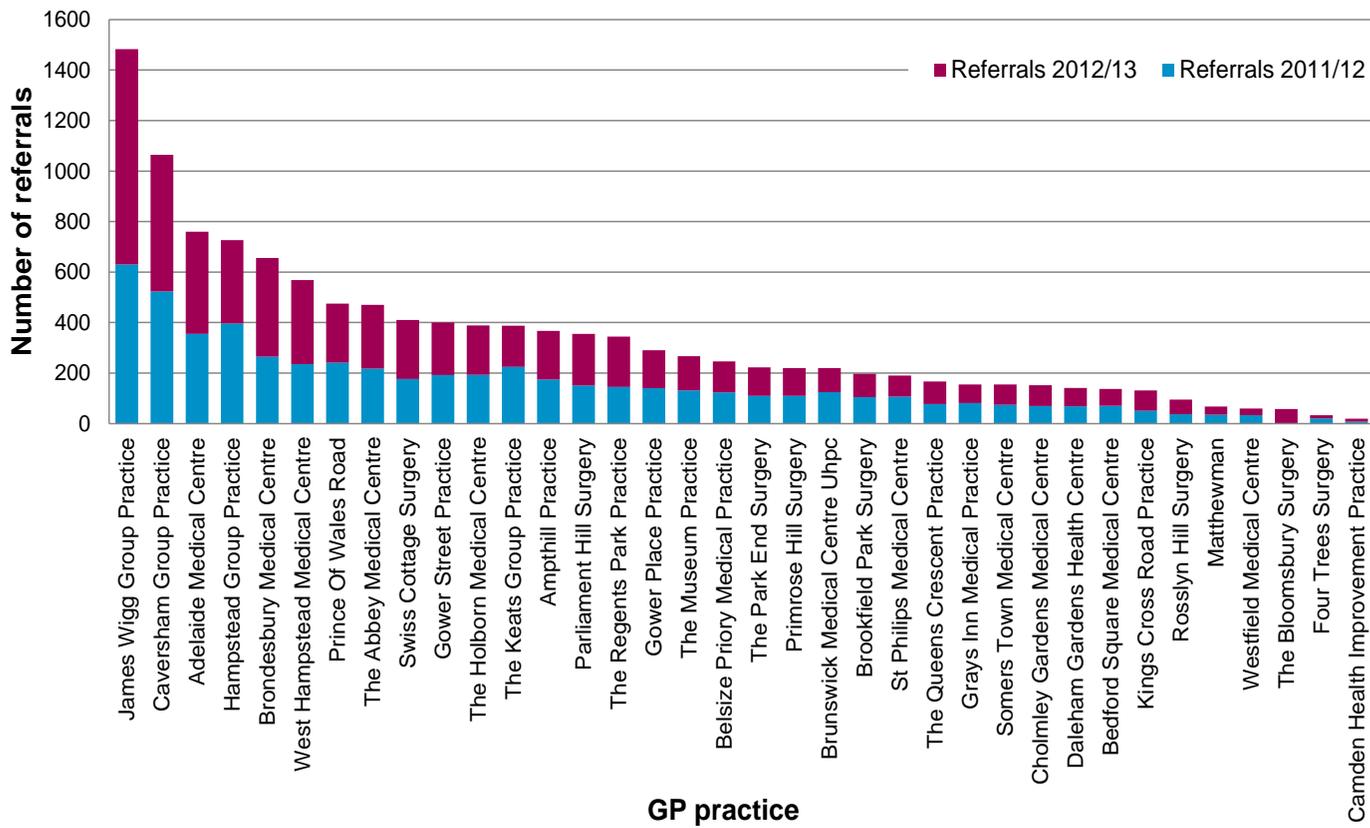
- Data suggests that **White people** have higher number of depression-related admissions recorded as first and secondary diagnoses compared to other ethnicity groups.
- A similar pattern is seen in the prevalence of depression.

Source: SUS 2011/12

Note: People are counted only one in a year

Referrals to psychological therapies: numbers recorded

Number of referrals to psychological therapies by GP practice, Camden, 2011/12 to 2012/13



- The total number of referrals (12,078) to psychological therapies for people diagnosed with depression aged 18 and over varied by practice over the last two years (April 2011 to April 2013), from 19 at Camden Health Improvement Practice to 1,483 at James Wigg Group Practice.
- The referrals for 2011/12 range from 8 to 630, whilst the number of referrals for 2012/13 ranges from 11 to 853.
- A more detailed analysis of referrals to IAPT will be published in Summer 2014.

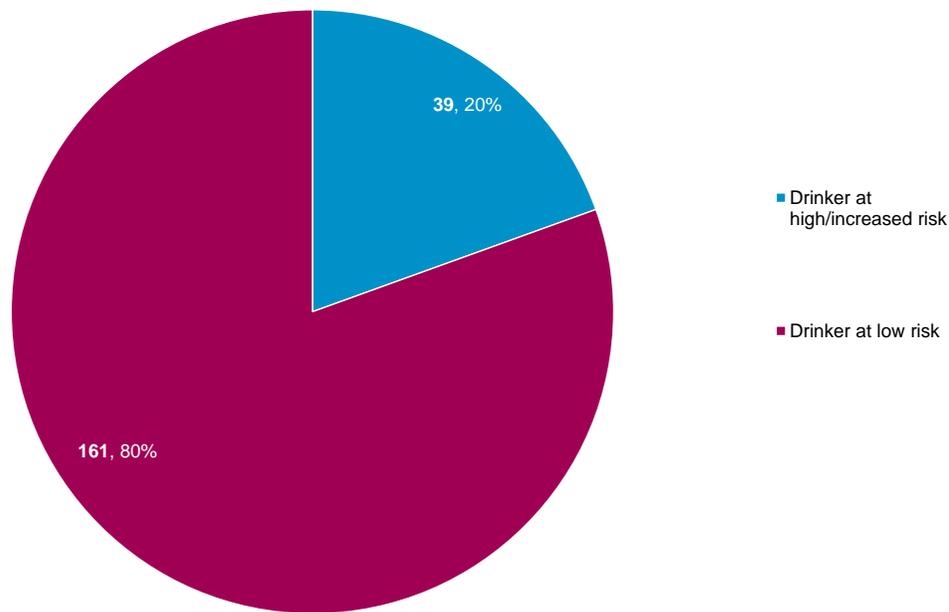
Source: Improving Access to Psychological Therapies (IAPT), 2013

SECTION 2

Diagnosed anxiety

Referrals to alcohol intervention/advice: numbers recorded

Number of people diagnosed with depression who had an alcohol consumption status and were referred to alcohol intervention and/or received advice about alcohol consumption, Camden's registered population aged 18 and over, September 2012



- In 2011/12, 200 people diagnosed with depression were referred to alcohol intervention and/or received advice about alcohol consumption. Of those who received advice on alcohol:
 - 20% (39) are drinkers at high/increased risk
 - 80% (161) are drinkers at low risk

Source: Camden's GP PH dataset, 2012

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PREVALENCE OF DIAGNOSED ANXIETY

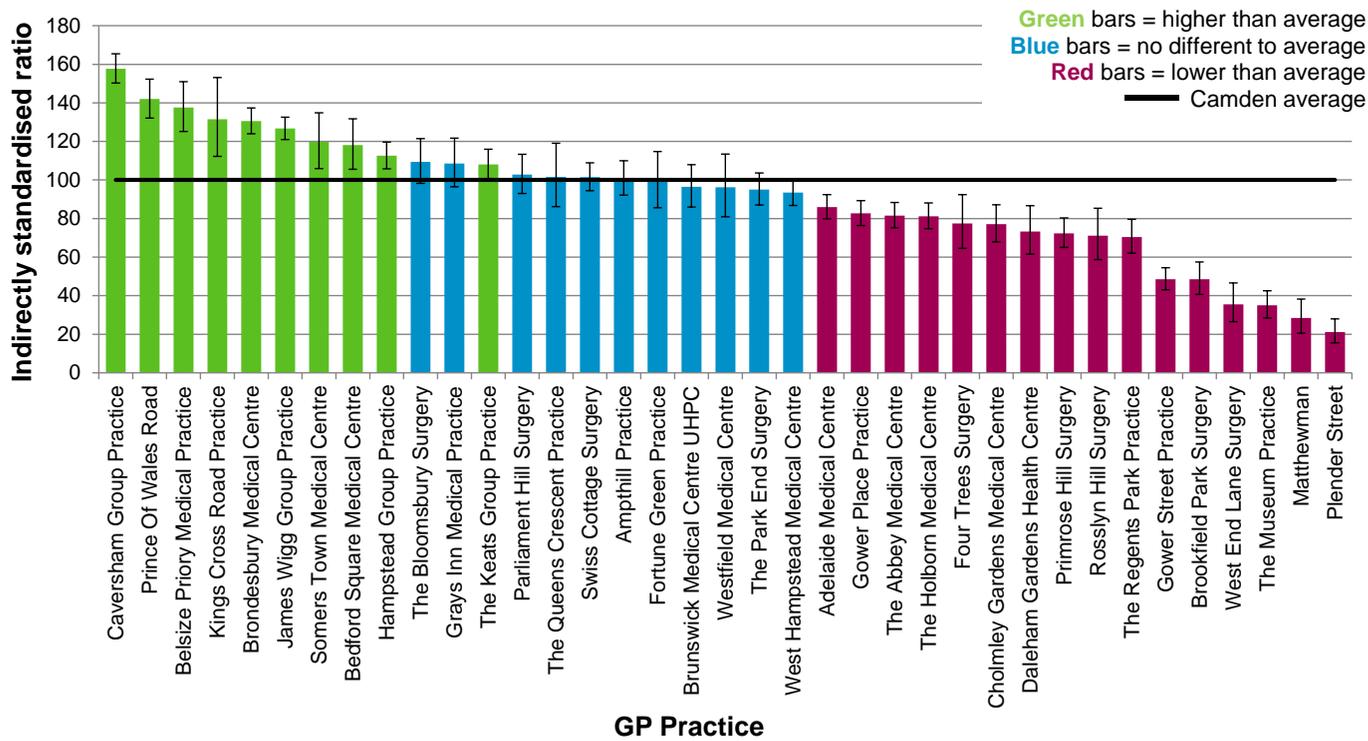
This section describes the prevalence of anxiety in people 18 and over.

More information on this definition can be found on page 8.

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Diagnosed prevalence (IDSR)

Indirectly standardised ratio of people diagnosed with anxiety by GP practice, Camden's registered population aged 18 and over, September 2012

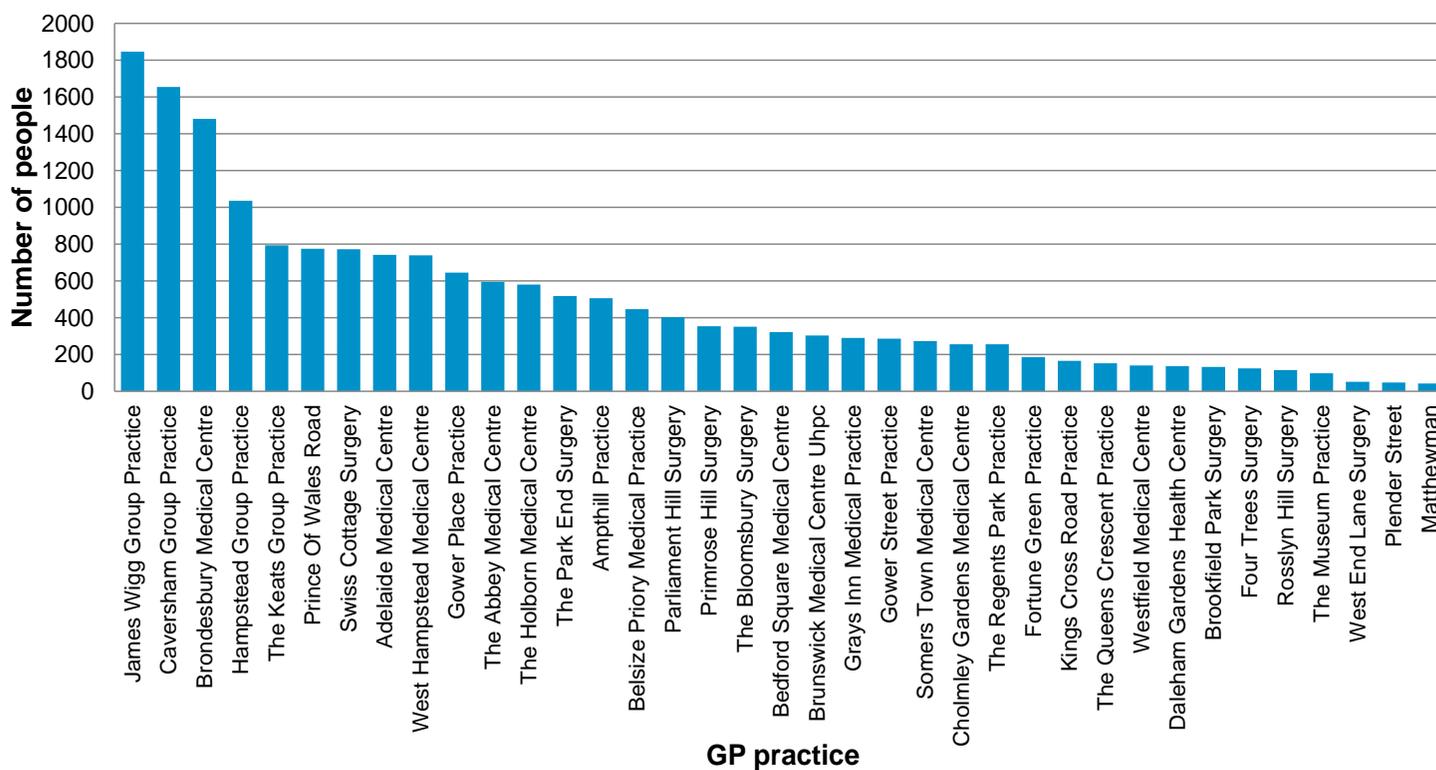


Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis
Source: Camden's GP PH Dataset, 2012

- There are 17,626 people diagnosed with anxiety aged 18 and over in Camden. This is 9% of people registered in Camden.
- After adjusting for age, there is variation in the diagnosed prevalence of anxiety across GP practices, with ten practices significantly higher than the Camden average, and sixteen significantly lower.
- Variation between practices may be due to differences in population characteristics and/or diagnosis and recording practices.

Diagnosed prevalence: numbers recorded

Number of people diagnosed with anxiety split by category, by GP practice, Camden's registered population 18 and over, September 2012

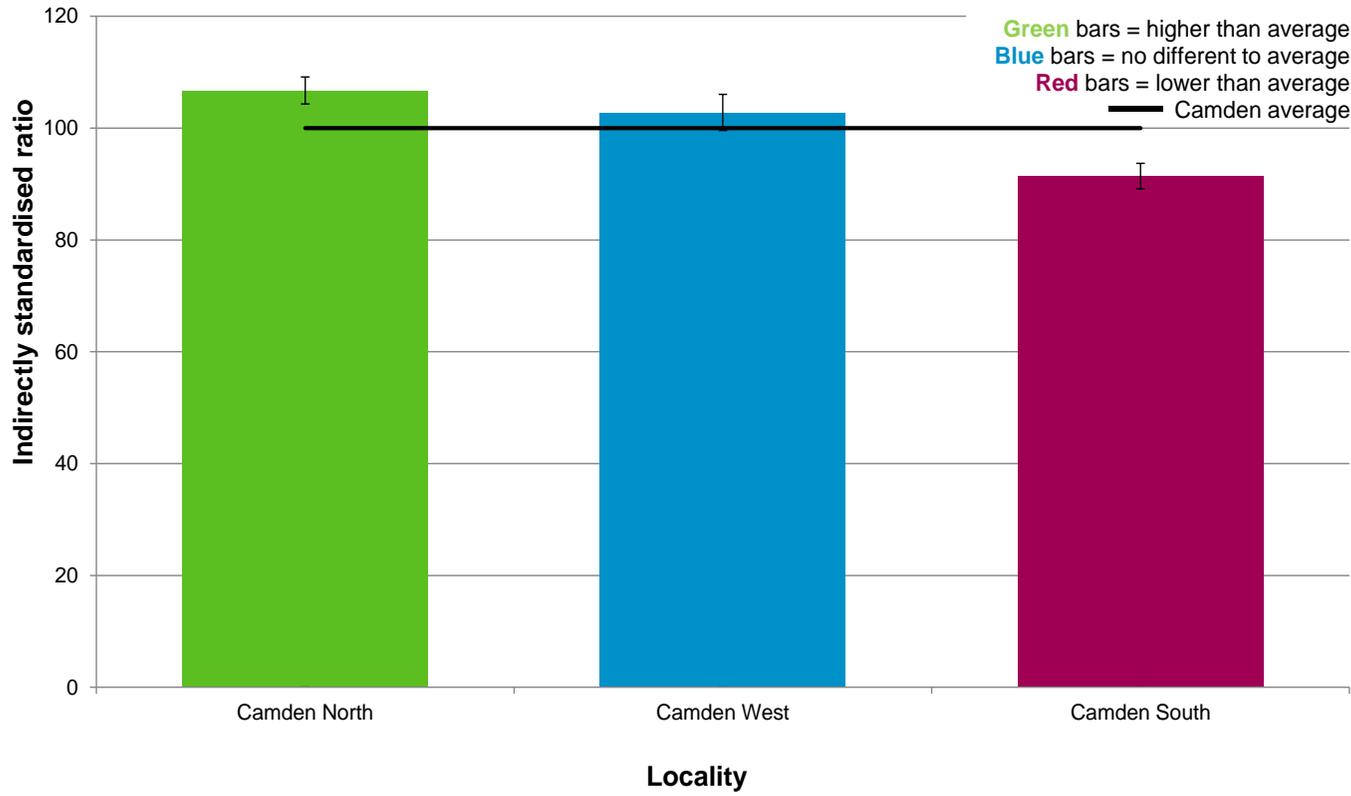


Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis
Source: Camden's GP PH Dataset, 2012

- The total number of people aged 18 and over diagnosed with anxiety varies by practice, from 43 (Matthewman) to 1,847 at James Wigg Group Practice.

Anxiety prevalence by GP locality

Indirectly standardised ratio of people diagnosed with anxiety by GP practice, Camden's registered population aged 18 and over, September 2012



- The North locality has a significantly higher prevalence of diagnosed anxiety than expected compared to the Camden average, taking age into account.

Source: Camden's GP PH Dataset, 2012

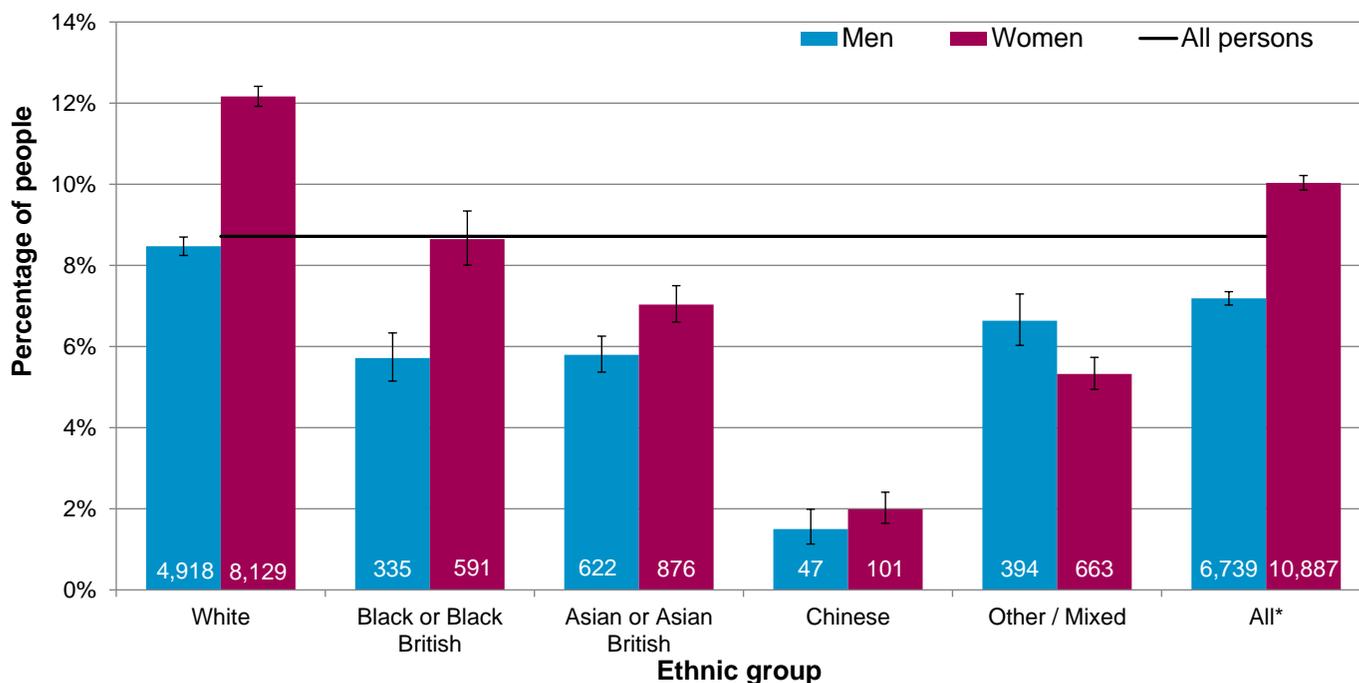
BREAKDOWN OF ANXIETY DIAGNOSES BY DEMOGRAPHIC FACTORS

This section describes the demographic characteristics of people with anxiety in terms of age, sex, ethnicity and deprivation.

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Differences by ethnic groups

Prevalence of diagnosed anxiety by detailed ethnic group, Camden's registered population aged 18 and over, September 2012

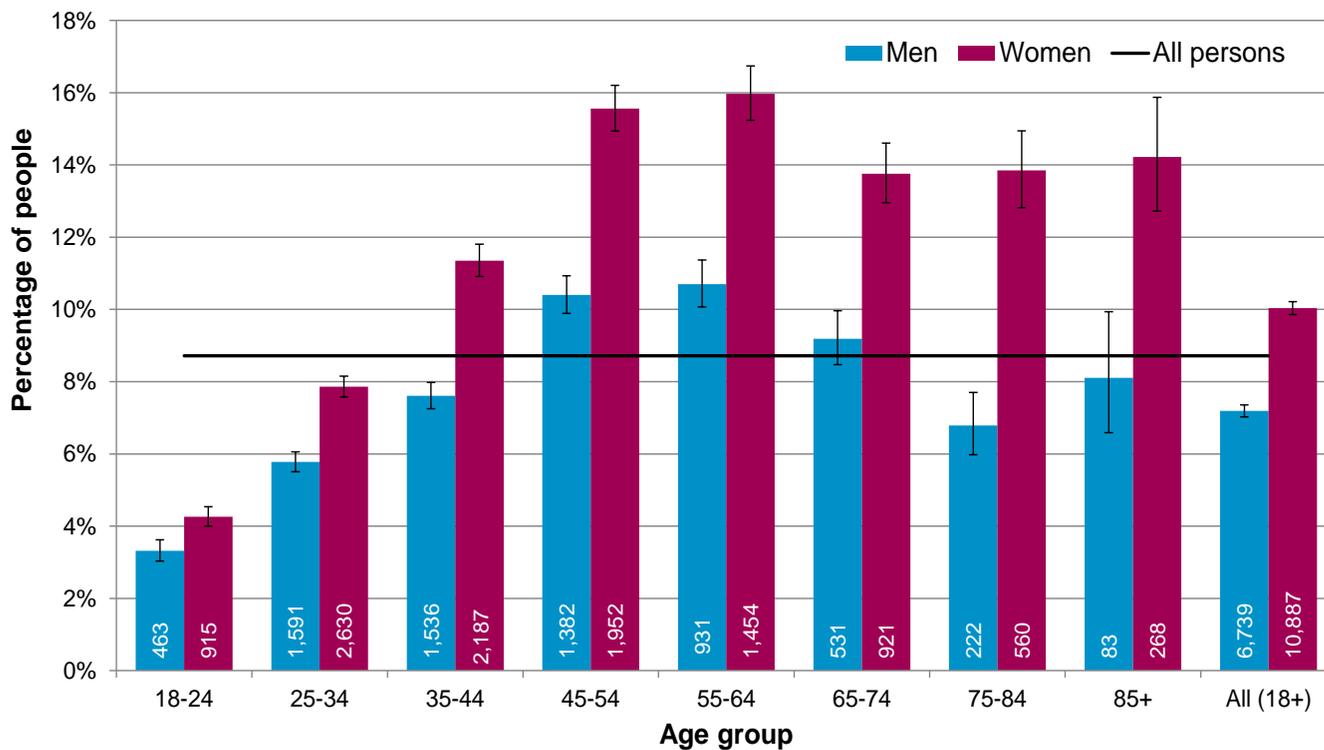


- Women have significantly higher prevalence of anxiety than men among all ethnic groups except for the Chinese and Other/Mixed group.
- The highest recorded prevalence is 12% in White women.

Note: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH Dataset, 2012
* Includes those with ethnicity unknown

Differences by age and sex

Prevalence of people diagnosed with anxiety by age and sex, Camden's registered population aged 18 and over, September 2012



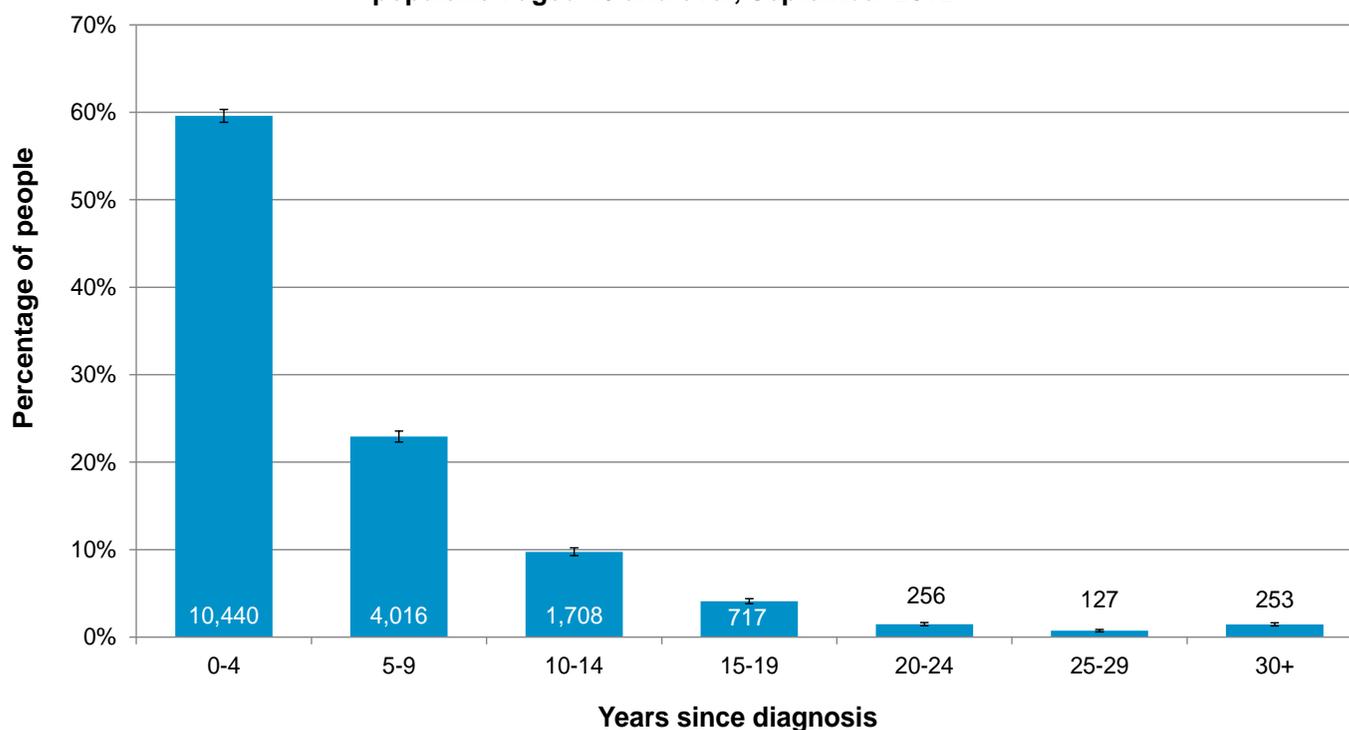
Note: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH Dataset, 2012

- Women account for the majority of the prevalence of anxiety (62%) in Camden (data not shown).
- Women are significantly more likely to be diagnosed with anxiety than men. This is true across all ages, in particular over the age of 75.

80

Years since diagnosis

Years since diagnosis in people diagnosed with anxiety, Camden's registered population aged 18 and over, September 2012

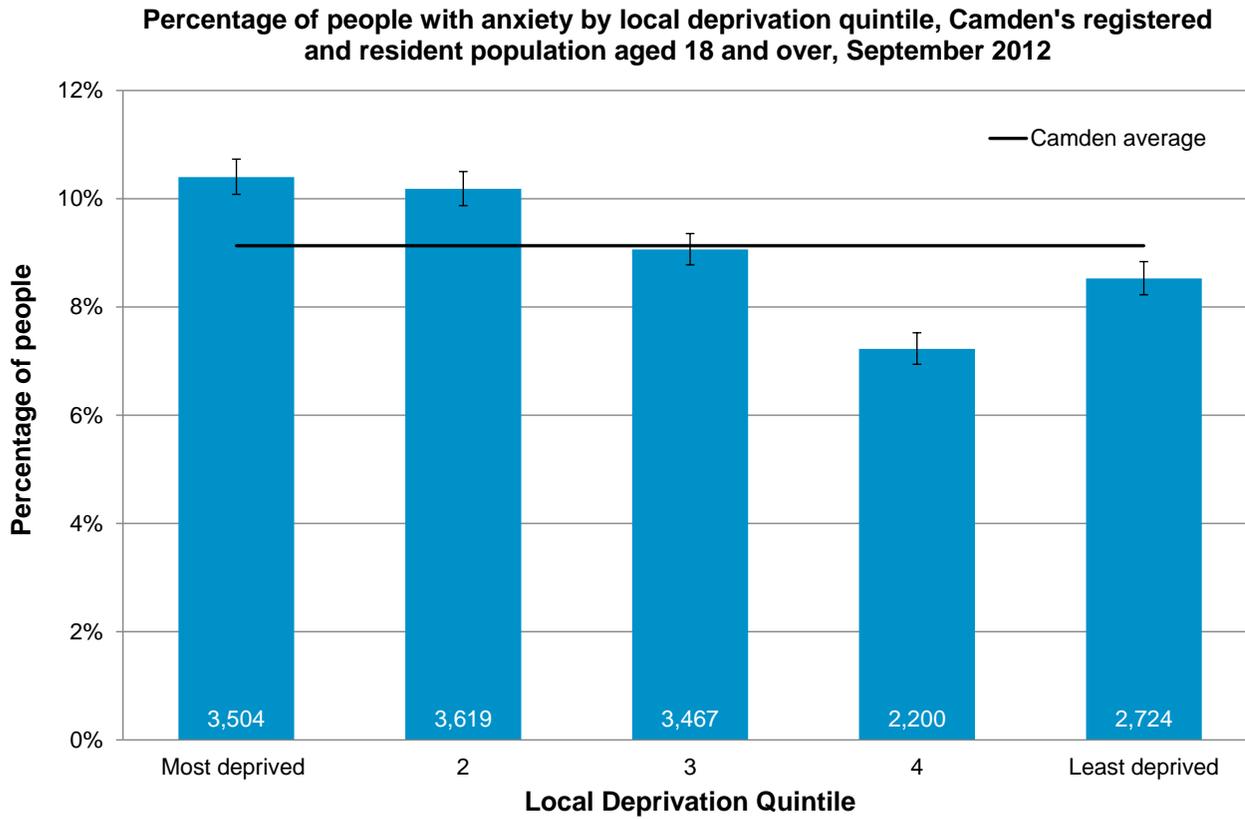


Note: Numbers on bars indicate the number of people diagnosed with anxiety
109 diagnoses have no date recorded and are excluded
Source: Camden's GP PH Dataset, 2012

- About 60% of people aged 18 and over with anxiety were diagnosed 4 years ago or less.
- Around a quarter (23%) were diagnosed with anxiety between 5 and 9 years ago.
- The average age at diagnosis was 37 years old.

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Differences by local deprivation



- People in the most deprived quintiles are more likely to be diagnosed with anxiety.
- Overall, the percentage of people with anxiety is a fifth higher in the most deprived quintile (10%) compared to the least (9%).

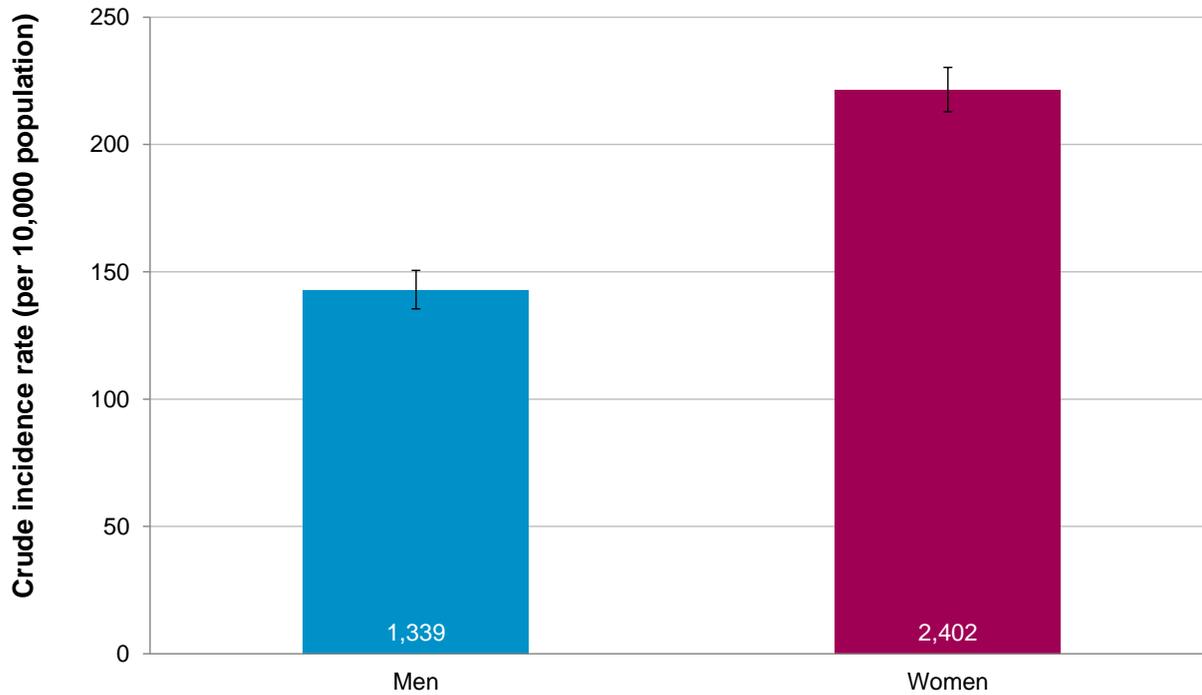
Source: Camden's GP PH Dataset, 2012
 Note: 2,112 people living outside Camden or with no deprivation score were excluded

ANXIETY AND LONG TERM CONDITIONS

This section looks at comorbidity, in terms of long term conditions, in people with anxiety.

New diagnoses by sex

Crude incidence of newly diagnosed anxiety (patients diagnosed in 2011/12), by sex, Camden's registered population aged 18 years and over, September 2012

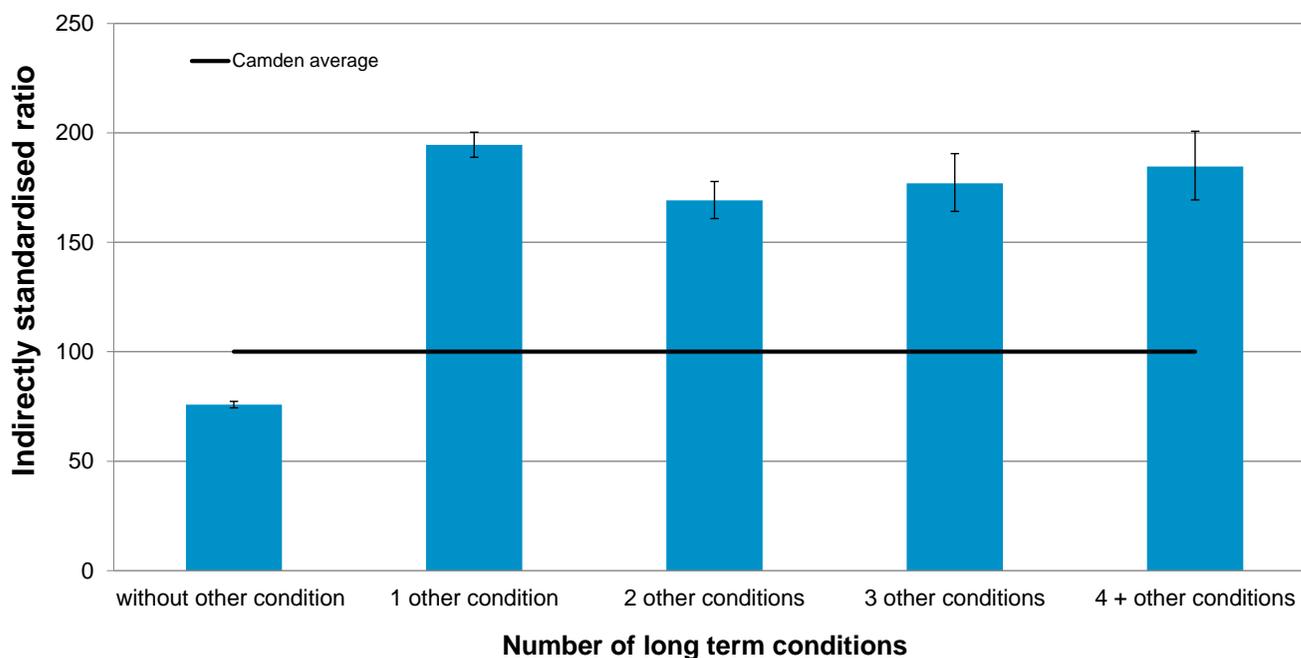


Notes: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH dataset, 2012

- In 2012, 3,741 people aged 18 and over were newly diagnosed with anxiety.
- Women had a significantly higher incidence rate for new diagnoses of anxiety compared to men (221 and 143 per 10,000 respectively).

Comorbidity (IDSR)

Indirectly standardised ratio of people diagnosed with anxiety by number of LTCs, Camden's registered population aged 18 and over, September 2012

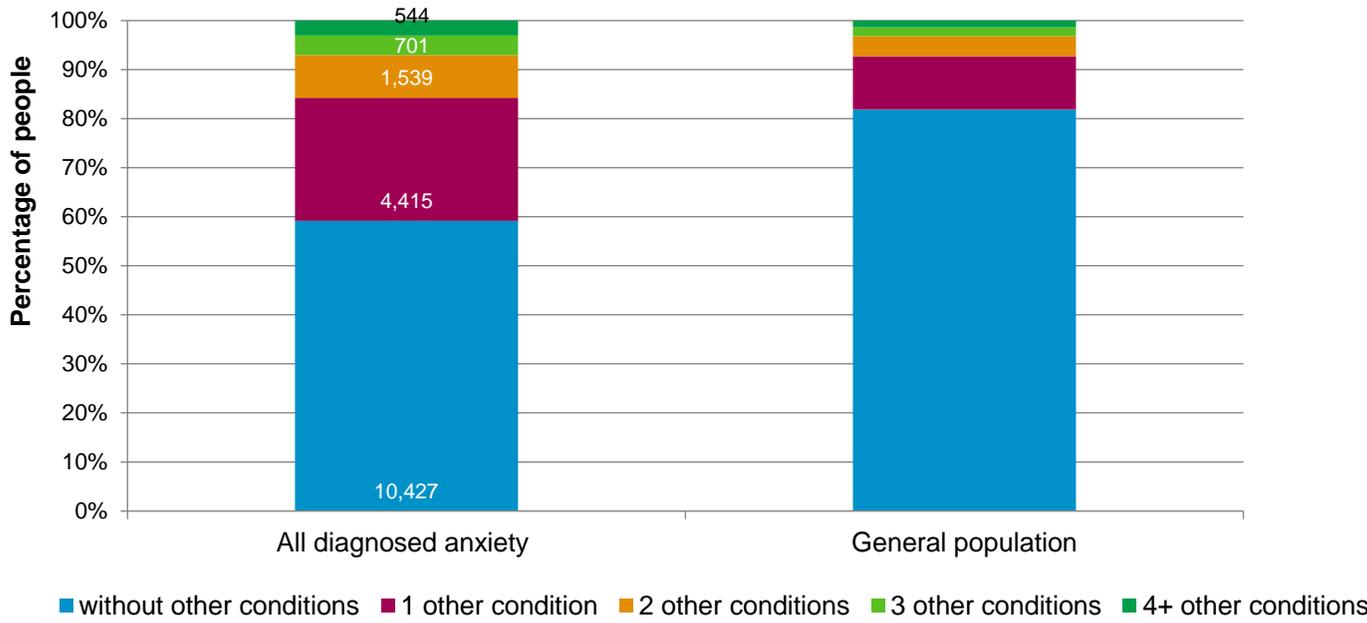


Note: Long term conditions (LTC) include high pressure, diabetes, chronic kidney diseases, CHD, stroke/TIA, COPD, atrial fibrillation, dementia, heart failure and chronic liver disease. Numbers on bars indicate the number of people diagnosed with depression with one or more long-term conditions.
Source: Camden's GP PH Dataset, 2012

- People diagnosed with anxiety are more likely to have one or more long term conditions compared to the Camden average and adjusted by age.

Comorbidity

Percentage of people diagnosed with anxiety by the number of long term conditions, compared to Camden's registered population aged 18 and over with a diagnosed long term condition, September 2012

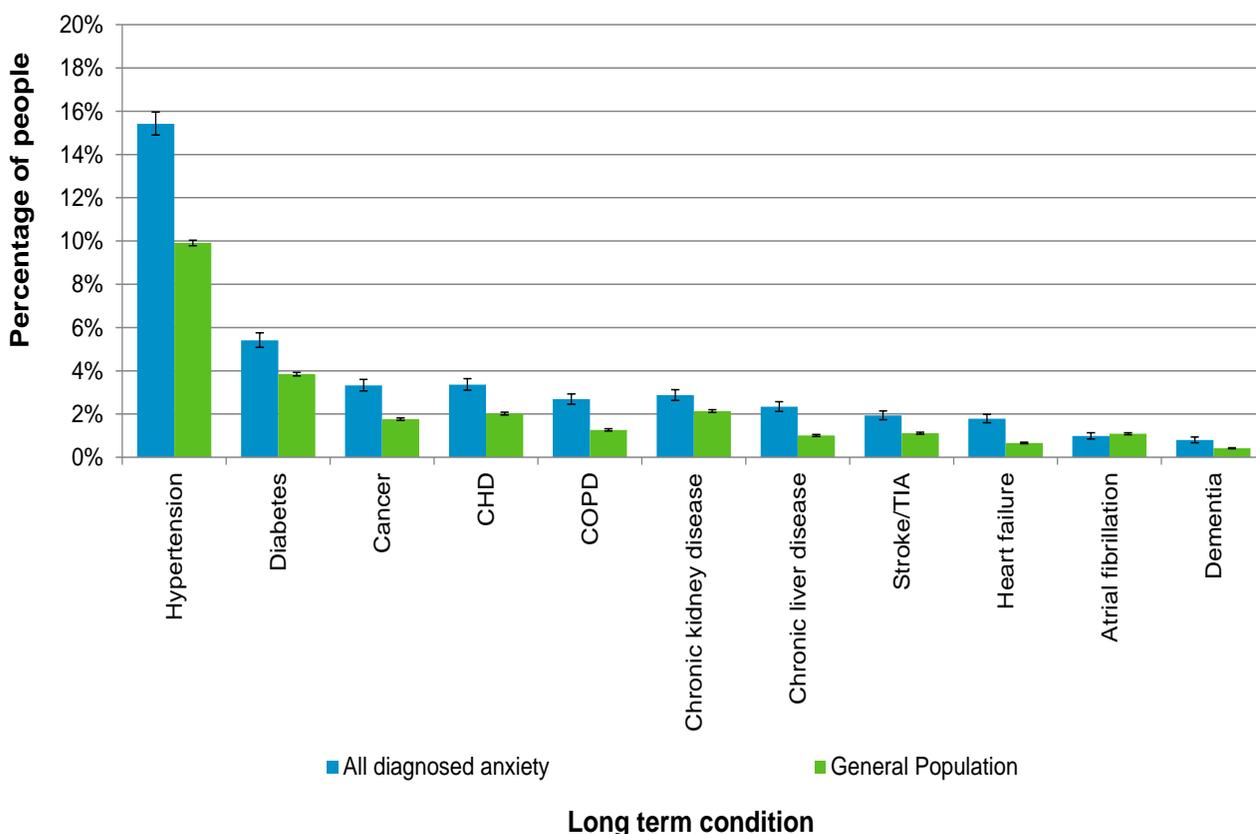


- When compared to the general population aged 18 and over, people diagnosed with anxiety are more likely to have another LTC.
- About 41% of people with anxiety have one or more other LTCs compared to the 18% of the general population aged 18 and over with a diagnosed LTC.

Note: Long term conditions (LTC) include high pressure, diabetes, chronic kidney diseases, CHD, stroke/TIA, COPD, atrial fibrillation, dementia, heart failure and chronic liver disease. Numbers on bars indicate the number of people diagnosed with anxiety without or with one or more long-term conditions.
Source: Camden's GP PH Dataset, 2012

Long term conditions: crude prevalence

Prevalence of long term conditions among people diagnosed with anxiety compared to Camden's registered population aged 18 and over, September 2012

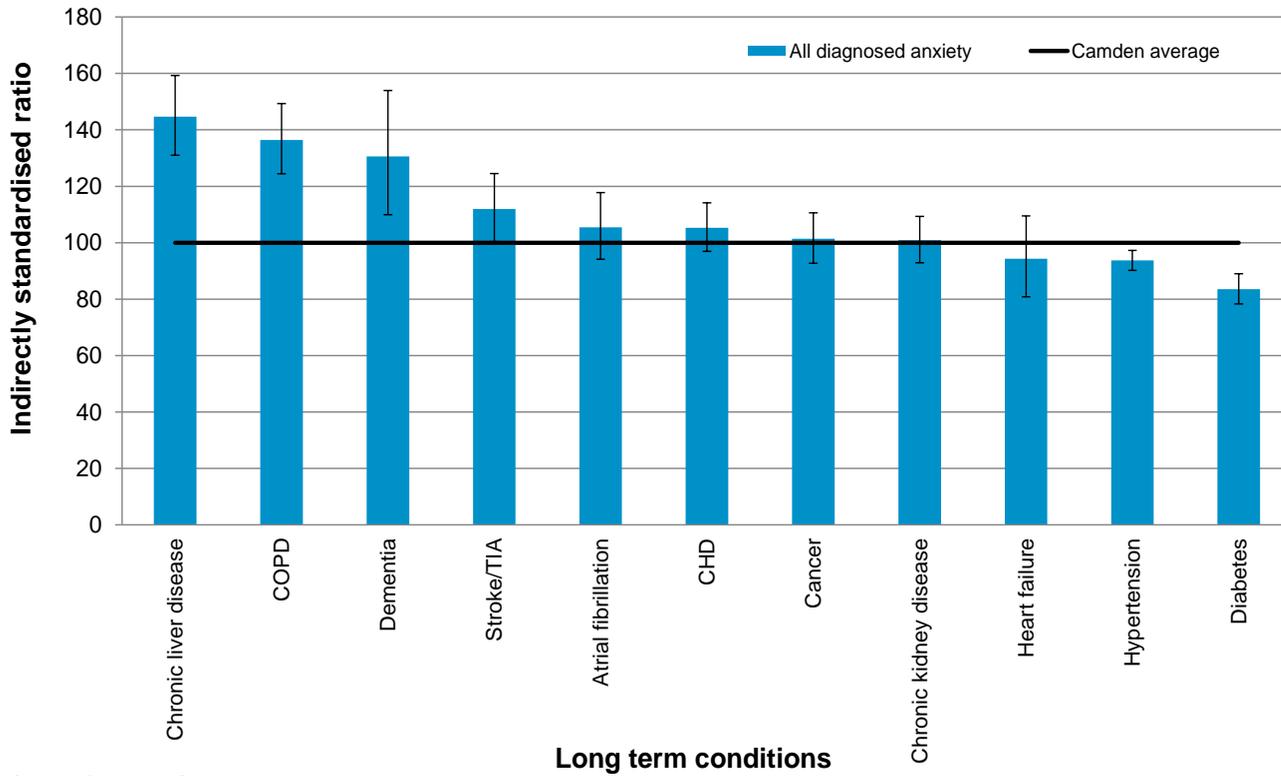


- The prevalence of all LTCs (except for atrial fibrillation) are significantly higher in people with anxiety compared to the general population aged 18 and over.
- Hypertension is the most common long term condition for people diagnosed with anxiety (15%), followed by diabetes (5%) and cancer, COPD and CHD (all 3%).
- Compared to the general population people with anxiety are:
 - 2.7 times more likely to have heart failure
 - 2.3 times more likely to have chronic liver disease
 - 2.1 times more likely to have COPD

Source: Camden's GP PH Dataset, 2012

Long term conditions (IDSR)

Indirectly standardised ratio of long term conditions among people diagnosed with anxiety, Camden's registered population aged 18 and over, September 2012

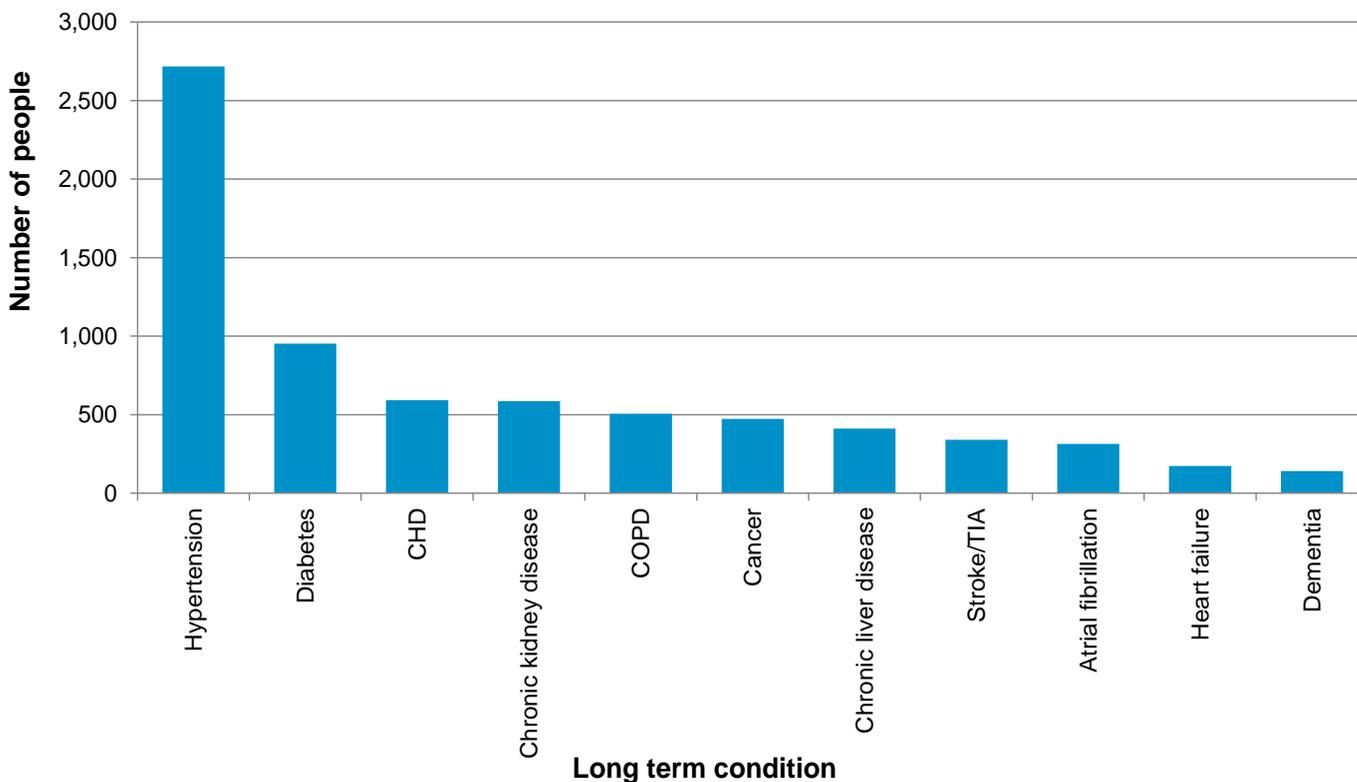


Source: Camden's GP PH Dataset, 2012

- Adjusted for the age structure of the population, people diagnosed with anxiety are more likely to have chronic liver disease, COPD and dementia compared to the Camden average.

Long term conditions: numbers recorded

Number of other long term conditions in people diagnosed with anxiety, Camden's registered population aged 18 and over, September 2012



- 2,718 people diagnosed with anxiety have a diagnosis of hypertension. This is followed by diabetes (953 people) and CHD (592 people).

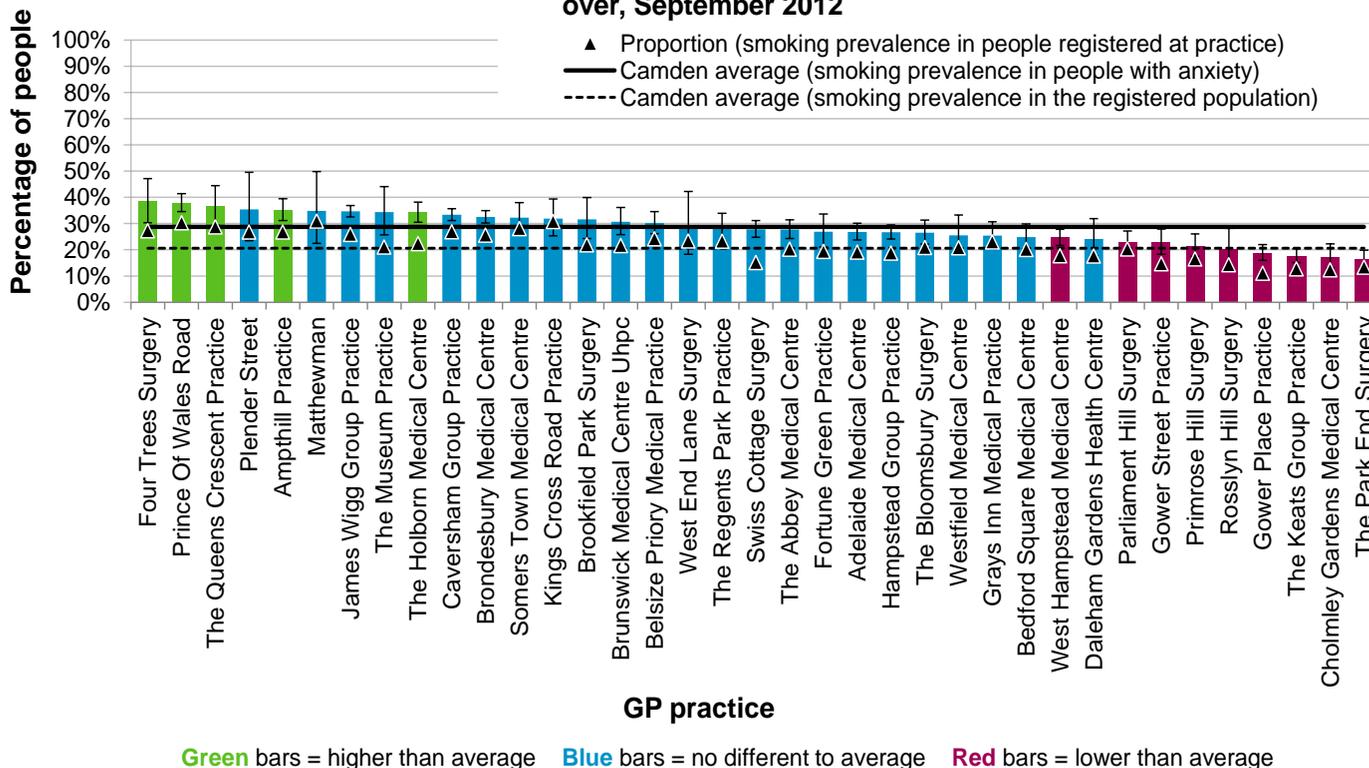
Note: people might be counted twice due to comorbidities
Source: Camden's GP PH dataset, 2012

DATA RECORDING AND RISK FACTOR SCREENING

This section compares the smoking status, alcohol consumption, body mass index and blood pressure recording of people with anxiety to the general population.

Smoking prevalence & diagnosed anxiety

Prevalence of smoking in people diagnosed with anxiety and with a smoking status recorded, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

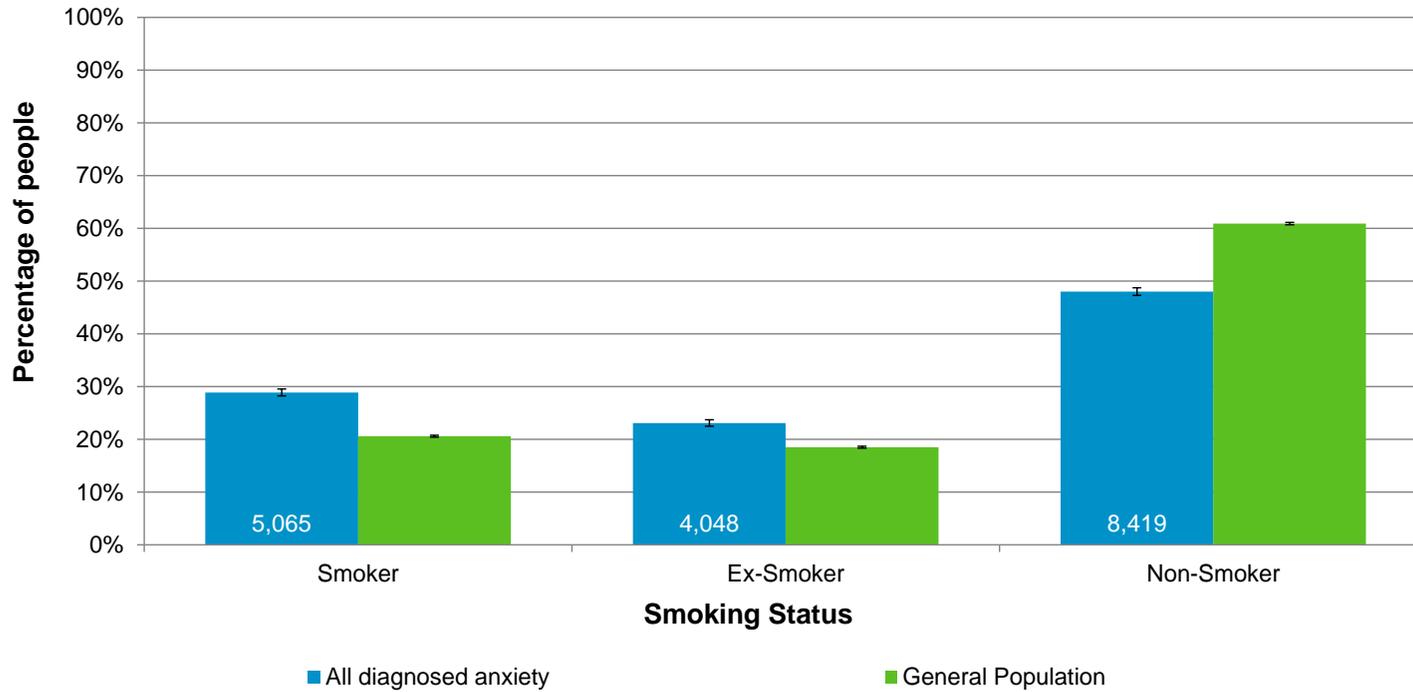


- The prevalence of smoking in people diagnosed with anxiety ranges from 16% to 38% across GP practices in Camden.
- This compares to a range of 11% to 31% and an average of 21% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for five practices, and significantly lower for nine.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis.
 Source: Camden's GP PH dataset, 2012

Smoking status

Smoking status in people diagnosed with anxiety and with a smoking status recorded, compared to Camden's registered population, aged 18 and over, September 2012

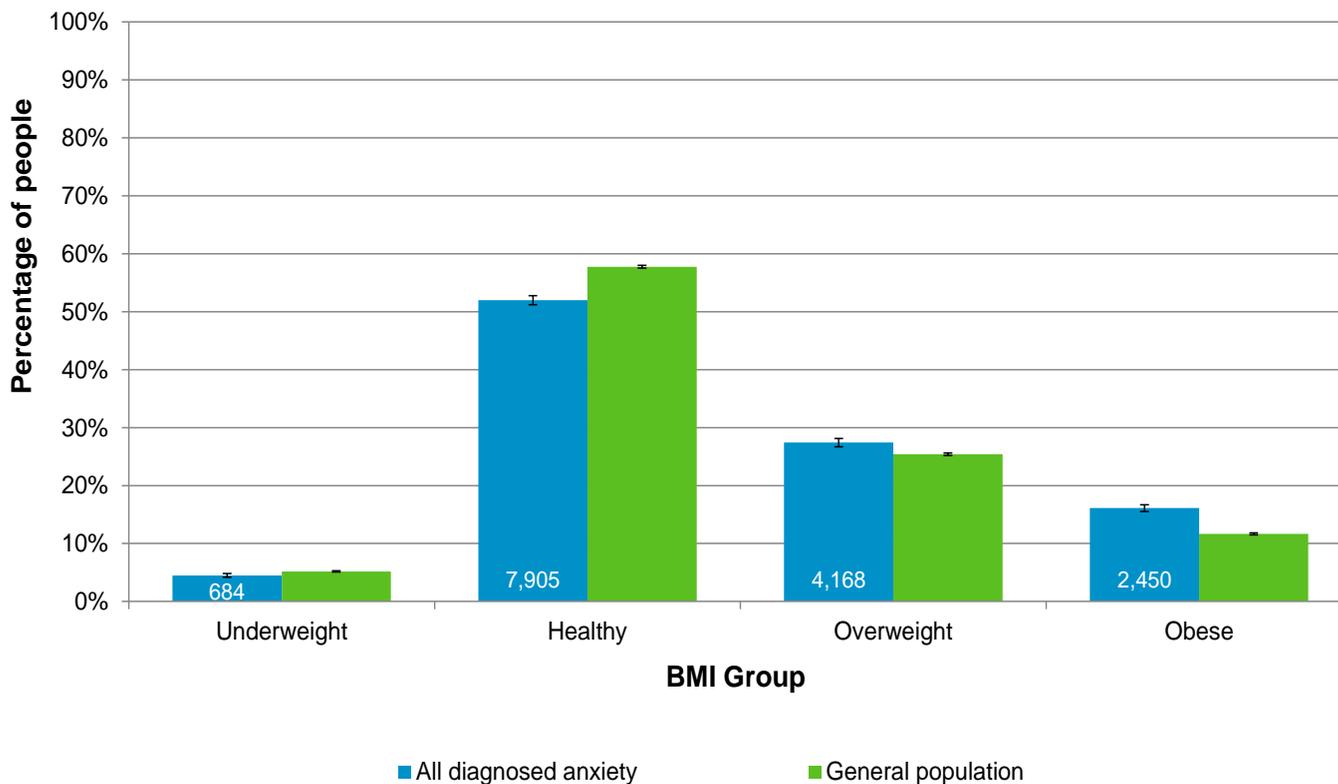


- People with anxiety are more likely to be smokers than the general population aged 18 and over (of those with a smoking status recorded).
- Of people diagnosed with anxiety, 29% are smokers, compared to 21% of the general population aged 18 and over.

Notes: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH Dataset, 2012

Body Mass Index

BMI groups in people diagnosed with anxiety and a BMI recording compared to Camden's registered population aged 18 and over, September 2012

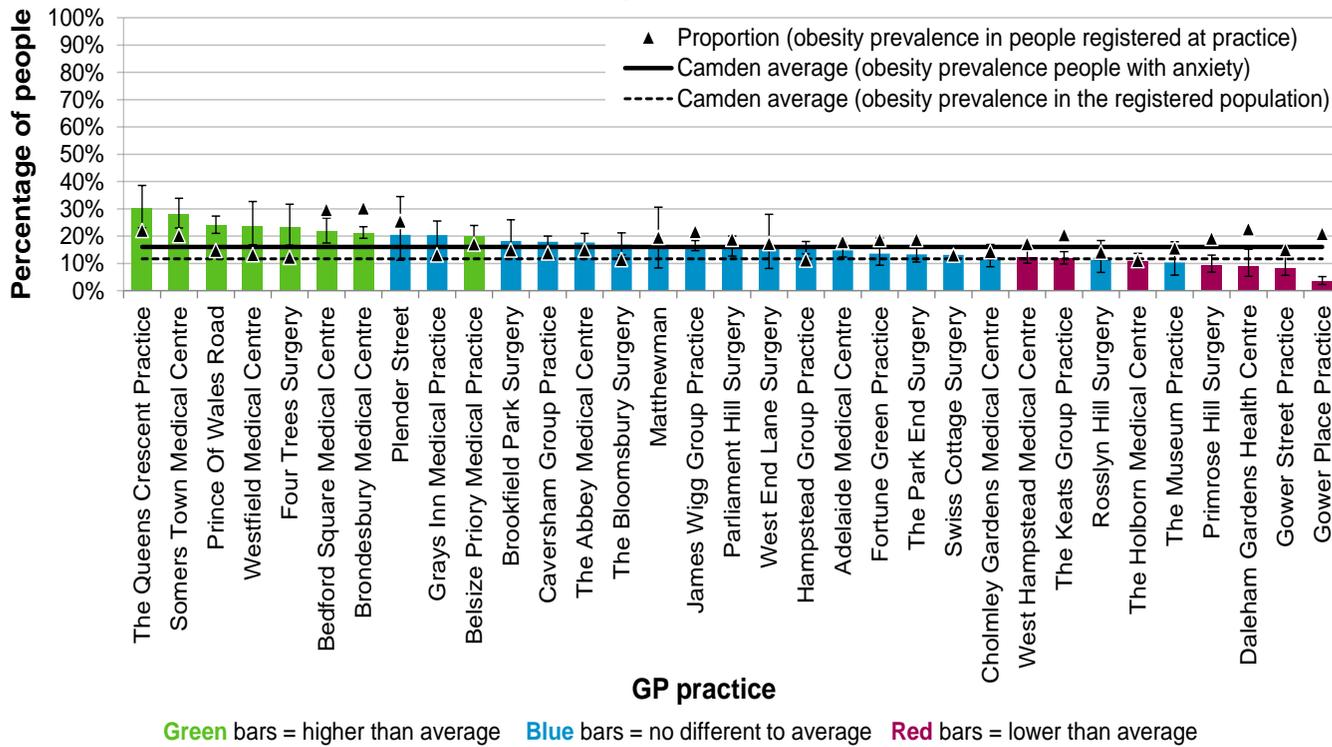


- People diagnosed with anxiety are more likely to be obese than the general population aged 18 and over (of those with a BMI status recorded).

Notes: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH Dataset, 2012

Obesity prevalence & diagnosed anxiety

Prevalence of obesity in people diagnosed with anxiety and a BMI recording, by GP practice, compared to Camden's registered population aged 18 and over, September 2012

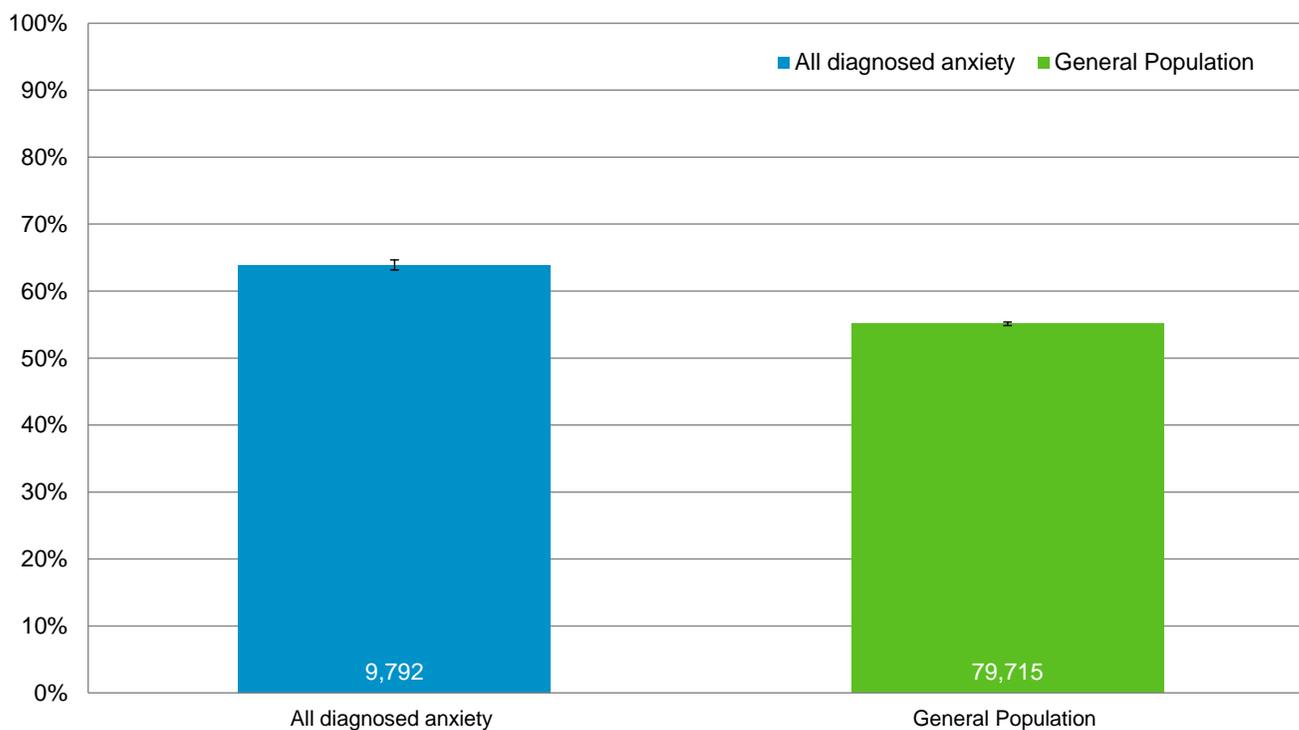


- The prevalence of obesity in people with anxiety ranges from 3% to 30% across GP practices, with an average of 19% for Camden.
- This compares to a range from 3% to 22% and an average of 12% among the general population aged 18 and over.
- The prevalence is significantly higher than the Camden average for eight practices, and significantly lower for seven.

Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis. Four practices have also been excluded because of small numbers.
Source: Camden's GP PH dataset, 2012

Blood pressure recording

Proportion of people with diagnosed anxiety and a blood pressure reading within the previous 15 months, compared to Camden's registered population, aged 18 and over, September 2012

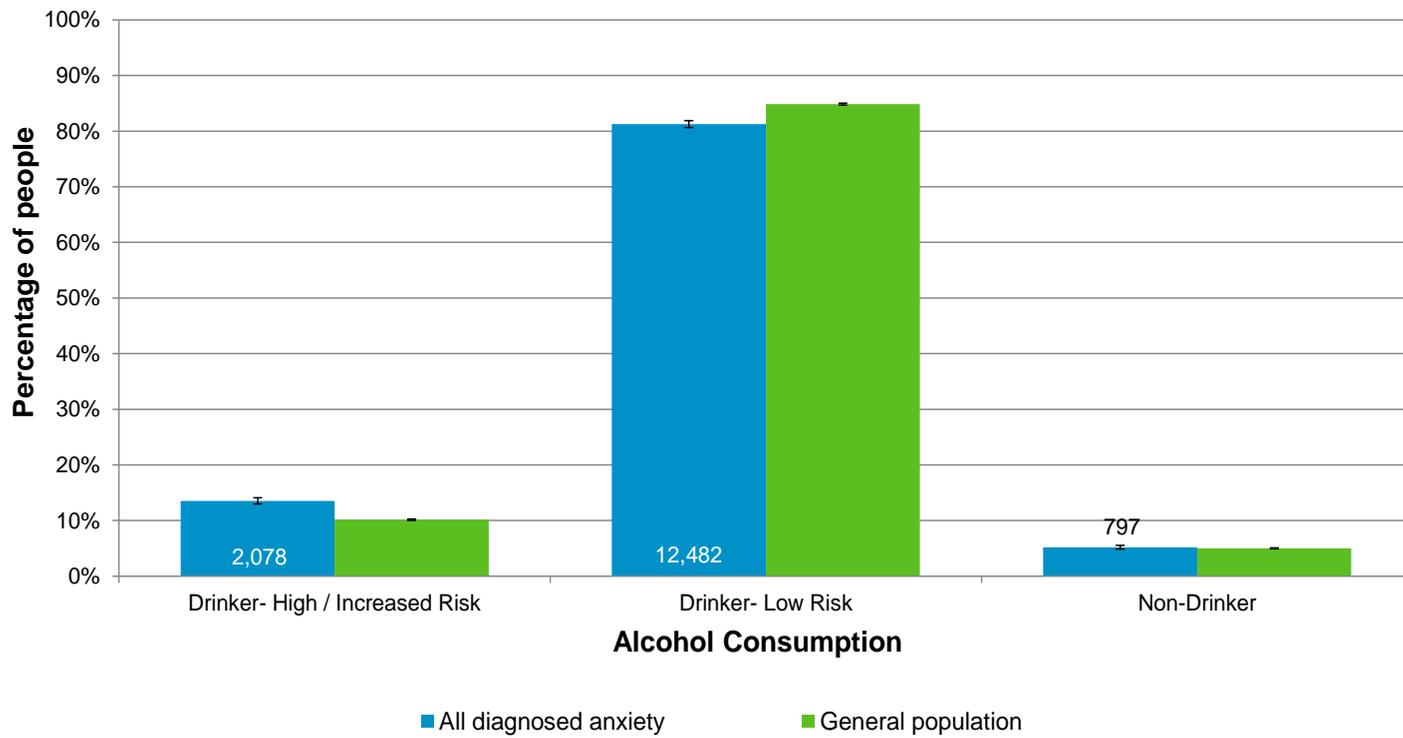


- The proportion of people with anxiety who had their blood pressure recorded during the past 15 months is significantly higher than the general population aged 18 and over.

Notes: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH Dataset, 2012

Alcohol consumption

Alcohol consumption in people diagnosed with anxiety and with an alcohol consumption status compared to Camden's registered population aged 18 and over, September 2012

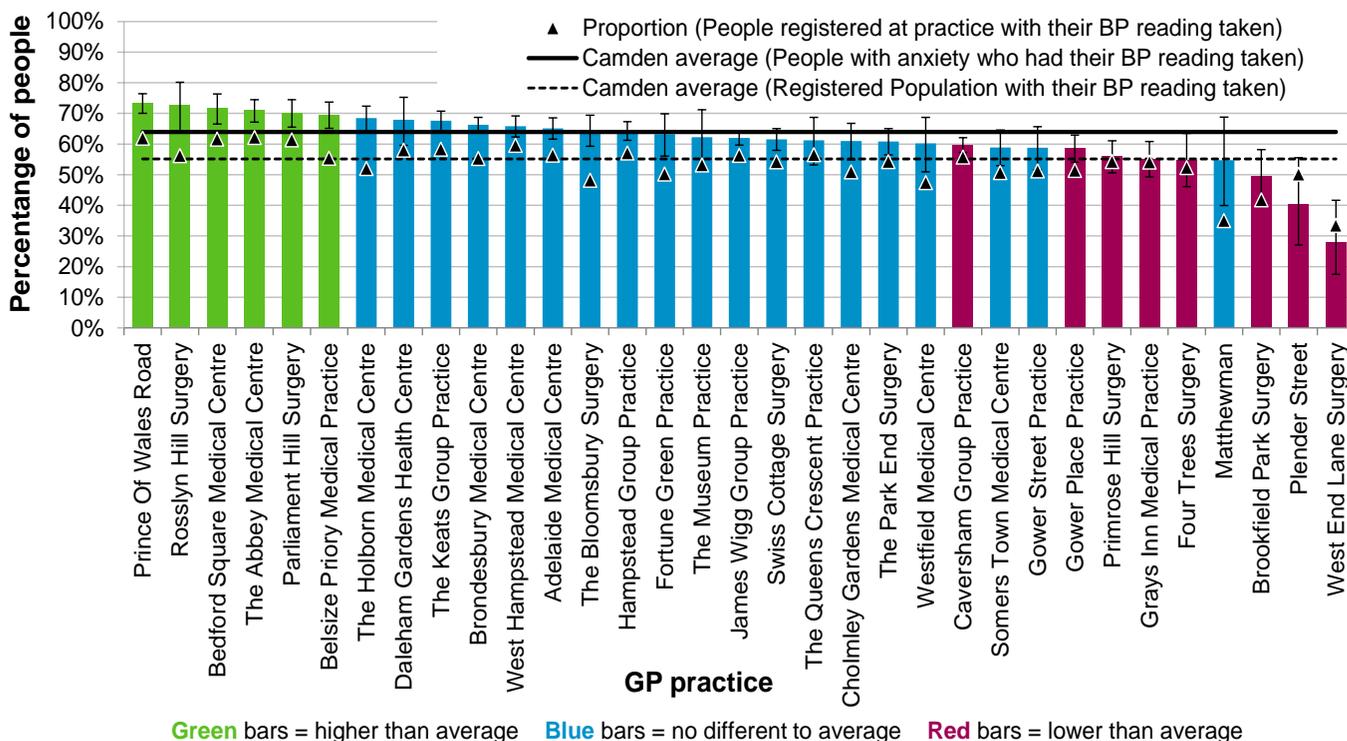


- People diagnosed with anxiety are more likely to be high-risk drinkers (14%) than the general population aged 18 and over (10%).
- About 8% (172) of people diagnosed with anxiety as well as being high-risk drinkers were referred to alcohol intervention and/or received advice about alcohol consumption (data not shown).

Notes: Numbers on bars indicate the number of people diagnosed with anxiety
Source: Camden's GP PH Dataset, 2012

Blood pressure recording

Proportion of people with anxiety who have a blood pressure reading taken in the previous 15 months, by GP Practice, compared to Camden's registered population aged 18 and over, September 2012



- The percentage of people diagnosed with anxiety who had their blood pressure recorded in the past 15 months ranges from 28% to 73% across GP practices, with an average of 64% for Camden.
- This compares to a range of 33% to 62% and an average of 55% among the general population aged 18 and over.
- The proportion is significantly higher than the Camden average for six practices, and significantly lower for eight.

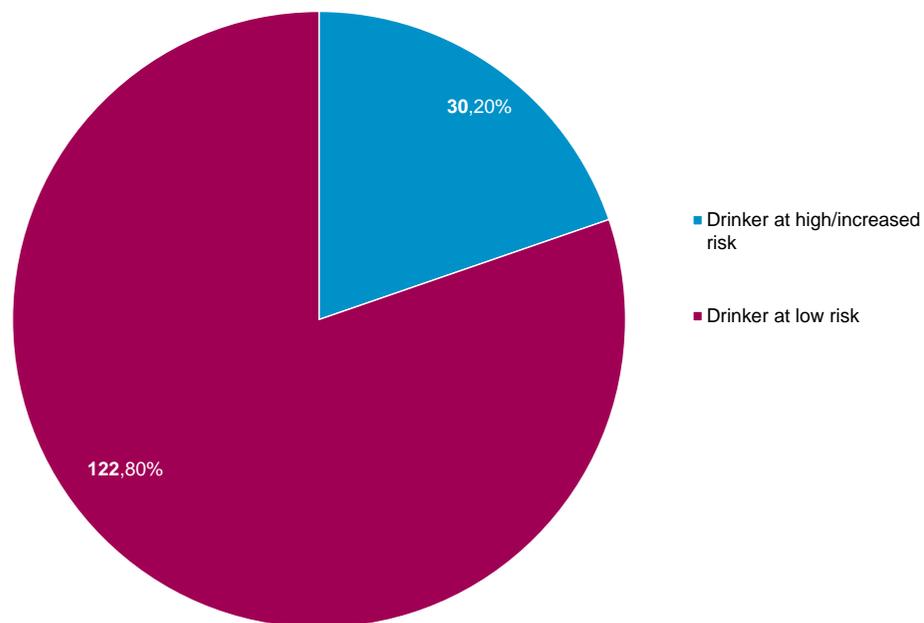
Note: St. Philip's Medical Centre and Camden Health Improvement Practice (Chip) are excluded from this analysis. Four practices have also been excluded because of small numbers
Source: Camden's GP PH dataset, 2012

ANXIETY-RELATED REFERRALS

This section looks at anxiety-related referrals to alcohol-intervention/advice

Referrals to alcohol intervention/advice: numbers recorded

Number of people diagnosed with anxiety who had an alcohol consumption status and were referred to alcohol intervention and/or received advice about alcohol consumption, Camden's registered population aged 18 and over, September 2012



- In 2011/12, 152 people diagnosed with anxiety were referred to alcohol intervention and/or received advice about alcohol consumption. Of those who received advice on alcohol:
 - 20% (30) are drinker at high/increased risk
 - 80% (122) are drinker at low risk

Source: Camden's GP PH dataset, 2012

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Ester Romeri.

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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