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The Use of Simulated Patients to Assess Primary Care Physicians' Treatment of Depression

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Background: Some primary care physicians provide less than optimal care for depression. The provision of key educational messages regarding antidepressant treatment has been associated with improved outcomes.(1) Similarly, primary care patients have clearly been shown to benefit from psychotherapeutic treatment of depression.(2) In this study, the authors sought to describe variations in depression care for simulated patients with identical depression symptoms assessed by a regional sample of primary care physicians. **Methods:** Participating in the study were 319 randomly selected primary care physicians (participation rate = 67%; 53% were family physicians and 47% were internists; 60% were male; 45% were European American, 37% were African American, 18% were of other ethnicities). Actors were hired to play the role of a depressed patient in the context of a primary care office visit. These vignettes were taped and transferred to CD-ROM to be used during the interview with the physician-participants. At the time of the interview, each physician interacted with a CD-ROM vignette of one patient with depression. Although each patient had identical explicit depression symptoms, patients varied along the following dimensions: medical illness comorbidity (recovering from myocardial infarction versus healthy), attributional style (somatic versus psychological), attitude toward depression treatment (accepting versus resistant), race (African American versus white), and gender. In a semistructured interview, the physicians were asked about 1) leading diagnoses; 2) additional essential information that they would want to obtain regarding the patient's clinical condition; and 3) leading treatment recommendations, including the provision of key educational messages. **Results:** For these patients with clear presentations of depression, almost all of the physicians (98%) made a diagnosis of depression. The physicians varied regarding the additional essential information they would need about the patient, besides what was presented in the CD-ROM vignette. Thirty-four percent stated they would want to know if the patient had experienced a prior depressive episode, 2% wanted to know

about history of bipolar symptoms, 34% about suicidal ideation, and 9% about current and/or previous sexual dysfunction. Forty-three percent indicated that they would want to obtain thyroid function tests. Eighty-five percent recommended an antidepressant, and among these physicians, 85% prescribed a selective serotonin reuptake inhibitor. Some physicians stated that their antidepressant treatment would also include key educational messages about 1) sexual side effects (mentioned by 42% of physicians), 2) gastrointestinal side effects (59%), 3) sleep-related side effects (31%), 4) delay before reaching therapeutic effect (59%), 5) the need to take medication every day (14%), 6) the need to take medication even if feeling better (6%), and 7) the need to take medication for at least 6 months (13%). Fifty-four percent of the physicians reported that they would refer the patient to a mental health provider (i.e., 17% would refer to a psychiatrist, 30% to a psychologist, 9% to a social worker, 44% to a practitioner in a specialty not specified) for counseling or psychotherapy. Twenty-one percent of the physicians indicated that they would conduct office-based counseling themselves. **Conclusions:** Primary care physicians often recommend antidepressants for the treatment of depression. There is wide variability regarding the provision of key educational messages associated with antidepressant treatment. Similarly, there is variation in the extent to which psychotherapy is incorporated into primary care physicians' recommendations for depression care. Thus, some primary care physicians may benefit from further education regarding the optimal management of depression.

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Referrals to a New Consultation Service for Parents With Cancer

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Background: The National Cancer Institute estimates that 24% of adults with cancer have children under age 18 years, yet parenting issues are rarely considered when addressing the psychiatric and psychosocial needs of these medically ill adults. In response to clinical need at the Massachusetts General Hospital Cancer Center, the authors established a new parent guidance consultation ser-