

Introduction

Focus on Depression and Anxiety Disorders in General Medicine

© The fifth meeting of the International Consensus Group on Depression and Anxiety took as its subject the comorbidity of anxiety disorders and depression with medical illness. The cornerstone of the Consensus Group's mission is to increase the awareness and understanding of depression and anxiety disorders among clinicians and to improve the treatment of these conditions. This awareness is particularly relevant for the field of general medicine, in which physicians have identification and treatment of somatic symptoms as their main focus. We selected the fields of cardiology, oncology, and gastroenterology as our areas of interest and discussed the prevalence, impact, and management of comorbid anxiety disorders and depression in these clinical areas. A significant proportion of medical patients suffer from comorbid psychiatric disorders. For example, up to 40% of patients with cancer suffer from concomitant depression or anxiety, and approximately one third of patients develop depression following a myocardial infarction. The presence of such comorbid psychiatric illness is associated with poor functional recovery and may therefore negatively impact the outcome of the medical illness and cause an unnecessary drain on health care resources. However, psychiatric illness may manifest as somatic symptoms, which can complicate the physical diagnosis and may not be recognized as being of psychiatric origin. Despite the difficulties surrounding the differential diagnosis of anxiety disorders and depression in a physically ill patient, it is important to recognize and treat these comorbid psychiatric disorders, because effective intervention will benefit prognosis.

Since we wished to include the perspective of both psychiatrists and medical specialists in our deliberations, we brought together a group of clinicians that included a cardiologist, an oncologist, and a gastroenterologist as well as psychiatrists who have specialized experience in treating psychiatric patients who have concomitant medical illness in these areas. We examined the difficulties of diagnosing comorbid depression and anxiety in these patients and developed guidelines to assist with the decision making involved in the diagnosis and management of the concomitant psychiatric disorders. As with other supplements for this meeting series, this supplement includes the review articles presented and discussed during our closed meeting. These will allow you to follow our deliberations and consider how we formed our consensus view.

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