

Introduction

Focus on Transcultural Issues in Depression and Anxiety

James C. Ballenger, M.D. (Chair)

The seventh meeting of the International Consensus Group on Depression and Anxiety, held in Kyoto, Japan, in October 2000, took as its theme transcultural differences in depression and anxiety. While depressive and anxiety disorders exist in all countries and cultures, epidemiologic studies have shown significant variation in the prevalence of these disorders between countries. Differing levels of awareness and recognition of psychiatric disorders due to cultural issues may be important contributing factors to this variation, as is the methodological variation in the conduct of epidemiologic studies.

The diagnostic criteria employed in epidemiologic studies have been developed in Western settings. Therefore, these may not take into account culture-specific symptoms, resulting in underrecognition or misidentification of psychological distress. However, underdiagnosis in primary care is a common problem in all countries. In line with this fact, only small proportions of patients with depression or anxiety disorders receive appropriate treatment for their condition. It has also been reported that biological diversity across ethnic groups may play a role in the differential sensitivity of some groups to psychotropic medication. Transcultural variations also exist in the level of stigmatization associated with mental illness, particularly since stigmatization is less common in those countries where depression and anxiety disorders are being effectively identified and treated.

Despite the variations in prevalence and symptom presentation, considerable disability and burden associated with psychiatric illnesses are observed in different cultures. The Global Burden of Disease Study¹ has identified that by 2020, major depression will be second only to ischemic heart disease as a cause of disability worldwide.

As with previous publications for the meeting series, this supplement consists of the comprehensive reviews that were presented and discussed during our closed meeting. These will allow you to follow our deliberations and consider how we formed our consensus views.

We hope that this supplement will prove to be useful and informative to clinicians and that it will stimulate further discussion and research into the transcultural differences in the treatment of depression and anxiety disorders.

REFERENCE

1. Murray CJ, Lopez AD. Alternative projections of mortality and disability by cause 1990–2020: Global Burden of Disease Study. *Lancet* 1997;349:1498–1504

James C. Ballenger, M.D. (Chair), on behalf of the International Consensus Group on Depression and Anxiety: James C. Ballenger, M.D.; Jonathan R. T. Davidson, M.D.; Yves Lecrubier, M.D.; David J. Nutt, M.D., Ph.D.

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