

Psychiatrist Decision Making for Treatment of Depression: A Systematic Review

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Received: December 22, 2022; **Published:** January 04, 2023

Abstract

Background: The global prevalence of depression covers about 3.4% of total population of world. It has victimized more than 280 million people worldwide. Depression has affected the people from every sector of life and every age group. The depression being fatal to the physical, psychological and general medical health is under focus of scholars, researchers, psychiatrist, physician and general population.

Objective: The objective of current systematic literature review analysis the qualitative coherence, consensus and difference of research on psychiatrist decision making for treatment of depression in 2022.

Methodology: The methodological framework for this systematic analysis is PRISMA (Preferred Report Items Analysis) protocol.

Data Analysis: About, 25 papers were initially found utilizing the online PubMed library in the EndNote X9 program; no articles were added directly from any other medium or website. Six articles were eliminated using the custom trail year 2022 filter and the duplication effect. By analyzing the articles based on title-based analysis, 11 of the 19 remaining articles were eliminated. Additionally, the eligibility of around 08 articles was evaluated in full text. Five articles in whole were excluded with justifications based on inclusion and exclusion criteria. The full-text papers, which were published in both English and PDF format, included qualitative analysis.

Conclusion: The decision making of psychiatrist for treatment of depression is influenced by various number of factors. It is important for treatment of depression.

Keyword: Decision Making; Psychiatrist; Depression

Background

The modern age life is complex and very dynamic with several factors of psychological exertions despite the contribution of easiness by modern technology [1]. The depression is most prevalent among the modern aged generation. The global prevalence of depression covers about 3.4% of total population of world [2]. It has victimized more than 280 million people worldwide. Depression has affected

the people from every sector of life and every age group [3]. Depression is being considered as silent killer. It ruins the self-confidence, self-esteem, self-respect and psychological empowerment of a person. The depression is not only a depressed mode, it is psychological pressure and disturbance of mental capabilities of a person [4,5].

Furthermore, the depression is deep-rooted in modern age. A number of factors are associated with the elevated level of depression in society. These factors included the sedentary life style or lack of physical activities, mobile phone addiction, social media addiction, lust of looking more grace full than others etc. [6,7]. Other factors such as life events, personality traits, high dependency on alcoholism or drugs abuse, non-psychiatric illnesses and psychiatric syndromes are responsible for higher psychological exertion or depression [8].

The depression being fatal to the physical, psychological and general medical health is under focus of scholars, researchers, psychiatrist, physician and general population. The researchers have developed tools to qualitatively and quantitatively measure the depression among general population. The most widely applied tools to measure depression are back depression inventory-11, the 9 item depression scale in patient health questionnaire and the Institute of Work Psychology (IWP) Multi-affect Indicator. The back depression inventory-11 is a self-reported scale for the assessment of depression. Various studies have applied this scale for the assessment of depression in different domain.

Similarly, the 9 item depression scale in health questionnaire score the depression between 0 - 13 and categories in five categories i.e. no depression, mild depression, moderate depression, severe depression and very severe depression from (0 to 4). The IWP Multi-affect indicator is a psychological test to assess and analyze numerous psychological changes and emotions such as enthusiasm, depression and degree of emotions in recent past [9].

Likewise, Kuzminskaite., *et al.* 2022 investigated depression among women and men in a cross-sectional manner. The outcomes of research illustrated that the prevalence ratio of depression among women is higher as compare to the men [10]. However, the history of depression and the associated factor are correlates in both sexes. The women approximately 1.7 times report higher level of depression as compare to the men [10]. Menear., *et al.* 2021 conducted a systematic review analysis to analyze the coherence and variance in literature on decision making role of psychiatrist for treatment of depression. The analysis included 150 collaborative care program studies. The outcomes suggested that the personalized care planning and shared decision making can integrate with the collaborative care program to reduce the depression and anxiety disorders among population [11].

Similarly, Shabbir., *et al.* 2022 analyzed during Covid-19 that the psychiatrist assisted diet plans and mutually decided physical activities and routine effectively reduced the severity of depression and anxiety during Covid-19 [12]. Therefore, the psychiatrist decision making for treatment of depression is a research based literate reduction plan of depression. The current systematic literature review analysis the qualitative coherence, consensus and difference of research on psychiatrist decision making for treatment of depression in 2022. There is limited availability of literature on systematically revised literature on decision making of psychiatrist for treatment of depression. The outcome of the analysis significantly highlights the degree of mutual consensus and difference among researchers.

Method

The methodological framework for this systematic analysis is PRISMA (Preferred Report Items Analysis) protocol. It is globally accepted protocol to present the selected research articles for the systematic review of literature [13].

Strategy

The digital library of PubMed by collecting the articles was created in EndNote version X9. The collected articles were filtered through custom trail year 2022. The articles published in 2022 were selected for the review of literature in this research study. The articles were identified through key words such as psychiatrist decision making and treatment of depression. There were no additional medium or the website used to collect the data for the analysis is this research study.

Inclusion and exclusion criteria

The convenient sampling technique was implemented to select the research articles in this review analysis. The available articles were assessed on the base of participants, research design, intervention and outcomes. The research studies having research population of any age group with quantitative cross-sectional research design were selected in this research analysis. Only the studies published in 2022 were selected for the systematic analysis. Similarly, the research studies which were published before 2022 or having qualitative research design were excluded from current systematic analysis.

Criteria	Inclusion	Exclusion
Participants	Any age group	No exclusion based on age of participants
Research Design	Quantitative Cross-sectional Research Design	Qualitative Research Design, Case Reports
Intervention	It was not considered as base.	It was not considered as base.
Outcomes	Considered statistically proven evidence based outcomes.	Outcomes with lack of clarity, coherence and understating

Table 1: Inclusion and exclusion criteria (PSIO method).

Reviewing process

The PubMed collection in EndNote Version X9 was searched for articles using the specified keywords i.e. decision making, psychiatrist, treatment of depression. The articles which were published during 2022 were only retained in the PubMed library. The duplicate content was removed after the articles were examined based on their titles. The articles available as PDF in English language were read for full text.

Data extraction and assessment of risk of bias

The extracted data was consisted upon author name with year of publication, research design, population and sample size, research tool, the outcomes of study and Jadad score. The quality of included studies was analyzed through Jadad score. The 1 represent fair quality of study, 2 represents good quality of study and -1 show average quality of included research study [14].

Items	Description	Score
Randomization	If randomization is mentioned (including words random/ randomly/ randomization)	1
	If method of randomization is mentioned (computer-generated/ table of random number)	1
	If mentioned method of randomization is not appropriate (patients’ allocation was done alternately/ based on DOB or hospital number)	-1
Blinding	If double blinded is mentioned	1
	If method of blinding is mentioned (active placebo/ identical placebo/dummy)	1
	If mentioned method of blinding is not appropriate (comparison between tablet and injection having no double dummy)	-1
Withdrawal	If the number and reason of withdrawal or dropout in each group is mentioned	1
Maximum obtainable point		5

Table 2: Jada score to assess the quality of included studies.

Results

About, 25 papers were initially found utilizing the online PubMed library in the EndNote X9 program; no articles were added directly from any other medium or website. Six articles were eliminated using the custom trail year 2022 filter and the duplication effect. By analyzing the articles based on title-based analysis, 11 of the 19 remaining articles were eliminated. Additionally, the eligibility of around 08 articles was evaluated in full text. Five articles in whole were excluded with justifications based on inclusion and exclusion criteria. The full-text papers, which were published in both English and PDF format, included qualitative analysis. The included research studies in this systematic review were published in the United States of America and China. Two research studies were having quantitative research design and one was carried out in quantitative cross-section research design. One of included research study of Currie and MacLeod, 2022 followed the behavioral mode of depression to collect the data [15]. Similarly, the second research study included in this analysis was of Matthews., *et al.* 2022. It was a quantitative survey of 27 patients (age between 18 to 35 years) through semi structured interview [16].

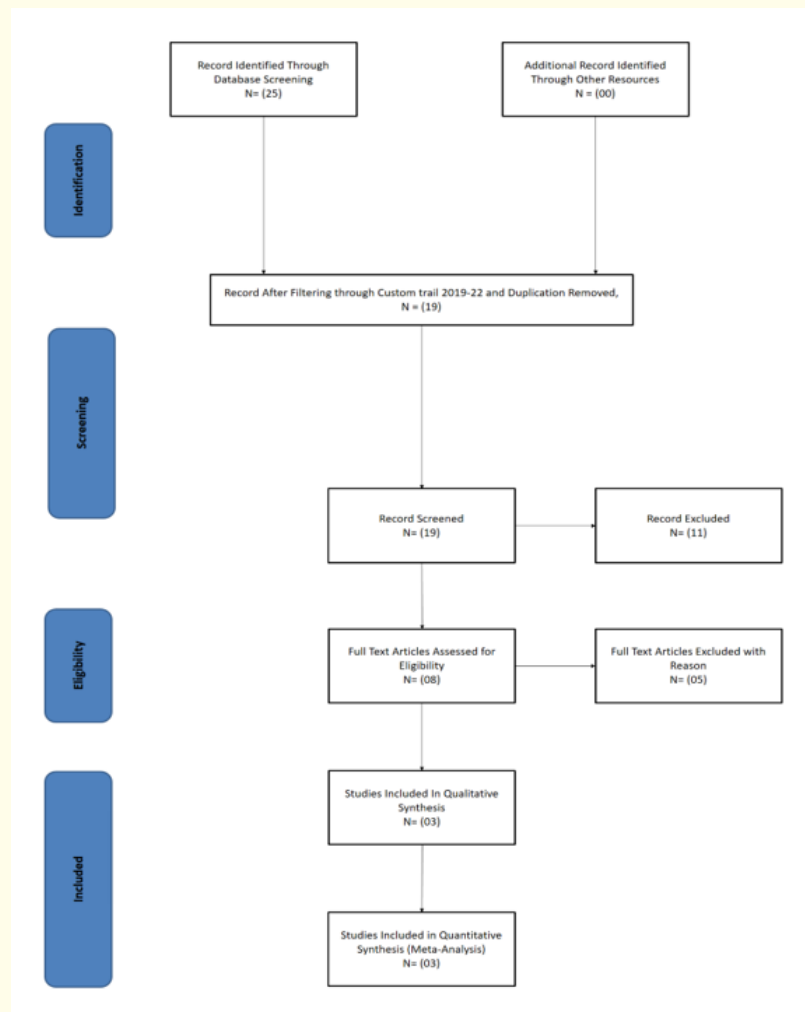


Figure 1: PRISMA diagram.

Author Name/ Year	Research Design	Population	Age	Tool	Outcomes	Country	Jadad Score
(Barr, Forcino, Mishra, Blitzer, and ; Elwyn, 2022)	Cross-Sectional National Surveys	972 Consumers and 244 Clinicians	Consumer more than 18 years, Clinician with minimum 12 Month Experience	Survey through convenience sampling technique	Decision making depends upon effective information and improves the treatment of depression.	The USA	1
(Currie and Macleod, 2022)	Qualitative Research Design			Behavioral Model of Decision	Treatment outcomes are more effective with adequate decision making	America	1
(Matthews., et al. 2022)	Quantitative Survey	27 Patients	Mean age 35 Years	Semi-Structured Interview	Decision making process involves the patients which take active part in treatment of depression.	China	1

Table 3: Data base of the articles.

Good Quality Study= Score 2, Fair Quality Study= Score 1, Average or Poor Quality Study= -1.

Discussion

The purpose of this systematic review was to qualitatively assess the consensus and differences of researches and scholars regarding decision making of psychiatrist and physician for treatment of depression. The analysis remained focused to the more recently published research studies. It included three most advance research articles published in international journals of the Econometrica and Frontiers in Psychiatry. The purpose of the analysis was to accumulate the knowledge that to what extend the psychiatrist decision making is significant for the treatment of depression in general population. The quantitate analysis carried by Currie and MacLeod, 2022 concluded that the treatment of depression is highly complex which involves the decision making with repeated experiments and treatment possibilities [15].

Similarly, the decision making of the psychiatrist for curative therapy of depression requires commitment to follow standard protocols, international guidelines, doctor’s personal experience and detailed case history of the patient. It also needs the history of life events and life style of the patients [15,17,18]. The Currie and MacLeod, 2022 regarded the decision making in psychology as selection on a unique course of action for the treatment of depression among several possible alternatives. It is rational or irrational procedure based on assumptions, values, preference and beliefs for decision makings. The poor decision making reduces the outcomes of treatment. The effective decision making elevates the more appropriate outcomes of physical or medical based treatment protocol of the depression [15].

Similarly, another research study conducted by the Matthews., et al. 2022 assessed the role of shared decision making of psychiatrist for the treatment of the depression [16]. The findings of that study provide insight into the SDM experiences and decision-making preferences of depressed primary care patients who are neglected. Overall, respondents spoke positively about their experiences making

decisions while receiving care for depression, which is in contrast to findings from earlier research that suggested SDM methods were not easily incorporated into conversations about depression in primary care [16,19].

Furthermore, the Matthews, *et al.* 2022 conducted the qualitative and quantitative assessment of 27 patients. They concluded the effective decision making process which involves the patient's life style and preference improves the outcomes of treatment protocol. It is also be proven effective for enhancing the treatment seeking behavior of depressed patients. The processes strengthens the relationship between doctors and patients. The decision making for treatment of depression requires the trusting environment to facilitate the patient to share the vital personal information for the making the effectual treatment decision regarding depressive patients [16]. The current systematic review analysis assess the qualitative and quantitative mutual consensus among scholar on opting the best possible treatment protocol for the treatment process of depression through decision making processes. The decision making of psychiatrist should be coherent to the international guidelines, standard protocol, personal experience and case history of the patients.

Conclusion

This systematic review concluded that the psychiatrist decision making for treatment of depression is a process of choosing an effective treatment protocol among several possible course of actions. The psychiatrist decision making constitutes of multiple factor including international guidelines, standards, physician or psychiatrist personal experience, case history of patients and the operating situation. The systematic review of literature found a general agreement among authors on effectiveness of adequate decision making for treatment of depression. It is evident in literature that the adequate psychiatrist decision quantitatively and qualitatively improves the outcomes of treatment of depression. However, the current systematic analysis is limited to the short number of research studies published in a restricted time period. The further analysis should cover the broader time line to include more number of research studies for critical analysis of authors' prospective on decision making of treatment of depression.

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Volume 12 Issue 2 February 2023

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