

MaGPie Study Papers and abstracts

The MaGPie Research Group. (**Bushnell JA** corresponding author) Psychological problems in New Zealand primary health care: a report on the Mental Health and General Practice Investigation (MaGPie). *New Zealand Medical Journal*. 116(1171):U379, 2003 Apr 4.

The MaGPie Research Group. (**Bushnell JA** corresponding author) Frequency of consultations and general practitioner recognition of psychological symptoms. *British Journal of General Practice*. (In Press)

Background: General Practitioners (GPs) are widely reported to “miss” half the psychological problems in their patients
Aim: To describe the relationship between consultation frequency and general practitioner recognition of psychological symptoms.
Design: Survey of GPs and their patients.
Setting: General practices in the lower North Island of New Zealand.
Methods: Participants were randomly selected GPs (n=70), and their patients (n=3414, of whom a sub-set of 386 form the basis of this paper). The main measure was comparison between GP and Composite International Diagnostic Interview (CIDI) (1) recognition of psychological problems.
Results: Of GPs selected, 90% participated. The CIDI was completed by 70% of selected patients. In patients with a CIDI-diagnosed disorder, 63.7% (95% confidence interval (CI): 53.3-74.1) were considered by the general practitioner to have had psychological symptoms in the last year; 40.1%(CI:31.0-49.2) to have had clinically significant psychological problems, and 33.8%(CI:24.9-42.6) were given an explicit diagnosis. However, in those CIDI-diagnosed patients who had been seen five or more times during the last year, these recognition figures increased to 80.2% (CI:68.9-91.4), 59.4%(CI:45.9-72.9) and 53.6%(CI:40.1-67.1) respectively, and dropped to 28.8%(CI:13.0-44.7, 13.6%(CI:3.4-23.7), and 10.7%(CI:1.4-19.9) among patients not consulting during the last year. GPs often differed from the CIDI in their assessment of clinical significance and diagnosis.
Conclusion: GP non-recognition of psychological problems was at a problematic level only among patients with little recent contact with the GP. Efforts to improve GP recognition of mental disorder may be more effective if they target new or infrequent attenders, and encourage patient disclosure of psychological issues.

The MaGPie Research Group. (**McLeod D** corresponding author) General Practitioner recognition of mental illness in the absence of a ‘gold standard’. *Australian and New Zealand Journal of Psychiatry*. 2004;38:789-794.

Objective: To compare general practitioner (GP) recognition of mental illness with cases identified by screening and diagnostic instruments.
Design: Cross-sectional survey (part of the MaGPie study).
Setting: Lower North Island of New Zealand.
Sample: Consecutive patients from a random sample of GPs were screened using the GHQ-12. Based on GHQ scores a stratified random sample of patients was selected and invited to participate in an in-depth interview to assess their psychological health and a subsequent longitudinal study.
Main outcome measures: GPs assessed patients’ psychological health using a 5-point scale of severity. Patients completed the General Health Questionnaire (GHQ-12), Composite International Diagnostic Interview (CIDI), Somatic and Psychological Health Report (SPHERE-12) and World Health Organisation’s Disability Assessment Schedule-version II (WHODAS).

Results: Seventy GPs (90% response) and 775 patients (70% response) were included in analyses. Overall GPs recognised symptoms of psychological disorders in the past 12 months in 56.4% (95%CI 49.3-63.5) of patients. Agreement between GP rates of recognition of mental disorders and diagnostic or symptom rating instruments varied depending on the instruments used, and was highest when there was concordance between several instruments and high levels of disability. Only 17.2% (95%CI 14.5-19.9) of the patients identified by at least one of the GHQ-12, CIDI or SPHERE, were identified by all three instruments.

Conclusions: In understanding rates of recognition of mental disorders by GPs careful consideration needs to be given to the degree to which any single instrument can be utilised as a diagnostic 'gold standard'.

The MaGPIe Research Group. (**Dowell AD** corresponding author) The effectiveness of screening for mental health problems in primary care. *British Journal of General Practice*. (In Press)

The MaGPIe Research Group. (**Bushnell JA** corresponding author) Psychological problems in New Zealand primary health care: a report on the pilot phase of the Mental Health and General Practice Investigation (MaGPIe). *New Zealand Medical Journal*. 114(1124):13-6, (2001)

Papers In preparation (watch this space):

The MaGPIe Research Group. (**Bushnell JA** corresponding author) Recognition, treatment and outcome of mental health problems in primary care.

The MaGPIe Research Group. (**McLeod D** corresponding author) Barriers to treatment of mental health problems in primary care.

The MaGPIe Research Group. (**Kljakovic M** corresponding author) General Practitioner characteristics and attitudes influencing the identification of mental disorders in primary care.

The MaGPIe Research Group. (**Dowell AD** corresponding author) General Practitioners do not under-treat Common Mental Health problems.

The MaGPIe Research Group. (**Collings SCD** corresponding author) The relationship between disability and General Practitioner recognition of mental disorder.

The MaGPIe Research Group. (Dowell A corresponding author) The effectiveness of case finding for mental health problems in primary care.