

(RESEARCH ARTICLE)



## Anxiety and depression are we facing another pandemic?

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### Abstract

**Background:** During the post COVID pandemic, we have noticed what looked like a significant increase of antidepressants and anxiolytic medications in patients attending their outpatients appointment. This seems disproportionate to the reported national average of anxiety and depressive disorders in adult populations.

**Methods:** Looking into patients attending their two weeks wait appointment with breast and GI surgery, data has been collected regarding patients' regular medication with specific focus on anxiolytic and antidepressants. Further questions regarding formal diagnosis have been asked to the patients and confirmed with GP notes.

**Results:** In total 200 patient forms have been collected. There was notable discrepancy between national average and the amount of patients attending with regular prescriptions of anxiolytic or antidepressants. On further scopes, these more than half of the patients taking these medications had normal investigation and have been discharged from their specialty back to primary care.

**Conclusion:** There could be multiple explanations for this phenomenon however it is obvious that there is significant increase in recent years.

**Keywords:** Antidepressants; Anxiolytics; Depression; Anxiety; Surgical outpatients

### 1. Introduction

Since COVID-19 pandemic, we have noticed an increased use of anti-anxiety medication and antidepressants in our younger patients. As this has been independently noticed by different clinicians across specialties, we have decided to investigate this further. [1]

The literature shows that in the UK one in six adults would experience anxiety or depression each week with about 8% of those meeting criteria for diagnosis of mixed anxiety and depression disorder, 6% of generalized anxiety disorder and 3% of depression. [2]

Depression is mostly diagnosed in younger adults 16-29. In 2023 in the UK, there has been reported increased incidence of mental health issues within school age children and teenagers. [3]

### 2. Methods

Over 2 months, we have collected data of all adult patients under the age of 40 attending outpatient clinics of various specialties as a first visit. We have excluded psychiatric and psychological clinics. The reason only first visits (referral

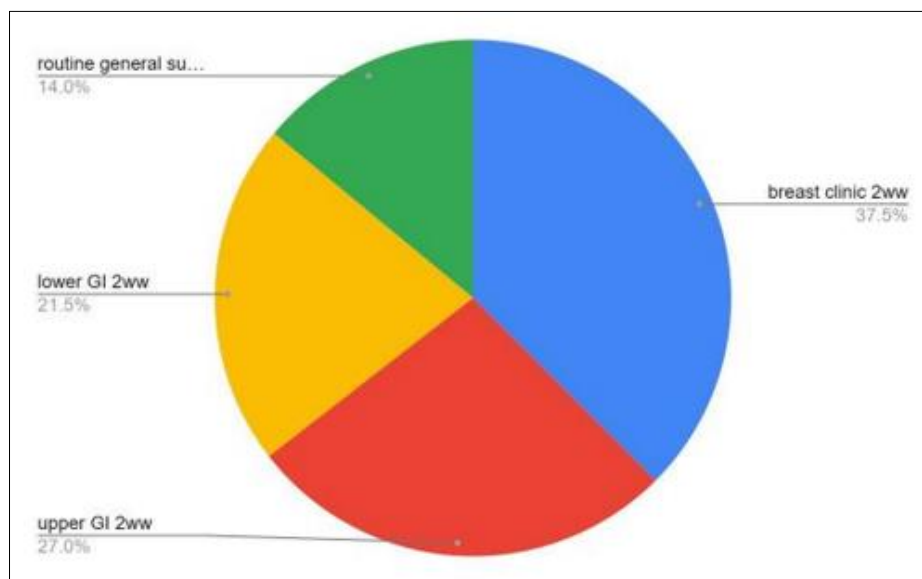
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from GP or other specialty) have been included is that some chronic conditions may use these drugs as a part of their treatment.

Patients have been asked to list their medication which has been confirmed with a GP record when available. If there was an anxiolytic or antidepressant, the patient was asked further questions to evaluate diagnosis, length of treatment and benefits.

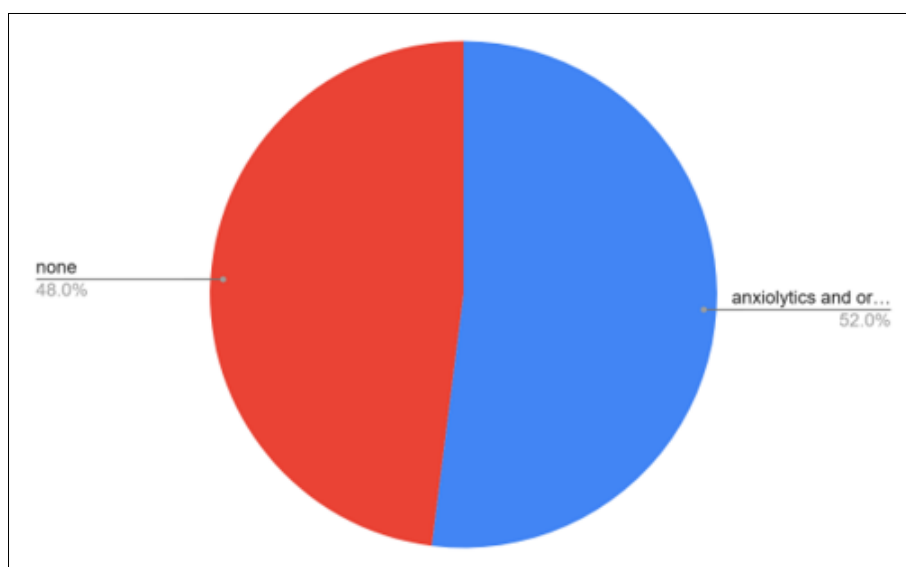
### 3. Results

200 patients' data meeting the criteria for this evaluation have been collected in total. They were attending breast fast track clinics, upper GI and lower GI 2ww as well as routine general surgery clinic. The number of patients attending each clinic could be seen in the table and Figure below.



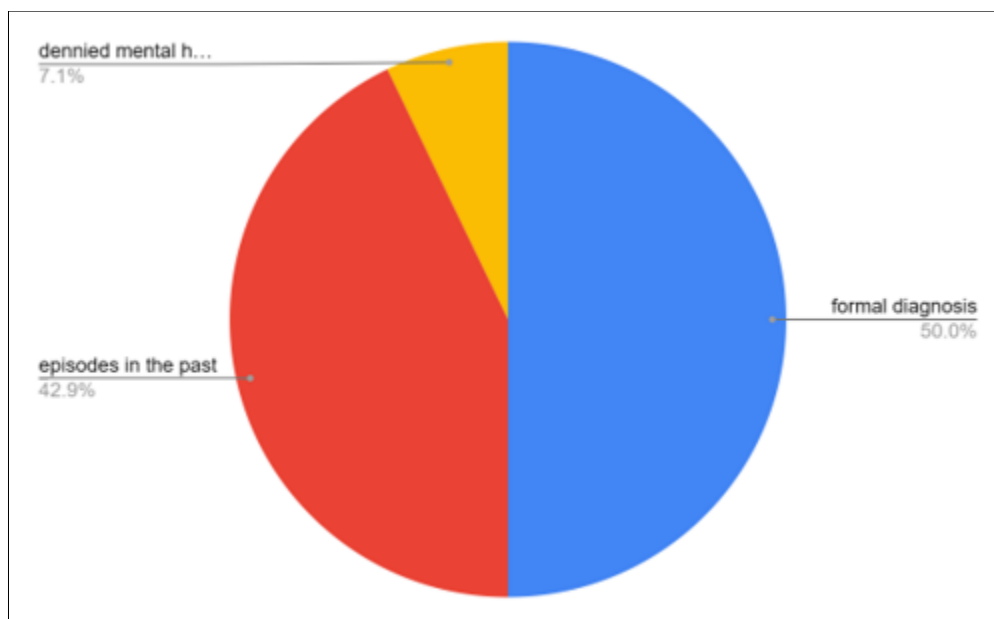
**Figure 1** Distribution of patients in the study (n=200)

Out of the 200 patients, 104 patients (52%) had prescribed anxiolytic or antidepressant. With exception of 2 patients who took the drugs only on as required basis, these medications have been taken regularly and for more than 6 months.



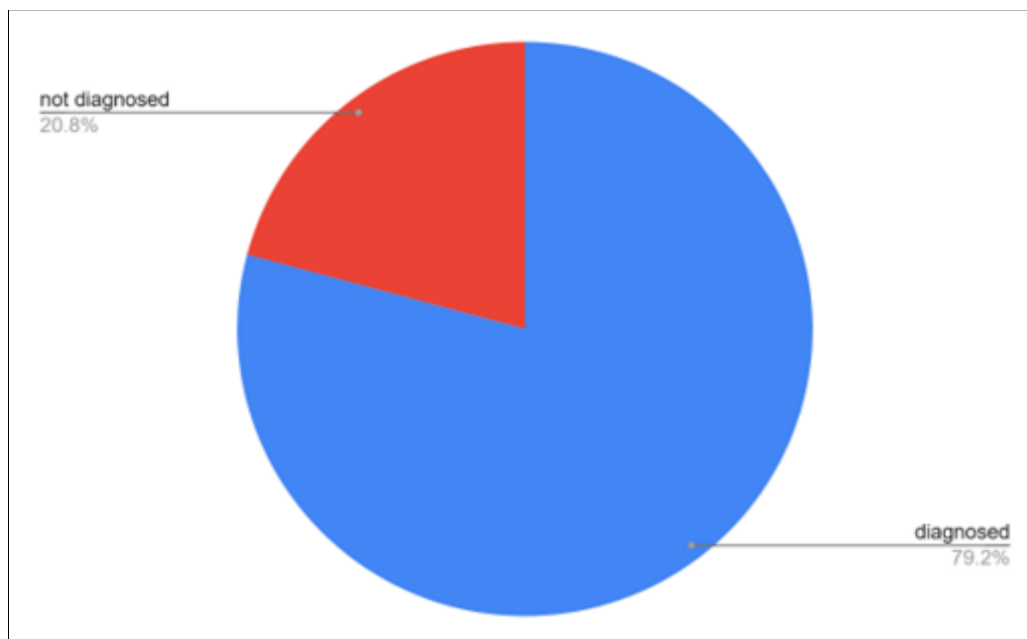
**Figure 2** Patients with prescription for anxiolytics and antidepressants (n=104)

From these 104 patients, 56 patients (54%) had formal diagnosis with multiple assessment and regular reviews from their GP. The remainder 48 (46%) of patients were not sure why they have been given the medication however majority of them has admitted to some anxiety or depressive episodes at the time of prescription initiation. 8 (8%) patients completely denied mental health issues and believed that they are taking the medication for another issue (i.e. pain). Out of those 8 patients in 7 cases there was discrepancy with their GP record, in 1 case the GP record was not available.

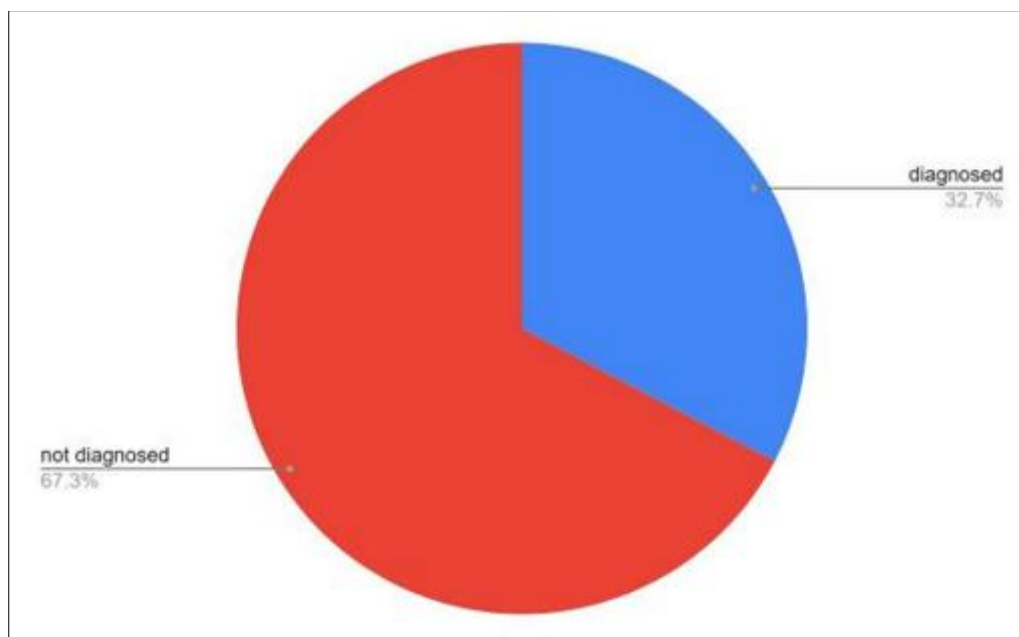


**Figure 3** Distribution of patients with anxiolytics and/or antidepressants prescription

As an interesting comparison, we have investigated all patients' outcomes from clinic or further tests. From the 96 patients that did not have this medication, 76 (79%) have been given diagnosis in the specialty they have seek help from. This is in contrast with only 34 (33%) of patients from the group who were regularly prescribed anxiolytics or antidepressants.



**Figure 4** Formal specialist diagnosis in a group of patients that DID NOT have regular prescription of anxiolytics and/or antidepressants



**Figure 5** Formal specialist diagnosis in a group of patients that DID have regular prescription of anxiolytics and/or antidepressants

#### 4. Discussion

The data in this study are not representing a true population sample. By default, people suffering from some forms of anxiety are more likely to suffer from health-related anxieties and worries and are therefore more likely to present to their GP with various symptoms. This is likely to result in referral to specialist especially if the complaint is persistent.

However, even if we take this into account, the increase in use in anxiolytics and antidepressants is massive. It might be under-reported as population data reports usually lag a few years behind.

There is some element of unfortunate trend to offer these medications to patients without formal diagnosis and further assessments. There is a small group of patients who have been prescribed these medications without any mental health diagnosis. These drugs are taken on a long-term basis with no formal plan for review.

COVID-19 pandemic has left more marks than we initially anticipated especially in the mental health area. There is a large group of patients that would benefit from taking these medications however it seems that a lot of these drugs are either over-prescribed or poorly explained to the patients. The lack of formal review and plans for review is worrisome.

As a part of our general assessment of the patient, we should include a brief encounter of their awareness of the need for their regular medication. If there is any uncertainty, this should be flagged back up to the GP for review.

#### 5. Conclusion

There is a significant discrepancy between presentation of patients to clinics with unrelated issues and reported data. There is evident increase in anxiolytics and antidepressants in the group of patients that attend outpatient hospital appointments. In the breast surgery clinic, we have done a quick comparison to patients on their first appointment over the age of 40, where the incidence of anxiolytic and/or antidepressants was 18 %, therefore just slightly above the national average.

## **Compliance with ethical standards**

### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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## **References**

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