Suffering in silence: studies on screening for major depressive disorder in primary care
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The third patient, woman, 63 years, is a widower since eight years. Her husband had died from lung cancer. After some years being in mourning she started to do voluntary work in childcare and in nursing homes. She had a lot of friends and other social contacts and was again happy with her life. Four years ago she got knee problems, and although she got a knee prosthesis the pain did not disappear and since then she was not able to walk anymore. She gave up working and almost every other social activity because of her disability. Because of her inactive daily life she gained a lot of weight and developed diabetes mellitus. Last year a friendly male student that had rented a room in her house for three years, has left her house without paying rent for 6 months and before leaving he did also steel some of her jewels and money. She was very disappointed and confused about this betrayal. The last few months she is more and more sad, anxious and lonely and has no energy or need for any activity.

She contacts her general practitioner on a regular basis because of her diabetes mellitus and chronic pain. In addition she suffers from panic attacks, sadness, loss of interest, loss of energy, weight gain, feelings of guilt and hopelessness.

Results of SCID-I interview: major depressive disorder and panic disorder

Reaction to result of screening:
Well, it depends what is meant by depression, but to me depression is something very severe. Last year I had burn out, that’s what the doctor said. That, I felt, was severe as well, but easier to accept. And also, I don’t feel that I should need to take antidepressant medication. I have already many pills for the pain and diabetes.'