

Family Function and Depression

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This paper reports the result of a study correlating the Family APGAR¹ and a psychiatric screening instrument, the General Health Questionnaire (GHQ).² In that study 100 adult patients in each of three private family physicians' practices were simultaneously given the Family APGAR and the GHQ.

Background

Richardson³ in 1948 was among the first to stress the importance of viewing the patient in the context of the family. Many authors since then have lent support to the notion that the family constitutes a basic unit in health and medical care.^{4,5} Indeed, one of the philosophical tenets of family medicine today is its strong emphasis on the relevance of the family in the context of medical care for the individual patient.⁶⁻⁸ However, it has yet to be determined how best to implement the practice of "family" into the schedule of busy clinicians.

One clinical approach used to implement the practice of "family" has been to assess the functional level of the family. Many questionnaires and procedures have been devised to aid in the assessment of family function.^{9,10} For example, Smilkstein¹ has proposed a test that has practical value in determining the functional integrity of the family.

It is well known that emotional factors have an impact on family function. Indeed, Spanier¹¹ predicts that if the institution of the family is to meet the challenges of the future, family members will have to more adequately perform the most basic of familial functions—emotional support. In response to this position, attention should be given

to the question: "What is the impact of emotional disorders on family function as measured by the Family APGAR?"

Methods

Three board-certified family physicians volunteered their practices to assess the impact of a self-administered psychiatric screening instrument (GHQ) on diagnosis, treatment, and patient follow-up during the summer of 1981. Simultaneously, 100 consecutive adult patients in each practice were given the Family APGAR. Those who were in acute pain, demented, or unable to read the questionnaires, and those who had appointments for laboratory procedures only were excluded from the study.

Multiple regression analysis of the data was performed. Family APGAR was the dependent variable, and the components of the GHQ were the independent variables.

The Family APGAR (adaptability, partnership, growth, affection, resolve) is a self-administered five-part questionnaire that measures an individual's ability to nurture and grow in the family. The total Family APGAR score ranges from 0 to 10. The greater the total score, the more likely a patient perceives his or her ability to thrive in the family.

GHQ is a 28-item scaled version of the original GHQ, which measures four components of psychiatric morbidity: GHQA measures anxiety, insomnia; GHQB measures somatization; GHQC measures social dysfunction; and GHQD measures severe depression. The GHQ has the following additional characteristics: (1) it has self-administered capabilities, (2) it measures acute as contrasted with chronic symptoms, (3) it has a sensitivity of 96 percent, and (4) it correlates directly with mental distress, ie, the greater the GHQ score, the greater the emotional morbidity.

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Table 1. Correlation Coefficient Matrix for GHQ Components GHQA-GHQD, GHQ (Total Score), and Family APGAR

	Family APGAR	GHQ	GHQA	GHQB	GHQC
GHQ (total score)	-.38192				
GHQA (anxiety)	-.18237	.77875			
GHQB (somatization)	-.30804	.85944	.51136		
GHQC (social dysfunction)	-.32344	.77369	.46509	.54352	
GHQD (severe depression)	-.45562	.70872	.37481	.57069	.44317

Table 2. Multiple Regression of GHQ Components and Family APGAR

	F	Significance (P value)	R ² *
GHQA (anxiety)	.55481	.457	.03326
GHQD (severe depression)	30.44021	.000	.20774
GHQC (social dysfunction)	5.17318	.024	.22748
GHQB (somatization)	.09447	.759	.22778

*Cumulative percent of variance which explains family APGAR

Results

Of 300 participants, 245 (81 percent) had completed data for both GHQ and Family APGAR. The patients' mean age was 37 years; 66.5 percent were women.

Negative correlation coefficient were noted for each component of the GHQ, the total GHQ score, and Family APGAR (Table 1).

This negative correlation was not unexpected. The greater the emotional disturbance, the greater the likelihood of family dysfunction.

Both GHQD (severe depression) and GHQC (social dysfunction) account for a significant amount of the variance in Family APGAR scores; GHQD accounts for approximately 18 percent of the variance, and GHQC accounts for 2 percent of the variance (Table 2).

Comment

From the data presented, there is evidence that emotional morbidity as defined by high GHQ scores accounts for 20 percent of the variance in Family APGAR scores.

Particularly important is the apparent effect of severe depression on Family APGAR scores. Therefore, one could recommend that in the clinical

setting when family dysfunction is suspected, severe depression should be considered.

Acknowledgment

This study was supported in part by a grant from the Robert Wood Johnson Foundation while the author was a Faculty Development Fellow at the University of Washington Department of Family Medicine.

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