How Patients with Depression and Their Providers Navigate Anhedonia: An Ethnographic Evaluation of Discourse Dynamics of Psychiatrists and Primary Care Providers in Clinical Settings

Tiina Drissen[1], Chelsea McCracken[2*], Hrishikesh Kale[1], Zachary Hebert[2], Craig Chepke[3,4]

[1]Johnson & Johnson Innovative Medicine, Titusville, NJ, USA; [2]Verilogue, Philadelphia, PA, USA; [3]Excel Psychiatric Associates, P.A., Huntersville, NC, USA; [4]Sandra and Leon Levine Adult Psychiatry Residency Program at Atrium Health, Charlotte, NC, USA.
*Affiliation at the time of study

Background

- Anhedonia is characterized by diminished interest in, or pleasure from, activities of daily life and is a core diagnostic symptom of major depressive disorder (MDD) according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and International Classification of Diseases, Tenth Revision (ICD-10)[1,2]
- A range of negative outcomes are associated with the presence of anhedonia in people with MDD, including a higher risk of suicide, poor treatment response, impaired function and quality of life, more chronic and refractory disease, and reduced sexual desire/interest[3–9]
- Despite its substantial humanistic impact, limited research exists on how healthcare professionals (HCPs), including psychiatrists and other specialties, discuss anhedonia during clinical consultations
- This ethnographic analysis (EA) aimed to examine how patients and HCPs discuss anhedonia symptoms during routine clinical consultations

Methods

- Dialogues were collected from an existing database comprising >195,000 US-based recorded in-office conversations between HCPs and patients with time-aligned transcripts
  - Both HCPs and patients/caregivers opted into audio recording of the visit for research purposes. Data were not collected as part of this (or any) specific project
- At the time of this study, the overall database featured >1,500 unique HCPs and 174,000 unique patients, covering a wide range of disease states
- Patients were required to be ≥18 years old
- Eligible dialogues were recorded between January 1, 2017, and November 30, 2022 (inclusive) in community-based private practices (US only) and were listed by HCPs as being an MDD interaction type
- Both psychiatrists and primary care physicians (PCPs, including family doctors, or internists) were included
- Using the retrospective, anonymized, syndicated, dialogue data, qualitative and quantitative analyses of the dialogues were performed, using techniques based on the principles of sociolinguistics and conversation analysis as well as computational linguistics and corpus analysis[10–13]
- The EA assessed patient/caregiver and HCP language and behavior during in-office visits. Four keyword domains related to anhedonia were then identified for each group based on this assessment

Results

- Transcripts of 60 recorded conversations from outpatient HCP-patient visits for the clinical management of MDD were analyzed
- Dialogues included in the final sample took place between March 2017 and March 2022
  - These involved 60 unique patients and were recorded by 29 unique HCPs (35 recordings from 10 unique psychiatrists; 25 recordings from 19 unique PCPs)
- The duration of the recordings was a mean (range) of 11:51 (1:43–36:19) minutes
- Patient demographics can be found in **Table 1**

Table 1: Patient demographics for EA exploring how patients and HCPs talk about anhedonia in routine clinical practice

Characteristic	n (%)
Number of unique patients	60 (100)
Sex	
Male	17 (28)
Female	43 (72)
Age range, years	
18–24	4 (7)
25–34	6 (10)
35–44	7 (12)
45–54	7 (12)
55–64	19 (32)
≥65	17 (28)
MDD severity	
Mild	6 (10)
Moderate	40 (67)
Severe	14 (23)

EA, ethnographic analysis; HCP, healthcare professional; MDD, major depressive disorder.

- The specific term "anhedonia" was used very rarely across all data analyzed. Only 1 HCP used the term "anhedonia" a single time across 2 transcripts. There was no recorded instance of a patient using the term. The term "anhedonic" does not appear at all
- No single keyword was identified as highly correlated with anhedonia discussion for either patients or HCPs
  - 4 patient and 4 HCP keyword domains were identified by the EA
- For the patients, these domains included lack of volition for generic activity, fatigue/energy, social disconnectedness, and lack of appropriate emotion (examples not discussed here)
  - Rather than using a term or set of terms, patients used a set of 4 combined keyword domains to convey a lack of volition for generic activity (**Figure 1**)

Figure 1: Four combined meanings used by patients to convey lack of volition for generic activity

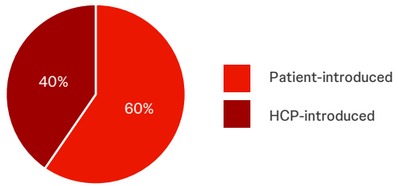
(Negative	+	Volition)	+	(Generic	+	Activity)
*dis*interested // **nothing** // **nowhere** // don't **even** // don't **ever** // haven't // literally **can't** // **just** can't // **lost** // **lack** of // was **not** // **rather** than // just **not** there // **never** // **not** as interested // **not** wanting // **too** much // **un**motivated // **used** to		don't **want** // don't **feel like** // don't **like to** // not **interested** // can't get **into it** // there's no **enthusiasm** // don't **care** // **rather** be // no **interest** in // not **thrilled** // **interest** me // seemed **worthwhile** // [no] **reason** to		do **something** // do **anything** // do **things** // do **stuff** // do **nothing** // do **shit** // do **much** // go **anywhere** // get **stuff** done // be around **anybody**		**do** physical activity // **get** out of the house // **go** to work // **get up** and **do** anything // **go** anywhere // **get** going // **get** out of bed // **lay** around // **lay** on the couch // **get** around to // **sit** around // **stay** in bed // **go** outside // **keep** myself busy

Alternative sentence structures:

*I just didn't want to do **anything** // just nothing seemed worthwhile // I don't do **anything**. I just lay on the couch // I don't really feel like doing **much** // I just have no interest in doing **anything** // I don't care if I go **anywhere** or if I stay at home // Sometimes **things** just seem like too much trouble // I don't have the desire to get up and do **anything** // **Things** that I normally do just didn't seem appealing // Just wanting to stay home and not... do **anything** //*

- The 4 HCP keyword domains that were identified in the dialogues were 1) interest, activity or hobbies, 2) energy, 3) sleep, and 4) social relations (**Table 2**)
  - HCP and patient keyword domains appeared to overlap in the areas of lack of energy/motivation, however, both psychiatrist and PCP assessment questions were often misaligned with patients' own descriptions of anhedonia
- The majority of conversations about anhedonia were introduced by patients (**Figure 2**), suggesting that the onus to raise the topic may fall disproportionately on patients

Figure 2: How often anhedonia was introduced into conversations by patients/caregivers vs. HCPs in the EA (N=47)



EA, ethnographic analysis; HCP, healthcare professional.

Table 2: Anhedonia keyword domains identified from questions HCPs asked their patients in routine clinical assessments in the EA sample

Topics	#	Keywords	Verbatims
Interest/ activity/ hobby	18	Interest, hobby, fun, enjoy, activities	*Less **interest** in activities? ...The Bingo doesn't **interest** you anymore? // What did you say your, your **hobby** is? // What have you been doing for **fun**? // Did you **enjoy** the trip that you went on for the birthday? // And the things that give you **pleasure** don't give you pleasure anymore? // What kind of **activities** do you particularly like to do?*
Energy	13	Energy, energy level, tired, fatigue	*No **energy**? // You don't feel like going or you don't have the **energy** or you just feel nervous about the environment? // What's your **energy level** been like? // And you're **tired** all the time?*
Sleep	13	Sleep, sleeping, bed	*You're **sleeping** okay? // What about your **sleep pattern**, do you find yourself **sleeping** too much or not sleeping enough or? // What time do you **go to bed**? // Are you able to **get out of bed** in the morning? //*
Social relations	12	Socialize, withdraw, friend, [family member nouns]	*So you want to be by yourself, you don't want to be **socializing** or meeting anybody? // More **withdrawn**? // Do you see any of your **friends**? // You have no real good, close **friends** within the residence? // How do you and your **grandson** get along? // Is [**NAME OTHER**] going to be visiting you through this thing? Is he going to be able to come and see you?*

EA, ethnographic analysis; HCP, healthcare professional.

Presented at the Psych Congress Elevate; May 30–June 2, 2024; Las Vegas, NV, USA

REFERENCES:

1. American Psychiatric Association (APA) (2013). Diagnostic and Statistical Manual of Mental Disorders – *DSM-5™* (fifth ed.). Arlington, VA: APA. 2. World Health Organization. ICD-10 (F32-F39). Available at: https://icd.who.int/browse10/2016/en#/F30-F39 (accessed May 2024). 3. Basson R, Gilks T. *Womens Health (Lond).* 2018;14:1745506518762664. 4. McMakin DL, et al. *J Am Acad Child Adolesc Psychiatry.* 2012;51:404–411. 5. Rasmussen AL, et al. *Transl Psychiatry.* 2023;13:247. 6. Romera I, et al. *BMC Psychiatry.* 2013;13:51. 7. Vinckier F, et al. *Eur Psychiatry.* 2017; 44:1–8. 8. Vireze E, et al. *Biol Psychiatry.* 2013;73:639–645. 9. Whitton AE, Pizzagalli DA. *Curr Top Behav Neurosci.* 2022;58:111–127. 10. Hymes D. The ethnography of speaking. Readings in the sociology of language, edited by Joshua Fishman, Berlin, Boston: De Gruyter Mouton, 1968, pp. 99–138. 11. Sacks H, et al. *Language.* 1974;50:696–735. 12. Jurafksy D, Martin J. Speech and language processing: An introduction to natural language processing, computational linguistics, and speech recognition (3rd ed.). Stanford University, 2020. 13. Stefanowitsch A. (2020). Corpus Linguistics: A guide to the methodology. Berlin: Language Science Press, 2020.

[Poster #29]

Conclusions

- The term "anhedonia" is seldom used directly by patients; instead, they generally describe their symptoms using everyday lay language that is accessible
- Patients' description of anhedonia can be categorized into 4 keyword domains, that are frequently misaligned with those used by HCPs, and which may be perceived as vague by their providers
- Acknowledging this not only affords the opportunity to enhance patient-centered care but also emphasizes the critical role of psychiatrists and PCPs in bridging the gap between medical terminology and patient narratives
- Cultivating awareness of how anhedonia is articulated by patients and employing proactive symptom identification can prevent its oversight in clinical practice

Acknowledgments

The authors acknowledge the contribution of Eva Liu and Ari Janoff to data analysis and generation of the original report for this study and Hannah Bowrey in shaping the study abstract.

Medical writing support was provided by Ashfield MedComms, an Inizio company, and funded by Johnson & Johnson.

Study funded by Johnson & Johnson.

Disclosures

TD and HK are employees of Johnson & Johnson, Innovative Medicine and stockholders of Johnson & Johnson, Inc. CC has been an advisor to AbbVie, Acadia, Alkermes, Axsome, Biogen, Bristol Myers Squibb, Corium, Idorsia, Intra-Cellular, Johnson & Johnson, Karuna, Lundbeck, Moderna, Neurocrine, Noven, Otsuka, Sage, Sumitomo and Teva, a consultant to AbbVie, Acadia, Alkermes, Axsome, Biogen, Boehringer Ingelheim, Corium, Intra-Cellular, Johnson & Johnson, Karuna, Lundbeck, MedinCell, Moderna, Neurocrine, Noven, Otsuka, Sage, Sumitomo, Supernus and Teva, has had research/grant support from Acadia, Axsome, Harmony, Neurocrine, Teva and has been a speaker for AbbVie, Acadia, Alkermes, Axsome, Bristol Myers Squibb, Corium, Intra-Cellular, Johnson & Johnson, Karuna, Lundbeck, Merck, Neurocrine, Noven, Otsuka, Sumitomo, Teva. CC's spouse has been an advisor for Karuna and Otsuka.

Novel Pathways in Depression

Scan the QR code