Introduction
The term depression is often used to describe a temporarily low mood or miserable feeling; however, a clinical or major depression is a mental-disorder, which can be characterized as a co-occurrence of low mood, low self-esteem and loss of interest in daily activities and social environment. Signs and symptoms as well as duration of depressive phase vary between individuals. Especially if a depression stays undiagnosed and therefore untreated the risk of committing suicide increases.

Objectives
Objective of the study was to assess the prevalence of depression among six large European nations and to detect intra-European differences in treatment and medication patterns.

Methods
TNS Healthcare’s European Healthcare Panel of individuals in France, Germany, Italy, UK and the Netherlands was surveyed in 2007 / 2008 to assess disease burden at national level. The self-reported epidemiological data is representative of population gender and age (18-24, 25-34, 35-44, 45-54, 5-64, 65-69 yr) strata in respective countries, ensured by sampling and intensive panel management. The survey collected information on select health conditions (incl. depression; in the past 12 months), quality of life and healthcare-utilization. In the TNS European Healthcare Panel, 8,665, 4,130, 5,552, 8,440, 50,881 and 90,017 individuals completed the survey in the Netherlands, Germany, Italy, France, UK and Spain respectively.

Results
Burden of depression varies by gender and age. Across the studied countries prevalence of depression is higher in women than in men and both males and females have the highest risk to suffering from depression in their midlife (40 to 60 years). Irrespective of gender, age and country a large number of individuals who indicated suffering from low mood / depression are not medically diagnosed as such. Overall 17% of individuals in age group 18-69 years reported to suffer from depression / low mood. This amounts to 35,235,000 individuals, who are adversely affected by depressed mood in these six countries. Prevalence of depression is thereby not equally spread across Europe: particularly the British and the Spanish reported more often to be afflicted with depressed feeling or low mood than the other European counterparts in the study. On the contrary, the Dutch reported the lowest prevalence.

As depicted in Chart2, the point of diagnosis of depressive mood varies across the six studied nations: diagnosis by GP was predominant in UK, France and the Netherlands, whereas in Germany, Italy and Spain the primary diagnosis was done by a specialist or a physician at medical care centre. A significant portion of individuals remained medically undiagnosed in the studied geographies. Differences between medically diagnosed and undiagnosed patients are observed in terms of medication use (Chart3). Whereas the majority of medically diagnosed patients are treated with prescription medication, majority of medically-undiagnosed depressive individuals remained un-medicated, with only a small proportion reporting OTC medication use.

Depression is common concomitant disease of a multitude of ailments. As shown in Chart4, prevalence of various diseases in individuals suffering from depression is quite higher than those in general panel population. Burden of depression strongly influenced daily activities. The average number of days missed from regular work due to sickness is approximately 2.8 times higher in the depression group compared to the general panel population.

Conclusions
Prevalence of depression appears to be substantial in the studied European nations and peaked in the 40-60 age group. Females had substantially higher disease burden, amounting to as much as twice as their male counterparts in certain age groups. Observed diagnosis and treatment patterns warrant further scrutiny to devise a holistic disease management strategy to alleviate burden.