Date last modification documentation sheet: 20-04-2012

Compared to previous version documentation sheet (30-01-2012) the following issues were adapted:
- New section on relevant policy areas added to the documentation sheet
- Remark added on work Eurostat Task Force on morbidity statistics

Compared to previous version documentation sheet (02-12-2011) the following issue was adapted:
- Minor correction data availability section

Compared to previous version documentation sheet (24-09-2010) the following issues were adapted:
- Explanation regarding preferred data type added
- Data availability and periodicity sections updated

ECHIM Indicator name	**B) Health status** 23(b). Depression: register-based prevalence
Relevant policy areas	- Non-Communicable diseases (NCD), Chronic Diseases - (Preventable) Burden of Disease (BoD) - Mental health - (Planning of) health care resources
Definition	Number of individuals that have ever been diagnosed with depression and that have been affected by this condition during the past 12 months. Expressed per 100,000 and as percentage of total population.
Calculation	National best estimate of number of individuals that have ever been diagnosed with depression and that have been affected by this condition during the past 12 months (ICD-10 codes F32-F33; depressive episode and recurrent depressive disorder). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
Relevant dimensions and subgroups	- Country. - Calendar year. - Sex. - Age group: ➢ for age standardization data must be collected by 5 year age groups (see calculation) ➢ for data presentations it is required to present the following age groups; 15-64, 65+ - Socio-economic status (see data availability). - Region (according to ISARE recommendations; see data availability)
Preferred data type and data source	Preferred data type: administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics. Which source is/which sources are to be preferred is dependent on the specific disease and the health care system and health information system in a specific country. Preferred source: national data
Data availability	Eurostat morbidity data activities are currently in a pilot phase. In 2007, 9 MS (CZ, CY, EE, HU, LT, LV, MT, SI, SK) carried out a data collection pilot. AT and DE carried out a pilot study in 2009. In 2009 BE, DE, FI, NL, PL and RO started with the pilot. Eurostat morbidity data will be available by sex and 18 age groups (0-4, 5-9,etc., 85+), not by socio-economic status and region. The pilot data will not be published since they were collected to assess the feasibility of the proposed method. But if the results of the final report of the TF (to be issued by the end of 2012) show that some indicators are comparable within MS, ECHIM could ask directly to the involved MS whether they agree to send to ECHIM their figures. The final aim (target: 2015) is to set up a regular data collection on morbidity. See remarks for more information on Eurostat's work on morbidity statistics. The ISARE project did not collect regional data on depression.
Data periodicity	It is currently not yet clear how often Eurostat will collect the diagnosis-specific morbidity data.

Rationale	High-burden disease. Because of the high frequency of mental health problems in our society and the importance of their costs in human, social and economic terms, mental health should be regarded as a public health priority. The Global Burden of Disease study reckons that mental disorders represent four of the ten leading causes of disability worldwide. Depression is a major mental condition that is amenable to intervention.
Remarks	- The ICD-10 codes applied in the calculation deviate from the ICD-10 codes applied by Eurostat in their diagnosis-specific morbidity activities. Eurostat uses ICD-10 codes F30-F39; this includes bipolar affective disorder. As this definition is too divergent from the objective of this ECHI indicator, i.e. to measure prevalence of depression, ECHI applies a more specific selection of ICD-10 codes. - Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups. - Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Also in the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 23a). - In September 2011, Eurostat created a Task Force on morbidity statistics with the aim to look at the pilots and to provide criteria and recommendations on how to calculate the best estimates for the measurements presented in the European shortlist including harmonized definitions for the different indicators. The work done should be presented at the Eurostat Technical Group Care meeting of 12-13 June 2012.
References	- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&vm=detailed&sb=Title - Health Indicators in the European Regions (ISARE) project: http://www.isare.org/
Work to do	- Monitor developments Eurostat morbidity statistics