Expert Opinion in detecting and treating depression in palliative care: A Delphi study
Lauren Rayner, Annabel Price, Matthew Hotopf & Irene Higginson
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Prepared by: Cheryl Nekolaichuk, PhD, R. Psych.
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Abstract

Background: There is a dearth of data regarding the optimal method of detecting and treating depression in palliative care. This study applied the Delphi method to evaluate expert opinion on choice of screening tool, choice of antidepressant and choice of psychological therapy. The aim was to inform the development of best practice recommendations for the European Palliative Care Research Collaborative clinical practice guideline on managing depression in palliative care.
Methods: 18 members of an international, multi-professional expert group completed a structured questionnaire in two rounds, rating their agreement with proposed items on a scale from 0-10 and annotating with additional comments. The median and range were calculated to give a statistical average of the experts' ratings.
Results: There was contention regarding the benefits of screening, with 'routine informal asking' (median 8.5 (0-10)) rated more highly than formal screening tools such as the Hospital Anxiety and Depression Scale (median 7.0 (1-10). Mirtazapine (median 9 (7-10) and citalopram (median 9 (5-10) were the considered the best choice of antidepressant and cognitive behavioural therapy (median 9.0 (3-10) the best choice of psychological therapy.
Conclusions: The range of expert ratings was broad, indicating discordance in the views of experts. Direct comparative data from randomised controlled trials are needed to strengthen the evidence-base and achieve clarity on how best to detect and treat depression in this setting.

Strengths:
- Use of the Delphi method, a well-established and effective approach for obtaining expert opinions and level of expert consensus, which has been used in palliative care
- Attempted to include a multinational expert group, consisting of 29 professionals from a range of disciplines and different countries

Weaknesses:
- Small sample size: 29 approached, only 18 responded to one or both rounds of Delphi survey; unclear how many participants responded to both surveys
- Demographics of respondents were not reported. Demographics were only reported for those approached (n=29), of which only 15 were practising clinically in palliative care. Unclear how many of the respondents were practising clinically in palliative care.
- Biased sample: Of those approached (n=29), predominantly physicians (n=22), with under-representation of nurses (n=1) and psychologists (n=2). Representation predominantly from UK (n=16) and other European countries (n=11)
- Lack of clarity regarding method:
  - Purpose i.e. consensus-seeking (which is most common) vs. descriptive. No "a priori" establishment of cut-off score for consensus. Wide variation in participant respondents, even after the second survey round.
  - Unclear how anonymity was maintained if responses were sent by e-mail (i.e. responses were anonymously reported but individual responses would still need to be collated)

Relevance to Palliative Care:
Depression in palliative care is a complex syndrome that is complicated by debilitating and progressive physical and psychological symptoms associated with advancing disease. It is often under-diagnosed and under-treated. The development of standardized screening and assessment tools would assist in pharmacological and non-pharmacological management. This study increases our awareness of available screening tools, as well as the expert opinions regarding management. However, the size and nature of the sample limit our ability to generalize. Further studies to strengthen the evidence base are needed.