

Criterion Validation of the Edinburgh Postnatal Depression Scale as a Screening Tool for Depression in Patients with Advanced Metastatic Disease

Mari Lloyd-Williams, Trevor Friedman, Nicky Rudd. J Pain Symptom Manage 2000;20:259-265.

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Abstract:

It is estimated that 25% of palliative care patients will have identifiable symptoms of depression. Near the end of life, the distinction between what can be called "appropriate sadness" and depression may be difficult. Many palliative care units use rating scales to help identify patients who may be depressed. It is believed that symptoms such as guilt, worthlessness, and hopelessness may be more discriminating than other symptoms for depression within this population. The Edinburgh postnatal depression scale (EPDS) was devised for use in women in the postnatal period and does not contain any somatic-type symptoms. It consists of 10 items, each rated on a four-point scale, and includes items on guilt, thoughts of self-harm, and hopelessness. It has not previously been used for screening in cancer patients. In a study of 100 inpatients receiving palliative care, a cutoff of 13 on the EPDS had a sensitivity of 81% and a specificity of 79% for detecting cases of depression. There was a low rate of misclassifications. This study suggests that the EPDS may be useful as a screening instrument for palliative care patients.

Comments:

Strengths/uniqueness: The authors were innovative to assess the validity of a tool originally devised to screen for depression in postnatal women. The sample size was large enough to allow statistical analysis.

Weaknesses: The test-retest reliability remains to be established. This study does not address the issue of when it is the most appropriate time to screen for depression, which often fluctuates during the course of a terminal illness.

Relevance to Palliative Care: Depression still appears to be under-diagnosed and under-treated in the Palliative Care population. A validated screening tool that excludes the somatic symptoms of depression will improve detection rates in terminally ill patients. Further validation might establish widespread use of this easy-to-use tool.