

Journal Watch

The Geriatric Depression Scale in Palliative Care.

Reference: GREGORY B. CRAWFORD, AND JULIE A. ROBINSON. Palliative and Supportive Care (2008), 6, 213–223. Printed in the USA. 2008 Cambridge University Press

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Abstract

Objective: This research examined the psychometric properties of previously published short forms of the Geriatric Depression Scale (GDS) in patients receiving palliative care. It also uses the full form of the GDS to examine the prevalence of nonsomatic symptoms of depression in palliative patients.

Method: Participants were 84 patients with advanced cancer attending palliative care outpatient clinics. Scores for short forms of the GDS were derived from administering the original 30-item scale. Patients also completed the single item numerical analogue scale for depression from the Edmonton Symptom Assessment System and parallel numerical analogue scales for will-to-live and hope. A subset of the sample completed the measures twice. Short forms were judged on the extent to which they captured information gained from the full scale and their internal consistency, test–retest reliability, convergent and concurrent validity, and their distribution of scores.

Results: Overall, five short forms showed good psychometric properties at both visits. Two of these forms were very brief. Some nonsomatic symptoms assessed on the full Dowered reported with high frequency. However, few individuals reported a large number of symptoms. At both visits, patients identified as likely to have severe depression gave different responses from other patients on most items on the GDS-30.

Significance of results: Several short forms of the GDS may be appropriate for use in palliative care. Patients identified as likely to have severe depression showed many of the same symptoms that characterise depression in other geriatric populations.

Strengths:

- screening GDS tools administered at two points in time
- many short GDS forms were studied
- recognizes that depression screening tools give insight into patient's symptoms and experience of depression, and not just aid in diagnosis of depression

Weaknesses:

- Did not validate short forms against a gold standard. It only compares one screening tool against another screening tool
- Non-randomized patient selection It did not specify how the initial sample group was chosen at the clinics
- Did not specify the cut-offs for the full GDS and for the short GDS forms – They do not report as what score constitutes a “positive” short GDS
- Short GDS results were not administered independently. Results were merely extracted from a patient's answers to the GDS-30 questions
- Second visit sample size much smaller than first visit sample size due to death/physical decline

Relevance to Palliative Care

Depression is very common and followed on the unit with the ESAS but perhaps there is a better screening tool on admission and in follow-up that is quicker than the GDS but still gives a good screen for depression and insight into nonsomatic depressive symptoms.

Bottom line - there are several short forms of the GDS that show promise in being utilized in palliative care to “provide insight into patients’ experience of depression while limiting burden on patients and staff”. Two of them (D’ath-4 and Molloy-5 forms) are short and reliable. Perhaps these short forms of the GDS would be useful on palliative care units and outpatient clinics for initial assessment and for follow-up.