Palliative Care Journal Watch

Which depression screening tools should be used in palliative care?

Prepared by Assad Omar; December 8, 2008. Tertiary Palliative Care Unit Grey Nuns Hospital during morning rounds.

Reference: Which depression screening tools should be used in palliative care? Lloyd-Williams, Mari Spiller, Juliet Ward, Jason; Palliative Medicine; Jan2003, Vol. 17 Issue 1, p40-43, 4p

Abstract: Depression is a significant symptom for many palliative care patients, but is difficult to diagnose and therefore treat. In an effort to improve detection, there has been increasing interest in the use of screening tools. Many tools, however, have been developed for physically well patients and it is important that tools are validated for the populations in which they are used. The present study was carried out on behalf of the Association of Palliative Medicine, Science Committee, to assess the available evidence for using screening tools in palliative care. The single question `Are you depressed?' was the tool with the highest sensitivity and specificity and positive predictive value. Where the Hospital Anxiety and Depression Scale and the Edinburgh Depression Scale are used, the validated cut-off thresholds for palliative care patients should be employed. Patients who report thoughts of self-harm or suicide need prompt assessment and evaluation. *Palliative Medicine* 2003; **17:** 40 43

Method: The search for review was done via a research oriented librarian. Searches were carried out electronically with the search headings: depression, assessment, and palliative care. Three reviewers independently graded each paper on level of evidence.

Results: The "gold standard" was set at psychiatric interview. The Hospital Anxiety and Depression scale (HADS), the General Health questionnaire (GHQ-12), the Edinburgh Postnatal Depression Scale (EPDS), the Schedule for Affective Disorders and Schizophrenia (SADS) as well as a single question, and intent for self harm were assessed.

The single question "Are you depressed?" had the greatest efficacy with a sensitivity, specificity and PPV of 1. The EPDS at a cut off of 13 was second. The HADS should be used as a combined sale for the best positive predictive value. Finally thoughts of self harm and, independently, desire for death were stated as independent predictors for depression.

Strengths:
1. Large database of journals and articles to pick from
2. Clinically relevant topic
3. Independent review of level of evidence
4. Gold standard identified for comparison to all assessment tools
5. Comment made for inclusion of somatic questions – contextual relevance in the patient population we are seeing

Weaknesses:
1. Small number of studies made it to the point of gold standard comparison
2. Not primary research

3. Evidence based pool of research were small and studies found are single centre low population.
4. Depression may be tied to general psychological distress which was not analyzed
5. Cultural and linguistic barriers

Relevance to Palliative Care: Depression is a common and significant issue to the palliative care physician. The results of this study show that while seemingly important, depression scoring and thus subsequent diagnosis may be lagging behind symptoms such as pain and nausea in the palliative care setting.

The fact that screening tools exist help us to determine the need for intervention for each patient; however, further tools addressing some of the shortcomings listed above will need to be addressed in the future. It is positive to note that talking directly to patients still appears to be the best way to understand them and deal with any mood disorders that may exist.