PALLIATIVE CARE NETWORK OF WISCONSIN

FAST FACTS AND CONCEPTS #146
SCREENING FOR DEPRESSION IN PALLIATIVE CARE

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Background Depression is a significant symptom for approximately 1 in 4 palliative care patients and is especially common in patients with metastatic cancer (see *Fast Fact* #21). Up to 80% of the psychological symptoms that occur in cancer patients go unrecognized and untreated. One reason for this is the difficulty in diagnosing depression in palliative care patients (see *Fast Fact* #7). In the primary care literature a number of brief screening instruments such as PRIME-MD are used to identify depression. However, the symptoms associated with depression in primary care (weight loss, loss of energy, fatigue, insomnia) also occur in patients without depression who have a life-threatening disease. Thus, there has been interest in developing a brief scale that can accurately identify depression in the palliative care population. This *Fast Fact* reviews that literature on depression screening tools.

Single question screening: A study of palliative care inpatients found that a single question, *"Are you feeling down, depressed or hopeless most of the time over the last 2 weeks?"* correctly identified patients with 100 percent sensitivity and specificity and a positive predictive value of 1 (Chochinov 1997). Adding a second question about anhedonia (the absence of pleasure from the performance of acts that would normally be pleasurable), *"Have you found that little brings you pleasure or joy over the last two weeks?",* reduced the specificity and positive predictive value. Unfortunately, follow-up studies using a single question regarding mood in other palliative care populations have shown a sensitivity of roughly 55 percent and a specificity of 75 percent.

A four-item algorithm asks questions about energy level, anhedonism, depressed mood, and psychomotor retardation/agitation. In a study of hospice patients in Australia this tool had a sensitivity between 62 and 72%, specificity of 75 to 89% and positive predictive value of between 68 and 89% (Robinson 2005).

The four question *Brief Case Find for Depression* asks questions about sleep, depressed mood, life satisfaction, and ability to overcome difficulties. In a study of oncology and palliative care patients this tool had fair agreement with longer depression screening instruments (Jefford 2004).

Other studies have examined 10-20 question depression instruments that have been validated in other patient populations. The ***Edinburgh Postnatal Depression Scale*** (Lloyd-Williams 2000), a self-assessment scale consisting of ten items each rated on a 4 point scale, had a sensitivity of 70% and specificity of 80% in patients with metastatic cancer receiving palliative care. The ***Hospital Anxiety and Depression Scale*** (Lloyd-Williams 2003) is a 14 item scale with separate sub-scales for anxiety and depression. In a group of patients with metastatic cancer, summing the two subscales gave a sensitivity of 77%, specificity was 89% and a positive predicted value of 0.48. Two more recent articles reported lower sensitivity and specificity in patients with advanced metastatic disease.

Summary and Recommendations

- Clinicians should have a high clinical suspicion for depression—especially in patients who exhibit feelings of hopelessness, worthlessness, guilt, anhedonia, sustained periods of feeling sad, and/or those with suicidal ideation and/or suicidal plans.
- The literature does not suggest that any of the above scales are clearly superior for helping to diagnose depression in a population of palliative care patients.
- Depression screening scales may be helpful in individual cases to provide the clinician with additional data in formulating a diagnosis; if used, it is suggested that clinicians be familiar with the sensitivity/specificity data for one scale and consistently use that scale so as to gain clinical familiarity.
- Psychiatric consultation is indicated in cases of diagnostic uncertainty and/or when patients present with profound depression and/or are overtly suicidal.

Definitions (Further resources available at: http://www.musc.edu/dc/icrebm/diagnostictests.html.)

- **Sensitivity:** The fraction of those with the disease correctly identified as positive by the test.
- **Specificity:** The fraction of those without the disease correctly identified as negative by the test.
- **Positive predictive value:** The fraction of people with positive tests who actually have the condition.

References

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