

Detecting depression in patients with physical illness

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Depressive symptoms are clinically significant when they interfere with normal activity and persist for >2 weeks

Low mood

Anhedonia

Classification

- Adjustment disorder
- Major illness

- Dysthymia
- Manic depressive disorders

Criteria for major depression*

Five or more of the following symptoms during the same two week period representing a change from normal

- Depressed mood ◇
- Substantial weight loss or weight gain
- Insomnia or hypersomnia
- Feelings of worthlessness or inappropriate guilt
- Recurrent thoughts of death or suicide or suicide attempt
- Decreased interest or pleasure ◇
- Psychomotor retardation or agitation
- Fatigue or loss of energy
- Diminished ability to think or concentrate

* From *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition

◇ One of these symptoms must be present

Depression and physical illness

The association may be coincidental

Patient-led barriers

- Somatisation
- Misconceptions about psychological problems
- Supposed effect on health care professionals

Professional-led barriers

- Normalisation
- Premature reassurance
- Premature advice
- Switching
- False reassurance
- Jolly along

Reasons for why depression is missed

- Difficulty distinguishing between clinically important depression and a 'realistic' response to stressful physical illness
- Attribution of physical symptoms
- Feeling ill-equipped with relevant communication skills
- Negative attitudes to depression
- Therapeutic nihilism

Depression and Anxiety in patients with colorectal cancer

	108			
		0	1	
		5	10	

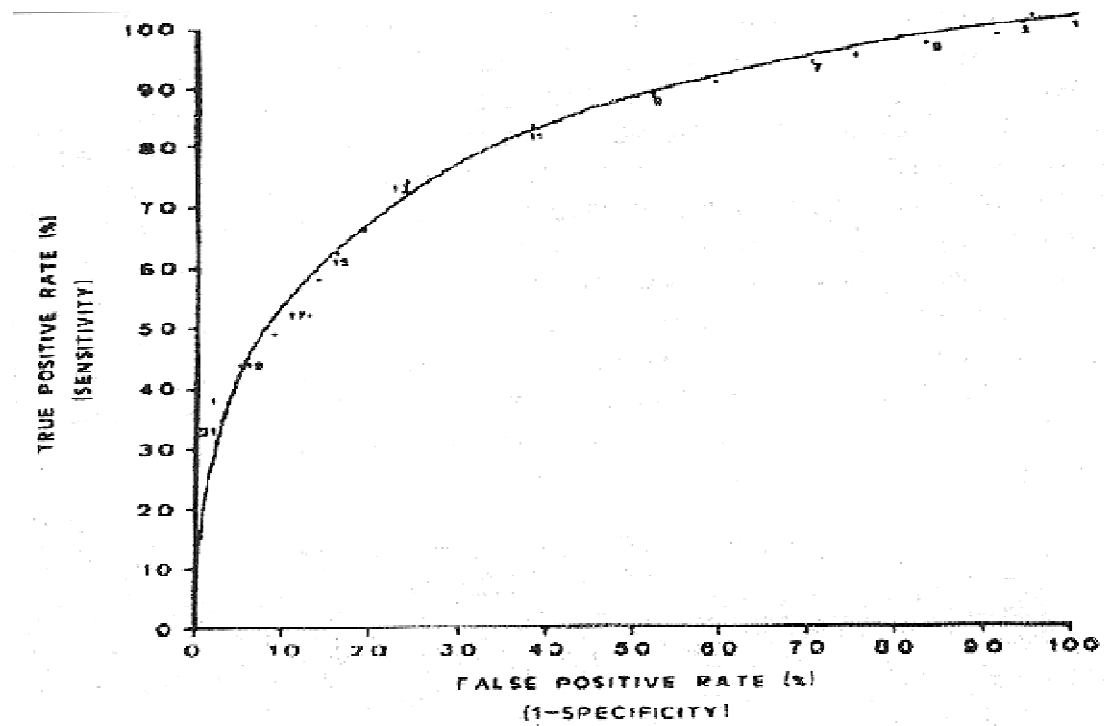


FIG. 1 Receiver operating characteristic curve for screening for adjustment disorders and major depressive disorders using the Hospital Anxiety and Depression Scale.

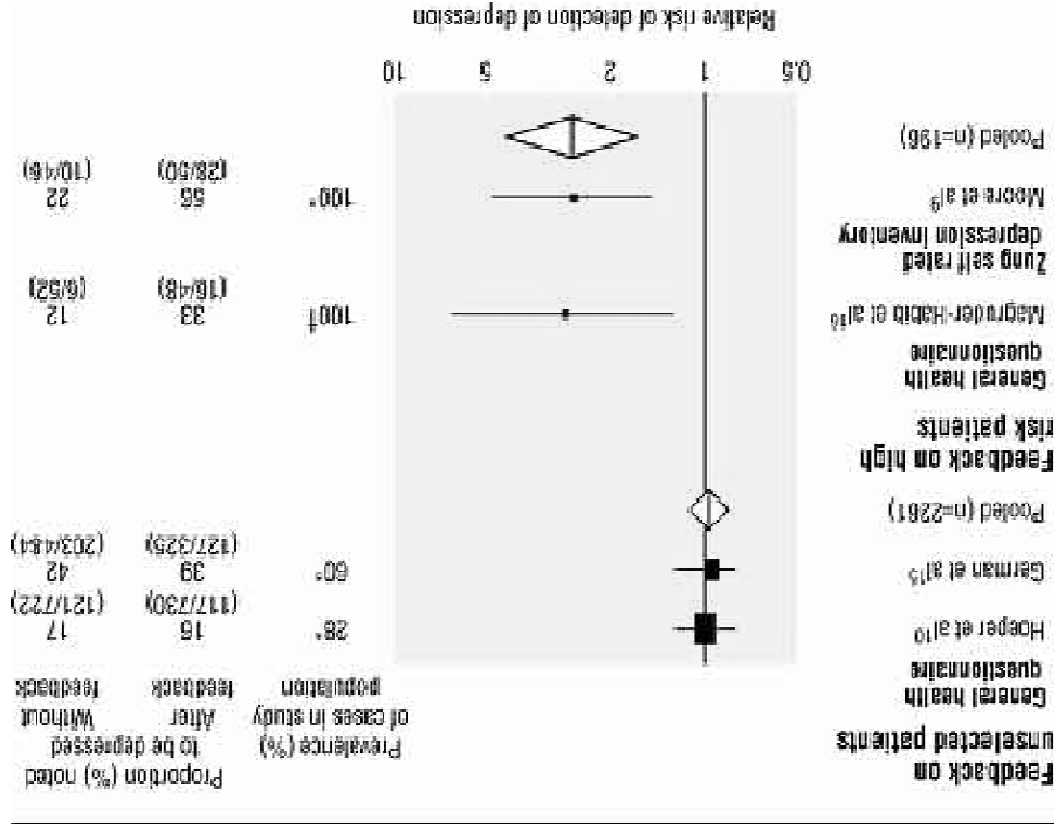
Identification of depression and anxiety among women with breast cancer

- Preoperative HADS score >10
- 90% of patients with severe depression and/or anxiety in year after diagnosis

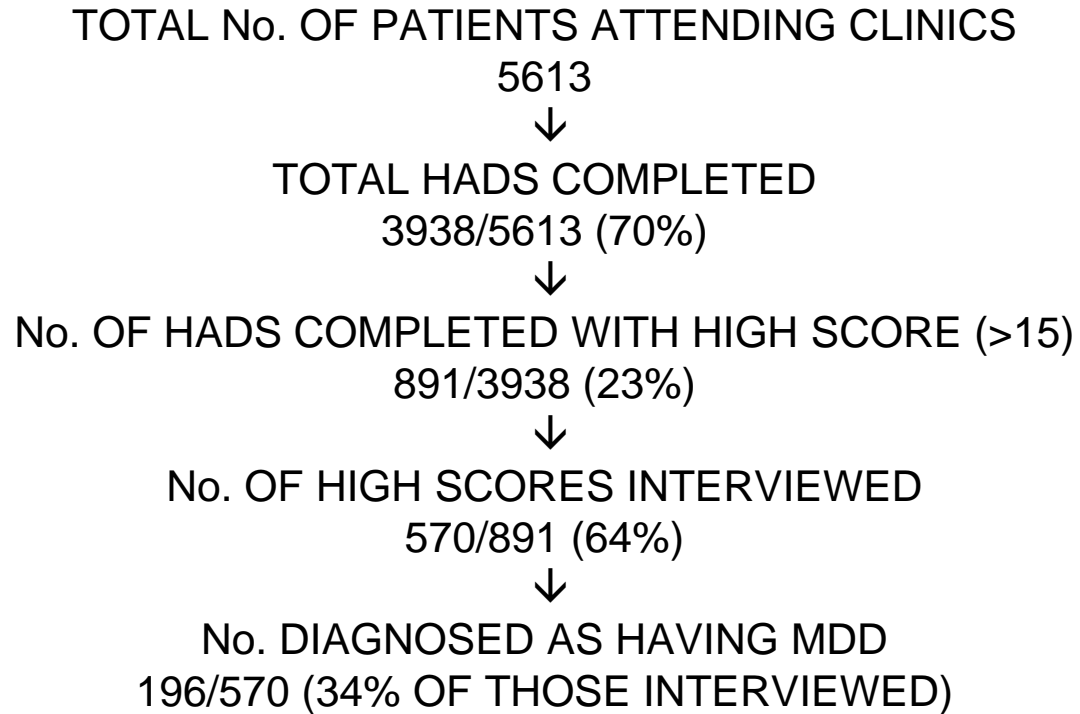
Ramirez et al, Br J Cancer 1995

Gilbody, House, Sheldon *BMJ* 2002

Gilbody, House, Sheldon *BMJ* 2000



TWO-STAGE SCREENING FOR MAJOR DEPRESSION IN AN ONCOLOGY CLINIC



Sharpe, Strong, Allen. Rush, Postmas, Maguire, House, Ramirez, Cull

Submitted 2003

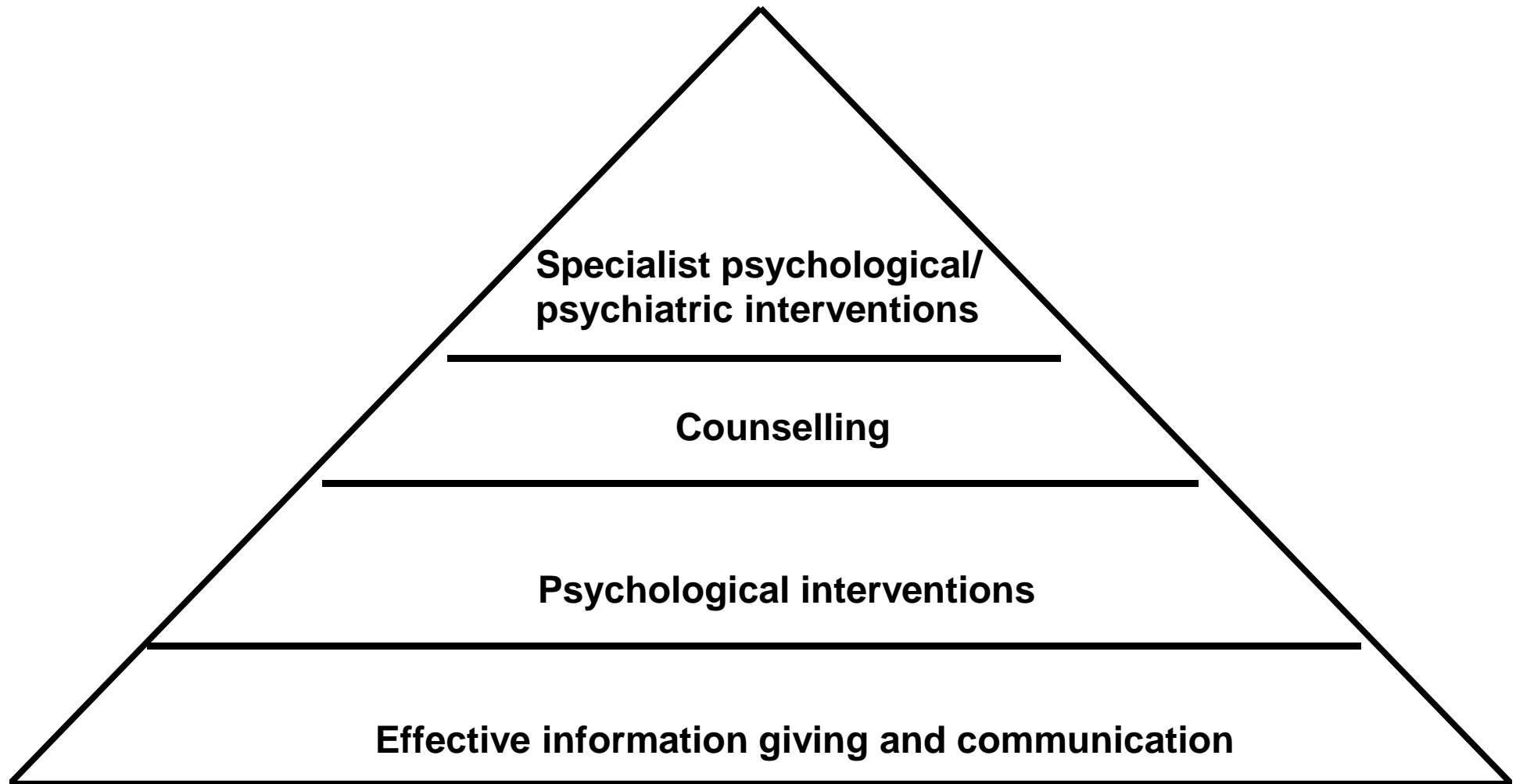
“Are you depressed most of the time?”

Cochinov et al American Journal of Psychiatry 1997

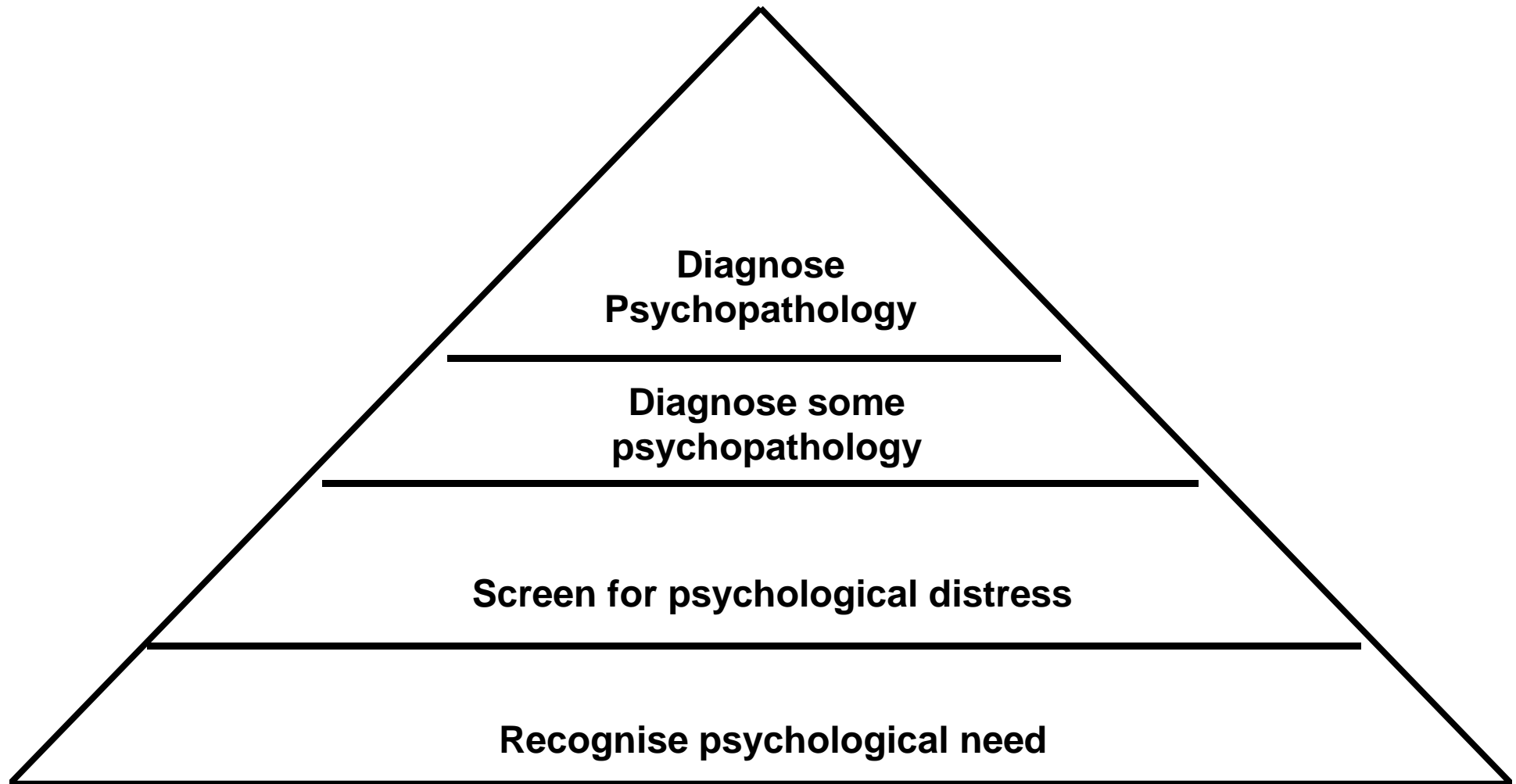
Screening questions for depression

- How have you been feeling recently?
- Have you been low in spirits?
- Have you been able to enjoy the things you usually enjoy?
- Have you had your usual level of energy, or have you been feeling tired?
- How has your sleep been?
- Have you been able to concentrate on newspaper articles or your favourite television or radio programmes?

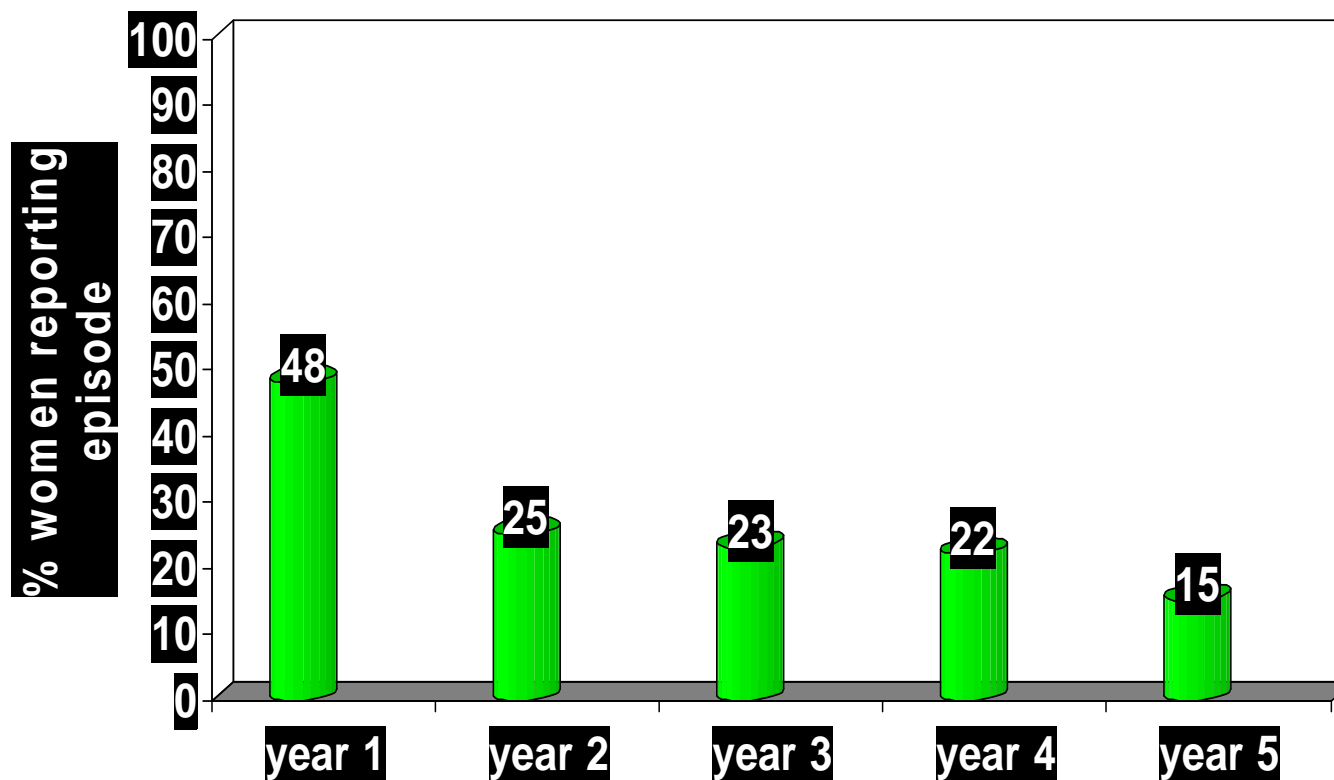
Framework for Psychological Support



Framework for Psychological Assessment

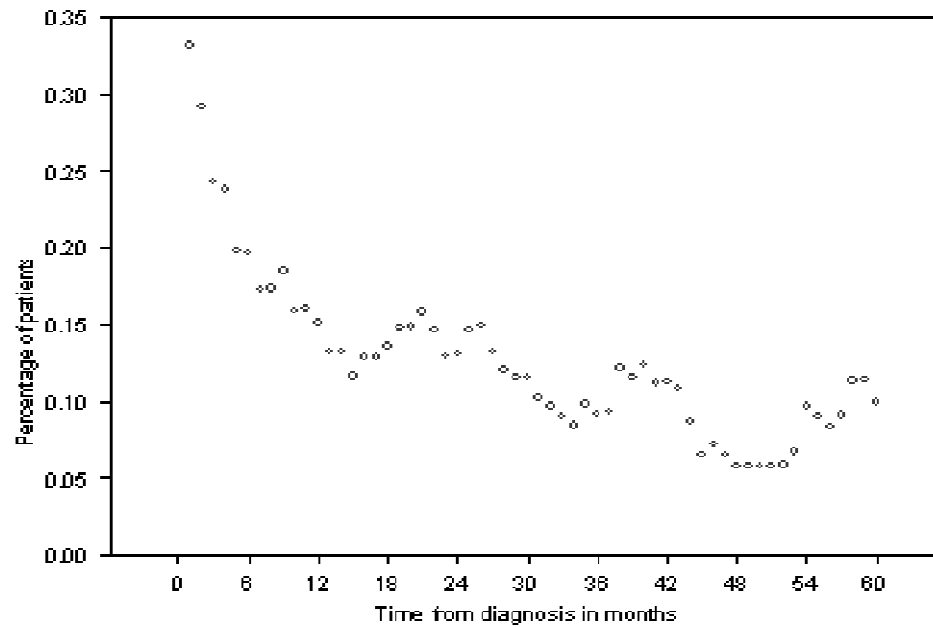


Annual period prevalence of depression and/or anxiety



Burgess, Cornelius, Love, Richards, Ramirez 2003

Point prevalence (monthly) of episodes of depression and/or anxiety



Burgess, Cornelius, Love, Richards, Ramirez 2003

Risk factors

Short term (around diagnosis)

previous psychological problems

(OR=1.90 95% CI 0.99, 3.66 p=0.05)

Burgess, Cornelius, Love Richards, Ramirez 2003

Medium term (4 months-2 years)

- previous psychological problems
(*HR=1.38 95% CI 1.10, 1.74 p<0.01*)
- weak social support
(*HR=1.38 95% CI 1.11, 1.72 p<0.01*)
- experiencing severe difficulties unrelated to cancer
(*HR=1.36 95% CI 1.06, 1.75 p=0.02*)

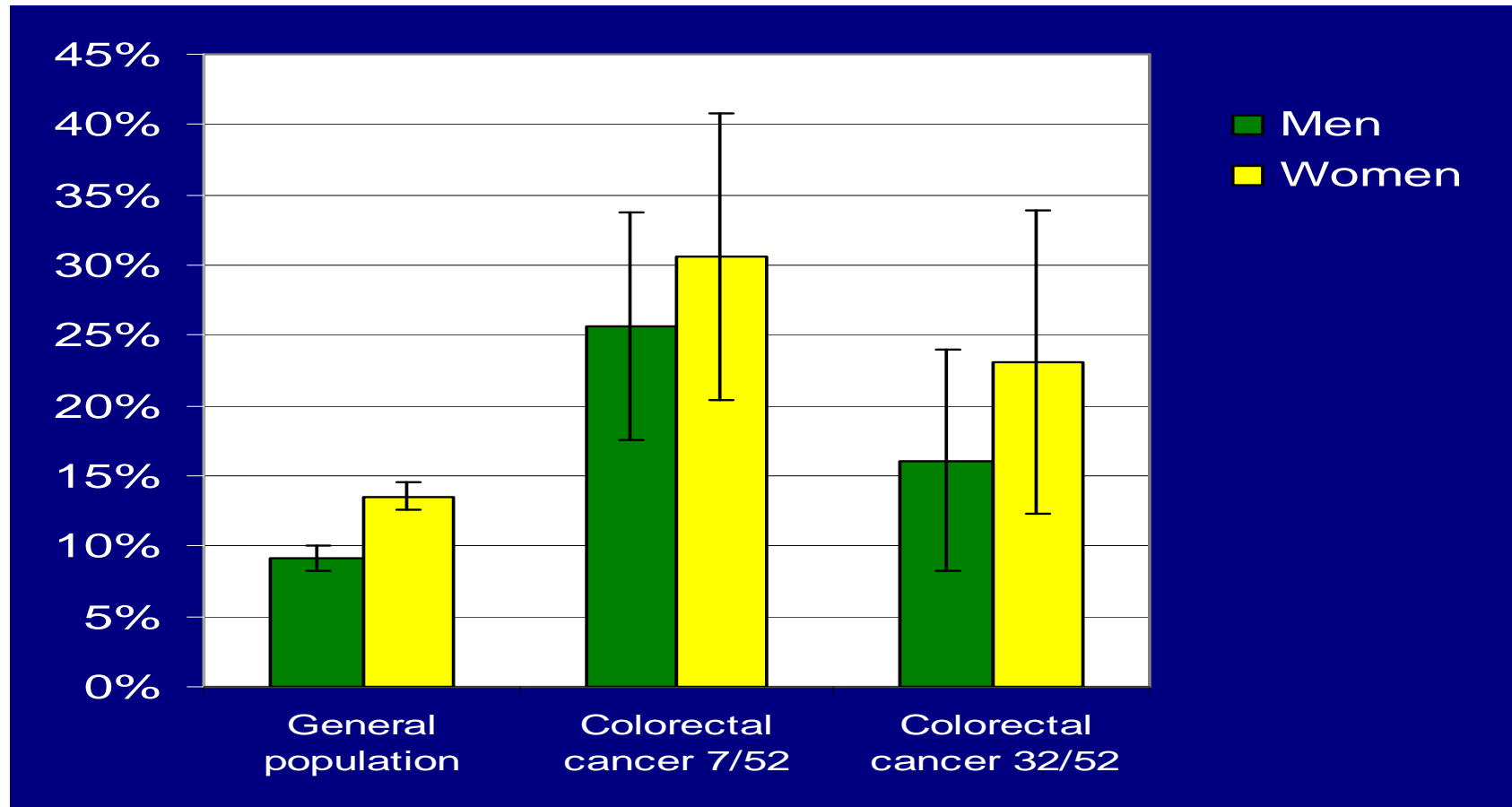
Burgess, Cornelius, Love, Richards, Ramirez 2003

Longer term (2-5 years)

- earlier episodes of depression/anxiety
(*HR=1.55 95% CI 1.17, 2.06 p<0.01*)
- weak social support
(*HR=1.43 95% CI 1.11, 1.86 p<0.01*)
- younger age
(*HR=0.96 95% CI 0.93, 0.99 p<0.01*)
- experiencing severe non-cancer difficulties
(*HR=1.54 95% CI 1.14, 2.09 p<0.01*)

Burgess, Cornelius, Love, Richards, Ramirez 2003

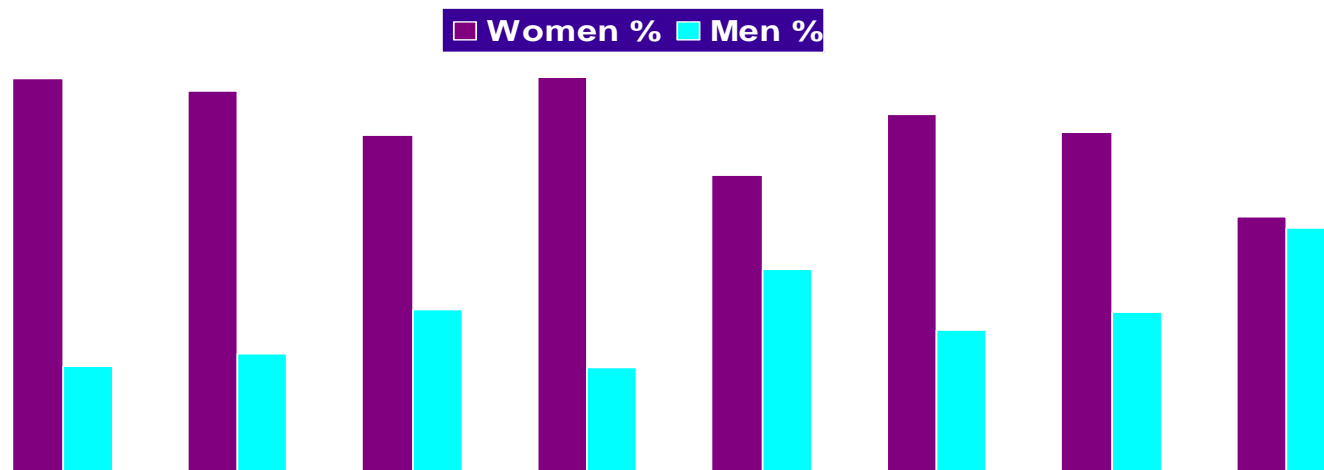
Depression in colorectal cancer patients and general population(ONS 2000)



Williams, Potts, Richards, Ramirez 2003

Contact with Psychological Support Services by Gender

(* $p < 0.001$, # $p = 0.02$)



Williams, Potts, Richards, Ramirez 2003

Summary

- Depression is common, costly and often missed
- Screening for depression with self-report questionnaires seems to have a limited utility, at the moment...
- Broader interview-based assessments of psychosocial adjustment seem to offer a more patient-centred integrated and effective approach