

Depression prevalence – an audit in our palliative homecare unit in Region Jönköping

Anna Ekelund and Kristina Gustafsson, Palliative care unit in Värnamo and Jönköping (SSIH region Jönköping)

Tutor: Associate professor Marlene Wullt, ASIH Malmö, Region Skåne

Background: Depression is associated with reduction of quality of life and untreated depression has been associated with worsened medical outcome and shorter survival times in cancer patients. According to literature the prevalence of depression in oncology and palliative care settings may be 15-58%. The Patient Health Questionnaire (PHQ-9) is designed to facilitate the diagnosis of depression, has been validated in a variety of physical illnesses including cancer and palliative care.

Aim: To assess the prevalence of depression within our palliative care setting according to PHQ-9 criteria. To examine the frequency of patients treated with anti-depressive medication. To evaluate the frequency of patients in need of antidepressant medication to be initiated or to be increased based on the final score of PHQ-9

Material/Method: An audit using the questionnaire PHQ-9 in patients enrolled at our palliative care clinic in Region Jönköping (palliative care units in Värnamo and Jönköping) during week 9, 2018, was performed. Patients able to collaborate and to give informed consent were included. Patients with terminal illness were excluded. Medical records were examined for age, gender, time since diagnosis, diagnosis and ongoing antidepressant treatment.

Results: 77 patients were enrolled at our clinic. 40 patients met the inclusion criteria and were assessed using PHQ-9. Median age was 70 years (range 21-91). 15/40 females, 25/40 males. 36 of the patients had a cancer diagnosis, four a non-cancer diagnosis. Severe depression, PHQ-9 score >15, was found in two of 40 patients. 22 patients were interpreted as having mild to moderate depression, not necessarily in need of medication or other interventions. 10/40 patients were treated with antidepressants and eight of those were scored as having mild to moderate depression, PHQ-9 score 5-14, while two as no depression, PHQ-9 score < 4. The frequency of patients in need of antidepressants was two of 40 according to PHQ-9. 22 of 40 patients were in need of clinical evaluation and assessment to initiate or to increase antidepressant. The seven patients with the highest PHQ-9 scores were all men.

Discussion: According to PHQ-9 depression was found in 24/40 (60%) of our patients. Compared to other studies this is a high prevalence. But, like in similar studies in palliative care patients, it is difficult to distinguish between mild to moderate depression and normal fear and psychosocial distress in advanced disease. Thus, we could see that eight of the 10 patients on antidepressants were still having depression according to PHQ-9. Interestingly, the highest scoring in PHQ-9 were all men. This may suggest that males with depression are more often underdiagnosed, and using an assessment scale can be helpful to find those patients. We could not see any associations between age, time since diagnosis or diagnosis and the prevalence of depression. The small number of patients in our group did not allow any statistical analysis.

Conclusion: Our audit demonstrates PHQ-9 as a suitable tool for assessing prevalence of depression in a patient population and for evaluating patients, especially men, in need of antidepressant medication to be initiated or increased.