

Depression prevalence

– an audit in our palliative consulting team in
Region Jönköping

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Background

Why this?

Depression

Audit



Background

Depression

- Prevalence cancer and palliative patients 15-58%
- Untreated patients in our setting?
- "National psychosocial oncology standards for Canada" (1999)

- I. To assess the prevalence of depression within our palliative care setting according to PHQ-9 criteria
- II. To examine the frequency of patients treated with antidepressive medication
- III. To evaluate the frequency of patients in need of antidepressive medication to be initiated or to be increased based on the final score of PHQ-9

Material and method

Audit in out-patients n=40 (total enrolled patients =77)

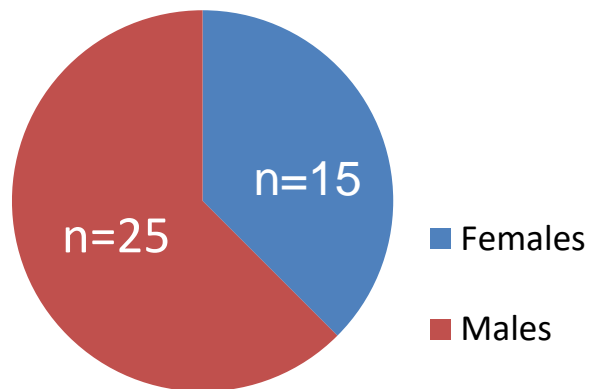
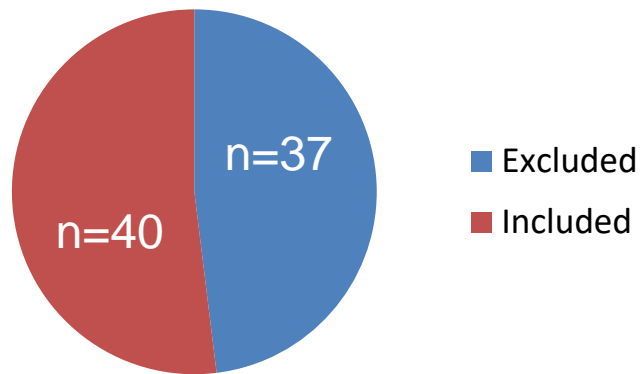
Exclusion criterias; terminal illness, cognitive impairment, foreign language

Data extraction sheet were used to examine medical records regarding

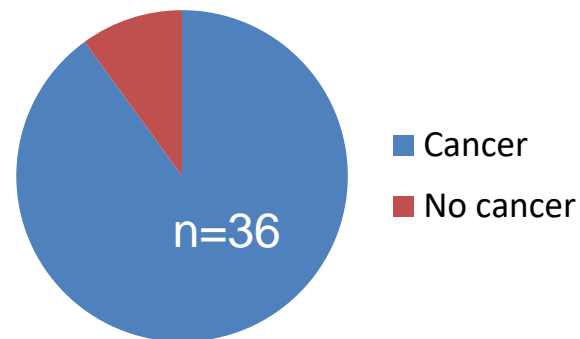
- Age
- Gender
- Time since diagnosis
- On-going antidepressive treatment

Assessment tool PHQ-9 (Patient Healthy Questionnaire)

Material

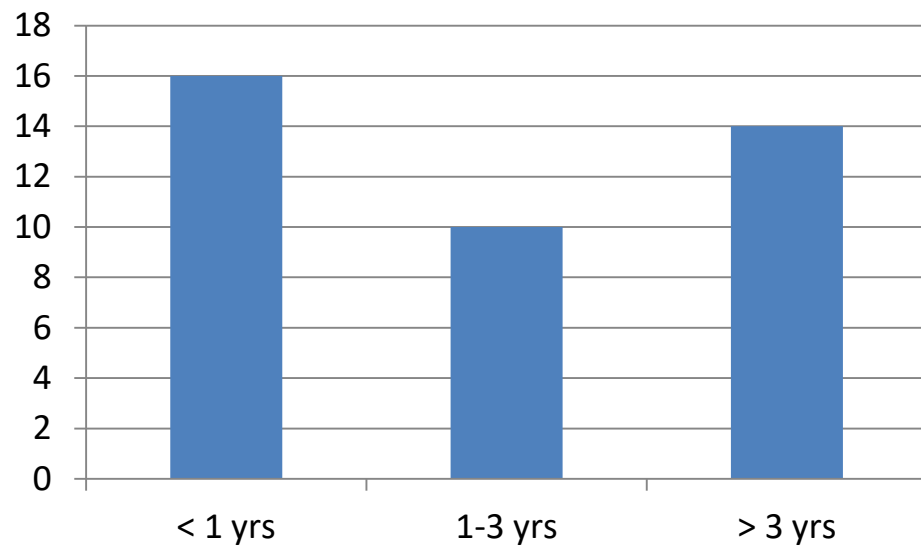


Age 21-91 yrs median 70yrs (± 14)



Material

Patients



Time since diagnosis

Audit in out-patients n=40 (total enrolled patients =77)

Exclusion criterias; terminal illness, cognitive impairment, foreign language

Data extraction sheet were used to examine medical records regarding

- Age
- Gender
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Assessment tool PHQ-9 (Patient Healthy Questionnaire)

PHQ-9

Item	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things			√	
2. Feeling down, depressed, or hopeless				√
3. Trouble falling or staying asleep, or sleeping too much		√		
4. Feeling tired or having little energy				√
5. Poor appetite or overeating			√	
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	√			
7. Trouble concentrating on things, such as reading the newspaper or watching television		√		
8. Moving or speaking so slowly that other people have noticed. Or the opposite – being so fidgety and restless that you have been moving around a lot more than usual			√	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	√			

= 14

Method

PHQ-9 interpretation;

≤ 4	No depression
5-14	mild-moderate depression non-pharmacological treatment often enough
≥ 15	Moderate-severe depression

Results

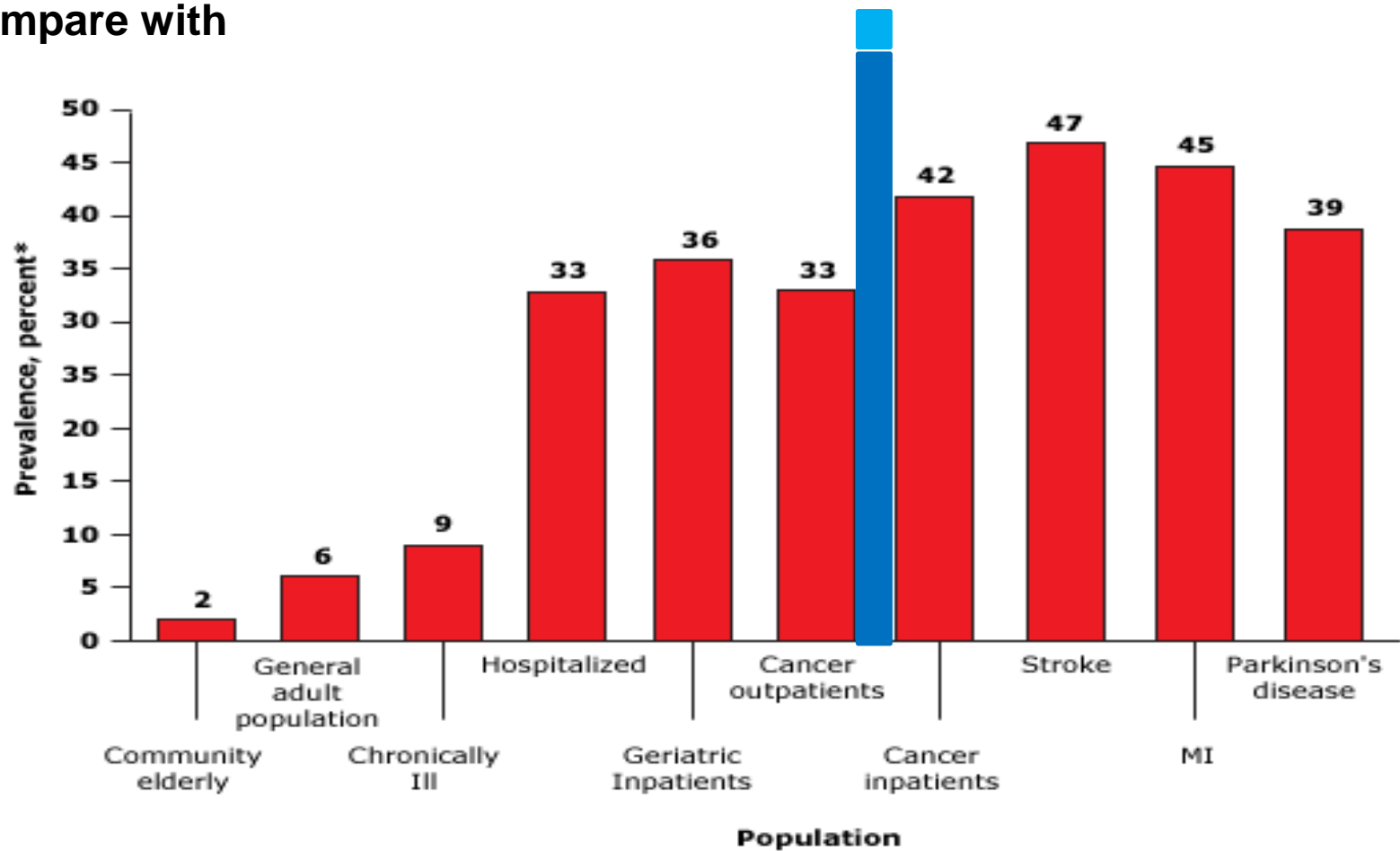
I. Prevalence of depression within our palliative care setting according to PHQ-9 criteria

PHQ-9 interpretation;		Our out-patients
≤ 4	No depression	16/40 = 40%
5-14	mild-moderate depression non-pharmacological treatment often enough	22/40 = 55%
≥15	Moderate-severe depression	2/40 = 5%

Results

To compare with

Our out-patients



Data from **Birrer et al.** Depression in later life: a diagnostic and therapeutic challenge. *Am Fam Physician* 2004; 69:2375

II. The frequency of patients treated with antidepressive medication;

- **10/40 (25%) of our patients** was treated with antidepressive medication
- 3 with Citalopram 10-30 mg daily and
- 7 with Mirtazepin 30-45 mg daily

5 of this 10 patients score PHQ-9 (5-15) mild to moderate depression

III. The frequency of patients in need of antidepressive medication to be initiated or to be increased based on the final score of PHQ-9

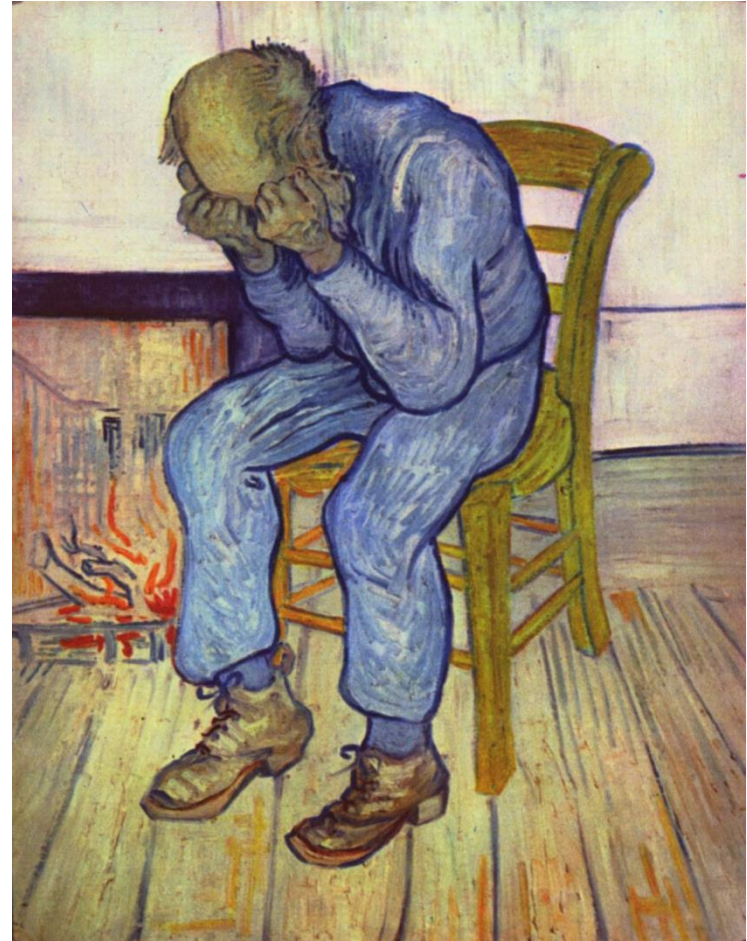
- **2/40 (5%) of our patients** need antidepressive medication to be initiated
- **5 of 10** patients who were treated with antidepressive medication may benefit of increased medication

Results

- Highest scoring in PHQ-9 were all men.
- We could not see any associations between age, time since diagnose 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



Discussion

Operating Characteristics of the 9-Item Patient Health Questionnaire at Various Cutoff Scores for Identifying Major Depressive Disorder (Cutoff Scores From 5 to 10)

Cutoff Score	Sensitivity (95% CI), %	Specificity (95% CI), %	Youden index, %	PPV, %	NPV, %
≥5	100 (98-100)	62 (61-64)	62	15	100
≥6	98 (95-99)	70 (68-71)	67	18	100
≥7	97 (94-99)	76 (75-77)	73	21	100
≥8	93 (89-95)	81 (80-82)	74	25	99
≥9	88 (83-91)	85 (84-86)	73	28	99
≥10	82 (77-86)	88 (87-89)	71	32	99

Thekkumpurath et al. Cancer. 2011 Jan 1;117(1):218-27

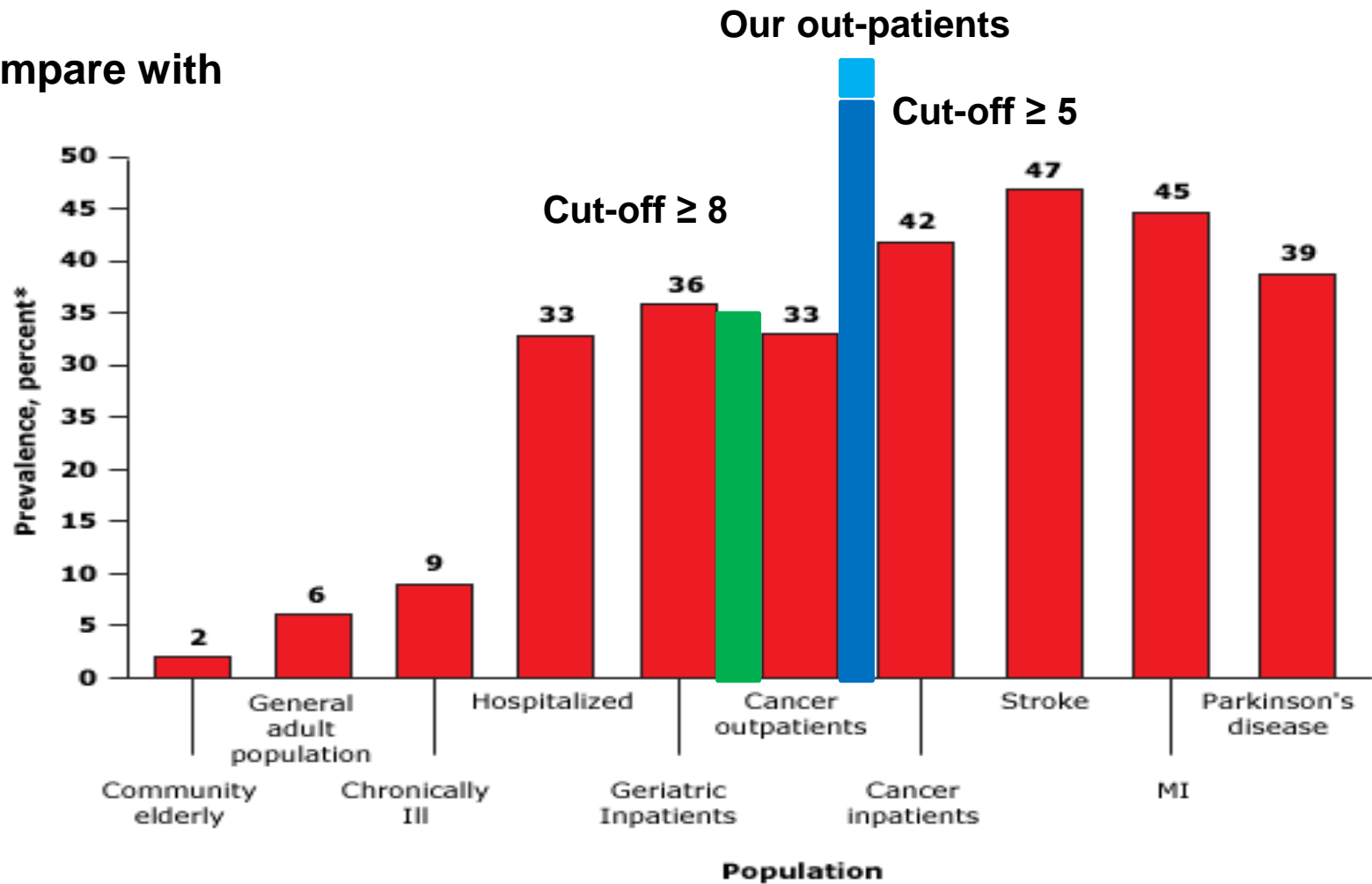
Discussion

- **Prevalence of depression within our palliative care setting according to PHQ-9 criteria**

PHQ-9 interpretation;		Our out-patients
≤ 4	No depression	16/40 = 40%
5-14	mild-moderate depression non-pharmacological treatment often enough	22/40 = 55%
≥15	Moderate-severe depression	2/40 = 5%
≥ 8	Identifying major depressive disorder	14/40 = 35%

Discussion

To compare with



Data from **Birrer et al.** Depression in later life: a diagnostic and therapeutic challenge. *Am Fam Physician* 2004; 69:2375