

The Edmonton Symptom Assessment System as a Screening Tool for Depression and Anxiety

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Abstract:

Purpose: Mood disorders are among the most important psychiatric problems in patients with cancer. However, they are frequently underdiagnosed and therefore undertreated. This may lead to difficulties with symptom control, social withdrawal, and poor quality of life. This study was conducted to evaluate the screening performance of the Edmonton Symptom Assessment System (ESAS) for depression and anxiety, compared to Hospital Anxiety and Depression Scale (HADS).

Methods: We retrospectively reviewed and analyzed ESAS and HADS data collected from three previous clinical trials conducted by our group. The diagnosis of depression and/or anxiety, and moderate/severe depression and/or anxiety made when patients scored 8 or more, and 11 or more in HADS questionnaire, respectively. The sensitivity, specificity, positive, and negative predictive values for ESAS were calculated.

Results: Of 216 patients analyzed, the median (range) score for depression was 2 (0-10) and anxiety 3 (0-10) using ESAS, and 6 (0-16) and 7 (0-19) using HADS, respectively. A cut off of 2 out of 10 or more in the ESAS gave a sensitivity of 77% and 83% with a specificity of 55% and 47% for depression and moderate/severe depression, respectively. A cutoff of 2 out of 10 or more in the ESAS gave a sensitivity of 86% and 97%, and a specificity of 56% and 43% for anxiety and moderate/severe anxiety, respectively.

Conclusion: Our data suggest that the ideal cutoff point of ESAS for the screening of depression and anxiety in palliative care is 2 out of 10 or more. More research is needed to define the ideal cutoff point for screening of severe depression and anxiety.

Comments:

Strengths/uniqueness:

This is an interesting report of a comparison of two well known and validated assessments with the aim of evaluating the ESAS as a screening tool for depression and anxiety. The results provide cut off scores that require further attention.

Weakness:

The cohort of patients in this study all agreed to participate in clinical trials for other problems – this limits the generalizability of the study findings. There were very few patients with severe depression and anxiety included due to the nature of the retrospective study design.

Relevance to Palliative Care:

The report highlights the need to pay closer attention to relatively low ESAS scores for depression and anxiety. Guidelines for further screening based on these scores and evaluation of subsequent management would be helpful.