

## Journal Watch

### “Are you depressed?” Screening for depression in the terminally ill.

Chochinov HM, Wilson KG, Enns M, Lander S. Am J Psychiatry 1997; 154:674-76

Prepared by: Joseph Kumpula

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#### Abstract

**Objective:** This study compared the performance of four brief screening measures for depression in a group of terminally ill patients. The methods included 1) a single-item interview assessing depressed mood, 2) a two-item interview assessing depressed mood and loss of interest in activities, 3) a visual analog scale for depressed mood, and 4) the Beck Depression Inventory-Short form.

**Method:** Semistructured diagnostic interviews for depression were administered to 197 patients receiving palliative care for advanced cancer. The interview diagnoses served as the standards against which the screening performance of the four brief screening methods were assessed.

**Results:** Single-item interview screening correctly identified the eventual diagnostic outcome of every patient, substantially outperforming the questionnaire and visual analog measures.

**Conclusions:** Brief screening measures for depression are important clinical tools for terminally ill patients. For diagnostic purposes, however, they do not approach the validity of a single-item interview that asks, in effect, “Are you depressed?”.

#### Comments:

##### Strengths/uniqueness:

This study compares four easily administered screening methods for depression against a valid standard in a population that is reflective of our clinical practice.

##### Weaknesses:

It is not mentioned if researchers performing the diagnostic interviews were blind to the results of the screening tools.

##### Relevance to Palliative Care:

This study shows that a single question concerning depressed mood may be the most effective screening tool for palliative care patients. This compares well with general practice where a two-item interview with an additional question about anhedonia is the most effective screening tool. A question concerning a loss of interest or pleasure in activities created more false positives, and perhaps patients were revealing ongoing functional limitations rather than true depression.