

**Assessing depression in palliative care patients using the visual analogue scale: A pilot study.**

Lees N, Lloyd-Williams M European J Cancer Care 1999; 8: 220-223.

**Prepared by: : Dr. Robin Fainsinger**

**Received during: Journal Rounds on the Tertiary Palliative Care Unit, Grey Nuns Hospital**

**Abstract:**

It is widely recognized that depression is not detected and therefore not treated in patients who are terminally ill. It is difficult to distinguish depression from sadness at the end of life and many of the criteria for diagnosing depression are not appropriate in the terminally ill patient. There has been considerable interest in using screening tools at the time of referral or admission to a hospice, but to date none of these have been validated for use in palliative care patients. This pilot study of 25 patients admitted to a hospice found that a 100 mm linear visual analogue scale (VAS) correlated well with both the depression sub scale and total score of the Hospital Anxiety and Depression Scale (HADS) and was found to be quick and easy to complete by most patients. The finding suggest that the VAS may be useful as a screening tool for depression in patients with advanced metastatic disease and that larger studies comparing VAS to clinical psychiatric interviews should be undertaken.

**Comments:**

**Strengths/uniqueness:** This study uses a simple easily reproduced study design to build on past reports suggesting the benefits to a single item approach to screening for depression. The authors point out the ease of use and acceptance by patients of the VAS.

**Weakness:** Understandably the patient numbers in this pilot project are small, limiting conclusions as summarized in the abstract. The need to get formal consent from patients should be seriously considered in future studies.

**Relevance to Palliative Care:** Other palliative care groups should attempt to reproduce these results in larger studies and with psychiatric interviews if possible. A diverse research in other cultures and languages would be extremely helpful. If validated widely this simple approach could greatly enhance assessment and management of depression in cognitively intact terminally ill patients