

# **Detecting depression in patients with physical illness**

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**Depressive symptoms are clinically significant when they interfere with normal activity and persist for >2 weeks**

Low mood

Anhedonia

# Classification

- Adjustment disorder
- Major illness
  
- Dysthymia
- Manic depressive disorders

# Criteria for major depression\*

Five or more of the following symptoms during the same two week period representing a change from normal

- Depressed mood ◇
- Substantial weight loss or weight gain
- Insomnia or hypersomnia
- Feelings of worthlessness or inappropriate guilt
- Recurrent thoughts of death or suicide or suicide attempt
- Decreased interest or pleasure ◇
- Psychomotor retardation or agitation
- Fatigue or loss of energy
- Diminished ability to think or concentrate

\* From *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition

◇ One of these symptoms must be present

# **Depression and physical illness**

The association may be coincidental

## **Patient-led barriers**

- Somatisation
- Misconceptions about psychological problems
- Supposed effect on health care professionals

## **Professional-led barriers**

- Normalisation
- Premature reassurance
- Premature advice
- Switching
- False reassurance
- Jolly along

## **Reasons for why depression is missed**

- Difficulty distinguishing between clinically important depression and a 'realistic' response to stressful physical illness
- Attribution of physical symptoms
- Feeling ill-equipped with relevant communication skills
- Negative attitudes to depression
- Therapeutic nihilism



# Depression and Anxiety in patients with colorectal cancer

	108			
		0	1	
		5	10	

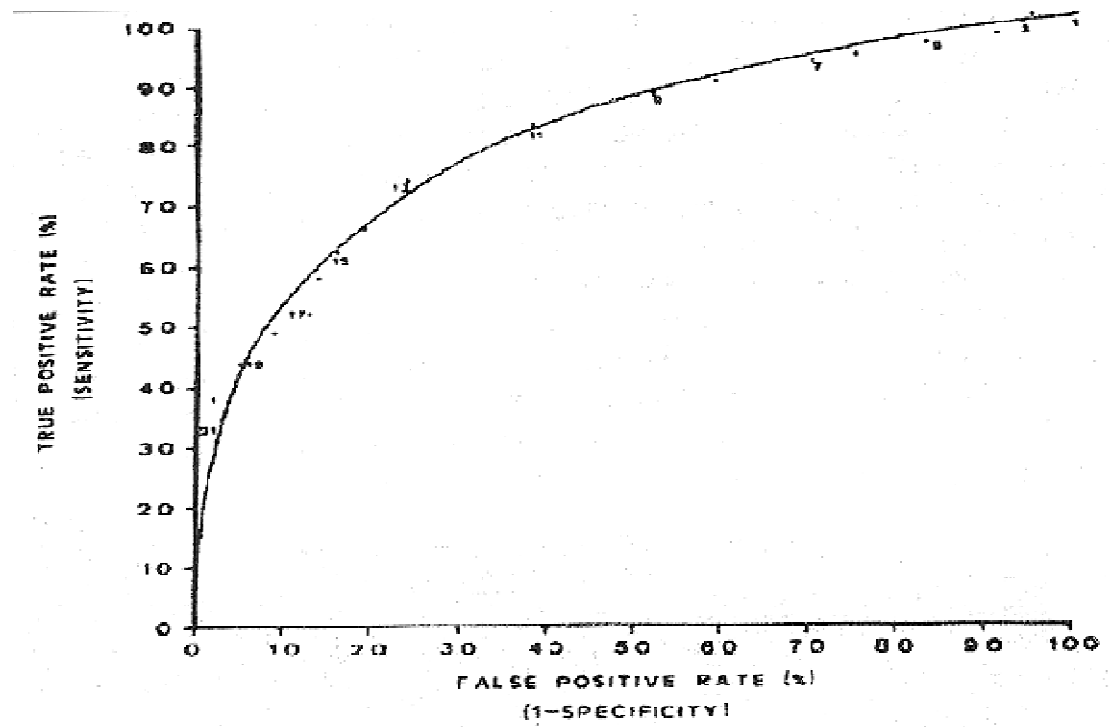


FIG. 1 Receiver operating characteristic curve for screening for adjustment disorders and major depressive disorders using the Hospital Anxiety and Depression Scale.

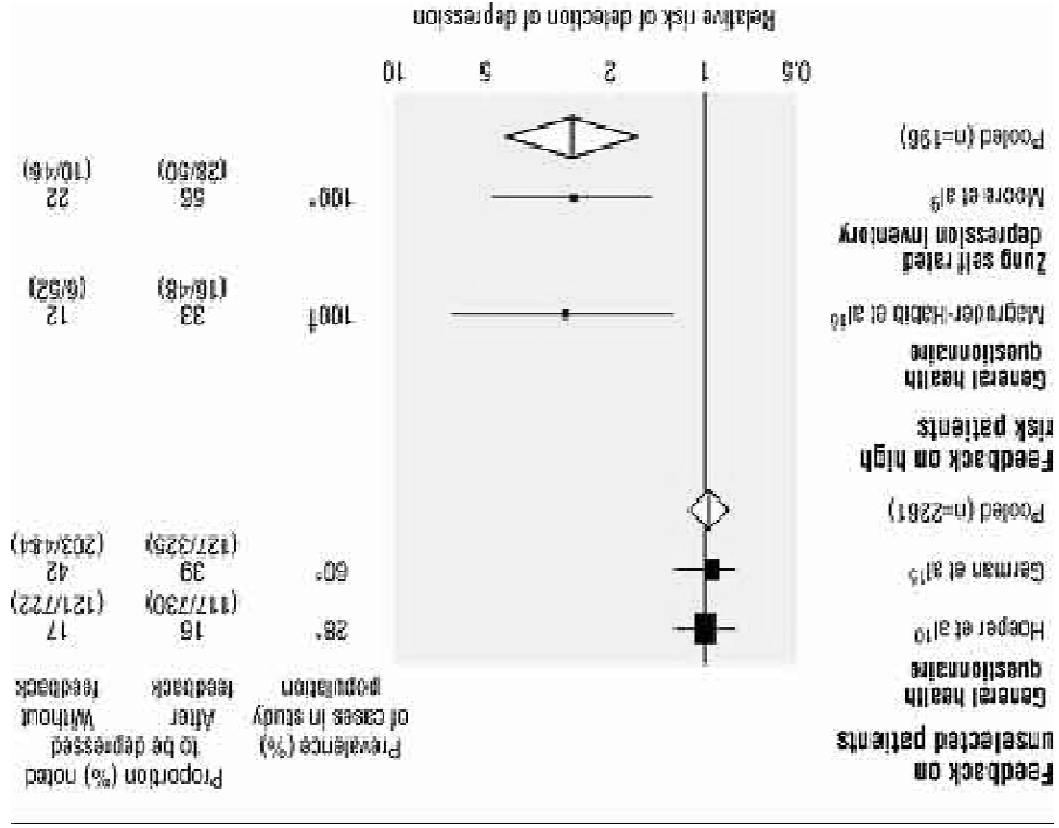
# Identification of depression and anxiety among women with breast cancer

- Preoperative HADS score >10
- 90% of patients with severe depression and/or anxiety in year after diagnosis

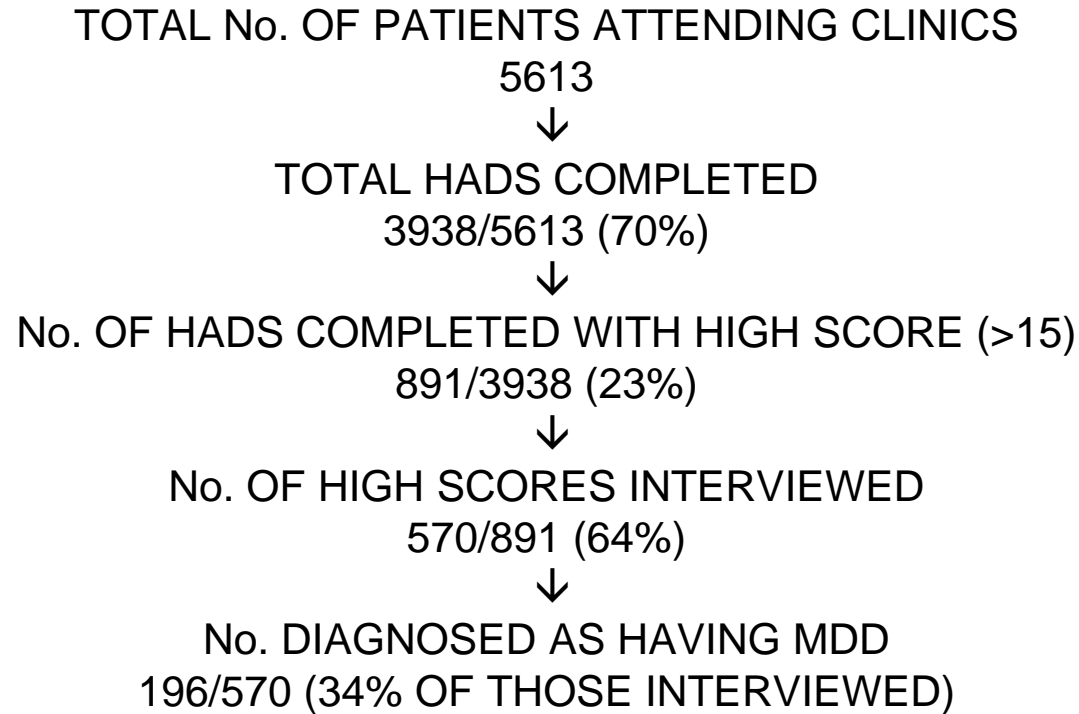
Ramirez et al, Br J Cancer 1995

# Gilbody, House, Sheldon *BMJ* 2002

Gilbody, House, Sheldon *BMJ* 2000



## TWO-STAGE SCREENING FOR MAJOR DEPRESSION IN AN ONCOLOGY CLINIC



Sharpe, Strong, Allen. Rush, Postmas, Maguire, House, Ramirez, Cull

Submitted 2003

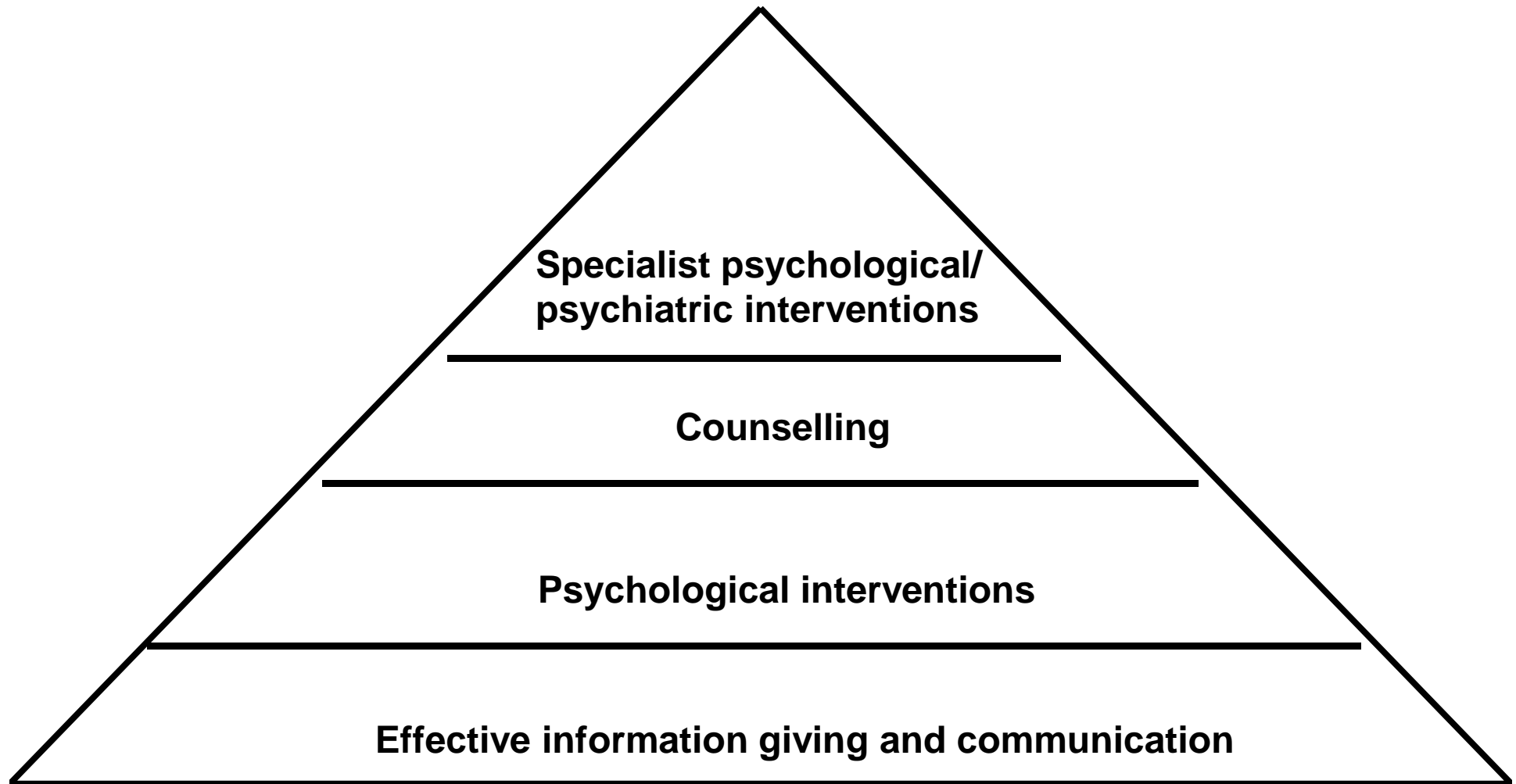
**“Are you depressed most of the time?”**

Cochinov et al American Journal of Psychiatry 1997

## Screening questions for depression

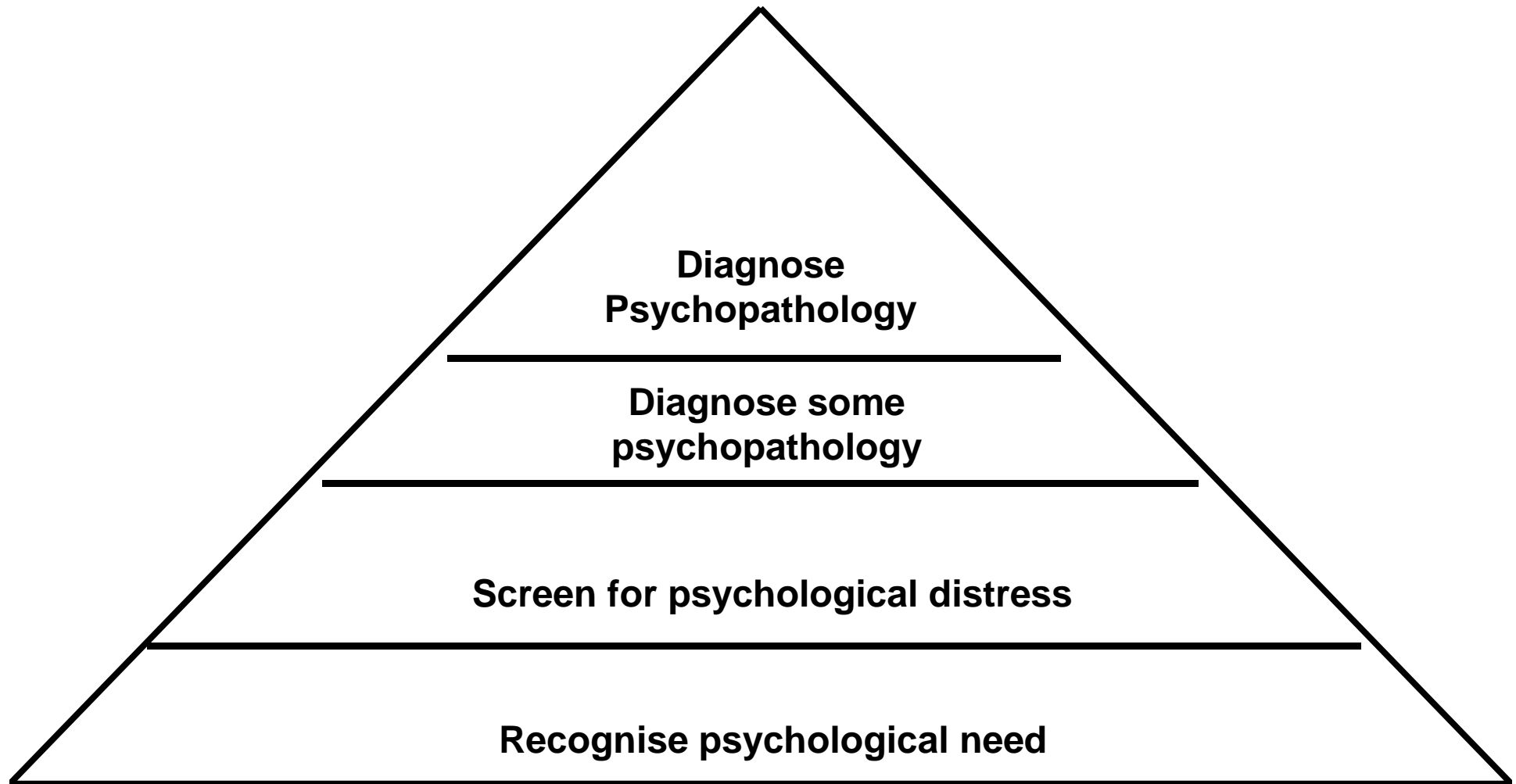
- How have you been feeling recently?
- Have you been low in spirits?
- Have you been able to enjoy the things you usually enjoy?
- Have you had your usual level of energy, or have you been feeling tired?
- How has your sleep been?
- Have you been able to concentrate on newspaper articles or your favourite television or radio programmes?

# Framework for Psychological Support

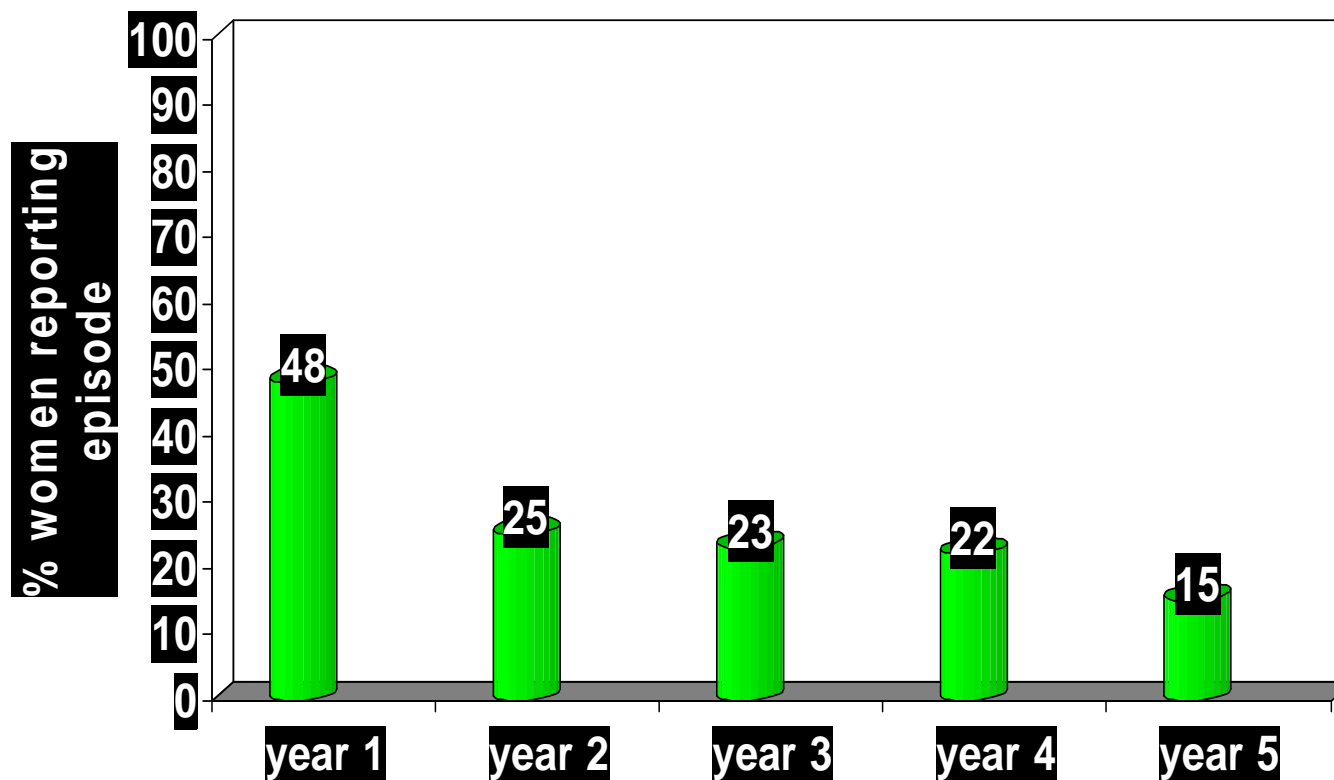




# Framework for Psychological Assessment

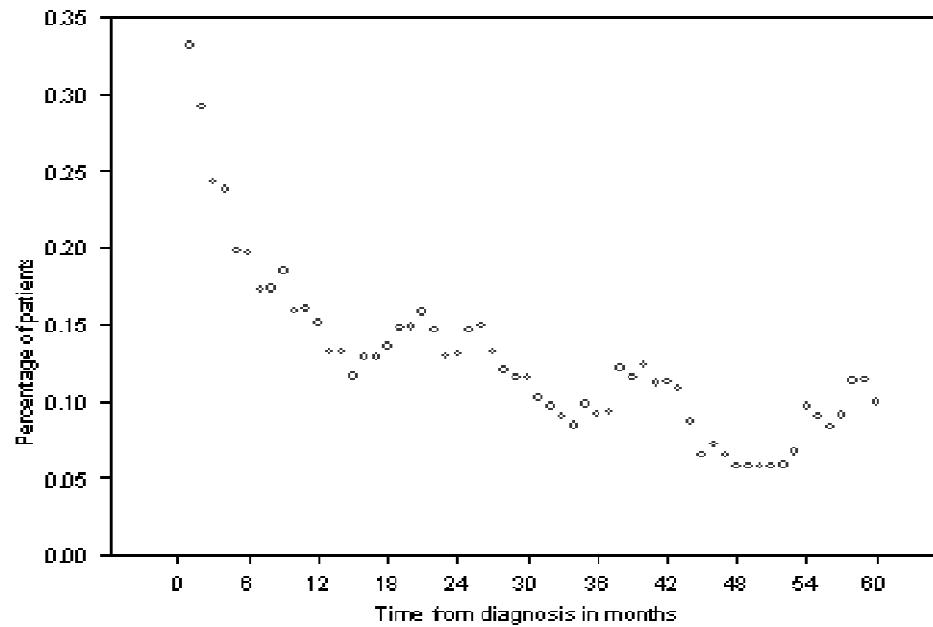


# Annual period prevalence of depression and/or anxiety



*Burgess, Cornelius, Love, Richards, Ramirez 2003*

# Point prevalence (monthly) of episodes of depression and/or anxiety



*Burgess, Cornelius, Love, Richards, Ramirez 2003*

# Risk factors

## Short term (around diagnosis)

previous psychological problems

*(OR=1.90 95% CI 0.99, 3.66 p=0.05)*

*Burgess, Cornelius, Love Richards, Ramirez 2003*

## Medium term (4 months-2 years)

- previous psychological problems  
(*HR=1.38 95% CI 1.10, 1.74 p<0.01*)
- weak social support  
(*HR=1.38 95% CI 1.11, 1.72 p<0.01*)
- experiencing severe difficulties unrelated to cancer  
(*HR=1.36 95% CI 1.06, 1.75 p=0.02*)

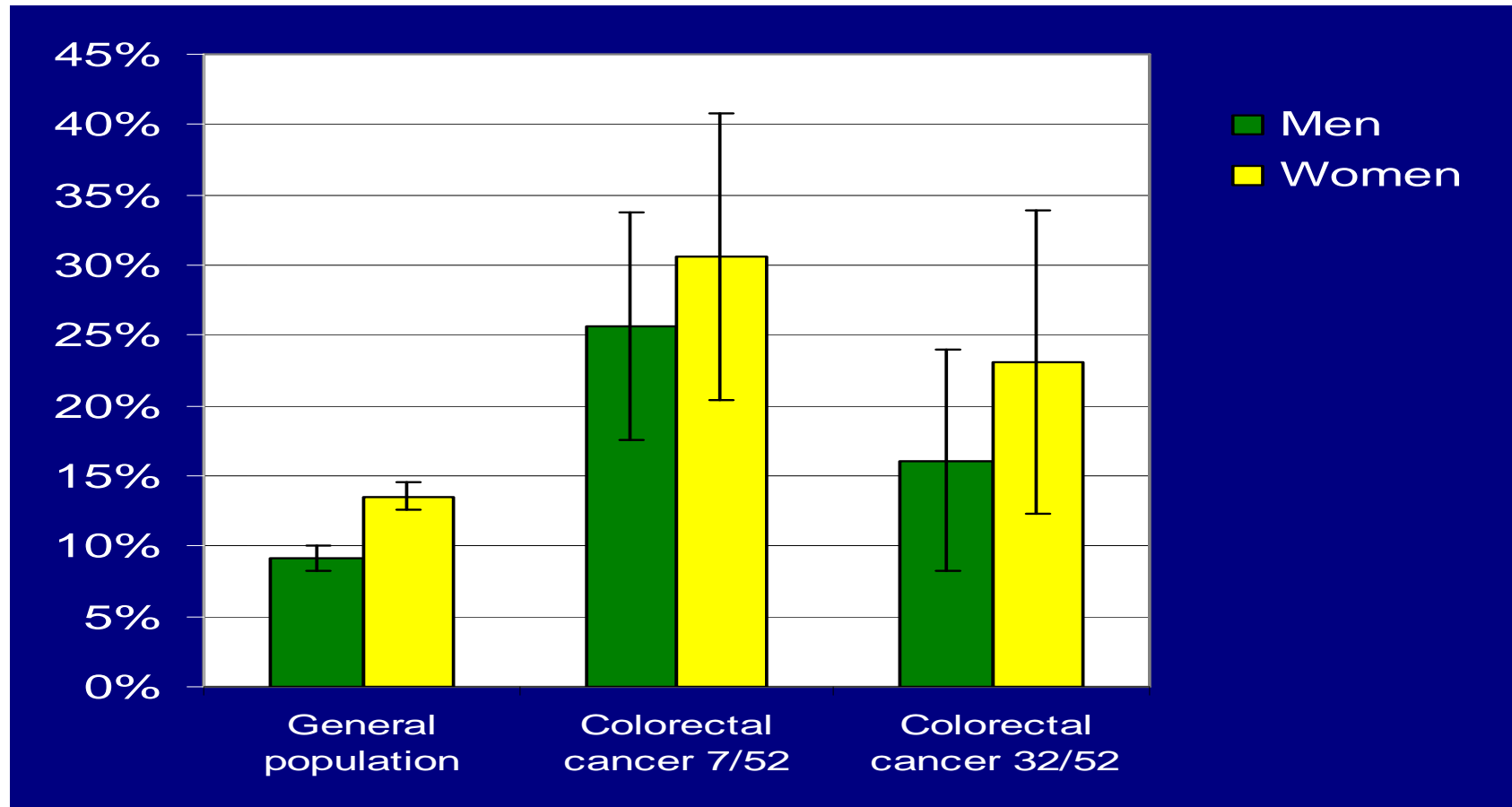
*Burgess, Cornelius, Love, Richards, Ramirez 2003*

## Longer term (2-5 years)

- earlier episodes of depression/anxiety  
(*HR=1.55 95% CI 1.17, 2.06 p<0.01*)
- weak social support  
(*HR=1.43 95% CI 1.11, 1.86 p<0.01*)
- younger age  
(*HR=0.96 95% CI 0.93, 0.99 p<0.01*)
- experiencing severe non-cancer difficulties  
(*HR=1.54 95% CI 1.14, 2.09 p<0.01*)

*Burgess, Cornelius, Love, Richards, Ramirez 2003*

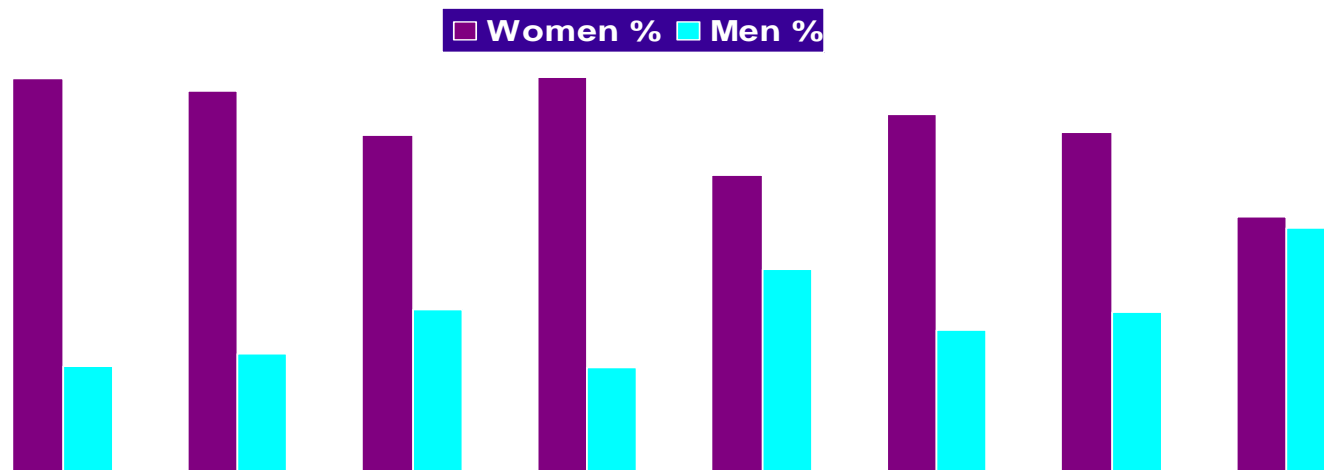
# Depression in colorectal cancer patients and general population(ONS 2000)



*Williams, Potts, Richards, Ramirez 2003*

# Contact with Psychological Support Services by Gender

(\*  $p < 0.001$ , #  $p = 0.02$ )



*Williams, Potts, Richards, Ramirez 2003*



# Summary

- Depression is common, costly and often missed
- Screening for depression with self-report questionnaires seems to have a limited utility, at the moment...
- Broader interview-based assessments of psychosocial adjustment seem to offer a more patient-centred integrated and effective approach