HIDING IN PLAIN SIGHT :
ARE WE MISSING TREATABLE DEPRESSION IN RURAL PATIENTS WITH CANCER?

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PURPOSE

This small study examined whether the PHQ-2, a validated tool to assess for depression, accurately identified patients with clinically significant depression in a rural population.

SIGNFICANCE

People diagnosed with cancer experience acute physical, and psychosocial effects, which often impacts quality of life (Huang, 2019). The presence of significant depression elevates the risk of adverse medical outcomes and increases mortality. (Wang Y-H, 2020).

Studies show a prevalence of depression in 8-24 % of patients with cancer. Treatment reduces psychiatric symptom burden as well as cancer-related physical complaints and can improve adherence to treatments, quality of life, and mortality rates (Caruso 2017).

The Fitzpatrick Cancer Center serves a very rural population in the New York Adirondacks, an area historically underserved. Since 1995, there has been a weekly psycho-oncology clinic. An integrative multidisciplinary team—including a C-L psychiatrist—provides comprehensive care for these medically complex patients. In 2023, there were 337 new oncology patients. The psychiatrist saw 29 new patients, 78 % of referrals, but only 5.8 % were new patients.

METHODS

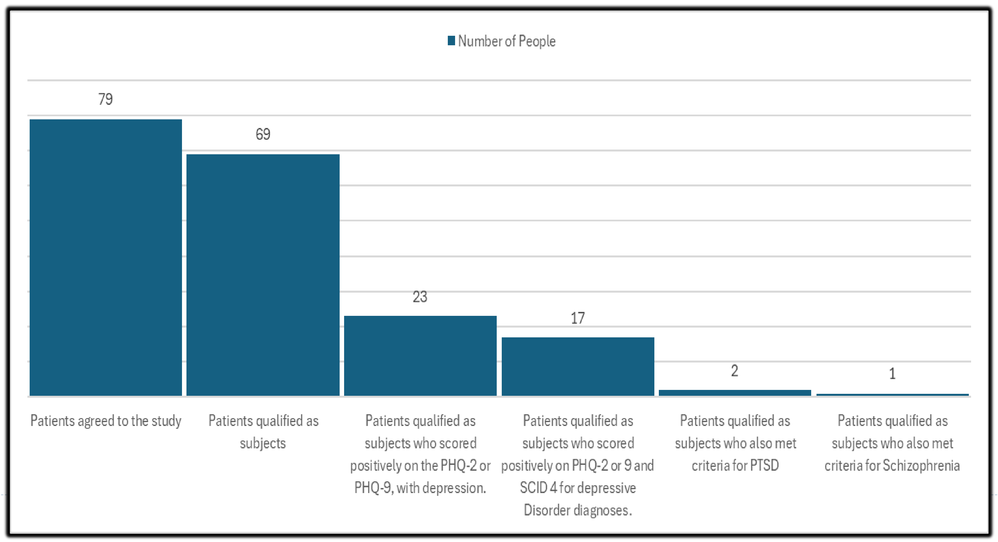
- Following IRB approval, we invited new patients to complete the consent forms and the PHQ-2 and PHQ-9, previously validated scales. Each subject's sex, age, and cancer type were noted.
- Subjects scoring positively were contacted by telephone to complete the SCID-4.
- Patients were excluded if they did not complete any component of the screening package. A call to administer the SCID-DSM-IV followed if PHQ-2 score was ≥ 2 or the PHQ-9 was ≥ greater than 9.

RESULTS

Sixty-nine patients fully qualified for the study. Twenty-three subjects scored positively on the PHQ-9 or PHQ-2, and 17 screened positively on the PHQ-9 and on the PHQ-2 and SCID-IV for significant depression.

Additionally, two, of those subjects met criteria for PTSD as well as MDE, 2 for bipolar depression, and 1 subject also met criteria for a diagnosis of Schizophrenia in addition to a major depressive episode.

Clinically significant depression was present in 24.6 % of patients who entered this small study. See table below.



CONCLUSIONS & IMPLICATIONS

- The prevalence of depression in this rural cohort was high but consistent with previous studies. However, if only the PHQ-2 had been used, even at the cut-off of >2, six of the 17 (35.3 %) with clinically significant depression would have been missed. There was also one patient who scored just below threshold on the PHQ- 9 but who scored positively on the PHQ- 2. Of the patients evaluated clinically, two met criteria for DSM-IV PTSD and two for bipolar depression.

- The Distress Thermometer is the only screening instrument currently used at our cancer center, and only patients who screen in are referred to the C-L psychiatrist. We recommend a more robust screening system for all new patients using one or more of the following: PHQ-2 (cutoff ≥ 2), PHQ-9, GDS, PCL-5, GAD-7, FCRI-SF, and MDQ; patients would be referred for a comprehensive psychiatric evaluation if they trigger one or more of these devices.

REFERENCES

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