Screening for psychological distress in palliative care: a systematic review

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CRD summary
This review found that there were very few studies on the accuracy of questionnaires for the detection of psychological distress in terminally ill patients. The limited evidence suggested that single item scales performed as well as longer versions. These findings should be interpreted with caution as the review did not consider study quality.

Authors' objectives
To determine the validity of screening questionnaires to detect psychological distress in terminally ill patients.

Searching
Medline, PsycINFO and EMBASE were searched from inception (end date not reported). Search terms were reported.

Study selection
Studies that compared questionnaires for psychological distress to a formal psychiatric interview in palliative care or terminally ill patients and in which the primary aim was to validate the questionnaires were eligible. Studies that included heterogeneous cancer populations at various stages of the illness were excluded. The psychiatric interview had to be set as the gold standard in the a priori question.

All studies included patients with advanced cancer. Target disorders were all psychiatric disorders, depression, and depression and adjustment disorders. Specific questionnaires evaluated were the 10-item Edinburgh Depression Scale (EDS), 6-item brief Edinburgh Depression Scale (BEDS), 14-item Hospital Anxiety and Depression Scale (HADS), 12 item General Health Questionnaire (GHQ), single item "are you depressed?", two items "are you depressed?" and "have you lost interest/pleasure?", visual analogue scale (VAS) score, 33-item mood evaluation questionnaire, 13 Beck Depression Inventory (BDI) short form, and a 0-10 verbal mood rating scale.

The authors stated neither how the papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
Data were extracted on sensitivity, specificity and positive and negative predictive values. The authors did not state how many reviewers performed the data extraction.

Methods of synthesis
A narrative synthesis was reported.

Results of the review
Eight studies were included (n=1,120). All studies assessed more than one screening questionnaire. Overall sensitivity ranged from 47% to 100% and specificity from 43% to 100%.

Edinburgh Depression Scale (three studies by the same author): Sensitivity ranged from 70% to 72%. Specificity ranged from 74% to 82%.

"Are you depressed?" single item (five studies): Sensitivity ranged from 47% to 100%. Specificity ranged from 74% to 100%.

Two items "are you depressed?" and "have you lost interest/pleasure?" (three studies): Sensitivity ranged from 68% to 100%. Specificity ranged from 68% to 98%.
All other questionnaires were assessed only by one or two studies and so it was not possible to draw conclusions from these.

Authors’ conclusions
Few studies have assessed the validity of questionnaires against credible criteria, those that have were focused on depression. Unidimensional scales appeared to perform as well as longer versions.

CRD commentary
The review addressed a clear question supported by defined inclusion criteria. The literature search was adequate, but did not include specific attempts to locate unpublished studies and so the review may be subject to publication bias. The end date of the searches was not reported and so it was unclear whether the search was up to date. The authors did not report whether appropriate steps were taken to minimise bias and errors in the review process. A formal validity assessment was not undertaken and methodological details of the included studies, such as study design, were lacking and so the reliability of the included studies was unclear. Given the differences between studies a narrative synthesis was appropriate. The authors conclusions were supported by the data presented but should be interpreted with caution due to the failure to consider study quality.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further studies of screening tools were needed.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.