

SCREENING FOR DEPRESSION IN A HAEMODIALYSIS POPULATION

Corbett, R, Hobbs, C, Almond, M, K
Southend University Hospital

PROBLEM: Depression has a high incidence in individuals suffering from chronic illnesses, including those with chronic kidney disease. Recognition of depression is often hampered by the overlap of the psychomotor symptoms of psychiatric disease with those of the underlying chronic illness. However, identification of depressed individuals is important as untreated it is associated with significant excess morbidity and mortality.

PURPOSE: The Beck Depression Inventory (BDI) is a self-administered inventory with 21 questions covering symptoms over the preceding week; initially developed as an assessment of the severity of depression it is now widely used as a screening tool in a general population. Work in our unit has previously been shown it to be sensitive but not specific for diagnosing depression in a haemodialysis population, with a poor positive predictive value if a conventional cut-off score (10) is used. This study attempted to improve the specificity of the inventory by the use of a higher threshold (14).

DESIGN: All patients (n =129) receiving out-patient haemodialysis on our unit were given a BDI to complete while on dialysis. Those excluded from further analysis were those with a significant linguistic barrier (5 patients), pre-existing depression treated with medication (7 patients) or had been on haemodialysis for less than three months (8 patients). The inventories were completed while on dialysis and submitted for discussion at the next dialysis review clinic appointment.

FINDINGS: After the exclusion of a total of 20 (16%) patients, 66 (51%) individuals successfully completed the inventory, while 43 (33%) declined to participate. Table 1 outlines the results:

Table 1- Scoring of Beck Depression Inventory

Becks Score	1-10	11-16	17-20	21-30	Over 30
Label	Normal	Mild mood disturbance	Borderline depression	Moderate depression	Severe Depression
Patients	44	12	4	6	0

With the modified score, 54 patients scored less than 14, 2 patients fell in the range 14-16 and 10 individuals scored greater than 16.

CONCLUSION: Depression probably remains under-diagnosed in our patients. By raising the cut-off to 14 it is possible to improve the specificity of the screening tool, though it is not clear if this is at the expense of sensitivity. The application of this to other renal replacement therapies and haemodialysis centres drawn from different socioeconomic populations remains yet to be validated.

RELEVANCE: Identifying and treating depression improves morbidity and mortality in relation to both psychiatric and non-psychiatric disease. The use of the Beck Depression Inventory acts as an excellent and easily administered screening tool in identifying depressed patients but adapting it for use in a haemodialysis population can improve its sensitivity to allow better identification of potentially depressed individuals and improved allocation of resources in their further assessment and treatment.