# Assessing the Prevalence of Depression, Anxiety And Distress in the Acute Hospital Setting

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## Introduction
The National Cancer Strategy in 2017 highlighted the need for expansion of psycho-oncology services nationwide. Currently, there is psycho-oncology services available to cancer patients in Galway University Hospital. However, there is no formal psychological input available for palliative patients with non-malignant diagnoses. Elevated levels of psychological and physical stress towards end of life have been identified in Chronic Obstructive Pulmonary Disease (COPD), Congestive Cardiac Failure (CCF) and End-Stage Renal Disease (ESRD)\(^1\).

This study will assess the prevalence of distress among inpatient palliative care population and the impact of formal psychological input in the patients with cancer.

## Aims and Objectives
1. To capture the prevalence of anxiety, depression and self-reported distress in the inpatient palliative care patient population in Galway University Hospital (GUH).
2. To compare levels of anxiety, depression and distress in those with malignant versus non-malignant life limiting conditions.
3. To measure the impact of psychological input on levels of distress in the malignant group following formal psychological input.
4. To assess the intensity of distress, in both groups, and compare differences.

## Methodology

### Overview:
Ethical approval was obtained following completion of the standard application form for ethical review of health related research studies upon submission to the local ethical committee. The study is a cross-sectional point prevalence survey using the Hospital Anxiety Depression Scale (HADS)\(^2\) and the Emotional Thermometer\(^3\).

The above survey tools were utilized to screen for anxiety, depression and distress in all patients assessed by the Palliative Medicine Team.

The questionnaires took no longer than five minutes to complete and could be completed in the place of the participants’ choice.

Twenty-two participants were recruited in total.

Six of these patients in the non-malignant category were excluded due to confusion.

### Inclusion criteria:
- Life limiting illness with needs requiring input from the Palliative Medicine Team.
- May participant in the inpatient or outpatient setting.
- Full informed consent must be obtained prior to participation in the study.

### Exclusion criteria:
- Patients with confusion.
- Patients unable to communicate via handwriting.
- Patients who were not able to give fully informed consent.

### Data Analysis:
- Information was collated and interpreted in descriptive form using Microsoft Excel.
- Collected data was safely secured in the departmental office which is locked at all times.

## Results

### Category of diagnosis

<table>
<thead>
<tr>
<th>Psychological input</th>
<th>Malignant (25%)</th>
<th>Non-malignant (75%)</th>
</tr>
</thead>
</table>

### Prevalence of Depression and Anxiety in Malignant population

<table>
<thead>
<tr>
<th>Psychological input</th>
<th>Depression (60%)</th>
<th>Anxiety (10%)</th>
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## Discussion
The main objective of this study was to highlight the benefit of formal psychological input in all patients being followed by the Palliative Medicine Team in GUH.

In the patients which took part, a striking difference between those receiving psychological support and those who are not is evident. We are aware the sample size is small. However, we will continue to collect data to obtain sample size where statistical analysis can be applied.

Upon reflection, it was difficult to measure levels of distress, anxiety and depression pre- and post psychological intervention.

### Going forward:
Based on these preliminary results, it may be possible that depression and anxiety is under-diagnosed in all patients with life-limiting illness. In the coming months, we are forming a collaboration with the Department of Liaison Psychiatry to screen for depression using the ADNM-6 screening tool\(^4\) for adjustment disorders.

## Conclusion
From clinical practice, we envisage formal psychological support would be of benefit to all patients with life-limiting conditions.

We hope the findings would support the provision of formal psychological input to all patients requiring palliative care in the future.

## Acknowledgements
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