

ASSESSMENT OF ANXIETY & DEPRESSION PRIOR TO DISCHARGE FOLLOWING ADMISSION WITH AMI

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BACKGROUND

- Prevalence of depression in the post acute myocardial infarction (AMI) population ranges from 1.6 – 50% (Sorensen et al., 2005).
- Depression is now recognised as an independent risk factor for CHD (Bunker et al., 2003).
- Depression and anxiety in the AMI population have been associated with poorer outcomes, including longer recovery, reinfarction, disability and mortality (Crowe et al., 1996).

BACKGROUND continued

- Despite the detrimental effect that depression has on prognosis and quality of life, it is under recognised and under treated in cardiac patients (Lesperance & Smith, 2000).
- It is still not standard practice to screen cardiac patients for anxiety and depression prior to discharge following an acute admission.

CARDIAC REHABILITATION

- Research supports screening for depression and anxiety along with referral to cardiac rehabilitation following AMI (Milani, Lavie & Cassidy, 1996; Bunker et al., 2003).
- Benefits include improvement in fitness, weight reduction, lipid profile, depression and anxiety, reduction in further cardiac events and mortality.
- Depression post AMI may negatively influence attendance at cardiac rehabilitation (Ziegelstein et al., 2005).

AIMS

- To explore depression and anxiety in post AMI patients prior to discharge from hospital.
- To identify screening tools or assessment questionnaires that allow staff to reliably and efficiently assess the likelihood of depression and anxiety in AMI patients prior to discharge from hospital.

METHODOLOGY

- A quantitative research approach using a non-experimental, prospective design was utilised for this study.
- Conducted between July and November 2006.
- Sample of 30 patients with a primary diagnosis of AMI were recruited prior to discharge from hospital.
- Participants in this study were asked to complete questions from four questionnaires.
- Responses were scored and described in order to explore the utility of these tools in the clinical setting.

QUESTIONNAIRES

All 30 participants were assessed by the same questionnaires prior to discharge:

1. Brief Case find for Depression (BCD).
2. Hospital Anxiety and Depression Scale (HADS).
3. Cardiac Depression Scale (CDS).
4. Medical Outcomes Study Short Form – 36 (SF-36).
Role Emotional and Mental Health domains only.

RESULTS

- Two thirds of the study sample were male (n=20) and 10 (33.33%) were female.
- Ages of the participants in the study sample ranged from 36 to 89 years.
- No gender difference in mean age.
males 67.4 years (SD 13.1)
females 67.4 years (SD11.77).

RESULTS

- Eight (26.7%) recruited from CCU – 22 (73.3%) from Medical Unit.
- Recruitment between 1 and 10 days post admission.
- Majority (46.7%) recruited on day two.
- Average length of stay 5.7 days

RESULTS continued

- The maximum rate of possible depression and anxiety was found to be 13.33% (n=4) in this study, using either the HADS total or the CDS.
- In both instances 3 males and 1 female were identified.
- Referral to psychologist offered.

PEARSON'S CORRELATION

Moderate to high correlations were found to exist between questionnaires

Pearson's correlation	HADS - A	HADS - D	HADS TOTAL	CDS	SF-36 MH
CDS					
r value	.42	.72	.62	1.00	-.54
p value	.02	.000	.000		.002
SF-36 MH					
r value	.76	-.70	-.79	-.54	1.00
p value	.000	.000	.000	.002	
SF-36 RE					
r value	-.73	-.81	-.84	-.68	.70
p value	.000	.000	.000	.000	.000

CORRELATION BETWEEN BCD QUESTION B AND OTHER QUESTIONNAIRES

Spearman's rho	CDS	SF-36 MH	SF-36 RE	HADS-A	HADS-D	HADS TOTAL
BCD B						
rho	.41	-.64	-.47	.56	.55	.41
p value	.03	.00	.01	.001	.002	.02
Likely Depression						
rho	.46	-.45	-.57	.39	.50	.47
p value	.01	.005	.001	.03	.005	.01

DISCUSSION - HADS

- The HADS was found to be:
 - acceptable to patients,
 - easily administered and
 - easily scored in the clinical setting.
- HADS scores both anxiety & depression.

DISCUSSION - BCD

- BCD categorical result likely or unlikely depression.
- Acceptable to patients, easily administered and scored by staff.
- BCD question B (“Over the last couple of weeks have you been feeling unhappy or depressed?”), this question alone showed moderate correlations with all other questionnaires.
- BCD question B was found to have a negative predictive value of 96-100% and a positive predictive value of 50%.

DISCUSSION – CDS, SF-36 RE & MH

- The CDS and SF-36 RE & MH questions were found to be more difficult for patients to complete.
- Harder for researcher to score and interpret results in the clinical setting.
- CDS had no specific focus on anxiety.

RECOMMENDATIONS

- Based on the results from this study it would appear that:
 - A quick and efficient manner of screening AMI patients prior to discharge might be the use of the BCD question B: “Over the past couple of weeks, have you been feeling unhappy or depressed”.
 - A “no” response would identify patients unlikely to be depressed.
 - A “yes” response would identify those needing further assessment for possible depression and anxiety.

RECOMMENDATIONS

- For further assessment:
 - The HADS, was acceptable for patients and easy and quick for staff to score in the clinical setting.
 - It provides beneficial information regarding both depression and anxiety to assist with clinical decisions in the post AMI population.

CONCLUSION

- Depression and anxiety levels in this study sample were at the lower end of the spectrum when compared to previous literature reviewed.
- The BCD was found to be a useful screening tool.
- The HADS was found to provide valuable information about both anxiety and depression. It was easily administered and scored providing instant results in a clinical setting.

CONCLUSION continued

- Identification of patients with possible anxiety and depression in this study facilitated early referral for additional expert assessment and management.
- Results further support screening of post AMI patients for depression and anxiety prior to discharge.

