Brief Screen Finds Depression in Cardiac Patients

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NEW ORLEANS — A brief, two-question screening instrument is sensitive for identifying depression in patients with coronary heart disease, a study has shown.

Because major depression is associated with adverse outcomes in this patient population, the availability of a quick, effective tool for improving detection and referral rates could improve patient outcomes substantially, David D. McManus, M.D., reported at the annual meeting of the Society of General Internal Medicine.

Using data from the Heart and Soul Study out of the University of California, San Francisco, Dr. McManus and his colleagues compared the test characteristics of four depression case-finding instruments with those of the Diagnostic Interview for Depression in 1,024 adults with stable coronary heart disease (CHD) recruited from San Francisco–area outpatient clinics.

The instruments selected for comparison were the 10-item short form of the Center for Epidemiologic Studies Depression Scale (CES-D), the 9-item Patient Health Questionnaire (PHQ-9), the 2-item Patient Health Questionnaire (PHQ-2), and a brief screen that asks patients about depressed mood and anhedonia.

Specifically, the brief screen asks patients, "During the past month, have you often been bothered by feeling down, depressed, or hopeless?" and "During the past month, have you often been bothered by little interest or pleasure in doing things?" Dr. McManus said. An answer of "yes" to either of these questions was considered a positive screen.

Of the 1,024 study participants, 224 had major depression by standard measure (Diagnostic Interview for Depression). The brief, two-question screen was, at 90%, the most sensitive of the four test measures. The sensitivity of the CES-D, the PHQ-9, and the PHQ-2 was 76%, 54%, and 39%, respectively. The specificity of the brief screen was 69%, compared with 79%, 90%, and 92% for the CES-D, the PHQ-9, and the PHQ-2.

The instrument can be easily integrated into outpatient visits in the busiest practices, he said. "A negative response to both questions effectively rules out depression, and a positive response to either suggests the patient might benefit from referral or treatment."

The Heart and Soul Study is an ongoing, prospective cohort study designed to determine how psychosocial factors influence disease progression in patients with CHD. Study participants, whose mean age is 67, were recruited from the Veterans Affairs medical centers of San Francisco and Palo Alto, Calif., the University of California at San Francisco Medical Center, and nine public health clinics in the Community Health Network of San Francisco. ■

Low Body Temp Raises Mortality In Heart Failure

WASHINGTON — Body temperature below 36° C at hospital admission was independently associated with a lower survival rate in a study of 56,659 patients with advanced heart failure.

Disordered thermoregulation is common in patients with advanced heart failure, and body temperature measurements may improve risk assessment in these patients, Brahmajee K. Nallamothu, M.D., wrote in a poster presented at the Clinical Research 2005 meeting sponsored by the American Federation for Medical Research.

Dr. Nallamothu, a cardiologist at the University of Michigan, Ann Arbor, and his associates reviewed data on patients aged 65 years and older who were participating in the National Heart Care Project.

The mean body temperature upon hospital admission was 36.5° C, and most of the patients' admission temperatures were between 36° and 38° C. However, 10,754 (18.5%) of the patients had body temperatures below 36° C and 1,145 (1.9%) had body temperatures above 38° C.

After multivariate analysis, patients with body temperatures below 36° had significantly higher mortality, both in hospital (adjusted risk ratio, 1.28) and at 1 year after their hospitalizations (adjusted risk ratio, 1.14).

—Heidi Splete