

Two-step method of major depression screening by patient health questionnaire for patients with lung cancer

Tomoyuki Kawada

Received: 7 May 2013 / Accepted: 21 August 2013 / Published online: 1 September 2013
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To the Editor

I read with interest the recent paper by Randall et al. [1]. They recommended a two-step method for major depression screening using the Patient Health Questionnaire (PHQ) in patients with lung cancer. Before applying the PHQ 9-item version to cancer patients, they applied the PHQ 2-item version as a prescreening tool to avoid wastage of time for patients in the outpatient clinic. In their study, no validation study was conducted by using the Structured Clinical Interview for DSM-IV (SCID) as the gold standard for the diagnosis of major depressive disorder (MDD). The percentage of patients with PHQ-9 scores under 10 was 61 % (8/13) in their study.

I have three concerns about their study. First, PHQ-9 is a screening tool for depression, but mainly for detecting major depressive episode [2], and there are some difficulties in the clinical diagnosis of MDD using the PHQ-9 questionnaire. Randall et al. quoted some references of validation studies including cancer patients. In addition to sensitivity, specificity, positive predictive value, and positive likelihood ratio, the kappa value of PHQ-9 against SCID should also be included to maintain an adequate value of agreement.

Allgaier et al. recently reported the screening ability of PHQ-9 by using a structured diagnostic interview for depressive disorder as the gold standard [3]. In their study, two procedures were presented for PHQ-9 screening: the “categorical scoring procedure” and the “dimensional scoring procedure”. The “categorical scoring procedure” was conducted according to the algorithms for clinical diagnosis based on DSM-IV-TR criteria. In contrast, the “dimensional scoring procedure” utilized appropriate cutoff points. Allgaier et al.

concluded that there was an advantage to using the “dimensional scoring procedure” for PHQ-9 screening for detecting depression. As a second concern, Randall et al. adopted the “dimensional scoring procedure” for PHQ-9 screening of MDD. I recommend presenting prevalence of depression by the “categorical scoring procedure” of PHQ-9 because the PHQ-2 was used as a prescreening tool for depression and the two items of PHQ-2 were composed of core questions for the “categorical scoring procedure”. Whitney et al. reported that use of the “dimensional scoring procedure” of PHQ-9 resulted in a higher prevalence of depression than that of the “categorical scoring procedure” among patients with non-small-cell lung cancer [4].

Third, the number of samples was limited and stratified analysis could not be conducted owing to the potential loss of statistical power. I recommend a continuous survey by summing up the number of samples for accurate determination of the prevalence and magnitude of depression among patients with lung cancer.

Conflict of interest The author declares no conflict of interest.

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T. Kawada (✉)

Department of Hygiene and Public Health, Nippon Medical School,
1-1-5 Sendagi, Bunkyo-Ku, Tokyo 113-8602, Japan
e-mail: kawada@nms.ac.jp