

Improving the Detection of Depression in Sri Lanka: Cross-Sectional Study Evaluating the Efficacy of a 2-Question Screen for Depression

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Abstract : Introduction: Primary health services are often the first point of contact that patients with mental illness have with the healthcare system. A number of tools have been developed to increase detection of depression in the context of primary care. However, one challenge amongst many includes utilizing these tools within the limited primary care consultation timeframe. Therefore, short questionnaires that screen for depression that are just as effective as more comprehensive diagnostic tools may be beneficial in improving detection rates of patients visiting a primary care setting. Objective: To develop and determine the sensitivity and specificity of a 2-Question Questionnaire (2-QQ) to screen for depression in a suburban primary care clinic in Ragama, Sri Lanka. The purpose is to develop a short screening tool for depression that is culturally adapted in order to increase the detection of depression in the Sri Lankan patient population. Methods: This was a cross-sectional study involving two steps. Step one: verbal administration of 2-QQ to patients by their primary care physician. Step two: completion of the Peradeniya Depression Scale, a validated diagnostic tool for depression, the patient after their consultation with the primary care physician. The results from the PDS were then correlated to the results from the 2-QQ for each patient to determine sensitivity and specificity of the 2-QQ. Results: A score of 1/+ on the 2-QQ was most sensitive but least specific. Thus, setting the threshold at this level is effective for correctly identifying depressed patients, but also inaccurately captures patients who are not depressed. A score of 6 on the 2-QQ was most specific but least sensitive. Setting the threshold at this level is effective for correctly identifying patients without depression, but not very effective at capturing patients with depression. Discussion: In the context of primary care, it may be worthwhile setting the 2-QQ screen at a lower threshold for positivity (such as a score of 1 or above). This would generate a high test sensitivity and thus capture the majority of patients that have depression. On the other hand, by setting a low threshold for positivity, patients who do not have depression but score higher than 1 on the 2-QQ will also be falsely identified as testing positive for depression. However, the benefits of identifying patients who present with depression may outweigh the harms of falsely identifying a non-depressed patient. It is our hope that the 2-QQ will serve as a quick primary screen for depression in the primary care setting and serve as a catalyst to identify and treat individuals with depression.

Keywords : depression, primary care, screening tool, Sri Lanka

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