

Poster 28: Lack of association of routine depression screening results with patient reported needs assessment.

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Topic: Quality of Life/Palliative Care

Objectives

To examine the association of patient reported depressive symptoms on routine screening and the presence of social needs using a self-administered social needs assessment tool (SNAT).

Methods

We evaluated prospectively collected data between January and August 2023 as part of an ongoing performance improvement initiative in a gynecologic oncology clinic at a large public safety net hospital serving a > 70% Latinx patient population with limited English proficiency. This study was approved by the institutional IRB. The clinic protocol is to administer the patient health questionnaire-2 (PHQ2) depression screen and the SNAT at each visit. Only patients with both scores were included for analysis. The distress thermometer (DT) score was compared to the PHQ-2 among a subset of patients enrolled in our cancer care navigation program (CCNP). Descriptive analysis was then performed.

Results

317 unique patients with 332 eligible visits were included in this study. The median age was 52 (range of 22-80); 72% were Hispanic, 6% African American, 9% Asians, and 12% Caucasians; 37% had uterine cancer, 19% cervical cancer, and 17% ovarian cancer. 93 patients were identified as having at least 1 social need with a corresponding PHQ2 score at the time of the visit. Among patients with social needs, most patients (n =64) had a PHQ2=0 followed by PHQ2=2 (n=19), with the remaining 10 patients having scores of 1 (n=6) and 3 (n=4). Housing, transportation, food, and desire to speak with social work were the most common needs. There was no observed association between patients' social needs and PHQ2 scores (Table 1). 107 patients completed the DT. We noted discordance between the DT score and PHQ2 score in 42 patients who had a DT score of 4+ with a 0 on PHQ2 assessment (Table 1).

Conclusions

Our data suggests that depressive symptoms screening results from the PHQ2 are not associated with social needs and discordant with the DT in a significant number of patients. There could be a level of underreporting of mood symptoms in the PHQ2 or that the PHQ2 score is truly independent of the SNAT and DT scores, which requires further study. Our study highlights that these screening tools cannot be used interchangeably in clinical practice.

Abstract Table or Graph

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