

AN ANALYSIS OF THE VALIDITY OF THE HAD SCALE AS A SCREENING TOOL IN PATIENTS WITH ADVANCED METASTATIC CANCER

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Introduction

Depression is difficult to diagnose and impairs the quality of life of many palliative care patients. This study examined the validity of the HAD scale when used with palliative care patients.

Method

Patients receiving palliative care were invited to complete the HAD scale together with a semi structured psychiatric interview (Present State Examination).

Results

Fifty-six females and forty-four males participated; mean age 57.25 years (range 25-69 years). Cancer of the lung accounted for 26% of diagnoses, breast cancer for 14% and cancer of the colon 11%. The mean total score was 16.7 (95% CI 15.2-18.1). The depression and anxiety subscales showed poor efficacy when used alone. The optimum cut-off threshold was a combined score of 19; (sensitivity of 68%; specificity of 67% and positive predictive value of 36%).

Discussion

The major construct of the HAD scale is anhedonia which may be present at the end of life due to increasing physical disease and may not be pathognomic of depression in this population. We recommend the HAD is used as a combined scale in palliative care, but users should be aware of its limitations.