Anxiety and depression in CF: preliminary data from the TIDES-UK study

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Background: People with a chronic illness are at increased risk for depression and anxiety, however prevalence amongst people with CF and their care-givers is unknown. This study aims to evaluate this, being the UK arm of the International Depression & Anxiety Epidemiological Study (TIDES).

Methods: To date, 35 CF centres have been asked to participate. As of January 2010, 21 centres have agreed and are at varying stages of participation. Data is collected from participants during regularly scheduled clinic visits, immediately prior to consultation, who complete the HADS. Parent caregivers additionally complete the CES-D questionnaire.

Results: Data has been collected and coded from 4 adult (N = 485), and 2 paediatric centres (N = 233) (Total N = 718). We report preliminary data from 2 adult and 1 paediatric centres because they have reached the required epidemiological threshold (70% of clinic). In adults, 29.6% reported some anxiety, 9.1% had varying levels of depression. Of the children, 17.3% reported some anxiety but only 1 child was depressed. In parent-caregivers, 48% reported anxiety and 20% depression using the HADS. However, the CES-D score for the parent group indicated that 32.5% had a clinically significant level of depression.

Discussion: This early data from the ongoing, 3-year TIDES-UK study initially suggests that anxiety and depression are indeed evident in CF groups. Recruitment remains ongoing with the ultimate aim of securing participation of 35 UK CF centres. We will present data exploring relationships between anxiety, depression and demographic and clinical variables. The clinical implication of these findings will be discussed.

Depression and anxiety in patients with cystic fibrosis in Spain

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Introduction: Patients with chronic illness are at increased risk for depression and anxiety, with serious consequences for health outcomes.

Objectives: To assess the prevalence of symptoms of depression and anxiety in a sample of patients with cystic fibrosis (CF) and its relation on the clinical characteristics in two Spanish centres.

Methods: Cross sectional study. Administration of the Center of Epidemiological Studies-Depression Scale (CES-D) and the Hospital Anxiety and Depression Scale (HADS) to patients. Medical information, height and weight, lung function test results and demographics data were collected.

Results: 79 adults with CF (45.6% male) completed the tests: mean age 25.9±7.7; FEV1% 59.7±23.6; BMI 21.7±3.3 kg/m2. 48% were employed, 5% were listed for transplant. 92% were evaluated in routine visit. HADS score classified 24% of the patients with anxiety or borderline symptoms and 13.9 % with depression or borderline. The CESD scale classified 51% of the patients with depression. Female patients had significantly more prevalence of depression by CESD than male. Patients with severe disease (FEV1% <40) had significantly worse HADS-Anxiety score than mild or normal. FEV1% had significantly negative correlation with HADS-Anxiety and CESD scores.

Conclusions: The presence of symptoms of depression and anxiety were high in adults with CF; higher in females and with severe disease, and similar to other results reported previously. The proportion of patients with a positive screening for depression assessed by CESD test was higher than the one assessed by HADS, probably due to the inclusion of somatics items.

Assessing anxiety, depression and suicidal ideation in a single CF centre; experiences using the PHQ and HADS

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Background: Although there is a higher risk of depression and anxiety in chronic illness, prevalence and associated suicidal ideation are relatively unexplored in CF. This study was the UK pilot for the International Depression and Anxiety Epidemiological Study (TIDES-UK) in a single major CF centre.

Method: Questionnaires gathering demographic and medical information and two mental health screening instruments, the Patient Health Questionnaire for depression (PHQ9) and the Hospital Anxiety and Depression Scale (HADS) were administered to adults with CF attending the RACFU, Leeds, before routine out-patient appointments.

Results: 233 patients took part (mean age 27 yrs; 57% male; mean FEV1 61.8% predicted (sd 22.5). PHQ9 data showed 49 (21%) with mild and 30 (12.9%) with moderate/severe depression, with 25 (10.8%), endorsing the suicidal ideation ‘risk’ item. HADS-D data showed 12 (5.2%) with mild and 1 moderate depression (0.4%). HADS-A data showed 38 (16.4%) with mild and 18 moderate/severe anxiety (7.7%). There were significant negative correlations between FEV1 PP and HADS depression (Spearman’s rho =−0.264; P= 0.000, n = 198) and PHQ9 depression (Spearman’s rho =−0.152; P= 0.033, n=199), but no relationship with anxiety.

Discussion: This study found higher rates of depression on the PHQ9 than HADS and significant associations between lung function and depression on both measures. Suicidal ideation appears more frequent than reported in other populations [1]. We previously suggested that some CF carers find responding to this difficult [2] and discuss clinical implications.

Reference(s)

A comparison of sleep quality, anxiety and depression in mothers of in- and outpatients with cystic fibrosis

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Purpose: Having a child with a chronic disease may cause anxiety and depression and impair sleep quality of mothers. The aim of this study was to compare sleep quality, anxiety and depression in mothers of in and outpatients with cystic fibrosis.

Materials and Methods: The study included mothers of 28 children with cystic fibrosis. 12 of them were hospitalized (6 male, 6 female; mean age 7.83±3.06 years) and 16 of them were outpatients (9 male, 7 female; mean age 7.81±3.79 years). The parents were asked to mark fatigue level, sleep disturbances, stress level and the severity of disease of their child on a visual analog scale (VAS). Pittsburgh Sleep Quality Index (PSQI) and Hospital Anxiety and Depression Scale (HADS) were administered to mothers.

Results: Sleep disturbance, fatigue, anxiety and depression levels of inpatients’ mothers were higher than outpatients’ mothers (p <0.05). PSQI subscores and total scores were higher than in outpatient mothers (p <0.05). HADS scores were lower than in outpatients’ mothers (p <0.05).

Conclusion: We concluded that chronic illness may impact the sleep of the family members especially during hospitalization. Therefore cystic fibrosis patients’ mothers should be assessed from the view point of sleep quality, fatigue level, anxiety and depression.