Description

The SPHERE 12 (Somatic and Psychological HEalth REport) is a 12-item, self-rated tool to screen for anxiety, depression, and somatisation in primary care. The SPHERE 12 is a shortened version of the SPHERE 34 (Hickie et al 2001a), which was derived from the General Health Questionnaire (GHQ-30), the Schedule of Fatigue and Anergia, the Illness Fatigue and Irritability Questionnaire, and the Diagnostic Interview Schedule for somatisation. Six items of the SPHERE 12 assess psychological health (PSYCH subscale) and six assess physical symptoms and fatigue (SOMA subscale).

Instruction to the patient and scoring: Patients rate the PSYCH and SOMA items in terms of how much each has troubled them over the past few weeks on a scale of 0–2 (0 = never troubled, 2 = troubled most of the time). A score of two or more on the PSYCH subscale reflects the presence of a possible mental disorder (anxiety or depression) and three or more on the SOMA subscale reflects the presence of a possible somatic disorder (somatoform disorder or somatisation) (Hickie et al 2001a, Wilhelm et al 2008). Positive scores on both scales reflect a mixed presentation. The SPHERE 12 can be used as a broad or a narrow screening tool: the broad screen requires a positive score on PSYCH and/or SOMA subscales, while the narrow screen requires a positive score on both PSYCH and SOMA subscales.

Commentary

Early identification of mental health disorders is essential for optimum patient care. The most appropriate setting for early detection is primary care. Physiotherapists in primary care are commonly exposed to patients with diagnostic labels such as chronic fatigue syndrome or ongoing, unexplained pain. Epidemiological and genetic research has shown that there are strong links between non-specific somatic symptoms and anxiety and depression (Hansell et al 2011, Katon et al 2007) and this may lead to these disorders being missed (McFarlane et al 2008).

Using a tool to screen for mental disorders is likely to help early identification and improved care. The SPHERE 12 is a potentially good candidate for this role because it is easy to apply and brief. The broad screen also has the advantage of high sensitivity, which means that ‘at risk cases’ are unlikely to be missed. However, it also has low specificity and only fair validity when compared with the CIDI, the gold standard of psychiatric diagnosis. This combination of features indicates a significant number of false positive ‘cases’ will be identified using the SPHERE 12 screen and this could lead to unnecessary and costly investigations (Phillips et al 2002).

Consideration of a number of factors might make this tool more appealing to the primary care clinician. First, the suggested thresholds may not be the most appropriate to detect different mental health disorders in the primary care setting, (see Table in McFarlane et al 2008 p. 341). There is therefore a need to determine unique threshold values for each mental health disorder and apply these values when using the SPHERE 12 (McFarlane et al 2008, Clover et al 2009). Second, specificity may be improved by using the narrowest screen of SHERE 12 along with an additional tool such as the SF-12 Mental Component Scale, as suggested by Wilhelm et al (2008). Third, some further research is needed into the validity of the SPHERE 12 in different patient populations. Finally, clinicians should regard the SPHERE 12 primarily as a screening tool and the scores should be used to direct further investigations into the presenting signs and symptoms, rather than to diagnose mental disorders.

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References