

CORRELATION BETWEEN HADS (HOSPITAL ANXIETY AND DEPRESSION SCALE) AND ESAS (EDMONTON SYMPTOM ASSESSMENT SYSTEM) SCALE IN ONCOLOGICAL PATIENTS: OUR EXPERIENCE



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INTRODUCTION & OBJECTIVES

Introduction

Anxiety (A) and Depression (D) are frequent comorbidities of oncological patients, but they are often underestimated by medical oncologists.

Objectives

Our aim was to evaluate the incidence rates of A and D, assessed by the administration of HADS questionnaire, and to correlate such results to each item evaluated in the ESAS scale^{2,3}.

METHODS

We administered both HADS and ESAS questionnaires to patients that accessed to our Supportive Care Service for an unplanned visit. Patients were both on active treatment and in best supportive care and accessed our Service for any kind of problems due to cancer-related symptoms or treatment-related toxicity.

RESULTS

We collected data from 137 patients. Results of their HADS scales are shown in Table 1.

Mood/ score	≤ 7	8 -10	≥ 11
Anxiety	56.93 % (78 pts)	24.82 % (34 pts)	18.25 % (25 pts)
Depression	70.59% (96 pts)	21.33 % (29 pts)	8.09 % (11 pts)

Table 1. HADS score distribution of the considered patients

Patients with a total score of 8 or higher in either scale (66, 48.2 %) were offered a psychological visit: 19 (28.8%) accepted, whereas 40 (60.6%) refused this evaluation. 7 (5.2%) were already on psychological or psychiatric treatment. We then made an evaluation of the correlation between HADS and ESAS of the patients with clinically-relevant A or D. Results are shown in Table 2.

	Anxiety (A)		p	Depression (D)		p
	Yes (25 pts)	No (112 pts)		Yes (11 pts)	No (126 pts)	
1 (PAIN)	3.4	2.0	0.014	3.91	2.14	0.028
2 (TIREDNESS)	6	3.51	0.0001	6.27	3.77	0.0081
3 (NAUSEA)	1.96	1.07	0.077	3	1.09	0.0072
4 (DEPRESSION)	4.6	1.14	<0.0001	1.79	1.55	0.0002
5 (ANXIETY)	4.88	1.48	<0.0001	4.64	1.87	0.0003
6 (DROWSINESS)	5.8	2.16	<0.0001	5.82	2.58	0.0009
7 (LOSS OF APPETITE)	4.36	2.28	0.0025	5.09	2.46	0.0075
8 (WELLBEING)	4.32	1.90	0.0001	4.45	2.15	0.0081
9 (SHORTNESS OF BREATH)	1.56	0.93	0.155 (NS)	1.36	1.02	0.59 (NS)
10 (OTHER)	Not evaluable					

Table 2. Correlation between A and D evaluated with ESAS and HADS

Patients with clinically-relevant A or D have statistically-significant higher ESAS scores with the exception of the items 3 and 9 in the A group and of the item 9 in the D group.

CONCLUSIONS

Oncological patients affected by either A or D have a worse perception of the severity of the most common cancer- or treatment-related symptoms. We then suggest an attentive basal evaluation and monitoring of A or D in order to give the patients a better quality of life and to make them face cancer and related treatments in a better way.

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