

Outpatient Depression Screening for Patients with Melanoma

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BACKGROUND

- 33% of people diagnosed with melanoma report high levels of psychological distress
- Depression can occur before, during, and after treatment
- Screening tools are recommended to detect depression in melanoma patients

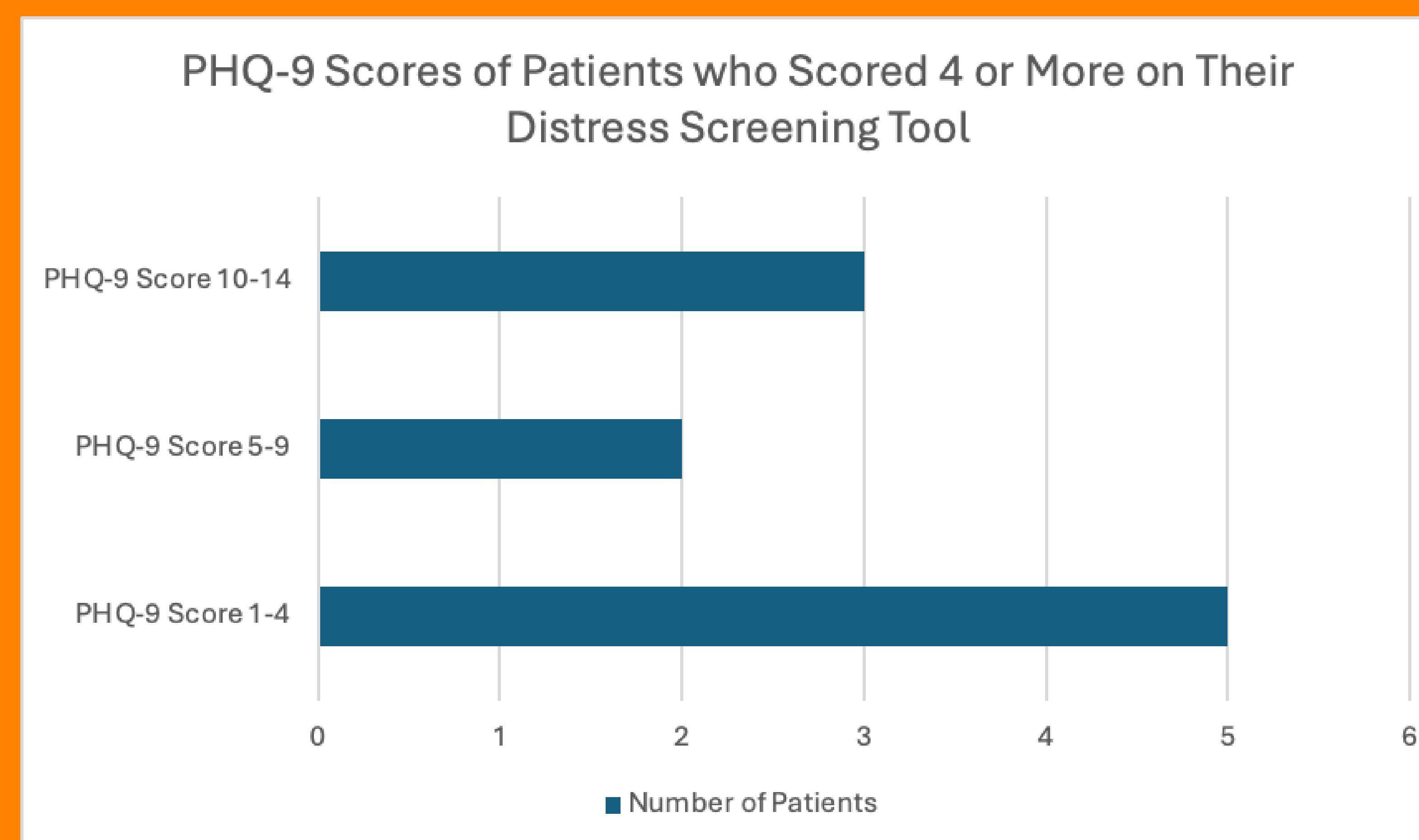
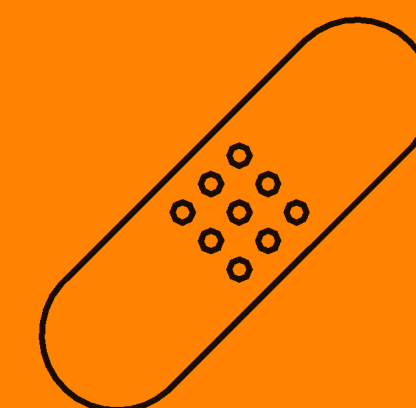
LOCAL PROBLEM

- The project occurred at a surgical oncology clinic at a local cancer institute, which is part of a large medical center in an urban area
- Patients complete a distress screening tool at their first post-op visit; scores have been increasing.
- **Project purpose:** increase identification of patients with melanoma who have an elevated risk for depression at their first postoperative visit to foster early referral and intervention.
- **Project aims:** to educate patients and providers on depression and how it may affect one without proper treatment; to educate outpatient nurses and medical assistants on evidence-based depression screening tool

METHODS

- The Evidence-Based Practice Improvement Model was used to develop this project.
- The Patient Health Questionnaire-9 (PHQ-9) was selected for depression screening.
- The PHQ-9 takes less than 5 minutes to complete and is a valid and reliable depression screening tool
- Over 3 months, patients with high distress screening scores completed the PHQ-9 screening tool
- There was no baseline data prior to this project

Universal depression screening is recommended for all patients with melanoma



Scan for Executive Summary
References Upon Request.

INTERVENTIONS

- At the patient's first post-operative appointment, they completed the distress screening form (provided by the cancer institute) in the waiting room.
- If the distress score was four or greater, the patient would be offered the PHQ-9 form.
- NP students scored the PHQ-9 scores at the end of the week. If the score was ten or greater, social workers were informed.

RESULTS

- 36 eligible patients completed the distress screening
- 33% (n=12) scored a four or higher on the distress screening. Two people declined to do the PHQ-9, leaving 10 project participants.
- PHQ-9 scores ranged from 2-14 (M=6.60, SD=4.221)
- 30% (n=3) were referred to social work for a PHQ-9 score of 10 or higher
- Statistical significance could not be determined; clinical significance is possible with a larger sample size

CONCLUSIONS

- Universal depression screening is recommended for all patients with melanoma.
- One outlier raised mean scores of the PHQ-9
- Integrate depression screenings in routine care of melanoma patients
- Implement a digital screening process to increase sustainability and efficiency