Mental Health Screening of Medically-Admitted Patients With Cystic Fibrosis

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Background: Multi-national studies have identified an increased risk for depression and anxiety among the cystic fibrosis population. People with cystic fibrosis and depression have decreased lung function, adherence, and quality of life, and increased health care utilization. This is a pilot study of mental health screening and referral of patients with cystic fibrosis in a large tertiary medical center. Objective: Patients with a diagnosis of cystic fibrosis aged 8 and older, medically admitted to a tertiary hospital, were screened for eligibility and offered mental health screening for depression and anxiety. Methods: Patients indicating elevated rates of anxiety, depression, or suicidal ideation were offered a psychiatric consultation, and all participants were offered mental health referrals. Health-related outcomes were gathered via medical record review. Results: The pediatric population showed elevated rates/at risk of depression (17%), anxiety (22%) and clinically-elevated depression (5%), and anxiety (11%). Twenty-two percent of the youth reported suicidal ideation. The adult population reported mild rates of depression (11%), anxiety (28%), and suicidality (11%). The mental health screening process resulted in 1 mental health referral, 16 patients eligible for psychiatric consultation, and 4 completed psychiatric consultations. Discussion: This study represents a pilot mental health screening in the inpatient medical setting. The results indicate an elevated rate of depression, anxiety, and suicidal ideation, and a protocol for responding to elevated responses via psychiatric consultation. This study indicates the need for further exploration of implementation of mental health screening, rapid response to suicidal ideation, referral process, and treatment interventions.

Key words: cystic fibrosis, anxiety, depression, suicide.
chloride and water across membranes resulting in lung
disease, sinus disease, pancreatic insufficiency, dia-
tes, coagulation difficulties, infertility, malnutrition,
and delayed growth. It is projected that children born
within the last decade will live longer than those born
before them, and that the estimated total pediatric
and adult populations will increase by 20% and 75%,
respectively, by the year 2025.

Patients with CF live with a chronic life-short-
ening illness that has a significant effect on their
physical and mental health. Living with a complex
chronic illness requires patients to spend hours on their
medical regimen, take multiple medications, and
experience pain or discomfort due to medical
procedures or the disease itself. The International
Depression/Anxiety Epidemiological Study (TIDES)
assessed the prevalence of anxiety and depression in
over 6000 patients with CF and their parent caregivers
across 9 countries. TIDES found that a significant
proportion of patients with CF report elevated levels
of global depression (10% of adolescents and 19% of
adults) and anxiety (22% of adolescents and 32% of
adults). This represents a two-fold to three-fold
increase in risk for depression and anxiety for both
age groups relative to the general population. There
was some variability between countries in the
TIDES study, with results from some European
countries not finding any elevated risk for anxiety
and depression among patients with CF, in compar-
ison to those countries’ general populations. Several
studies found a relationship between anxiety, depres-
sion, and functional expiratory volume 1%, the gold
standard measure of lung health in CF.

CF patients’ level of depression has been shown
to be associated with their respiratory function,
medical adherence, quality of life, and health care
utilization. A recent survey of mental health
provisions indicates that only 79% of CF Centers
have a social worker and only 43% were already
completing mental health screening. Current con-
ensus guidelines recommended that there be annual
mental health screening of patients in CF Centers in
the United States. Recommendations include that
elevated levels of depression and anxiety be assessed
and evidence-based psychologic or pharmacologic
interventions or both be used. It is clear that
individuals with CF face unique challenges that can
lead to psychologic burden, and that a key goal is how
to maintain mental health across the lifespan in CF,
including prevention measures, screening, and psy-
chologic or medication interventions. Little is
known, however, about what types of evaluations,
interventions, and referrals follow mental health
screening.

Little has been reported in the literature on how
treatment teams respond to reports of suicidal ideation
(SI) and how to initiate a safety evaluation, referral, or
safety planning as indicated by the guidelines. There
are limited data on the incidence of SI among patients
with CF, because the TIDES study did not use
measures with an item assessing suicidality. Thus,
assessing the prevalence of SI is a clinically important
area, particularly as the CF community begins annual
mental health screening.

Both psychiatric and medical illnesses have been
identified as risk factors for SI and suicide
attempts. Studies have found that the presence
of a general medical condition predicted a 1.3 times
increase in the likelihood of SI after controlling for
major depression, depressive symptoms, alcohol use,
and demographic characteristics. In particular, the
same study found that pulmonary diseases were
associated with a two-thirds increase in the odds of
lifetime SI. Co-morbid depression, anxiety, and
substance abuse have been identified as risk factors
for increased suicidal behaviors. The results of the
World Mental Health Survey of 14 countries and other
studies have found that even without any co-morbid
psychiatric illnesses, chronic medical illness is an
independent risk factor for suicide. Additionally,
the number of medical diagnoses a patient has
correlates to increased thoughts of self-harm.

The goal of this study was to pilot a mental health
screening for patients with CF on an inpatient medical
floor, using a standardized battery of measures. This
study also sought to explore mental health issues for
patients with CF by examining screening for depression,
anxiety, and suicidality. Finally, we sought to examine
the treatment referral process and clinical response
to SI.

MATERIAL AND METHODS

Procedures

This was part of a quality improvement initiative
for the CF center. Before initiation of the study, all
materials and protocols were reviewed and approved
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