Depression and Anxiety in Outpatient Palliative Care: A Multidisciplinary Approach
Paige Comstock, MD, Katie Rimer M.Div., Ed. D., BCC, and Mary Buss, MD.

Introduction: The Problem
Among seriously ill patients the literature shows that anxiety and depression are highly prevalent and have been associated with worse quality-of-life and shortened survival. Despite this, anxiety and depression have been shown to be under-recognized and under-treated. In our outpatient palliative care clinic the prevalence of moderate/severe anxiety or depression is high at 21.3%, therefore we sought to examine the rate of documentation, approach to management and trajectory of anxiety and depression over time. This needs assessment will help the clinic to improve on effectiveness and patient centeredness with future ideas for quality improvement.

Aim/Goal
Our goal is to describe the experience in our out patient palliative care clinic in order to establish things done well and recognize areas for improvement in the future.

The Team
STUDY TEAM:
Mary Buss, MD - Director, Ambulatory Palliative Care Services
Paige Comstock, MD – Internal Medicine Resident
Katie Rimer, M.Div., Ed.D., BCC - Director, Spiritual Care and Education
Roger Davis, PhD – Statistics

ADDITIONAL CLINIC TEAM MEMBERS:
Leo Newhouse, LICSW – Palliative Care
Victoria Gurfolino, NP – Palliative Care

The Assessment
- Retrospective Chart Review of patients seen in outpatient palliative care clinic between March 7, 2013 and March 6, 2014.
- Patients seen for at least 2 visits and with anxiety and/or depression score of 4 or greater on ESAS selected.
- Charts assessed for treatments received.
- ESAS scores at initial and most recent visit compared.
- Data analyzed.
- Brainstorming for future quality improvement steps to address areas of improvement.

The Results/Progress to Date

<table>
<thead>
<tr>
<th></th>
<th>Average Score at Baseline</th>
<th>Average Score at Follow up</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>5.73</td>
<td>4.70</td>
<td>P = 0.017</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6.06</td>
<td>5.09</td>
<td>P = 0.072</td>
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<table>
<thead>
<tr>
<th></th>
<th>No Change in Score Category</th>
<th>Improved by 1 or more Score Categories</th>
<th>Worse Score Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>14 (46.7%)</td>
<td>13 (43.3%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>11 (33.3%)</td>
<td>15 (45.5%)</td>
<td>7 (21.2%)</td>
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</tbody>
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-Categories: Mild (score 0 – 3), Moderate (score 4 – 6), Severe (score 7 – 10)

Interventions / Observations
- 37.8 % received new medication or had medication adjustment
- 59.5 % received spiritual counseling, 59.5 % received MD/NP counseling, 54% received SW counseling.
- Documentation among clinic providers ranged from 30-63% of time.
- Despite the improvement in scores and within categories over time there was no difference between responders and non-responders as far as interventions or demographics.

Lessons Learned
- Patients seen in outpatient palliative care clinic with depression and anxiety show a trend towards improvement over time.
- Despite this we were unable to show a difference between those that did improve and those that did not in terms of interventions or demographics.
- Given the trend toward improvement despite low medication rate, this indicates that a multidisciplinary palliative care approach adds benefit.

Next Steps/What Should Happen Next
- Design macro/template to improve documentation of anxiety and depression.
- Develop trigger system for patients with anxiety/depression to be shunted toward protocol that ensures they see social work and chaplain if spirituality is important to the patient.
- Design future study with larger number of patients for more power to detect differences among interventions between responders and non-responders.

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