EDITORIAL

The Challenge in Making the Diagnosis of Depression in Palliative Patients

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Palliative care patients are often vulnerable to psychological distress and the development of depression [1]. However, it is challenging to distinguish between depression and grief or appropriate sadness in this group of patients. There are several approaches proposed in the making of diagnosis of major depressive disorder in palliative care patients. The standard approach is using Structured Clinical Interview for DSM – IV (SCID) [2]. This etiological approach gives a more exact view on the presence of depression as these interviews will only include symptoms of depression if it is not attributed to medical conditions. The disadvantage of this approach is that the it is unlikely to have adequate knowledge to be able to determine whether the symptoms arise from a medical condition or are due to depression instead [3]. Other approaches have been recommended to overcome this diagnostic problem; inclusive approach, substitutive approach and exclusive approach [3, 4]. The inclusive approach includes all symptoms regardless whether or not the symptoms may be attributable to medical illness. This approach has the tendency to over diagnose depression in patients who are medically ill [3, 4]. The substitutive approach replaces the somatic or physical symptoms (disturbed sleep, poor appetite or lose of weight, poor concentration and fatigue) of DSM–IV Criteria with psychological symptoms (eg: depressed appearance, social withdrawal or decreased talkativeness, self-pity or pessimism and cannot be cheered up). Endicott proposed such an approach to diagnose depression in cancer patients [3, 4]. The last approach is the exclusive approach (Cavanaugh Criteria), whereby the somatic symptoms of depression is removed and replaced with symptoms such as, not participating in medical care in spite of ability to do so, not progressing despite improving medical condition and/ or in functioning at a lower level than the medical condition warrants. To date, there is still lack of studies comparing the difference approaches and to determine the best diagnostic criteria to be used in palliative care patients.

References


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