

# Mental health screening in patients with chronic lung disease



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## What is the need for the service?

Co-existence of psychological dysfunction worsens functioning of patients (work, family and social life) and impacts on course of treatment of somatic illness.<sup>2</sup>

Patients with COPD have significant unmet psychological needs, which if improved, could lead to improvement in their care.<sup>3</sup>

CBT and self-help alongside exercise therapy were effective in reducing shortness of breath and emotional stress.<sup>4</sup>

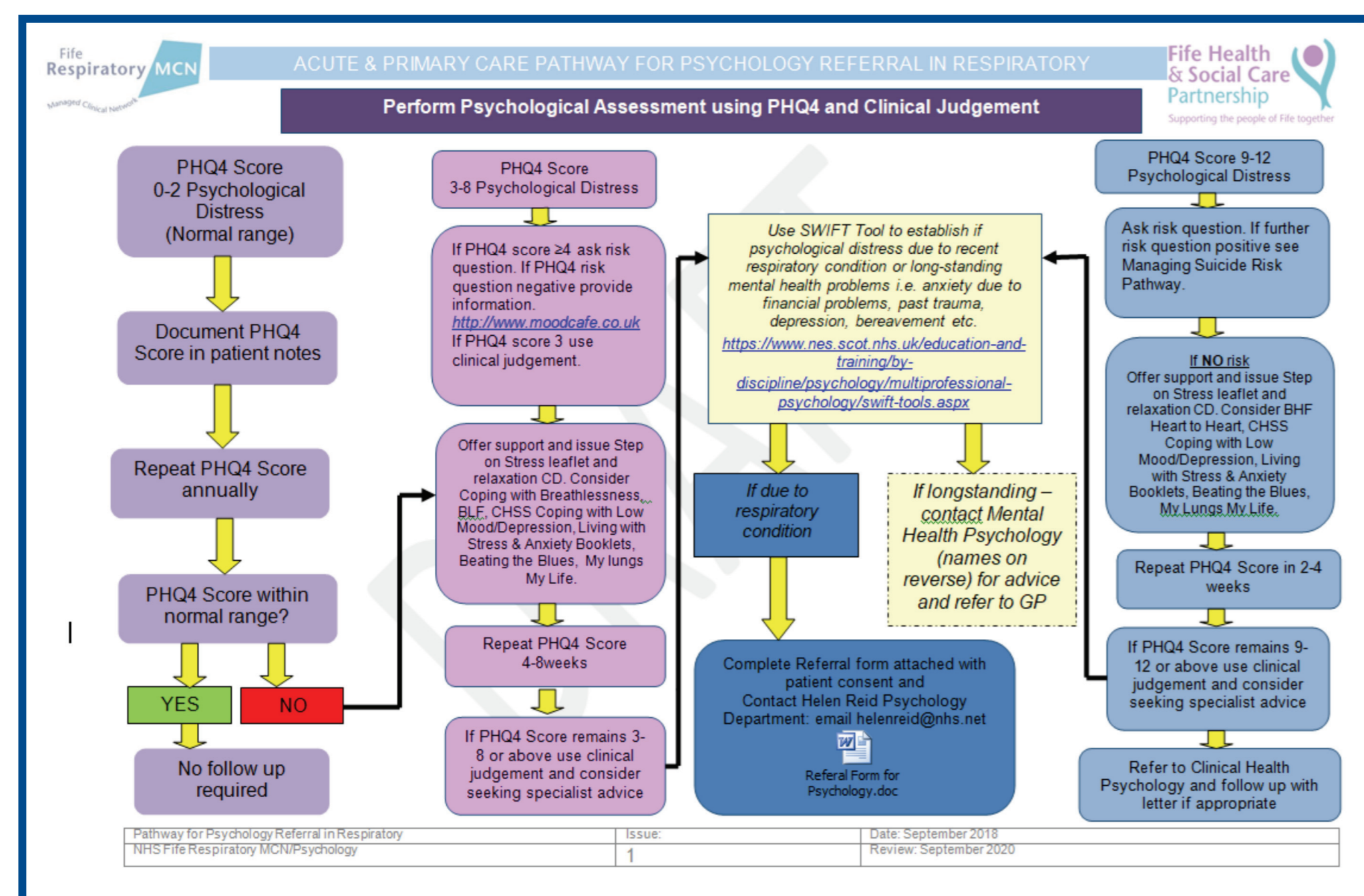
The King's Fund and the Centre for Mental Health – Long-term conditions and mental health: the cost of co-morbidities (2012).

	Asthma	Bronchiectasis	COPD	IPF
<b>Overall</b>	8,028,741	211,598	1,201,685	32,479
<b>Male</b>	3,873,724	88,993	627,019	19,450
<b>Female</b>	4,155,017	122,606	574,666	13,028

## Clinical Guidelines

- Global Initiative for COPD (GOLD) guidelines acknowledge the presence of mood disorders in patients and state that CBT and mind body interventions can aid in improving both mental and physical outcomes.<sup>5</sup>
- NICE guidelines recommend identifying and treating psychological comorbidity as part of the multidisciplinary approach in the management of COPD.<sup>7</sup>
- SIGN guidelines acknowledge that asthma may be associated with coexistent psychological comorbidity and that psychological therapies should form part of long-term management.<sup>8</sup>

## NHS Fife Guideline



## Aim

To assess our current screening performance for psychological co-morbidities in patients with chronic respiratory diseases against national guidelines.

## METHOD

### Inclusion criteria

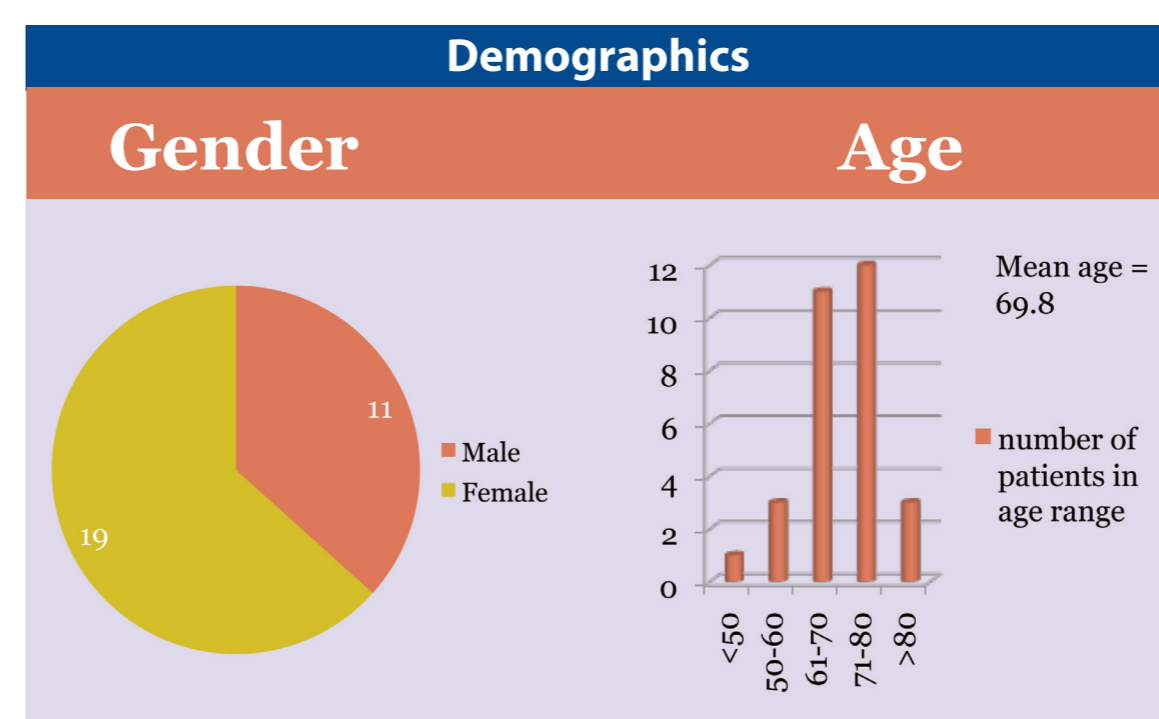
Patients admitted to medical wards at Victoria Hospital with an acute exacerbation of their chronic lung disease.

- COPD
- Asthma
- ILD

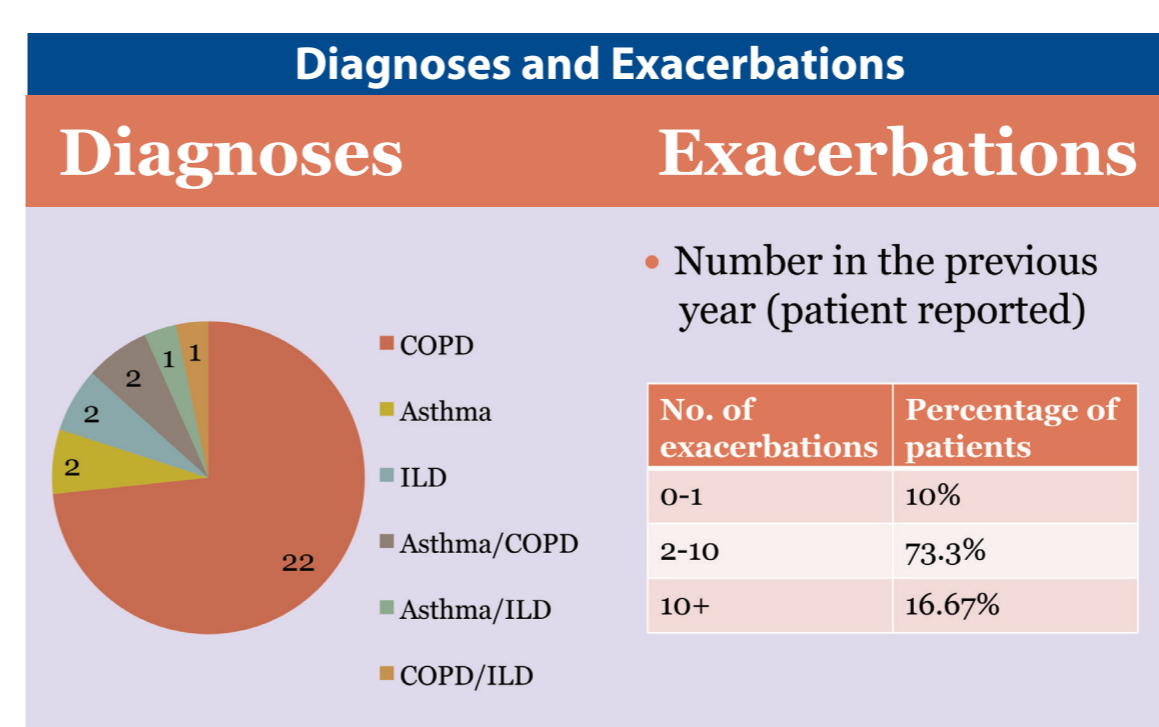
## Data Collection

- Data collected from 22nd February and 19th March 2021 (4-week period).
- A total of 30 patients were included.
- Data was collected in regards to previous mental health (MH) input, number of exacerbations in the previous year, Patient Health Questionnaire-4 (PHQ-4) and measure of frailty.

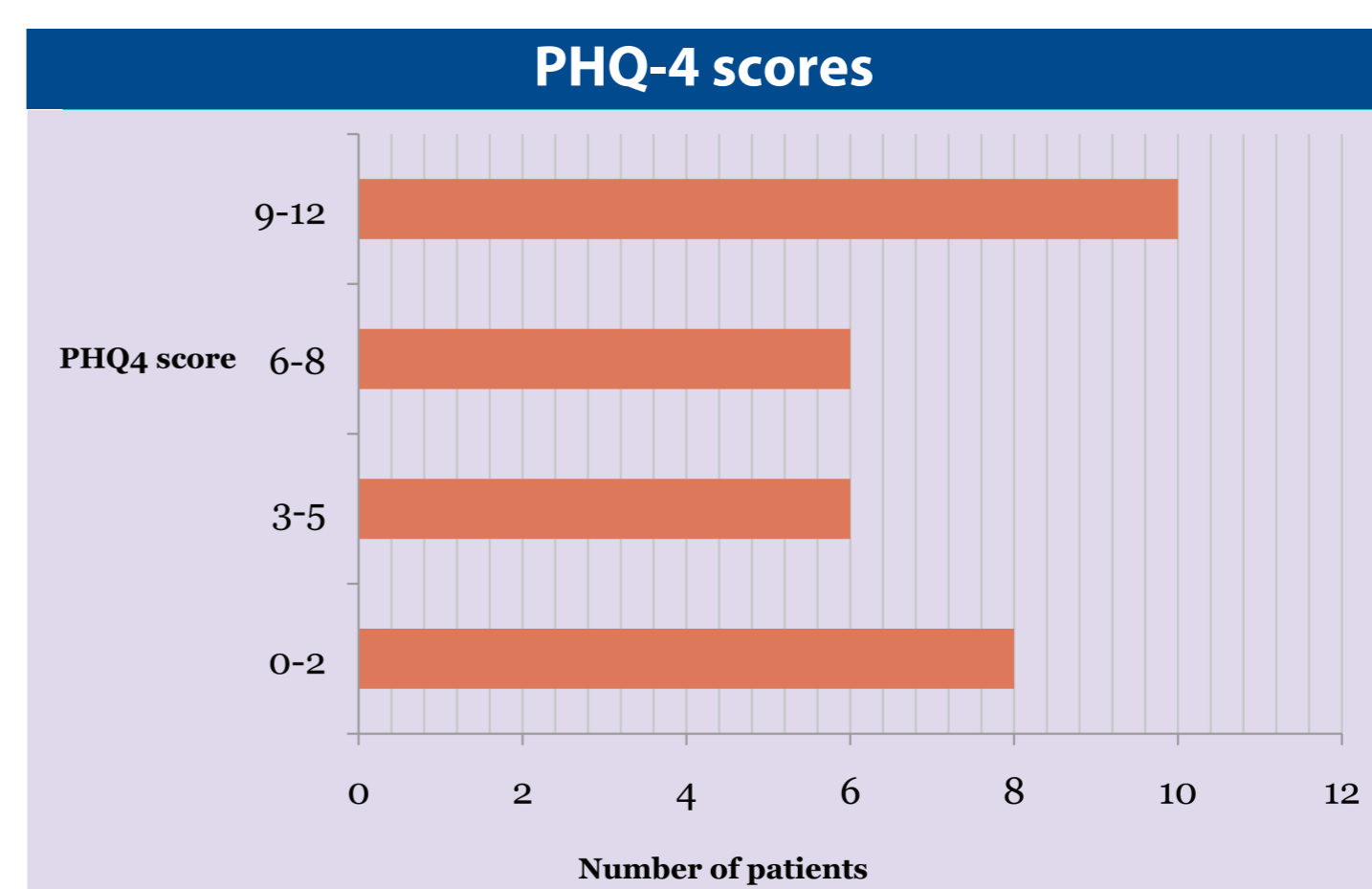
## Results



- 14 of the patients with no prior MH input reported some degree of psychological distress (PHQ-4 scores: 3-12).



- Of these 14, 7 have PHQ4 >8 therefore qualifying for referral to Clinical Psychologist.



**PHQ-4 scores +/- history of MH input**

PHQ-4 score	Rating	MH input	No MH input
0-2	Normal	3	5
3-5	Mild	2	4
6-8	Moderate	3	3
9-12	Severe	3	7

## Limitations

- QI carried out during the COVID pandemic - this may have influence on responses regarding the PHQ-4 questionnaire that are independent of respiratory burden.
- PHQ-4 scored during an acute exacerbation of the chronic lung condition.

## Conclusion

- Majority of patients had no previous MH input.
- Of these individuals, 73.7% reported a degree of psychological distress as per PHQ-4 score.
- One third of all patients were eligible for immediate referral as per NHS Fife's current guideline.
- This QI project highlights the need for MH input in patients with a chronic respiratory condition and advocates the more widespread use of the PHQ-4 questionnaire.

## References

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