Cystic Fibrosis Research News

Title:
Implementing the International Committee on Mental Health in Cystic Fibrosis (ICMH) Guidelines: Screening accuracy and referral-treatment pathways

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What was your research question?
This study asked ‘How accurate are the screening questionnaires for assessing anxiety and depression in CF?’ and ‘What happens in clinic after people with CF and their caregivers fill in these questionnaires?’

Why is this important?
Patients with CF and their caregivers are at risk of experiencing anxiety and depression. To ensure good mental health and treat anxiety and depression appropriately, the CF International Committee on Mental Health published guidelines for all CF Centres to follow. They say that all adolescents (age 12 and over) and adults with CF, as well as their caregivers be asked to answer two short questionnaires at their annual review: one which asks about anxiety and one which asks about depression. If the results suggest any difficulties, the person would then have an interview with the psychologist to confirm this. This is the first study to assess how this really works in clinic.

What did you do?
We asked adolescents and their caregivers to complete the anxiety and depression questionnaires. We wanted to see how well the questionnaires detected anxiety and depression. To do this we compared the results from the questionnaires with the results from an interview with a psychologist (everyone was interviewed, not just those who scored high for anxiety and/or depression). We looked to see if there was agreement between the questionnaire results and the psychological interview.
What did you find?
The screening questionnaires for anxiety and depression identified those people with the most severe difficulties including all those who had thoughts of harming themselves. However, many adolescents and parent caregivers who would not have been offered treatment based on their questionnaire results were actually offered treatment based on their psychological interview.

What does this mean and reasons for caution?
This means the questionnaires miss important issues that a face-to-face psychological interview will identify, especially for people whose questionnaire scores were considered 'mild'. The necessity for psychological support amongst adolescents with CF and their parent caregivers was greater than anticipated. If resources are available, annual psychological interviews would be the ideal. This is not possible in many centres but the screening questionnaires are a helpful first step to improve mental health care in people with CF and their families. This study was only done in one paediatric CF Centre. These results need to be confirmed by a larger study that also includes adult patients.

What’s next?
Now that mental health screening is being introduced in CF Centres internationally, we need to fully understand the impact of this (good and bad) from all perspectives: from health professionals, and most importantly, from people with CF and their caregivers.

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