

P454 - A Large Scale Validation of the Emotion Thermometers as a Screening Tool for Major Depression (in an Ethnically Diverse Cancer Population)

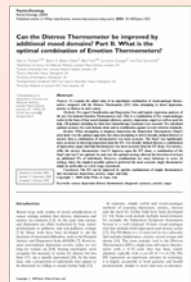
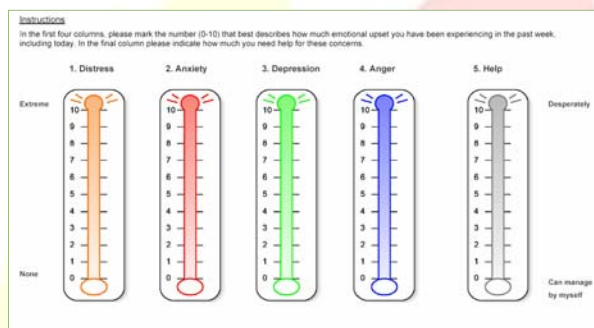
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OBJECTIVES We previously reported initial validation of the Emotion Thermometers a simple 5-domain visual analogue scale inspired by the Distress Thermometer (Psychooncology. 2009 Mar 18; Epub). We aimed to report more definitive validation in a large ethnically diverse sample against DSMIV criteria of major depressive disorder (MDD)

METHODS We analysed data collected from Leicester Cancer Centre from 2007-2009 involving approximately 1000 people approached by a research nurse, research physician and two therapeutic radiographers. The researcher applied criteria for MDD. We collated full data on 660 patient assessments of whom 12.9% had MDD and 14.8 were from ethnic minorities (largely British South Asian of India descent).

RESULTS In the parent sample of 660, sensitivity, specificity and AUC were as follows: DT – 82.4%; 68.6%, 0.811; AnxT – 85.9%; 56.2%, 0.774; DepT – 80.0%; 78.2%, 0.853; AngT – 83.5% ; 66.1%, 0.782 and HelpT -68.2%; 79.1%, 0.799. In the ethnic minority group the DepT had a sensitivity, specificity and AUC of 80.0%; 69.4%; 0.770

Thus in the parent sample the DepT was the optimal thermometer for screening for depression. However the DepT lacked specificity in the BSA population and thus the DT was superior in this sub-sample

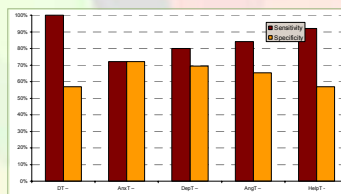
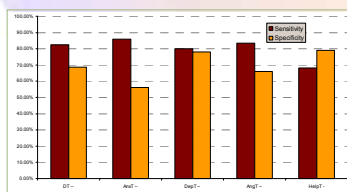


SENSITIVITY SPECIFICITY AUC

DT – 82.4%;	68.6%;	0.811
AnxT – 85.9%;	56.2%;	0.774
DepT – 80.0%;	78.2%;	0.853
AngT – 83.5% ;	66.1%;	0.782
HelpT - 68.2%;	79.1%;	0.799

SENSITIVITY SPECIFICITY AUC

DT BSA - 100%;	56.9%;	0.827
AnxT BSA - 72%;	72.1%;	0.730
DepT BSA - 80.0%;	69.4%;	0.770
AngT BSA - 84.0%;	65.3%;	0.782
HelpT BSA - 92%;	56.9%;	0.791



CONCLUSIONS This is the largest validation study of the ET in cancer and suggests that in most settings including ethnically diverse population the DepT may be the optimal thermometer stage. However when screening exclusively in ethnic minorities additional care must be taken and increasing emphasis may be placed upon distress.

CLINICAL IMPLICATIONS The ET tool may be used as a screening tool for MDD, focussing on the DepT but further work is required in ethnic minority populations

