

---

## Abstract 37

### Screening for Depression and Anxiety in Patients Admitted for Coronary Artery Bypass Graft: Comparison of Nurses' Reports vs Hospital Anxiety and Depression Scale

Ali-Akbar Nejatisafa,<sup>1</sup> Nazila Shahmansouri,<sup>2</sup> and Sina Mazaheri<sup>3</sup>

<sup>1</sup>Department of Psychiatry and <sup>2</sup>Tehran Heart Center, <sup>3</sup>Tehran University of Medical Sciences, Tehran, Iran

**Aims:** To evaluate the validity of nurses' reports as a screening tool for anxiety and depression in hospitalized patients admitted for coronary artery bypass graft.

**Methods:** This study was performed on a cohort admitted to cardiac surgery wards of Tehran Heart Center. Within 72 hours of admission, the patients were assessed using the Hospital Anxiety and Depression Scale (HADS). Simultaneously, the nurses who provided care for the patients were asked whether they believed the patients had significant levels of depression or anxiety. They were also asked to rate the degree of depression and anxiety of their patients in a 5-point Likert scale. Assessments were com-

pleted for 150 patients. The chi-square test, correlation coefficients, and ROC-curve were implemented for statistical analysis.

**Results:** According to HADS score, 67 (44.66%) patients had probable depressive disorders (HADS-D score > 7) and 57 (38%) had probable anxiety disorders (HADS-A score > 7). Nurses recognized 31 (20.66%) patients who had depressive disorders and 24 (16%) who had anxiety disorders. The correlation coefficient between nursing diagnosis and diagnosis according to HADS was small ( $\phi = 0.24$ ,  $P < .01$ ). No significant correlation was observed between HADS scores and the nurses' assessment of severity of depression and anxiety. Comparing with HADS, the sensitivity, specificity, and positive predictive value for nursing reports was 0.25, 0.55, and 0.41 for depression and 0.66, 0.57, and 0.72 for anxiety respectively.

**Conclusion:** This study indicates nurses' reports may have not enough validity and sensitivity to be used as the only way to screen for anxiety and depression in patients admitted for cardiac surgery. A consultation-liaison psychiatry service that includes an active case-finding strategy using standard instruments and educational programs for nurses may be helpful.