

Identifying patients at risk of developing chronic postsurgical pain: results of a pilot perioperative mental health screening program

Theresa Lii, M.D., Ashleigh Smith, B.S., Zachary Andriella, B.S., Robin Okada, R.N.,
Cynthia Nyongesa, B.A., Kayla Pfaff, B.A., Rasmus Thordstein, M.D., Lisa Cianfichi,
N.P., Laura Hack M.D., Ph.D., Boris Heifets, M.D., Ph.D.



Disclosures

- Theresa Lii has documented that she has nothing to disclose.
- This presentation does not contain off-label or investigational use of drugs or products.



Learning Objectives

- Postoperative complications associated with depression
- How to implement a validated depression screening tool in the perioperative setting

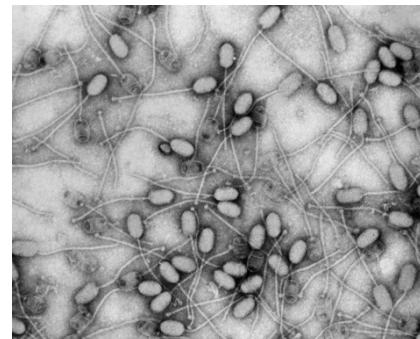


Background: Why screen for depression?

- Depression is associated with numerous complications after



More postop delirium



More infections



More acute & chronic pain,
higher/longer opioid use

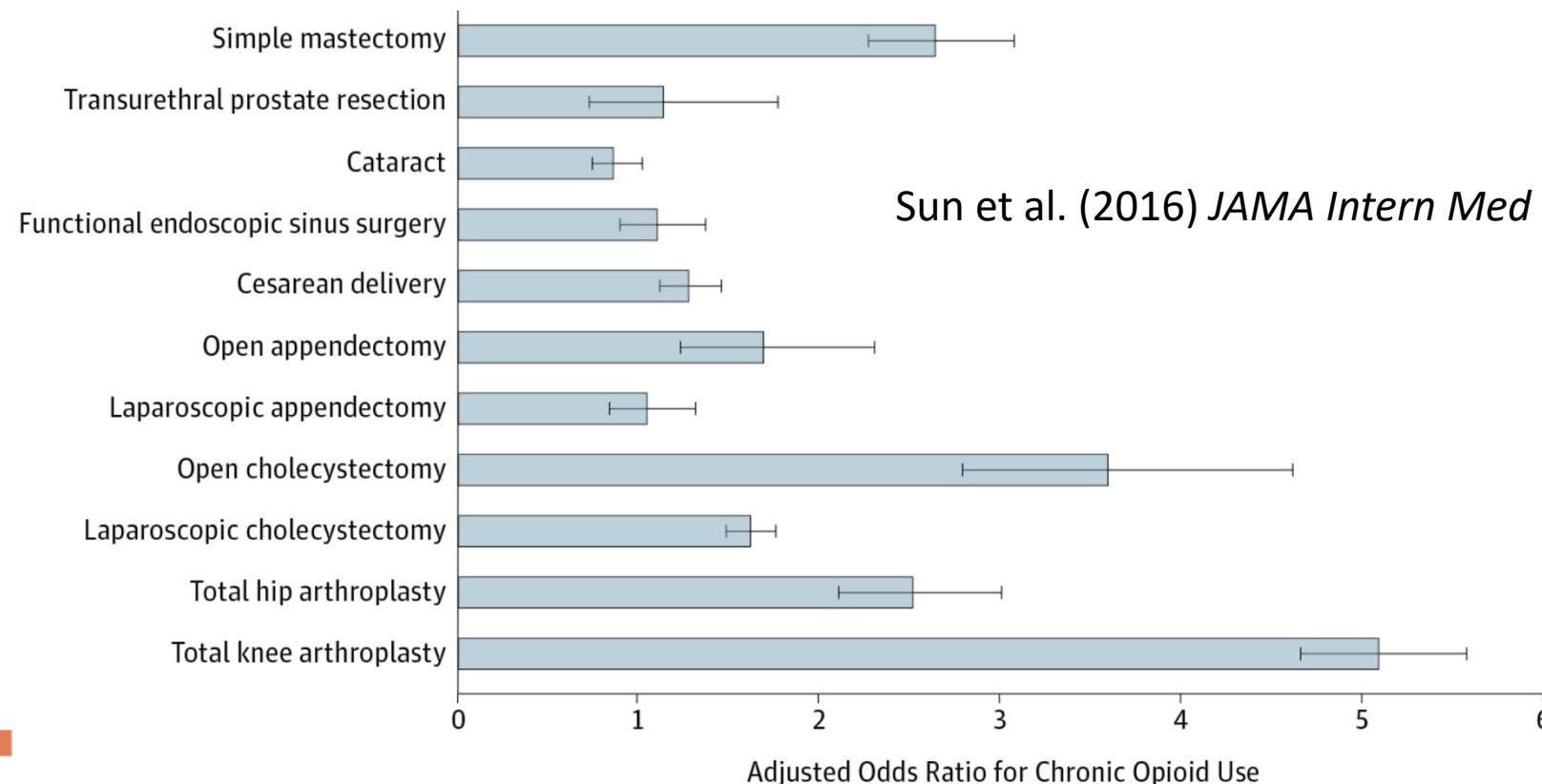


Longer hospital
LOS

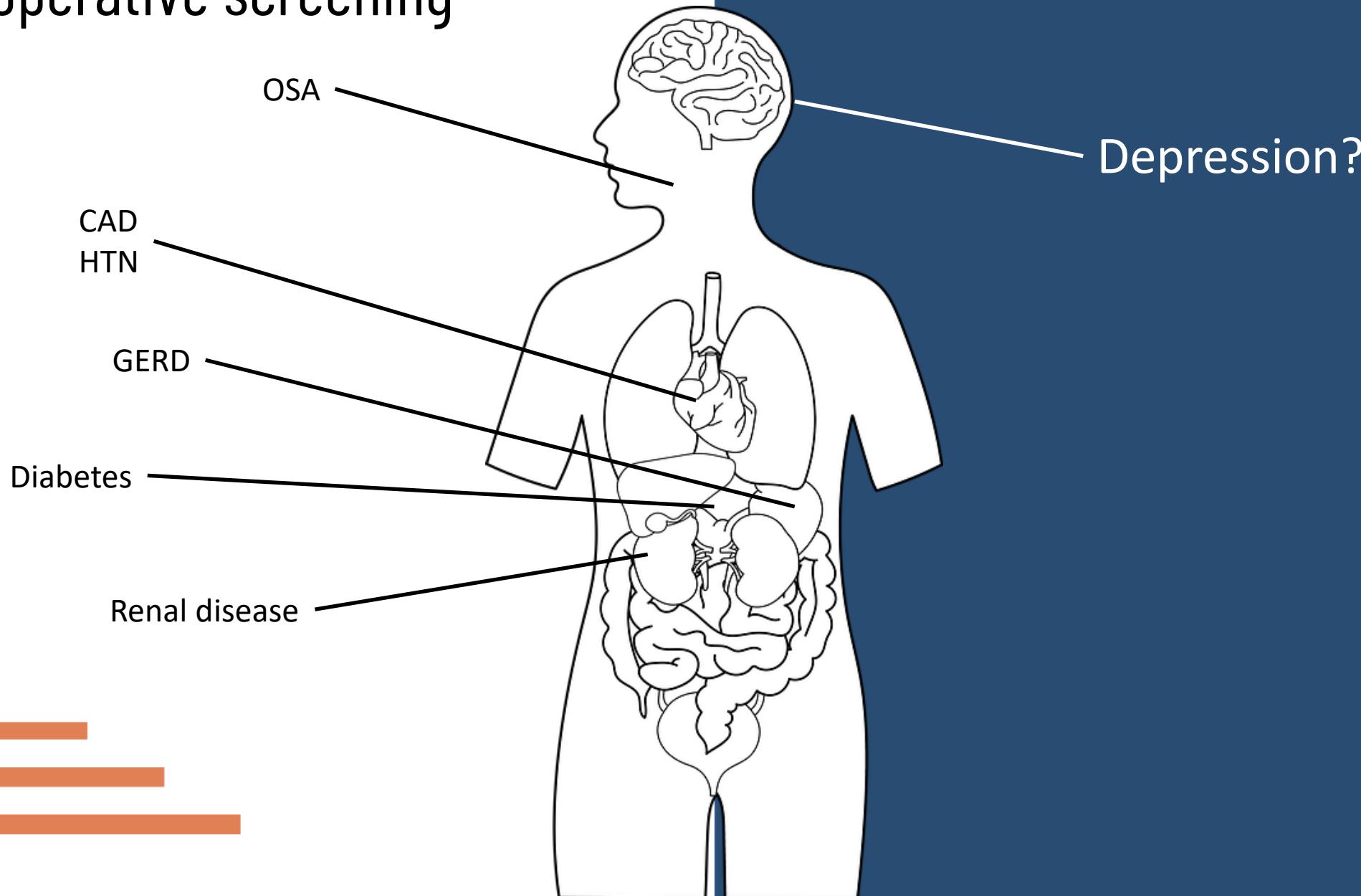


Background: Why screen for depression?

Chronic opioid use is a well-described complication of surgery



Perioperative screening



Project aims

- Determine **feasibility** and **patient engagement** of a perioperative mental health screening program
- Estimate the **prevalence** of **symptomatic depression** in presurgical patients considered to be at **high risk** of having depression

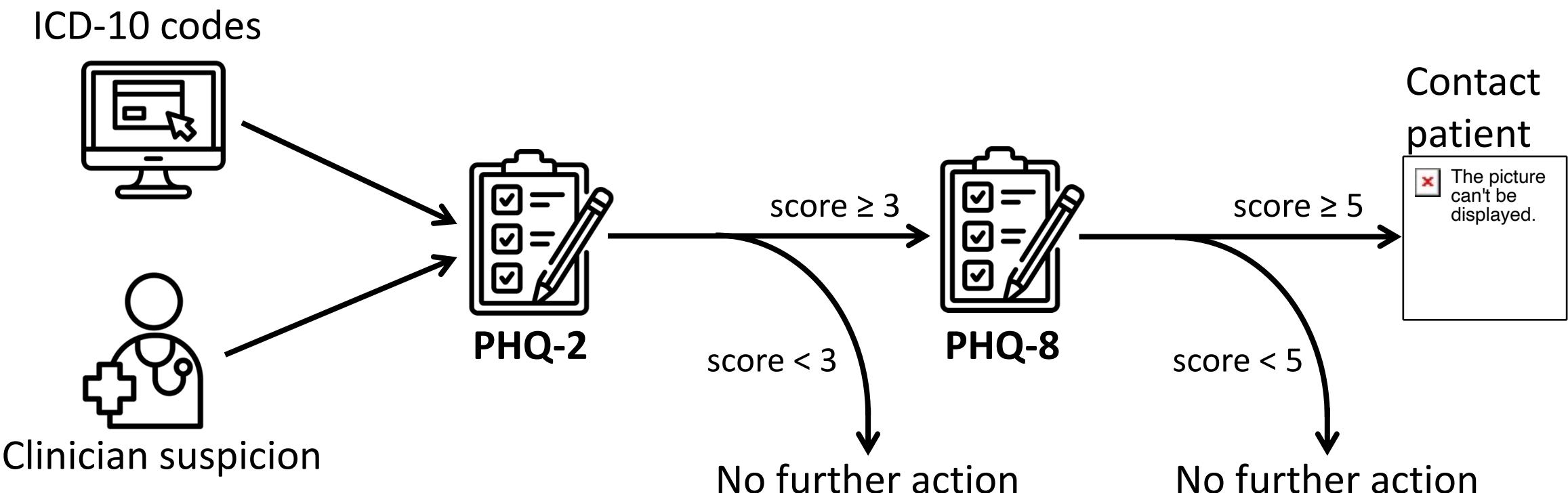


Methods

- Retrospective analysis of an IRB-exempt QI project
- Screening took place over 11 months (11/23/2020-10/15/2021)
- 16,650 patients scheduled for eligible surgeries
- 1,921 adults screened for symptomatic depression using the Patient Health Questionnaire (PHQ)



Screening pathway

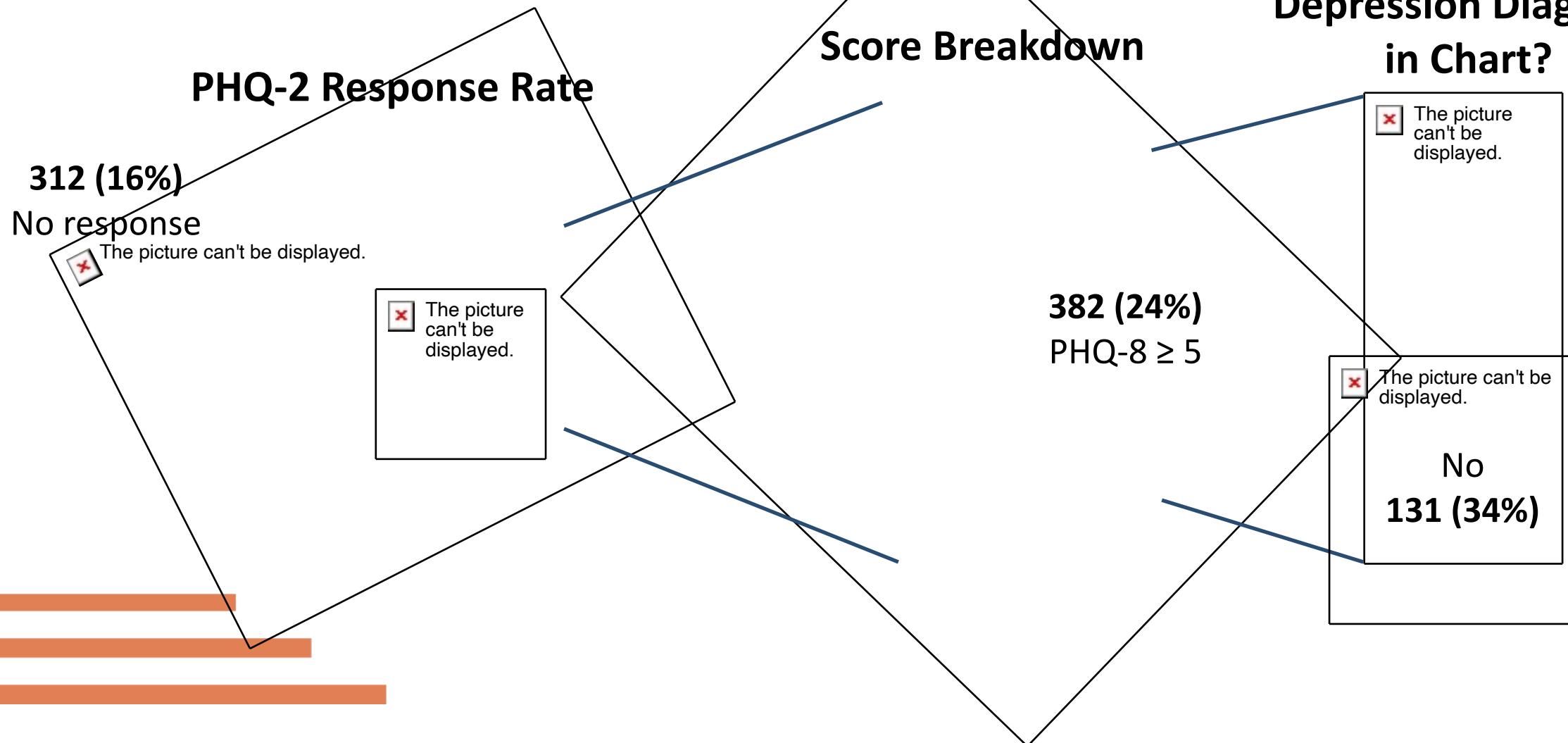


Patient Health Questionnaire

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Depression screening results





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Intervention pathways for depressed surgical patients

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Depressed: 382

(-) Diagnosis code: 125

(+) Diagnosis code: 238

Unable to contact: 19

Accepted referral: 58

Sought outside care: 31

Declined referral: 36

Accepted referral: 121

Sought outside care: 92

Declined referral: 25

Patient responses to being contacted

- Overall, 47% of patients with symptomatic depression accepted mental health referrals
- 32% were satisfied with their current treatment
- 16% did not have any treatment and declined referrals
- 5% could not be contacted
- **26% were not receiving any treatment for depression**



Key Findings

- **High level of engagement:** 84% response rate
- **High yield:** Of those screened, **24% had symptomatic depression**
 - 34% symptomatic patients did not carry any depression-related ICD codes (these were clinician identified)
- **26% of symptomatic patients were not being treated for depression** at time of screening
- The majority of symptomatic patients accepted some form of intervention, including mental health referrals



Future directions

- ***Path 1: Targeted depression screening using the PHQ:***
 - Demonstrated feasibility in a busy surgical center
 - High patient engagement and high yield
 - Identifies untreated/under-treated patients
- ***Path 2: Universal depression screening:***
 - Substantial % have symptomatic depression ***in the absence of a documented diagnosis***



Future directions

- Replicate/bolster findings with a larger clinical sample
- Consider piloting universal depression screening
- Hypothesis testing: **Does optimizing mental health in the perioperative period lead to improved postoperative outcomes?**



Key references:

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