Dr. Roubille, et al reply

To the Editor:

We thank Castañeda, et al for their comments on our article. We do support comorbidity management in rheumatoid arthritis (RA), psoriatic arthritis (PsA), and spondyloarthritis (SpA), but would include supportive counseling, social networks, and peer network management that does not focus solely on the use of antidepressants. However, with such rapid screening questions, we do not have their healthcare needs met. Thombs and Hudson report being concerned about limited healthcare resources. We envision close collaboration with family physicians and nurse practitioners to ensure that patients at risk of depression have their healthcare needs met. Thombs and Hudson report being concerned about limited healthcare resources. We envision close collaboration with family physicians and nurse practitioners to ensure that patients at risk of depression have their healthcare needs met. Thombs and Hudson report being concerned about limited healthcare resources.

As to the issue of depression, we thank Mr. Thombs and Dr. Hudson for their comments on our article. We agree that, unfortunately, research on depression screening and management is lacking. Our review was a comprehensive literature review identifying multiple studies that demonstrated that the prevalence of depression in patients with psoriatic disease and PsA was higher compared with control groups. A published metaanalysis that helped corroborate our finding reported an overall depression prevalence of 28% in PsO and that patients with PsO were more likely to have depression than those without PsO (OR 1.57, 95% CI 1.40–1.76). There appears to be robust data to support the higher risk of depression among our patients with chronic inflammatory disorders.

We do agree that screening for depression in the general population can be quite controversial and recognize that several conflicting sets of guidelines have been published. For example, the US Preventative Services Task Force recommends routine screening of all adults by their primary care provider when appropriate supports are available. In the past, Canadian guidelines had endorsed a similar recommendation, although more current analysis did not find sufficient evidence to recommend for or against routine screening in at-risk populations.

Screening can take many forms such as comprehensive self-administered questionnaires. However, screening need not be arduous or time-consuming. An alternative screening method can include simple tools such as the “2-question” approach endorsed by the US Preventative Services Task Force: “Over the past 2 weeks, have you felt down, depressed, or hopeless?” and “Over the past 2 weeks, have you felt little interest or pleasure in doing things?” which can be quite sensitive in detecting depression.

Positive screens do not necessarily require high consumption of our limited healthcare resources. We envision close collaboration with family physicians and nurse practitioners to ensure that patients at risk of depression have their healthcare needs met. Thombs and Hudson report being concerned that a positive screen test mayock the potential unnecessary use of antidepressants. However, with such rapid screening questions, we do not expect that antidepressants would be considered until after a clinical assessment of our patients. We also encourage a broad definition of depression management that does not focus solely on the use of antidepressants, but would include supportive counseling, social networks, and peer support groups.

We hope that future studies will provide a thorough analysis of the harms and benefits of depression screening in patients with PsO, PsA, and RA, and we are actively exploring such research. We also caution about the overvaluation of the randomized controlled trial (RCT) in the assessment of the quality of evidence and invite alternative study designs such as prospective cohorts using methods such as propensity scores and instrumental variables. These may better account for confounding than in the so-called “pragmatic RCT,” which is at risk of postrandomization confounding and selection bias.

REFERENCES


