



# Screening Psychological Health. How Small Can We Get?



Dr Murray Taverner FFPANZCA, FIPP\*^, Dr John Monagle FANZCA, FIPP\*^, Dr Jeremy Stone FRANZCP\*  
 \*Frankston Pain Management, ^Peninsula Health and ^Academic Board of Anaesthesia and Perioperative Medicine, Monash University, Melbourne

## Introduction

At Frankston Pain Management, like many pain clinics we use a collection of validated questionnaires to help us assess the impact of pain on patients' coping, physical and emotional well-being on their total health. We have shown the DASS21, K10 and K6 closely correlate. We wanted to know if we could get the same information from a 3-item face scale to further simplify completion, collection and screening.

## Methods

Data for the previous 2 years was collated anonymously from 473 new patients. All data sets that included an assessment of mood or emotional state were compared looking for correlation. Patients were asked show their mood on a two day pain diary in the days preceding their initial appointment by ticking a box in a column headed by happy, neutral and sad faces. Patients were categorised by the dominant theme as happy, neutral or sad. We compared the Brief Pain Inventory mood (BPI-M); Brief Pain Inventory Affect(BPI-A); DASS 21 Depression (DASS21-D); DASS21 Anxiety (DASS21-A); DASS21 Stress (DASS21-S); K6; K10; SF36 Mental health (SF36-MH). Patients with missing data points were excluded. Data were compared using Microsoft Excel (Microsoft Excel for Mac 2011, Version 14.2.4), and assessed by Pearson Correlation Coefficient in that program.

The Authors have no conflicts to declare.

## Results

The K6 and K10 scales showed very strong correlation of 0.95 indicating they collect the same information.

The K6 and K10 also show strong correlation with the DASS21 depression and stress subscales suggesting they collect similar information.

All other tests showed a mild-moderate correlation, but not strong enough to suggest the same information was being collected.

## Discussion

We use multiple instruments to get a broad picture of the patient. By assessing the tools we can reduce the duplication of information that does not provide any additional benefit to the patient or treating team. We can then reduce the administrative burden and paper work for the patients and clinic staff.

## Key Points

- The 6-item K6, 10-item K10 and 21-item DASS21 questionnaires provided similar information.
- The 3-item face measured something else
- The smaller foot print and administrative burden of the K6 make it the preferred screening instrument of emotional health

## Future Directions:

- Consistency of correlations over time
- Do abridged questionnaires provide adequate information

	BPI-M	BPI-REM	DASS21-D	DASS21-A	DASS21-S	K6	K10	SF36-MH	Faces
BPI-M		0.86	0.4	0.3	0.44	0.43	0.43	0.46	0.45
BPI-REM	0.86		0.45	0.34	0.49	0.49	0.46	0.5	0.41
DASS21-D	0.4	0.45		0.72	0.79	0.82	0.81	0.58	0.45
DASS21-A	0.3	0.34	0.72		0.74	0.68	0.67	0.43	0.35
DASS21-S	0.44	0.49	0.79	0.74		0.73	0.74	0.65	0.39
K6	0.43	0.49	0.82	0.68	0.73		0.95	0.62	0.44
K10	0.43	0.46	0.81	0.67	0.74	0.95		0.62	0.48
SF36-MH	0.46	0.5	0.65	0.43	0.58	0.62	0.62		0.34
Faces	0.45	0.41	0.45	0.35	0.39	0.44	0.48	0.34	

No useful clinical correlation

May give support to other measures

Maybe be considered as a substitute for other measure