



Paper #64

Clinical Instinct versus Standardized Questionnaire: The Spinal Surgeons Ability to Detect Psychological Distress.

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Introduction: Psychosocial risk factors can effect treatment outcomes. Psychological distress has been shown to be a predictor for poor outcomes with spinal surgery. Most spinal surgeons do not use validated questionnaires to assess psychological distress, but instead rely on their clinical instincts. The purpose of this study was to evaluate surgeons' ability to clinically assess psychological distress compared to the validated Distress Risk Assessment Method (DRAM) questionnaire.

Methods: A prospective, blinded study consisting of 400 patients being evaluated for a spinal disorder and 8 physicians (4 spinal surgeons, 4 physiatrists) was performed to evaluate the physician's ability to assess levels of psychological distress. All patients completed a DRAM questionnaire. The physicians, blinded from the results of the DRAM, performed their routine clinical evaluation and categorized the patient's level of psychological distress into one of the four DRAM categories: N, Normal; AR, At-risk; DD, Distressed Depressive; and DS, Distressed Somatic. The physician's ability to correctly assess psychological distress as compared to the DRAM score was recorded. Comparison in accuracy of assessments between surgeons, physiatrists, less experienced surgeons (< 2 years) and more experienced surgeons (>10 years) were made.

Results: 37% (146/400) of the new patients were categorized as Normal; 42% (167/400) At-Risk; 13% (51/400) Distressed Depressed; and 9% (36/400) Distressed Somatic. As a group, physicians correctly assessed patients 44% of the time (kappa .15). Surgeons were correct 40% of the time and physiatrists 49% (p=0.08). Physiatrists were better at discerning patients who were AR (p=0.004) and DS (p=0.006) compared to surgeons. Surgeon experience was not a significant factor (p>0.05).

Conclusion: Spinal surgeons performed poorly when clinically assessing psychological distress. Psychological distress is a predictor for poor surgical outcomes. Validated questionnaires like the DRAM should be used routinely and incorporated in the surgical decision making process.

Significance: Psychosocial risk factors are important determinants in spinal surgery outcomes. Spinal surgeons need to be aware of these risks and rely on more than clinical instincts when screening for them.