On Depression and Cervical Epidural Steroids

Many studies have investigated factors that are putatively prognostic of outcomes of treatment for pain. Among such factors are psychological features, socioeconomic status, compensation claims, and chronicity. Often, however, although such factors may be statistically significant, they are not necessarily clinically significant. For example, transforaminal injection of steroids is more often effective for acute lumbar radicular pain than it is for chronic radicular pain. The success rate for acute pain is about 70%, and it is only about 60% for chronic pain. The association between outcome and chronicity is statistically significant \( (P < 0.03) \) [1], but it is not clinically significant. The 10% difference between success rates is too small to justify denying treatment to patients with chronic radicular pain, 60% of whom stand to benefit from a relatively simple treatment.

A contrary example is provided by Kim et al. [2] in this issue of the Journal. They prospectively assessed the influence of depression on the outcomes of cervical epidural steroid injections. For the relief of arm pain, some 60% of patients who were not depressed responded to treatment, but barely one in five patients who were depressed responded to treatment.

Reading these data reciprocally, four out of five patients do not respond to epidural steroids if they are depressed. Therefore, depression is promoted to the status of a relative contraindication for cervical epidural steroids. Ignoring depression and proceeding with treatment is at best inefficient and at worst constitutes an irresponsible waste. For four of every five patients treated, it constitutes a waste of the hope of the patients, a waste of the physician’s time, and a waste of the funding of the procedure.

The results of Kim et al. [2] constitute a wake-up call. Patients eligible for cervical epidural steroids should be screened for depression in order to avoid waste, and in order not to lead this treatment into disrepute.

Those who dispute the results of Kim et al. [2] cannot do so from the sidelines on the basis of hearsay, for hearsay cannot be distinguished from wishful or self-serving thinking. In God we trust; all others bring data. So, other studies are required in order to overturn Kim et al. [2]. Until those studies are forthcoming, Kim et al. [2] define the standard of care. The success rate of cervical epidural steroids in patients with depression is so poor that they should not be administered. Treating the depression becomes the priority; if it can be resolved, epidural steroids can be reconsidered.

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References