

LETTERS TO THE EDITOR

The Journal of Vascular Societies Great Britain & Ireland welcome letters to the Editor. If a letter is relating to any articles published in the Journal, these letters should ideally be submitted within 2 months following publication of the article. Letters should be no more than 600 words with up to 5 references

Assessing for Depression in Patients Undergoing Major Lower Limb Amputations (MLLA)

Key words: major lower limb amputations (MLLA), depression, quality improvement

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Dear Sirs

The incidence of depression and/or anxiety following a major lower limb amputation (MLLA) ranges from 20% to 50%,¹ with factors such as physical health, emotional resilience, pre-existing illness and the indication/timing being risk factors. The rate of MLLA continues to rise, with 3,688 cases being recorded through the National Vascular Registry in 2024.² This is against a backdrop of limited resources here in the UK, with support services being stretched and services being cut.

All surgeons have received a rudimentary medical school level training in assessment of psychiatric conditions but will rarely be required to implement these skills. However, patients undergoing MLLA frequently have a protracted hospital stay after surgery due to a change in circumstances and therefore give the team an opportunity to assess the patients further and practise their skills. Work carried out from the SIMBA group (currently unpublished) suggests that only 26% of units have inpatient psychiatric services available to assess MLLA patients.

A 39-week audit at Russells Hall Hospital found that the patient's mood was never recorded on ward rounds. A re-audit, following presentation to the local vascular team, resulted in an improvement to 11.8%. The data were presented as a poster at the VSGBI ASM in November 2024.

As vascular surgery is an extremely demanding speciality, it is no surprise that our doctors may not have the time to discuss this topic in depth with their patients. It may well also reflect reticence to step out into an area of practice that is out of the surgical team's 'comfort zone'. Many units have Care of the Elderly support available which could facilitate learning and awareness.

The often protracted inpatient stay of patients following MLLA may provide an opportunity to address the wellbeing of our patients for the future, far beyond their stays in hospital. This may include formal mental health assessment with the use of questionnaires/surveys and interventions such as counselling, therapy or medication if required.

I hope that this letter encourages further discussion regarding this sensitive and important matter. The main aim is to increase awareness of these patients' mental health and the impact such a life-changing event can have for the rest of their lives.

References

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2. Vascular Services Quality Improvement Programme (VSQIP). 2024 NVR State of the Nation Report [Internet]. Available from: <https://www.vsqip.org.uk/reports-publications/2024-nvr-state-of-the-nation-report/>