**The overlap between burnout and depression in ICU staff**

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Dear Editors

 We noted with interest the recent correspondence on the putative overlap between depression and burnout in critical care staff.1,2 As part of a larger survey examining the link between coping strategies and burnout3 we recently assessed anxiety, depression and post-traumatic stress in a mixed group of *n*=218 physicians and nurses, working in adult and pediatric ICU settings. We found burnout symptoms in this group, 31% (*n* = 67/218), to be much more common than depressive symptoms, 3% (*n* = 7/218). Furthermore there was only a modest degree of overlap between the two, 7% (*n* = 5/67), suggesting that these diagnoses are not interchangeable, at least in a sample of critical care workers who were functioning sufficiently well to be attending work. If anything, burnout overlapped more with anxiety 34% (*n* = 23/67) and post-traumatic stress 24% (n = 16/67), which were also reported more often by this sample, at the rate of 13% and 11% respectively.

 Although it might reasonably be expected that a person suffering severe burnout, would also be likely to meet criteria for comorbid depression, this does not mean that burnout and depression are conceptually the same thing. The concept of burnout clearly has face validity with staff, as indicated by the recent proliferation of papers into its prevalence and associations, but in our study the majority of staff with significant burnout (here defined as scoring in the high risk for emotional exhaustion or depersonalization on an abbreviated version of the Maslach Burnout Inverntory4) did not meet clinical criteria for another psychological problem. Given the well documented associations burnout has with increased risk of such serious outcomes as medical errors and suicidality5, the potential value of regularly monitoring these symptoms would seem to be that this might facilitate the identification of staff who could benefit from additional support. Appropriate intervcntion at an earlier stage might then hopefully help them to avoid developing the serious depression which might ensue if burnout symptoms are left unheeded.

A more pressing methodological issue which emerged from our analyses, was the enormous variability we found in terms of prevalence of burnout syndrome (BOS), which varied from 6% to 60% using the same measure with the same sample, depending on the scoring algorithm used. This problem illustrates the need for greater consensus on the measurement of burnout in order that research in this field can advance.

(392 words)

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