Reviewer’s report

Title: The Hospital Anxiety and Depression Rating Scale: A cross-sectional study of psychometrics and case finding abilities in general practice

Version: 1 Date: 11 August 2005

Reviewer: HU Wittchen

Reviewer’s report:

General

“The Hospital Anxiety and Depression Rating Scale: A cross-sectional study of psychometrics and case finding abilities in general practice” (Ingrid Olsson, Arnstein Mykletun & Alv A Dahl)

Aim of the paper is to examine the usefulness of the Hospital Anxiety and Depression Rating Scale (HADS) in general practice using data of an epidemiological study on generalized anxiety disorder (GAD) and depressive episodes (MDE) in primary care in Norway. The authors explored the case-finding properties of the HASDS compared to patient-rated GAD and MDE, and that of general practitioners (GPs). They concluded that the patient’s HADS scores could improve the diagnostic accuracy of general practitioners in their daily practice.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Introduction
1. Page 1, first paragraph: References are not sufficient. Reference [2; Wittchen et al. 2002] has been used to document that GPs’ skills to diagnose common mental disorders, such as MDE and GAD are moderately good. This is just one study from Germany. To state “the literature shows…” clearly more references are needed.

2. Page 1, first paragraph: The authors mention a prospective cohort study that showed three brief questionnaires had higher sensitivity than GPs diagnoses on MDE. Some more information would be adequate, what questionnaires where used, how valid are those instruments?

Aims of the study
3. What the study does is to compare four imperfect case finding instruments (DSQ and GAS-Q) with no real gold-standard. It seems that they tend to regard the GAD-P Screening as the diagnostic standard and describe how the others compare. This should be discussed carefully!

Methods
4. The design is overall obscure: if the GAD-P screener is the standard that should be one focus, if the doctors diagnoses is another, make this a separate question.

5. Methods are interesting, but clearly more information is needed:
   a. The design of the study should be described in more detail.
   b. How many CPs took part, what was the response rate?
   c. A detailed sample description would be preferable. Some information on the sample is provided at the beginning of the results-section. I would present details information in the methods-section.
   d. Page 3, second paragraph: Add reliability and validity of the HADS as far as given.
   e. Statistical methods: page 5, first paragraph: Why has the structure of the HADS been explored by a Principal Component Analysis? If this “as a psychometric property” was an aim of the study, it
should be mentioned in the Aims-section.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Introduction
6. The next paragraph deals with the HADS, why? The psychometric properties are established.

Aims of the study
7. What exactly is meant by psychometrics of the HADS?
8. Name instruments of patient-rated GAD and MDE.

Results
9. Results on prevalence rates according to the different instruments should be presented in detail (table) first.
10. Do age and gender have a certain influence? Findings for the several instruments separately for age and gender would be of further interest.

Discussion
11. Caseness of GAD and MDE was defined by a CGI-S score of >=3. How does this cut-off effect the results, why not 2?

Tables/ Graphs
12. Table 1: Table should be described with more information on e.g. number of cases.

Discretionary Revisions (which the author can choose to ignore)

Aims of the study
13. Name instruments of patient-rated GAD and MDE.

Discussion
14. How do you explain the lower rate of “true positive healthy” cases of the HADS-A compared to the GP’s?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests