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WHICH IS THE OPTIMAL DEPRESSION RATING SCALE FOR PSYCHIATRISTS? A DIAGNOSTIC VALIDITY COMPARISON OF HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS) AND PSYCHIATRIC JUDGEMENT AGAINST THE MINI

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Introduction: Ustun et al estimated that depression is the fourth leading cause of global disease burden. The burden of depression on the healthcare system is equally significant with an estimated US annual cost of approximately \$26 billion (1990). In a European epidemiologic study of mental disorders involving six countries, major depression was the single most common disorder assessed, with a 12-month prevalence of 3.9%.

Objectives: Our aim was to find the optimal tool with the highest accuracy in comparison to the (MINI) for depression.

Aims: We aimed to find the depression rating scale with the highest accuracy when applied by psychiatrists in Iraq.

Methods: We recruited 400 subjects; The (MINI) was used as a gold standard to define the presence of major depression according to DSMIV criteria stratified into 200 patients with primary depression and 200 non-depressed subjects in Kurdistan region of Iraq. We examined the symptoms of depression using the Hospital Anxiety and Depression Scale (HADS) and Clinical Global Impression (CGI). Interviews were performed by three psychiatrists who were blinded to the group allocations. ROC curve analysis was used.

Results: Both HADS and CGI performed with high accuracy compared with the MINI interview for DSMIV major depression. Clinicians using the CGI were accurate in their clinical judgement with sensitivity of 97% and specificity of 99%.

Conclusions: We found the psychiatrist's opinion alone was very accurate with higher sensitivity and specificity than the HADS and therefore it is unclear from our sample if questionnaires would help clinicians in their diagnoses.