

Comparison of Two Depression Screeners in a Memory Clinic Population

Julianne Szemko, M.S.; Analise Roccaforte, M.A., M.S.; Mairy Yousif, M.S.; Kaci Gorres, M.S.; Ruta Sohoni, M.S.; Anthony LoGalbo, Ph.D.

BACKGROUND INFORMATION

Currently, the global prevalence of depression in older adults is 28.4% (Hu et al., 2022), which is an increasingly important public health concern. In addition, late-life depression can be difficult to diagnose and can have devastating effects such as a lower quality of life, increased risk of dementia, and higher suicide completion rate (Rodda et al., 2011). Thus, quick and effective measures to diagnose depression have been of great need in medical settings. Specifically, screening tools have been increasingly appealing to primary care providers due to their ability to detect mental health concerns both quickly and effectively. This has become an important healthcare topic in the primary care setting (Cano et al., 2001). Common screeners for depression include the patient health questionnaire-9 (PHQ-9) and for geriatric populations specifically, the geriatric depression scale (GDS). The PHQ-9 consists of nine items such that endorsing five or more items indicates mild depression, whereas the GDS consists of 30 items with a score of 10 indicating mild depression. Given the prevalence of depression in the elderly population, a shorter screening measure such as the PHQ-9 would be quicker to identify geriatric depression in a primary care setting. Previous literature has shown comparable outcomes across PHQ-9 and GDS-15 measures in identifying depression among individuals 65 years and older (Costa et al., 2015; Phelan et al., 2010; Zhang et al., 2019). However, this literature focused on the comparability between the PHQ-9 and the GDS-15, rather than the long form of the GDS. Therefore, the objective of this study was to replicate these findings with the 30-item GDS in a memory clinic population.

OBJECTIVE

The present study examines the degree of agreement between the Patient Health Questionnaire-9 (PHQ-9) and Geriatric Depression Scale (GDS) in detecting depression in older adults (ages 65+) in a memory disorder clinic sample.

MEASURES

PHQ-9: The PHQ-9 is a 9-item questionnaire with a Likert-style rating format designed to mirror DSM criteria for a major depressive episode (Figure 1).

GDS: The GDS is a 30-item questionnaire with a yes or no response format developed specifically for geriatric use in assessing depressive symptoms (Figure 2).

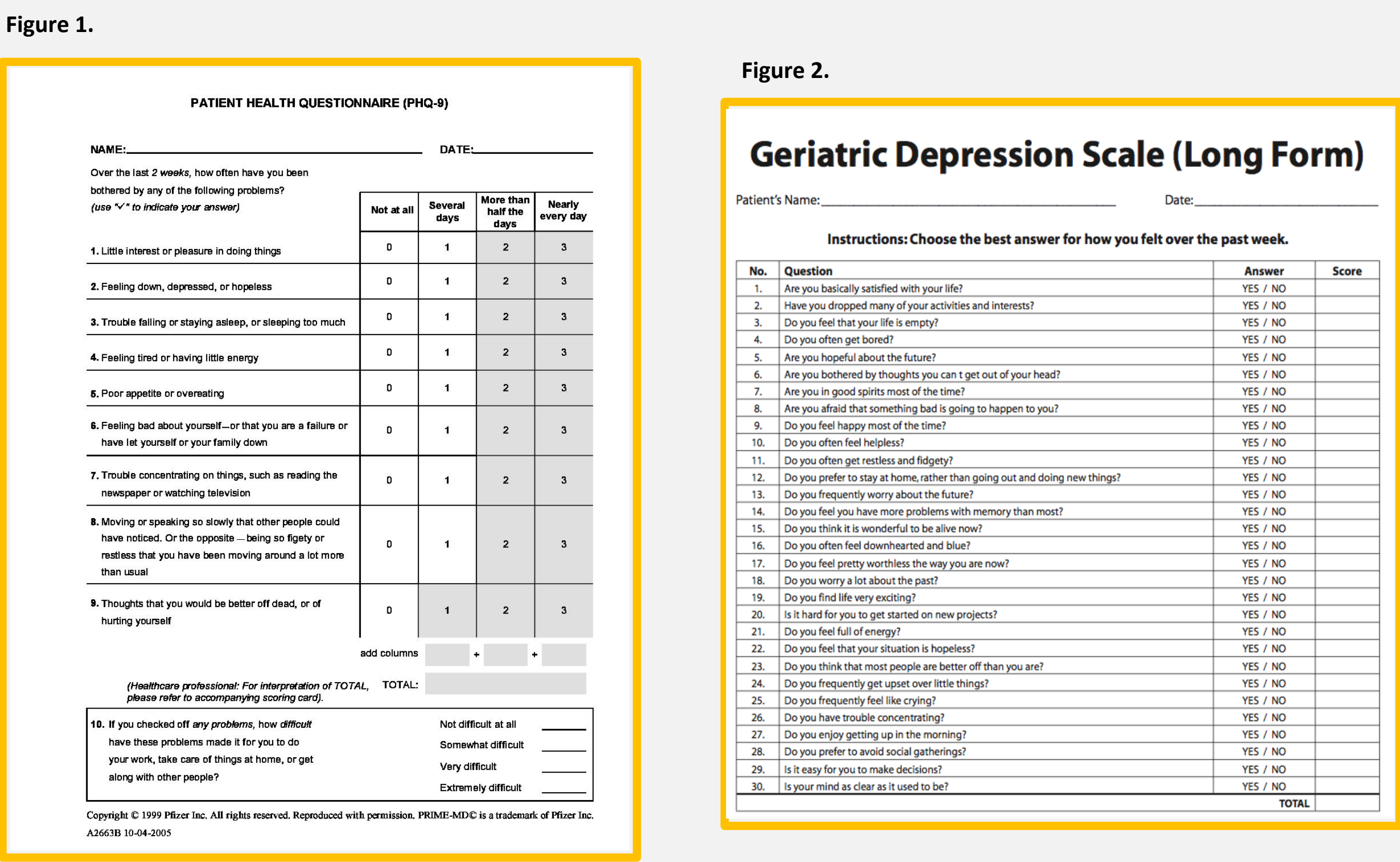
TABLE

Table 1.

Crosstabulation of Depression Elevation Determined by GDS and PHQ-9

		GDS		Total
		No Depression	Depression	
PHQ-9	No Depression	46	6	52
	Depression	13	35	48
Total		59	41	100

FIGURES



METHODS

Participants: Both the PHQ-9 and GDS were administered to 100 participants as part of a standard neuropsychological evaluation in a memory clinic population. Among the 100 participants, they were aged 65-93 years ($M = 79.67$, $SD = 6.66$) and 57% identified as female.

Procedures: This study utilized data derived from standard clinically administered tests. Both questionnaires were administered on the same day to participants. Participants were included if they completed all items of both depression questionnaires regardless of diagnosis (e.g., dementia, mild cognitive impairment, within normal limits). Patients' scores on the PHQ-9 and GDS were obtained as part of a brief neuropsychological battery and included as variables in this study.

RESULTS

Using established cutoffs for mild depression on each questionnaire, a Chi-square test of independence determined that there was significant agreement between the PHQ-9 and GDS, $\chi^2(1) = 38.87$, $p < .001$. Specifically, 81% of participants were classified by both questionnaires as either depressed or not depressed. Additionally, a Pearson's correlation revealed that PHQ-9 scores were significantly correlated with GDS scores, $r = .62$, $p < .001$.

DISCUSSION

Results suggest a moderate correlation and degree of agreement between the PHQ-9 and GDS for detecting depression in a memory disorder clinic population. However, 13% of participants were identified as depressed only on the PHQ-9, while 6% were identified as depressed only on the GDS, suggesting that these two questionnaires are assessing depression in slightly different ways (Table 1). Future research should attempt to replicate these findings and determine which instrument is more accurate in diagnosing depression in this population as an effective and time-sensitive depression screener is necessary in these types of settings.

CONCLUSION

The PHQ-9 and GDS both show clinical utility in assessing depression within a memory disorder clinic population. However, results suggest they appear to assess depression in different ways, and thus further research is advised to determine which instrument is most effective in this setting.

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