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Accuracy of the Hospital Anxiety and Depression Scale Depression Subscale (HADS-D) to Screen for Major Depression: Systematic Review and Individual Participant Data Meta-analysis

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The objective of this paper was to evaluate the accuracy of the Depression subscale of the Hospital Anxiety and Depression Scale (HADS-D), which is commonly used to screen for major depression in hospital settings and among people with physical health problems.

The authors undertook a systemic review and individual participant data meta-analysis. Eligible datasets included HADS-D scores and major depression status based on a validated diagnostic interview. Individual participant data were obtained from 101 of 168 eligible studies (60%; 22,574 participants [72% of eligible participants], 2,549 major depression cases). Combined sensitivity and specificity was maximized at cutoff ≥ 7 for semi-structured interviews, fully structured interviews, and the Mini International Neuropsychiatric Interview (MINI). A cutoff of ≥ 8 generated similar combined sensitivity and specificity, but was less sensitive and more specific. Accuracy was similar across subgroups and when published results from studies that did not contribute data were included.

While standard cutoffs of ≥ 8 and ≥ 11 are used to describe “possible” and “probable” depression, the authors conclude that, to identify medically ill patients with depression using the HADS-D, lower cutoffs could be used to avoid false negatives and higher cutoffs to reduce false positives and identify people with higher symptom levels.

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