## The hospital anxiety and depression scale

Sir,

As one of the authors of the hospital anxiety and depression scale I wish to comment on the study presented by Dowell and Biran (January *Journal,* p.27). Their study misinterpreted the purpose of the hospital anxiety and depression scale. It was devised as a clinical guide as to whether depression and/or anxiety may be contributing to the distress of patients attending non-psychiatric departments of general hospital clinics. Its purpose was not to rival the general health questionnaire[1] as a screening instrument for otherwise undefined 'cases' of psychiatric disorder. The two sub-scales of the hospital anxiety and depression scale must therefore be considered separately and it is unfortunate that their study has reproduced the error of an earlier study[2] which presented data in terms of the summation of the scores on the two subscales, using an arbitrary score for definition of the supposed 'cases'. The statement by Dowell and Biran concerning the detection of 50% of cases in their sample is therefore invalid. As regards the data in their Table 1, the finding that 10% of the 394 consulting sample (11+29) may be suffering from an associated, or primary, depressive state and 26% (25+76) from an anxiety state are not unrealistic estimates.

It is important to bring to attention some further characteristics of the hospital anxiety and depression scale. Previous self-assessment instruments were either too long for convenient clinical use, presented concepts of 'depression' and 'anxiety' partly in terms of somatic symptoms thus rendering them less useful in physically ill patients, failed to differentiate the concepts of anxiety and depression or lacked instructions for interpretation of scores. The hospital anxiety and depression scale has attempted to overcome these defects. The general concept of 'depression' is overinclusive since the term is used to cover a wide variety of states of misery or unhappiness and, in devising the hospital anxiety and depression subscale we concentrated on the construct of anhedonia since this provides the clinician with the nearest clinical marker for the biogenic (antidepressant responsive) depressive state.[3]

Finally, may I take the opportunity to advise readers on the availability of the scale? To date it has been made available to users in the UK and Eire by the Medical Liaison Service of Upjohn. This good service must now unfortunately end but users may obtain a copy for subsequent photocopy by stamped addressed envelope from myself.

R P SNAITH

Department of Psychiatry
University of Leeds
Clinical Sciences Building
St James's University Hospital
Leeds LS9 7TF

**References**

1. Goldberg D. Use of the general health questionnaire in clinical work. *Br Med J* 1986; **293:** 1188-1189.
2. Wilkinson M, Barczak P. Psychiatric screening in general practice: comparison of GHQ and HAD Scales. *J R Coll Gen Pract* 1988; **38:** 311-313.
3. Snaith RP. The concepts of mild depression. *Br J Psychiatry* 1987; **15:** 387-393.

## Future for practice nurses

Sir,

In his leading article (April *Journal,* p.132) Dr Robinson refers to the lack of educational opportunities for practice nurses. It is disappointing that there is no mention in the editorial of the report of the RCGP practice nurses task force.[1] The

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