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## Assessment Of The Hospital Anxiety And Depression Scale For Use As A Screening And Outcome Measure In Rehabilitation Settings.

### Abstract

*Background:* Studies indicate a high prevalence of anxiety and depression among patients with chronic illnesses, severely affecting patients' quality of life. Recent reviews however suggest that depression is frequently under-diagnosed in medical settings. One of the issues facing clinicians wishing to screen for high levels of anxiety or depression is the choice of screening tool. Many of the available measures (eg. Beck Depression Inventory) are quite long and detailed, with restrictions on the qualifications of the people permitted to administer them.

The Hospital Anxiety and Depression Scale (HADS) was originally developed to detect anxiety and depression in general medical outpatient populations. A number of studies have shown support for the reliability and validity of the HADS in clinical populations, however some issues have been raised concerning its factor structure and the appropriateness of individual items with specific patient groups. The aim of this study was to assess the suitability of the Hospital Anxiety and Depression Scale (HADS) as a screening tool for use in Australian rehabilitation settings.

*Method:* The HADS was administered to a sample of 165 patients attending a musculo-skeletal outpatient rehabilitation program at a private hospital in Melbourne, Australia. A subset of 78 patients also completed the Beck Depression Inventory II (BDI-II) and Beck Anxiety Inventory (BAI). Analyses were conducted to explore the prevalence of anxiety and depression, and to assess the reliability, factor structure, construct validity, sensitivity and specificity of the HADS subscales.

*Results:* Using the clinical cut-off points for the HADS 14.3% were diagnosed with severe anxiety, with a further 47% diagnosed with moderate or mild anxiety. On the Depression subscale 6.7% were diagnosed with severe depression, with a further 44% diagnosed with moderate or mild depression. Psychometric evaluation of the HADS indicated that both subscales had good internal consistency (Depression: Cronbach alpha=.83; Anxiety: Cronbach alpha=.81), however factor analysis revealed problems with the two-factor structure of the scale. The HADS subscales correlated strongly and appropriately with the BDI-II and the BAI and showed adequate sensitivity and specificity.

*Discussion:* The high prevalence of anxiety and depression noted in this sample supports the need for routine screening among rehabilitation patients. The HADS displayed adequate psychometric properties for use as a screening and outcome measure, however further investigation is needed on its factor structure and its sensitivity to change in clinical settings.

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