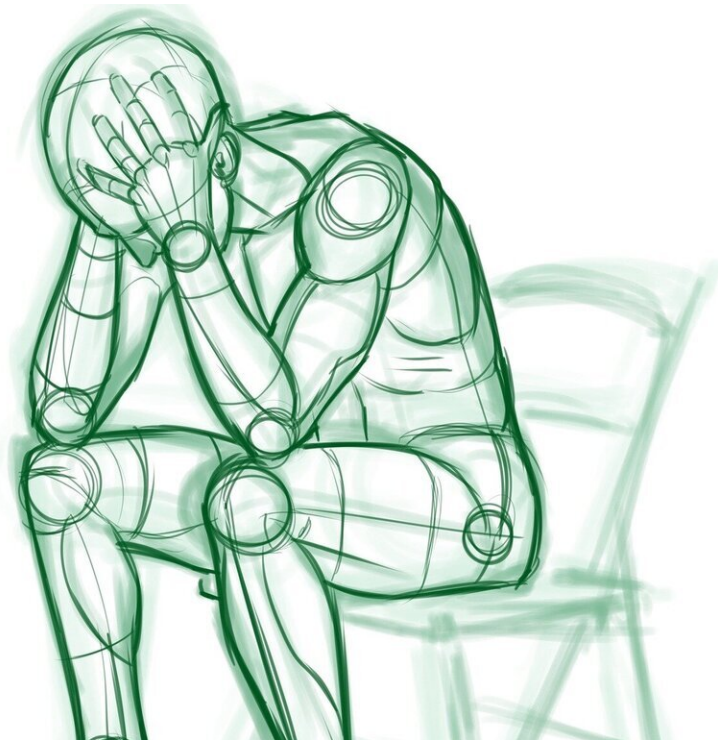


A simple screening test for depression shows its validity

April 17 2020



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An analysis published in *Psychotherapy and Psychosomatics* indicates the value of the Patient Health Questionnaire-9 for screening depression. Screening for major depression with the Patient Health Questionnaire-9 (PHQ-9) can be done using a cutoff or the PHQ-9 diagnostic algorithm. Many primary studies publish results for only one approach, and

previous meta-analyses of the algorithm approach included only a subset of primary studies that collected data and could have published results.

This study uses an individual participant [data meta-analysis](#) to evaluate the accuracy of two PHQ-9 diagnostic algorithms for detecting major depression and compare accuracy between the algorithms and the standard PHQ-9 cutoff score of ≥ 10 . Data were included for 54 of 72 identified eligible studies (n participants = 16,688, n cases = 2,091).

Among studies that used a semi-structured interview, pooled sensitivity and specificity (95% confidence interval) were 0.57 (0.49, 0.64) and 0.95 (0.94, 0.97) for the original [algorithm](#) and 0.61 (0.54, 0.68) and 0.95 (0.93, 0.96) for a modified algorithm. Algorithm sensitivity was 0.22–0.24 lower compared to fully structured interviews and 0.06–0.07 lower compared to the Mini International Neuropsychiatric Interview. Specificity was similar across reference standards. For PHQ-9 cutoff of ≥ 10 compared to semi-structured interviews, sensitivity and specificity (95% confidence interval) were 0.88 (0.82–0.92) and 0.86 (0.82–0.88).

Based on these findings, authors suggest that the cutoff score approach appears to be a better option than a PHQ-9 algorithm for detecting [major depression](#).

More information: Brooke Levis et al. Accuracy of Patient Health Questionnaire-9 (PHQ-9) for screening to detect major depression: individual participant data meta-analysis, *BMJ* (2019). [DOI: 10.1136/bmj.11476](#)

Provided by Journal of Psychotherapy and Psychosomatics

Citation: A simple screening test for depression shows its validity (2020, April 17) retrieved 5

May 2024 from <https://medicalxpress.com/news/2020-04-simple-screening-depression-validity.html>

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