

## The Geriatric Depression Scale: feasibility of card-based-administration

*Editor* – Depression is common in the elderly, and is an important cause of morbidity. Routine screening in healthcare settings may aid in detection.<sup>1</sup> It can affect cognitive status, well being, recovery from illness and compliance with medications.

The Geriatric Depression Scale (GDS) is an effective questionnaire, which was originally designed to be self-administered.<sup>2,3</sup>

This, however, can be difficult in the elderly.<sup>4</sup> Previously the use of laminated cards to administer another depression scale, the BASDEC, was shown to be reliable.<sup>5</sup> The aim of our study was to determine if card-based administration of this scale correlated with verbal administration.

We asked 42 patients attending the Age Related Healthcare Day Hospital to take part in our study. The inclusion criteria were aged over 65 years, MMSE of 16/30 or more, and English speaking. We excluded those who had dysphasia, dyslexia, illiteracy or visual impairment such that they could not read large print. A history of depression did not affect selection.

The patients were randomised, using a standard random sequence, as to whether they underwent verbal or card-based administration of the GDS first. An MMSE was performed. The GDS was then administered to each patient, by two interviewers in succession, both verbally and using cards.

All those with a score of >11 were followed up in relation to treatment of depression.

Three people were excluded from the study. Two could not read the large print and one patient could not complete the interview due to fatigue. Using a paired t test ( $p = 0.13$ ), there was no significant difference between card-based and verbal administration of the GDS. Both methods of administration correlated well ( $r = 0.84$ ).

We found that a card-based GDS correlates well with a verbally administered GDS, and could be used in a similar manner to the BASDEC scale.

The use of a card based depression scale allows for administration in a general hospital ward without the questions and answers being overheard. It may allow for a degree of standardisation and can also be conveniently carried in a white coat pocket.

However, the assessors in this study all reported feeling constrained by use of the card based technique. It was felt that older people were unable to express their exact feelings about each of the questions, leading to frustration on their part.

Perhaps rather than muting the questions, we should more seriously consider that when sensitive questions are being asked, both cognitive and affective, that an interview should not take place at the bedside, but rather in a separate interview room. Future studies might explore older peoples'

preference for the mode of administration of screening questionnaires.

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