5 studies were selected that reported appropriate data to assess test-retest reliability and 26 studies were selected which reported alpha coefficient scores to determine the internal consistency of the HADS. Factor analysis studies revealed consistent bi-dimensional or tripartite models, with few exceptions. Just one study of five evaluated fulfilled the criteria for good test-retest reliability. However, most of the studies examining alpha revealed an acceptable level of internal consistency reliability. CONCLUSIONS: Based on the studies in the review, the findings suggest that the HADS may be an effective screening tool in an alcohol dependent population, though there is a caveat to this. The test-retest characteristics appear unsatisfactory in the studies selected. Notwithstanding the test-retest reliability characteristics, factor structure and internal consistency evidence would suggest the instrument to be suitable for use in an alcohol-dependent population.

CONCORDANCE OF COMPUTERIZED SELF-REPORT MEASURES OF DSM-IV-TR MOOD AND ANXIETY DISORDERS COMPARED TO GOLD STANDARD CLINICAL ASSESSMENTS IN PRIMARY CARE

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OBJECTIVES: Substantial numbers of patients presenting to primary care suffer unrecognized disorders of mood or anxiety, potentially complicating treatment and outcome. The objective of this study was to evaluate the validity of an electronic screening instrument based upon the World Health Organization’s Composite International Diagnostic Interview (WHO CIDI) and DSM-IV-TR designed for use in primary care. This is a fully-structured computerised instrument designed for bipolar disorder (BDP), generalized anxiety disorder (GAD), panic disorder (PD) and major depressive episodes (MDE) in primary care patients. METHODS: A preliminary version of the instrument was piloted in individuals with known disease. Following cognitive interviews with subjects, it was refined and tested in 3035 respondents from 29 primary care physician offices across the US. Sub-samples were selected to receive a reappraisal interview (n = 206), over-sampling on those screening positive for either the disorders. To assess validity each completed a “gold-standard” Structured Clinical Interview for DSM-IV. RESULTS: Individual-level concordance was good between the scorer diagnoses and the SCID assessments. Area under the receiver operating characteristic curve (AUC), a measure of classification accuracy not influenced by disorder prevalence demonstrated substantial agreement for MDE (AUC = 0.85), BDP initially demonstrated fair-moderate agreement (AUC = .78), but this was improved to the “substantial” range (AUC = 0.86) with the enhancement of history of lifetime mania in the SCID interview. PD and GAD both demonstrated fair-moderate agreement (AUC = 0.79 and AUC = 0.67, respectively). CONCLUSIONS: The results demonstrate that the CIDI-based computerized screening instrument can be used to identify the vast majority of patients with a high likelihood of mood and anxiety disorders treated in the primary care setting.

EVALUATION OF PSYCHOMETRIC EQUIVALENCE BETWEEN INTERACTIVE VOICE-RESPONSE (IVR) AND PAPER VERSIONS OF DAILY ASSESSMENT SCALE FOR ANXIETY – DAS (A)

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OBJECTIVES: Computerized self-report measures have been widely used to deliver brief screening instruments in research and clinical settings. We compared the psychometric properties of an IVR version of the DAS-A with the original paper and pencil DAS-A, with the aim to assess the feasibility of using the IVR version in clinical settings. METHODS: A total of 2804 IVR DAS-A assessments were completed within 24 hours of one another. Cronbach’s alpha across all IVR respondents from 29 primary care physician offices across the US. Sub-samples were selected to receive a reappraisal interview (n = 206), over-sampling on those screening positive for either the disorders. To assess validity each completed a “gold-standard” Structured Clinical Interview for DSM-IV. RESULTS: Individual-level concordance was good between the scorer diagnoses and the SCID assessments. Area under the receiver operating characteristic curve (AUC), a measure of classification accuracy not influenced by disorder prevalence demonstrated substantial agreement for MDE (AUC = 0.85), BDP initially demonstrated fair-moderate agreement (AUC = .78), but this was improved to the “substantial” range (AUC = 0.86) with the enhancement of history of lifetime mania in the SCID interview. PD and GAD both demonstrated fair-moderate agreement (AUC = 0.79 and AUC = 0.67, respectively). CONCLUSIONS: The results demonstrate that the CIDI-based computerized screening instrument can be used to identify the vast majority of patients with a high likelihood of mood and anxiety disorders treated in the primary care setting.

EFFECT OF EQUIVALENT AND NON-EQUIVALENT SUBSTITUTION OF PRESCRIBED DRUGS FOR DEPRESSION AND ANXIETY DISORDERS ON PATIENTS’ TREATMENT ADHERENCE AND PERCEPTIONS

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OBJECTIVES: To assess the impact of “equivalent substitution” (true generic of the prescribed drug) or “non-equivalent substitution” (switch to another agent, brand or generic) on perceptions, attitudes, and treatment adherence in patients with and without depression and anxiety disorder. METHODS: Over 10,000 randomly-selected US respondents from the 2007 National Health and Wellness Survey (NHWS) completed a self-administered, internet-based survey. The subpopulation of 2360 self-identified anxious/depressed respondents was supplemented with 5539 re-contacted self-identified anxious/depressed respondents from the 2006/2007 NHWS. Responses from non-anxious/depressed patients were compared to those of self-identified anxious/depressed patients using t-tests, ANOVA, and multiple linear and logistic regressions. Comparisons were also made between anxious/depressed subgroups. RESULTS: A total of 32% of non-anxious/depressed patients experienced therapeutic substitution: 50% reported equivalent and 18% to non-equivalent substitutions (different brand—10%, generic of another agent—8%). 51% of the non-anxious/depressed and 71.5% of the anxious/depressed patients have experienced switching. More anxious/depressed patients found required step therapy unacceptable (P < 0.001; many tried to change health plans for this reason, 77% of non-anxious/depressed and 81% of anxious/depressed patients considered equivalent substitution (an equivalent generic) acceptable, but only about half in both groups thought that non-equivalent substitution was acceptable. Substitution affected attitudes and treatment adherence significantly more in anxious/depressed vs. non-anxious/depressed patients. Importantly, anxious/depressed patients subjected to non-equivalent substitution reported significantly lower treatment adherence than those who were not (P < 0.001). Switching to a non-equivalent generic also reduced adherence more than switching to an equivalent generic (P < 0.0001) or in the direction of substitution. CONCLUSIONS: About half of all respondents found required step therapy unacceptable. Anxiety/depressed patients reported significant deterioration of treatment adherence and treatment-related attitudes following equivalent, and especially non-equivalent substitution. Substitution of prescribed drugs for depression or anxiety disorders negatively affected self-reported treatment adherence in the treated population, which may impact treatment outcomes.

FUNCTIONAL IMPAIRMENT IN CHILDREN AND ADOLESCENTS WITH DEPRESSION

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OBJECTIVES: This study examined the extent of functional impairment in children and adolescents aged 5 to 17 years with depression based on 2005–2006 Medical Expenditure Panel Survey (MEPS) data. METHODS: This study involved retrospective