The Hospital Anxiety and Depression Scale (HADS)

Assessment Overview

Assessment Area

ICF Domain:
Body Function
Subcategory:
Mental Function
Subscales:
Anxiety
Depression

You Will Need

Length:
5 minutes, 14 items (7 for each subscale)
Scoring:
Items scored 0 to 3.
Subscale scores (0-21) are sums of respective items.
Subscale scores are reported separately.
Higher scores indicating greater likelihood of depression or anxiety.

Summary

The Hospital Anxiety and Depression Scale (HADS) assesses anxiety and depression in a non-psychiatric population through self-reporting. It has 2 subscales: depression and anxiety, both with 7 items. Responses are based on the relative frequency of symptoms over the past week. The HADS can be used with the physically ill individuals or with the general population/in the community.
The HADS should only be used as a screening instrument. It is one of two instruments with an anxiety specific scale that has had its measurement properties evaluated for the SCI population.

Availability

Available for licensing or purchase here:
http://www.gl-assessment.co.uk/products/hospital-anxiety-and-depression-scale-0 (Paper version only)
https://eprovide.mapi-trust.org/instruments/hospital-anxiety-and-depression-scale (Fees may apply)
Languages: English, Arabic, Dutch, French, German, Hebrew, Swedish, Italian, Spanish and many others (not all translations are validated)

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Normative Values:
Anxiety = 6.9 (4.2)
Depression = 5.5 (3.7)
Total = 12.3 (7.1)

(Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)

Threshold Values:
Not established in SCI, but in the general population, for either subscale:
   None: < 8; Doubtful: 8–10; Definite: > 10

(Zigmond & Snaith 1983; n=50; age 16-65; general outpatients; for anxiety cut-off of 8: specificity=0.78, sensitivity=0.9; for depression cut-off of 8: specificity=0.79, sensitivity=0.83)

Measurement Properties

Validity – **Low** to **High**

Moderate to _High_ correlation with Life Satisfaction Questionnaire (LISAT-9)

       HADS anxiety: r = -0.419

       HADS depression: r = -0.660

(Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)

Moderate correlation with Spinal Cord Lesion Coping Strategy Questionnaire (SCL-CSQ):

SCL-CSQ acceptance with:

       HADS anxiety: r = -0.45

       HADS depression: r = -0.58

SCL-CSQ fighting spirit with:

       HADS anxiety: r = -0.40

       HADS depression: r = -0.49

(Elfstrom et al. 2007; n=355, 279 males, mixed injury types, mean age=49, mean age at injury=27.8)

Moderate correlation with SF-36:

SF36 physical component summary with:

       HADS depression: r = -0.37

SF36 mental component summary with:

       HADS anxiety: r = -0.44

(Ebrahimzadeh et al. 2014; n=52, 52 males, mixed injury types, mean time since injury = ~30 years, war veterans with SCI)

Moderate correlation with Moorong Self-Efficacy Scale (MSES):

HADS Depression: r = -0.560

HADS Anxiety: r = -0.315

(Munce et al. 2016; n=99, traumatic SCI, outpatient, mean (SD) time since injury = 17.5 (12.3) years)

Low correlation between change in HADS-Depression and change in:

Barthel Index: r = 0.221

SCIM III: r = 0.290

(Menon et al. 2015; n=127, 92 males, myelopathy patients, mean (SD) time since injury = 76.2 (82.5) days)

Number of studies reporting validity data: 7

Reliability – **High**

High Internal Consistency:

Anxiety: α =0.72- 0.85

Depression: α = 0.79 -0.82

(Woolrich et al. 2006; n=963, 780 males, mixed injury types, mean (SD) time since injury = 19.5(12.3) years, community living)

(Miller et al. 2012; n=102, 74.5% Male, Mean age: 56.5 ±16.7 years, 26.5% complete injury, 73.5% incomplete injury)

Number of studies reporting reliability data: 4

Responsiveness

Floor/Ceiling Effect:
Not established in SCI

Effect Size:
Not established in SCI

Number of studies reporting responsiveness data: 0