

| Reviewer ID: Emily Procter, Matthew Querée | | | |
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| Type of Outcome Measure: Zung Self-Rating Depression Scale | | | Total articles: 2 |
| Author ID Year | Study Design | Setting | Population (sample size, age) and Group |
| Tate et al. 1993 | Retrospective analysis | University of Michigan Medical Center/SCI Rehabilitation Unit | <p>Sample 1 N=162 (128M, 34F) Mean age 33.6±9.9yrs Outpatients who had received initial rehab between 1985 and 1989. 45% paraplegic, 55% tetraplegics.</p> <p>Sample 2 N=30 (28M, 2F) Mean age 31.3±12.4yrs Consecutively admitted inpatients. 30% paraplegic, 70% tetraplegic.</p> |
| Overholser et al. 1993 | Interview format | Spinal Cord Rehabilitation Unit | <p>N=81 (63 male, 18 female) Age: 36.1±14.5</p> <p>40 quadriplegia, 41 paraplegia Inpatients (N=58): mean 68 days post-SCI Outpatients (N=23): mean 3639 days post-SCI</p> |
| 1. RELIABILITY | | | |
| Author ID | Internal Consistency | Test-retest, Inter-rater, Intra-rater | |
| Tate et al. 1993 | <p>Cronbach's alpha. $\alpha=0.81$ This suggests a high degree of homogeneity in items.</p> | No data available | |
| 2. VALIDITY | | | |
| Author ID | Validity | | |
| Tate et al. 1993 | <p><i>Zung scores were compared to those obtained with the Brief Symptom Inventory (BSI).</i></p> <p>Pearson correlations. There were significant correlations between a) BSI (global severity index; GSI) and Zung total scores ($r=0.53$; $P<.001$), b) BSI (depression; DEP) and Zung total scores ($r=0.52$; $P<.001$), and c) BSI/GSI and Zung affective scores ($r=0.52$; $P<.001$).</p> <p>Cohen's kappa coefficient for inter-test percent agreements. Correlations were stronger between the Zung total and the BSI/DEP scores ($K=0.59$; $P<.0005$; 85% agreement) than between the Zung total and the BSI/GSI scores ($K=0.44$; $P<.0005$; 78% agreement).</p> <p>Through factor analyses using principal components methodology and varimax rotation, the Zung SDS scale was analyzed for whether it actually measures the construct(s) it purports to measure. Zung: The two factors were not identical to the two original factors, but were meaningful and largely corresponded to somatic and affective domains.</p> <p><i>Two experienced clinicians rated participants as depressed or not depressed. The percent agreement with the results of the questionnaires was reported.</i></p> <p>The clinicians' ratings were in 67% agreement with the Zung scores ($kappa=0.33$; $P<.01$).</p> | | |

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| | <p>In terms of percent positive agreement (i.e. sensitivity), the clinicians' ratings were in 86% agreement with the Zung scores.</p> <p>In terms of percent negative agreement (i.e. specificity), the clinicians' ratings were in 61% agreement with the Zung scores.</p> |
| Overholser, et al. 1993 | <p><u>Intercorrelation between the Zung SDS scale and subscales of the Medically Based Emotional Distress Scale (MEDS). The MEDS measures similar constructs to the Zung.</u></p> <p>Dysphoria: r=0.60 Irritability: r=0.53 Anhedonia: r=0.56 Social Withdrawal: r=0.31 Ruminations over past events: r=0.32 Cognitions in the present: r=0.64 Expectations for the future: r=0.72 Total MEDS Scores: r=0.71 All significant at P<.001 (except social withdrawal & ruminations over past events, P<.05)</p> |
| 3. RESPONSIVENESS – no data available | |
| 4. FLOOR/CEILING EFFECT – no data available | |
| 5. INTERPRETABILITY | |
| Author ID | Interpretability |
| Tate et al. 1993 | <p>Zung mean (SD) score: Zung Somatic: 15.4 (4.1) Zung Affective: 21.2 (6.4) Zung total: 45.7 (11.9)</p> |