



Do students over report anxiety?

Comparison of self-report and clinical interviews.

Comparison of HADS and clinical interview data in 50 medical students

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Aims



- Is Hospital Anxiety and Depression Scale (HADS) is an accurate screening tool for depression and anxiety in medical students?
- Would alternative cut off for 'caseness' in this population be appropriate?

Method



- Recruited medical students from Cardiff University
- Students were offered a £10 voucher for taking part
- Students were invited to complete HADS and then undertake a clinical interview.
- Clinical interview and HADS data compared



Clinical Interviews (SCAN)

- Schedules for Clinical Assessment in Neuropsychiatry (SCAN) clinical interview technique.
- The SCAN clinical interview data is used to derive clinical diagnoses according to ICD-10 .

Number	Abbreviation	Description	What is measured
1	Hs	Hypochondriasis	Concern with bodily symptoms
2	D	Depression	Depressive Symptoms
3	Hy	Hysteria	Awareness of problems and vulnerabilities
4	Pd	Psychopathic Deviate	Conflict, struggle, anger, respect for society's rules
5	MF	Masculinity/Femininity	Stereotypical masculine or feminine interests/behaviors
6	Pa	Paranoia	Level of trust, suspiciousness, sensitivity
7	Pt	Psychasthenia	Worry, Anxiety, tension, doubts, obsessiveness
8	Sc	Schizophrenia	Odd thinking and social alienation
9	Ma	Hypomania	Level of excitability
0	Si	Social Introversion	People orientation

HADS



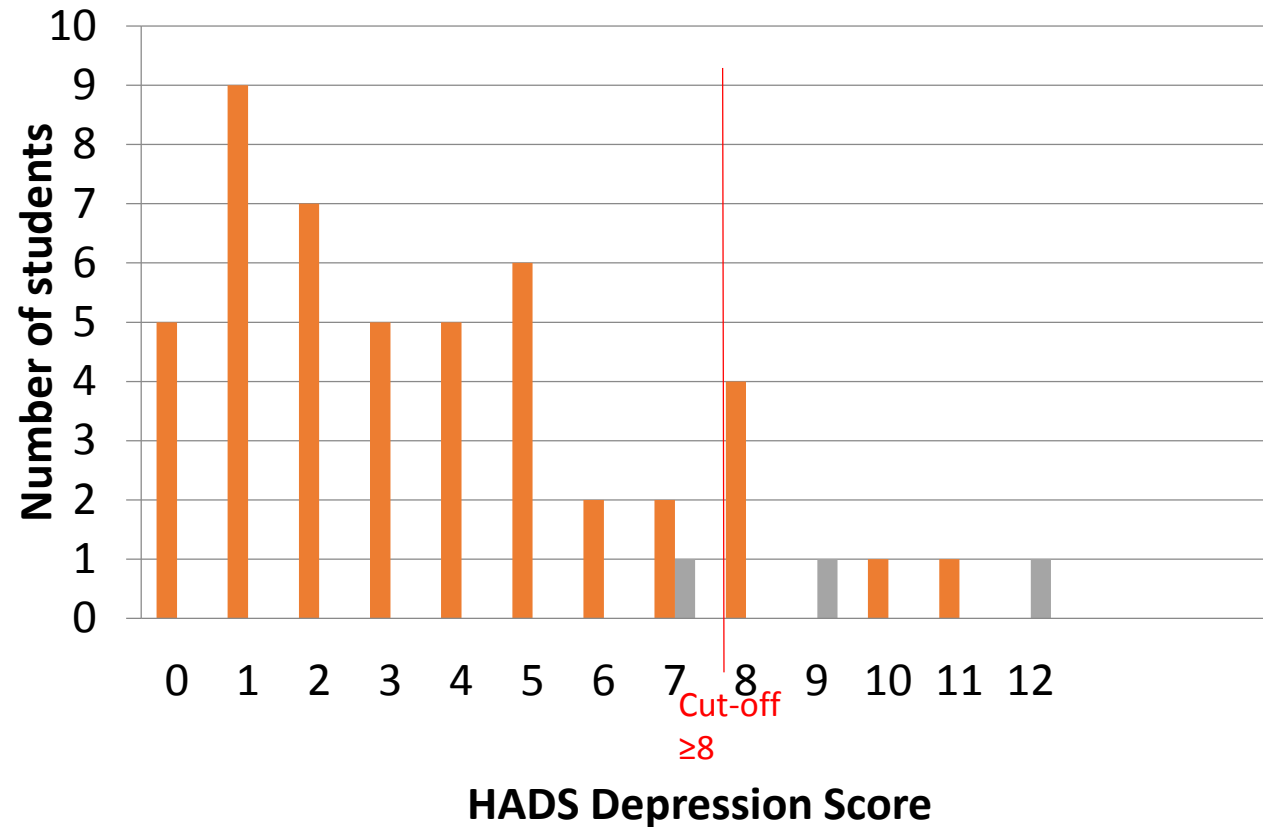
- Hospital Anxiety and Depression Scale
- Two subscales: Anxiety and Depression
- Optimum cut off “caseness” for each subscale = 8 (probable presence)



Results

50 students recruited
across all year groups at
School of Medicine
(Cardiff University)

Distribution of HADS depression scores (n=50)

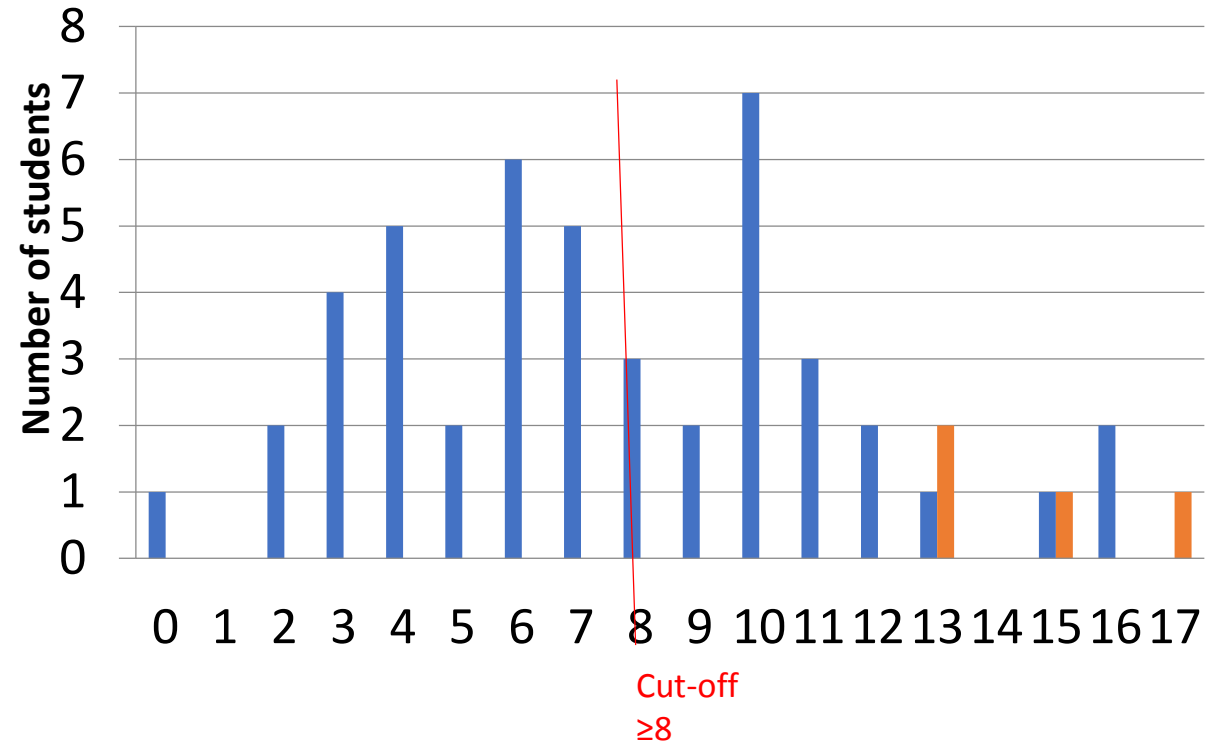


■ Scan data - Does not meet ICD-10 diagnostic criteria for depressive disorder

Sensitivity of cut-offs – HADS-D

	HADS cut off ≥ 7	HADS cut off ≥ 8
Sensitivity	1.00	0.67
Specificity	0.83	0.87
Positive predictive value	0.27	0.25
Negative predictive value	1.00	0.98

Distribution of HADS anxiety scores (n=50)



HADS anxiety Score

- Scan data - does not meet ICD-10 diagnostic criteria for anxiety

Sensitivity of cut-offs – HADS-A

	HADS cut off ≥8	HADS cut off ≥13
Sensitivity	1.00	1.00
Specificity	0.54	0.91
Positive predictive value	0.16	0.50
Negative predictive value	1.00	1.00

HADS-D items



HADS items with the highest scores for depression (n = 50):

I can enjoy a good book or radio or TV Programme -

HADS

V

I haven't got time, I feel guilty if I spend time watching TV rather than working - SCAN

Many students felt that they could no longer enjoy activities that they used to enjoy this was due to time restraints and the feeling of guilt if they spent time not working

HADS-A items



HADS items with highest anxiety scores(n = 50)

I feel tense and wound up - HADS

V

I am worried about the course- SCAN

During the interview 37 students said that they were worried but only 6 students reached a level that was clinically significant. Many were worried about medicine but felt that this was normal for medical students.

Conclusions



HADS self report questionnaire may be an appropriate questionnaire for screening for anxiety and depression in medical students.

Users may wish to consider whether to:

- a) Reduce HADS-D subscale cut-off to ≥ 7
- b) Raise HADS -A subscale cut off of ≥ 13

Do we risk over-pathologising normal responses to pressure/training demands?
caution with interpreting items for a medical student cohort



Thank You

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