

**NINDS CDE Notice of Copyright
Hospital Anxiety Depression Scale (HADS)**

Availability:	Please visit this website for more information about the instrument: Please click here for the Hospital Anxiety Depression Scale
Classification:	Supplemental- Highly Recommended: Spinal Cord Injury (SCI) Supplemental: Amyotrophic Lateral Sclerosis (ALS), Headache, Huntington’s Disease (HD), Parkinson’s Disease (PD) and SCI-Pediatric (ages 12 and older)
Short Description of Instrument:	<p>Summary/Overview of Instrument: The HADS is a 14-item self-report scale that is comprised of two subscales: Depression and Anxiety, each with 7 items. The scale was designed to screen for mood disorders in general (non-psychiatric) medical outpatients. It focuses on subjective disturbances of mood rather than physical signs, and aims at distinguishing depression from anxiety. Compared to other instruments scales, it focuses on emotional aspects of anxiety disturbances, as opposed to somatic and cognitive symptoms.</p> <p>Construct measured: Anxiety and depression.</p> <p>Generic vs. disease specific: Generic.</p> <p>Intended use of instrument/ purpose of tool: Clinical Trials, Observational Studies.</p> <p>Means of administration: Self- administered.</p> <p>Location of administration: Clinic, home, telephone.</p> <p>Intended respondent: Patient.</p> <p># of items: 14 – Anxiety (7 items), Depression (7 items).</p> <p># of subscales and names of sub-scales: 2 – Anxiety, Depression.</p> <p>Special Requirements for administration: None.</p> <p>Administration time: About 2–5 minutes.</p> <p>Translations available: Over 80 translations available.</p>
Scoring:	<p>Scoring: The HADS is comprised of two sub scales, Depression and Anxiety. Each subscale has a score ranging from 0–21. Items are rated on a 4-point Likert-type scale ranging from 0 to 3, generating a scale range of 0 to 42 points, with higher scores representing greater symptom severity. The anxiety subscale has 3 items that refer to panic and 4 to generalized anxiety. Add the A questions to get a score for anxiety and the D questions for depression. Scores of 0–7 indicate normal levels of anxiety and depression; 8–10 indicate borderline abnormal anxiety and depression levels and 11–21 suggest abnormal levels of anxiety and depression.</p> <p>Standardization of scores to a reference population (z scores, T scores): Not available.</p> <p>If scores have been standardized to a reference population, indicate frame of reference for scoring (general population, HD subjects, and other disease groups): Not available.</p>

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<p>Psychometric Properties:</p>	<p>Reliability: Internal consistency described for patients with cancer (Moorey et al., 1991): Anxiety subscale Cronbach’s alpha = 0.93; Depression subscale alpha= 0.9. In healthy UK sample, internal consistency for Anxiety, Depression and Total scores were 0.82, 0.77 and 0.86 respectively (Crawford et al 2001). Test-retest reliability for healthy sample: correlation for Depression scale= 0.92; Anxiety subscale 0.89 (Snaith & Zigmond, test manual)</p> <p>Validity: Concurrent validity established in a number of studies (see Snaith & Zigmond, test manual). A Rasch analysis performed in 102 people with SCI supported model and item fit of the HADS, and the authors (Müller et al., 2012) concluded that the anxiety and depression subscales were appropriate for use in the SCI population.</p> <p>Sensitivity to Change/ Ability to Detect Change (over time or in response to an intervention): Not available.</p> <p>Known Relationships to Other Variables: HADS depression scores differentiate between patients taking/ not taking antidepressants, and male patients and older patents at time of diagnosis had higher HADS depression scores; HADS anxiety scores differentiated between patients with and without a psychiatric history and those taking/ not taking antidepressants (Wicks et al., 2007). HADS Depression scores correlated with limb impairment, overall disease severity scores and, also with Anxiety scores with impairment on domains of the Sickness Impact Scale (Goldstein et al., 1998). Anxiety and depression subscale scores correlated with subscales of the Sickness Impact Scale; Depression subscale scores correlated with speech and mobility scores on the Barthel Index and Anxiety scores correlated with Barthel speech items.</p> <p>Diagnostic Sensitivity and Specificity, if applicable (in general population, HD population- premanifest/manifest, other disease groups): Not available.</p> <p>Strengths: Serves as a good screening measure. Has been widely used. Relatively simple to complete.</p> <p>Weaknesses: This scale is not designed for HD; however, it is a quick screen. Requires insight to provide accurate reflection. No proxy verification.</p> <p>SCI-Pediatric specific notes: The scale is validated in individuals over 17 years; there is some data for children ages 12–17.</p>
<p>Comments/ Special Instructions</p>	<p>The HAD Scale is presented as a reliable instrument for screening for clinically significant anxiety and depression in patients attending a general medical clinic. This scale has also been shown to be a valid measure of the severity of these disorders of mood and therefore the repeated administration of the scale at subsequent visits to the clinic will give the physician useful information concerning progress.</p>

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References:	<p>Key Reference:</p> <p>Zigmond AS, Snaith RP. The hospital anxiety and depression scale. <i>Acta Psychiatr Scand</i>, 1983; 67(6), 361–370.</p> <p>Other References:</p> <p>Crawford JR, Henry JD, Crombie C, Taylor EP. Normative data for the HADS from a large non-clinical sample. <i>Br J Clin Psychol</i>, 2001; 40(Pt 4), 429–434.</p> <p>Ferentinos P, Paparrigopoulos T, Rentzos M, Zouvelou V, Alexakis T, Evdokimidis I. Prevalence of major depression in ALS: comparison of a semi-structured interview and four self-report measures. <i>Amyotroph Lateral Scler</i>, 2001; 12(4), 297–302.</p> <p>Goldstein LH, Adamson M, Jeffrey L, Down K, Barby T, Wilson C, Leigh PN. The psychological impact of MND on patients and carers. <i>J Neurol Sci</i>. 1998; 160 Suppl 1, S114–S121.</p> <p>Goldstein LH, Atkins L, Landau S, Brown RG, Leigh PN. Longitudinal predictors of psychological distress and self-esteem in people with ALS. 2006; <i>Neurology</i>, 67(9), 1652–1658.</p> <p>Kennedy P, Lude P, Elfstrom ML, Smithson E. Cognitive appraisals, coping and quality of life outcomes: a multi-centre study of spinal cord injury rehabilitation. <i>Spinal Cord</i>, 2010; 48(10), 762–769.</p> <p>Kennedy P, Sherlock O, McClelland M, Short D, Royle J, Wilson C. A multi-centre study of the community needs of people with spinal cord injuries: the first 18 months. <i>Spinal Cord</i>, 2010; 48(1), 15–20.</p> <p>Moorey S, Greer S, Watson M, Gorman C, Rowden L, Tunmore R, Robertson B, Bliss J. The factor structure and factor stability of the hospital anxiety and depression scale in patients with cancer. <i>Br J Psychiatry</i>, 1991; 158, 255–259.</p> <p>Müller R, Cieza A, Geyh S. Rasch analysis of the Hospital Anxiety and Depression Scale in spinal cord injury. <i>Rehabil Psychol</i>. 2012 Aug;57(3):214-23.</p> <p>Olsson AG, Markhede I, Strang S, Persson LI. Differences in quality of life modalities give rise to needs of individual support in patients with ALS and their next of kin. <i>Palliat Support Care</i>, 2010; 8(1), 75–82.</p> <p>Snaith RP. The Hospital Anxiety And Depression Scale. <i>Health Qual Life Outcomes</i>, 2003; 1, 29.</p> <p>Wicks P, Abrahams S, Masi D, Hejda-Forde S, Leigh PN, Goldstein LH. Prevalence of depression in a 12-month consecutive sample of patients with ALS. <i>Eur J Neurol</i>, 2007; 14(9), 993–1001.</p> <p>Woolrich RA, Kennedy P, Tasiemski T. A preliminary psychometric evaluation of the Hospital Anxiety and Depression Scale (HADS) in 963 people living with a spinal cord injury. <i>Psychol Health Med</i>, 2006; 11(1), 80–90.</p>
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