One size fits all?

The article by McIntyre and colleagues rightly points out the importance of measurement of severity of depression and remission of symptoms in mental health and primary care settings. After attending the CANMAT conference in Vancouver in June 2005, I wonder about the issue of inter-rater variability. Approximately 30 psychiatrists and family physicians were instructed in the scoring of the HAMD-7, observed the same simulated interview, and then scored the severity of the depression of the simulated patient using the HAMD-7. The range of scores was 5 points from lowest to highest score. This underlined the subjectivity and variability of many of the scoring decisions made by clinicians.

There are other scales that perform as well or better in the primary care setting. Expecting a single tool to fit primary care and tertiary mental health settings may limit its uptake in both settings. Perhaps we should not be taking a ‘one-size-fits-all’ approach.

I am also concerned about the time it takes to complete the HAMD-7. I have found it more efficient to use a patient-rated scale specifically designed for primary care (the PHQ-9). The PHQ-9 scores severity, remission and response, and includes a quality of life question and a suicide screener question.

I then follow up with patients who score over 5, have a positive response, and whose experience has a large impact on their quality of life. This strategy is an efficient and effective use of my limited time.

J. Ellen Anderson
Family Physician
Sooke, BC

REFERENCE
2. Nezu AM, Ronan GF, Meadows EA, et al. A practi-