Why Use the GDS: SF Instead of Other Tools?

The Geriatric Depression Scale: Short Form (GDS: SF) has been researched more extensively than most other tools for use with older adults. It’s shorter than most depression scales, is available in the public domain and in many languages, and is easy to administer and score. But it’s only a screening tool and not a diagnostic tool; some tools, such as the Hamilton Depression Rating Scale and the Zung Self-Rating Depression Scale, are designed for use with those who’ve already been diagnosed with depression or other psychiatric conditions and can be used to rate symptoms and assess level of depression, uses that are beyond the scope of the GDS: SF.

Among depression-screening tools, the Center for Epidemiological Studies Depression Scale (known as the CES-D) has been validated in community and primary care populations. Used in rural and urban settings, it has demonstrated good internal consistency, acceptable test–retest stability, and construct validity. It’s in the public domain and is also available in some other languages. But it was not developed and tested for use with older adults and consists of 20 items that take about 10 minutes to answer, instead of the five to seven minutes needed for the GDS: SF.

The SelfCARE(D) is a 12-item self-administered depression-rating scale that has shown promise specifically for self-evaluation by patients in home care settings, but it hasn’t been tested for use by providers or with older adults.

Other versions of the GDS, such as the GDS 10-item, the GDS four-item, and the GDS one-item, have also been studied. One study found that all of the shorter versions could be useful screening tools for clinicians but that the four-item and one-item versions demonstrated low reliability and were unable to indicate the severity of depressive episodes. Another compared 30-, 15-, 10-, four- and one-item versions of the GDS, with reliability determined to be lowest (0.64) for the four-item and 0.7 to 0.84 for the other versions. The GDS-5/15 is a relatively new two-tiered depression screening tool. Patients who screen positive in the first five questions are asked the remaining 10 questions. Further study will be needed to determine whether these shorter depression-screening tools are useful with older adults and in those with mild-to-moderate cognitive impairment.—Sherry A. Greenberg, MSN, APRN, BC, GNP

REFERENCES