

A novel patient-rated tool to assess depression: The Depression Inventory Assessment Tool (DIAT)

L. Alphas, A. Nash, M. Shawi, D Williamson

Abstract

Methodological Question Being Addressed: To develop a comprehensive, patient-rated assessment for documenting symptoms of depression.

Introduction: Depression is a major cause of morbidity worldwide with a lifetime prevalence of 17% in the United States. Despite its prevalence, much of this population is untreated or incompletely treated. Further, our understanding of the nature of depression is evolving. Aspects of function that were thought to be ancillary or that were of lesser interest have gained prominence in current thinking about the experience of depression (e.g., pain, experienced cognitive deficits, problems in everyday functioning). Available scales tapped these domains only inconsistently. To better identify and track depressive symptoms, it is valuable to have scales that can capture the breadth of symptoms variably seen in a broad range of patients. It is particularly valuable to construct these as patient-rated scales to ensure that they are relevant to individual patients, and can be consistently applied while minimizing the burden to the clinician. To that end, a novel patient-rated scale has been developed. This new scale is described.

Objectives: To provide an initial overview of the Depression Inventory Assessment Tool (DIAT)

Methods: Existing depression literature was compared with scales currently available to assess depression. Items considered important from the current literature were organized into categories and developed into a patient-rated scale using simplified language with consistent scoring algorithms.

Results: Based on this work a 73-item scale has been developed. Items are scored on a 6-point Likert scale from 'strongly disagree' to 'strongly agree.' They are grouped into categories of 'depressive symptoms,' 'somatic considerations,' 'work/activities,' 'relationships,' and 'cognitive thinking.' Specific constructs included are anhedonia, anxiety, apathy, appetite changes, depressed mood, decreased energy, substance abuse, suicide and others. Completion of the scale is followed by a semi-structured interview and clinician-rated CGI of depression. Initial clinician review has been positive and preliminary work suggests that for most patients it will take less than 10 minutes to complete with about 10 minutes of additional time for a semi-structured interview and clinician rating.

Conclusion: Consistent, comprehensive tracking of symptoms of depression can be addressed with the DIAT. Additional validation work in clinical and research settings is necessary to demonstrate its value in a broad range of patients with depression.

Objective

To develop a comprehensive, patient-rated assessment for documenting symptoms of depression and its comorbidities.

Rationale for DIAT

- Within their lifetime, up to 20% of people will experience depression and the broad complexity of symptoms that accompany it
- Existing PRO's fail to capture many of the experiences and symptoms now understood to be associated with depression
- To more fully understand responses to treatment, patient-rated assessments are needed that comprehensively capture this broad array of symptoms
- The DIAT is being developed to address this unmet need.

Results

Depressed Symptoms

I feel sad and depressed.
I feel worthless.
I feel powerless to improve my situation.
My life is hopeless.
I feel guilty about things I have done or should have done.
I am a valued person.
I am an intelligent person.

Anhedonia

Nothing in life gives me pleasure.
I feel numb or empty inside.
I enjoy my work.
I am fulfilled by what I do.

Fatigue/ Apathy

My energy level is good.
There is a purpose for my life.
I get tired easily
I am highly motivated to have a good life.

Irritability/Stability

I feel irritable.
I am emotionally stable.
I feel as if I could hurt someone.
I feel everything is under control.
I often get angry with others.

Suicidality

There is no future for me.
I am glad to be alive.
I wish I would die.
Death is the only solution to my problems.
I plan to take my life.

Anxiety

I feel physically tense.
I feel stressed.
I feel restless.
I have to pace or fidget.
I feel anxious.

Results (continued)

Somatic Considerations

Pains like headaches, muscle pain, or backaches bother me a lot.
I have skin problems (like rashes, bruises, itching).
I have abdominal problems (like diarrhea, constipation, cramping).
My appetite is good.
My interest in intimacy with a partner is good.
I have problems with my breathing.
I have problems with my heart.
My ability to be intimate with my partner is good
I eat more than I should.
Others say I am overweight.
Others say I am underweight

Psychosis

I am troubled by voices or spirits.
Forces are at work to mess up my life.
People are doing things to harm me.
I feel in control of my thoughts.

Substance Use

I smoke a lot.
I drink a lot of alcohol.
I use a lot of street/recreational drugs.

Relationships

I feel like I am a burden to others.
I support or care for others.
Others have to care for or support me.
I feel lonely.
I feel neglected.
People in my life give me happiness.
People care about me.
My relationship with others is excellent.
I want to be alone.

Functioning

I am productive in my daily work (at home or at a job).
People say I do good work (at home or at a job).
The quality of my work (at home or at a job) is as good as it has always been.
I have important life goals.
I exercised most days this past week.
I have many hobbies and/or outside interests

Results (continued)

Thinking/Cognition

My judgment when making decisions is good.
My ability to solve problems is good.
My ability to find the right word when speaking is good.
My attention to things like watching television or reading is good.
The speed/quickness of my thinking is good.
The sharpness of my thinking is good.
My memory for telephone numbers and directions is good.
I feel mentally capable in most areas of my life.

Scoring

Strongly Disagree	Disagree	Slightly Disagree	Slightly agree	Agree	Strongly Agree
0	1	2	3	4	5
0	-1	-2	-3	-4	-5

Completion Time

- Completion time will vary from subject to subject, their mental status and experience with the DIAT
- Initial work suggests that it can be completed in 5 -10 minutes

Conclusions

- The 73-item DIAT is being developed to provide an approach for comprehensively documenting changes in a patient's symptoms and functioning across the broad array of symptoms that accompany this disorder
- When fully developed, the DIAT may permit efficient documentation of changes across a broad range of patient-reported depressive symptoms
- Such documentation would permit charting of the course of illness and response to various antidepressant treatments in both research and clinical settings
- More complete psychometric development of the DIAT is still needed.

Disclosure

L. Alphas A. Nash, M. Shawi, and D Williamson are employees of Janssen Scientific Affairs, LLC and Johnson & Johnson stockholders.