

TITLE: Are there reporting differences at screening on the MADRS between older and younger adults when assessments are carried out remotely by telephone?

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The methodological question being addressed: What are the differences between older and younger adults when assessed by telephone using the MADRS?

INTRODUCTION: We noted anecdotally that within a study assessing symptoms of depression using the Montgomery-Åsberg Depression Rating Scale (MADRS) that older adults were endorsing fewer symptoms and at lower severity levels than younger adults in the same study. It was also noted that this patient group felt less comfortable divulging confidential information by phone to clinicians that they were not familiar with. Fiske et al. (2009) found in many older adults underreporting of affective symptoms of depression. Gallo et al. (1994) also reported “older adults are less likely to endorse cognitive-affective symptoms of depression including dysphoria and worthlessness/guilt than are younger adults.”

The literature around the equivalence of remote versus face-to-face interviewing is clear for the assessment of depression, and in particular the use of the MADRS (Kobak et al, 2008). That said, there is little in the literature regarding differences related to age. In this study we aimed to address whether there were statistically meaningful difference between age groups of older adults (>64) and younger adults (<64) at screening visits for a clinical trial evaluating a depression treatment.

Objectives: To assess whether differences exist between two age groups of patients (older adults and younger adults) at screening by comparing mean MADRS scores and individual item differences.

Methods: An independent samples t-test was performed to compare means at screening for the two age groups (younger adults and older adults). Analysis was conducted using SPSS 21.0 for Windows. Specific item analysis was also conducted to determine if there were effects related to symptom domain.

Results: There was a significant difference $t(55) = 51.45, p < .0001$ between the two groups, with the younger patient cohort having significantly higher scores at screening than the older patient cohort.

Conclusions: There were significant differences between older and younger patient cohorts at screening with older adults reporting less severity than younger adults. There is a paucity of research around phone versus face-to-face interviewing in older adults in terms of rapport and acceptability. These findings suggests there may be real differences that merit further study to determine if the effect is related

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to characteristics of the geriatric depression population or the methods and expectations about telephone interviewing in this patient group.

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