

Title: A novel patient-rated tool to assess depression: The Depression Inventory Assessment Tool

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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. It is now clear that the symptom complexes thought to be important 50 years ago are too limited and that these symptoms are variably expressed. Yet most clinical and research scales for depression come from that era. 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.