

iCAHE JC Critical Appraisal Summary

Journal Club Details

Date of submission	February 2012
Journal Club location	Lyell McEwin (SW)
JC Facilitator	Marion Champion
JC Discipline	Social Work + Counselling

Clinical Scenario

- P Patients with depression
- E Hamilton Depression Rating Scale
- C other scales that examine depression
- O reliability, validity

Article/Paper

Trajkovic G, Starcevic V, Latas M, Lestarevic M, Ille T, Bukumiric Z & Marinkovic J (2011) Reliability of the Hamilton Rating Scale for Depression: A meta-analysis over a period of 49 years, *Psychiatry Research*, 189, 1-9.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology:	Systematic Review
Returned JC on:	2012
By CAHE staff member:	Olivia Thorpe



CONTACTS
www.unisa.edu.au/cahe
 karen.grimmer-somers
[@unisa.edu.au](mailto:karen.grimmer-somers@unisa.edu.au)
 Telephone (08) 8302 2769
 Facsimile (08) 8302 2766

University of South Australia
 GPO Box 2471
 Adelaide SA 5001
 Australia

CRICOS Provider Number
 001218



Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p>Did the review ask a clearly-focused question? Yes, the aim of this study was to clearly stated- to provide a comprehensive meta-analytic review of the reliability of the Hamilton Rating Scale for Depression (HRSD).</p>
2	✓			<p>Did the review include the right type of study? Yes, studies that reported one or more coefficients of reliability of the HRSD were included in this review.</p> <p>Is it worth continuing? YES the studies which have been looked at are relevant in addressing the study aims.</p>
3	✓			<p>Did the reviewers try to identify all relevant studies? Yes, the literature search was performed in two stages.</p> <p>Stage 1: The databases MEDLINE and PsycINFO were searched from the period from 1960 to 2008. In addition scholarly full-text databases (ScienceDirect, ProQuest, EBSCO, HighWire, HINARI) were searched.</p> <p>Stage 2: The included studies were searched for the coefficients of reliability of the HRSD.</p>
4			✓	<p>Did the reviewers assess the quality of the included studies? The quality of the included studies was not reported.</p>
5	✓			<p>If the results of the studies have been combined, was it reasonable to do so? Yes, due to the homogeneity of the included studies it was appropriate for the results to be combined. Separate meta-analysis' was performed for internal consistency, inter-rater and test-retest reliability.</p>

CONTACTS
www.unisa.edu.au/cahe
 karen.grimmer-somers
[@unisa.edu.au](mailto:karen.grimmer-somers@unisa.edu.au)
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6			<p>How are the results presented and what is the main result? Results were presented in text and using tables and graphs. Mean, <i>p</i>-values and confidence intervals were reported. <i>Bottom line result:</i> The results of the current study suggest that HRSD is a reliable assessment of depression. The figures indicate good levels of internal consistency, inter-rater and test–retest reliability however it was found that some items in the HRSD do not provide satisfactory reliability.</p> <p>Detailed statistical results start page 4.</p>
7			<p>How precise are these results? The precision of results can be determined based on confidence intervals. The confidence interval describes the uncertainty inherent in the reliability estimate, and describes a range of values within which we can be reasonably sure that the true reliability actually lies. If the confidence interval is relatively narrow (e.g. 0.70 to 0.80), the reliability of the instrument is known precisely. If the interval is wider (e.g. 0.60 to 0.93) the uncertainty is greater, although there may still be enough precision to make decisions about the utility of the instrument.</p> <p>The width of a confidence interval for a meta-analysis depends on the precision of the individual study estimates and on the number of studies combined. Precision will decrease with increasing heterogeneity and confidence intervals will widen correspondingly. As more studies are added to a meta-analysis the width of the confidence interval usually decreases.</p>
8 9 10	Journal Club to Answer	<p>Can the results be applied to the local population? Were all important outcomes considered? Should policy or practice change as a result of the evidence contained in this review?</p>	