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LETTER TO THE EDITOR

The development of a short depression screening tool in older adults

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Dear Editor,

We read with great interest the study of Gokcekuyu *et al*., which has just been published in your journal.[1] In this study, the authors aimed to validate a five-question version of the Geriatric Depression Scale (GDS-5) in the elderly Turkish population, but actually the GDS-5 was previously revalidated in Turkish by Dokuzlar *et al*.[2] The study of Gokcekuyu *et al*. seems valuable; however, some methodological considerations need to be taken into account when validating the short forms of scales used for screening.[1]

Just like in this study, Dokuzlar *et al*.'s aimed to validate the GDS-4 and GDS-5 in Turkish elderly patients, and outpatients to geriatric clinics were included in both studies.[1,2] However, due to the fact that these studies were conducted in two different sociocultural regions of Turkey, the sensitivity of the GDS-5 was higher (96.4% vs 85.8%) and the specificity was lower (67.7% vs 92.1%) depending on the differences in the education levels of the participants.[1,2] However, the important finding common to both studies is that the Cronbach's α value is below 0.7, that is, the internal consistency coefficient is at a questionable level, which means that the GDS-5 or some of its items do not represent respondents with depression.[3,4] To solve this problem, by performing Kappa consistency analysis, the inter-rater reliability of each of the items in the long form of the GDS can be checked, and community-specific short forms can be produced with those items having the highest kappa values.[4] We also applied this method to ensure the validity in developing the Turkish GDS-5 (TGDS-5).[2] Thus, we found that the TGDS-5 and the original GDS-5 have only one common item ('Do you often get bored?').[1,2] Other items differed from the GDS-5; however, the Cronbach's α of the TGDS-5 increased to 0.807, that is, the internal consistency coefficient was 'good'.[1,2] In our study, although the specificity and positive predictive value (PPV) of the GDS-5 were high, its sensitivity value was significantly lower, and low a sensitivity value for a screening tool limits its use.[2] Due to the mentioned drawbacks and the low internal consistency of the GDS-5 (according to the Cronbach's α analysis), the use of the GDS-5 in Turkish older adults is not appropriate. Since the sensitivity and negative predictive values of the short TGDS-5 are higher than its specificity and PPV, the TGDS-5 is more effective for excluding depression rather than for diagnosing depression. Thus, the TGDS-5 may be useful as a first-stage screening test in a daily practice.[2]

As a result, the contribution of Gokcekuyu *et al*.'s study to the literature is significant.[1] However, it seems to be beneficial to develop appropriate scales for each population, according to their sociocultural characteristics. Thus, the TGDS-5 might be a more appropriate test for depression in the Turkish elderly than the GDS-5.

DISCLOSURE

The authors declare there are no conflicts of interest.

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