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ACCURACY OF DEPRESSION SCORE

Accuracy of depression score: a positive HADS score may only be the tip of the iceberg

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Wu and colleagues' study on the accuracy of the Hospital Anxiety and Depression Scale Depression subscale (HADS-D) is a reminder of the importance of screening for depression and of the limitations of a screening tool.¹ Additionally, various psychiatric and physical conditions aren't mutually exclusive and can interact in a bi-directional manner. Diagnoses are entities that overlap and the traditional divisions between mind, brain, and body are relatively arbitrary.²

There may be many reasons for a high HADS score, and depression or anxiety aren't the only appropriate diagnoses. Limitations of HADS are noticeable in the context of co-occurring psychiatric disorders in the adult "neurodiverse" population. Attention deficit hyperactivity disorder (ADHD), for example, is historically under-recognised despite being one of the most treatable psychiatric conditions. Up to 90% of adults with ADHD experience mood instability that can resemble mood disorders.³ It is worth considering in those with lifelong difficulties who present atypically and are "difficult to treat." Notably, HADS and other tools included in the meta-analysis require additional modules for exploration.

There is emerging evidence of significant associations of neurodevelopmental and co-occurrent psychiatric disorders with disease patterns more commonly attributed to medical "organic" or "functional neurological" conditions. Examples include chronic migraine, fibromyalgia, mast cell activation syndrome, postural orthostatic tachycardia syndrome (all linked to hypermobility related conditions), and obstructive sleep apnoea.⁴⁻⁶ A more considered longitudinal approach is required, so caution is needed given the scarcity of specialist adult neurodevelopmental services—waiting list times run to years in the UK.

Persistence with ineffective management and extensive investigations that are likely to be negative further add to the burden. A truly holistic integrated approach focused on patient empowerment, improved awareness, access to resources, and tighter coordination of care would not only benefit patient quality of life but also reduce economic burden and increase system capacity.

Competing interests: None declared.

Full response at: www.bmj.com/content/373/bmj.n972/rr.

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² Garber J, Bradshaw CP. Developmental psychopathology and the research domain criteria: friend or foe? *J Clin Child Adolesc Psychol* 2020;49:341-52. doi: 10.1080/15374416.2020.1753205 pmid: 33950761

³ Asherson P. Clinical assessment and treatment of attention deficit hyperactivity disorder in adults. *Expert Rev Neurother* 2005;5:525-39. doi: 10.1586/14737175.5.4.525 pmid: 16026236

⁴ International Headache Society. The International Classification of Headache Disorders. 2013. <https://ichd-3.org>.

⁵ Goadsby PJ, Holland PR, Martins-Oliveira M, Hoffmann J, Schankin C, Akerman S. Pathophysiology of migraine: a disorder of sensory processing. *Physiol Rev* 2017;97:553-622. doi: 10.1152/physrev.00034.2015 pmid: 28179394

⁶ Eccles JA, Davies KA. The challenges of chronic pain and fatigue. *Clin Med (Lond)* 2021;21:19-27. doi: 10.7861/clinmed.2020-1009 pmid: 33479064