

Name of Measure: Geriatric Depression Scale Long Form (GDS-LF) and Short Form (GDS-SF) (Brink, Yesavage, Lum, Heersma, Adey, et al., 1982)

Purpose of Measure: To predict depression among elders aged 60 years or older

Author(s) of Abstract:

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Reference: Mui, A. (1996). Geriatric Depression Scale as a community screening instrument for elderly Chinese immigrants. *International Psychogeriatrics*, 8(3), 445-458.

Description of measure: The GDS (Geriatric Depression Scale) is a 30-item inventory, with a yes/no format. It takes 10 to 15 minutes to administer. The GDS has excellent reliability and validity (test-retest reliability = .85; internal consistency = .94). The GDS has been validated against Research Diagnostic Criteria and is able to discriminate among normal and mildly and severely depressed adults. One of the strengths of GDS is that it contains no somatic items that can introduce age bias into the depression screening scale by inflating total scores among the elderly population.

The GDS measures depression, with scores ranging from 0 to 30 representing the total number of depressive symptoms. According to Brink and his colleagues (1982), those who report 10 or fewer symptoms are considered normal, those who report 11 to 20 symptoms are considered mildly depressed, and those who report 21 or more symptoms are considered moderately to severely depressed.

Sheikh and Yesavage (1986) developed a short form of the GDS (GDS-SF). It consists of a subset of 15 questions from the GDS-LF. Items were chosen that had the highest correlation with depression symptoms among their sample who participated in a validation study. The GDS-SF (GDS-Short Form) was validated ($\alpha = .90$) with both depressed and nondepressed Chinese elders in Hong Kong (Lee et al., 1993). Both the GDS-LF and GDS-SF were found to be reliable instruments for the Chinese elderly. Content and face validity of the GDS-LF Chinese version were established through intensive review of the instrument by the panel of four bilingual experts to ascertain and confirm its vocabulary and syntax.

Language Availability: Chinese

Translation Comments: The GDS-LF was translated and back translated into Chinese. The final Chinese version was then compared to the translation done by Chiu et al., 1993 in Hong Kong. There were discrepancies between the two versions. In this translations, there was an effort to select wording that were easier to understand and yet be consistent with the original intent of the measure. An analysis of missing data identified 15 items on the long form for which there was no missing data. These 15 items comprised 2 factors that can be described as happy and sad mood. Ten of these 15 overlap with items on the Short Form, but 5 are different. These different items are culturally more meaningful for elderly Chinese subjects.

Description of Asian Population: 50 low-income Chinese immigrant elderly. They had an average age of 75.1 years (SD = 6.5 years), 48.9 % were married, 38.8 % widowed, and

12.3 % divorced or separated; 77.6% could read Chinese only. Their average length of time in United States was 19.1 years; 81.6% had incomes of less than \$500/month

Norms: Information reproduced with permission from the International Psychogeriatric Association. Scores on the GDS-LF for the Chinese elders ranged from 0 to 25 with a mean of 7.2 (SD = 5.6). The median was 6, and skewness was .82. Eighteen percent of the sample scored at 11 or above, indicating possible depressive symptomatology. GDS-SF scores ranged from 0 to 11 with a mean of 3.9 (SD = 2.9). The median was 3 and the skewness was .69. Twenty six percent of the sample scored at 5 or above indicating possible depressive symptomatology.

Based on the analysis of missing data, it is suggested that 5 items on the GDS-SF be replaced. The items on the short form that should be removed are:

- 10. Feel helpless
- 12. prefer to stay home
- 15 wonderful to be alive
- 21. full of energy
- 22 situation hopeless

They should be replaced with

- 11. get restless and fidgety
- 13 worry about future
- 16 feel downhearted and blue
- 24. get upset about little things
- 25. feel like crying

Reliability: The Cronbach's alpha coefficient of the GDS-LF was .90 and the split-half reliability coefficient was .82, indicating good internal consistency and acceptable reliability of this scale. The Cronbach's alpha coefficient of the GDS-SF was .72, which indicates the reliability of this was not as good as that of the GDS-LF.

Validity: In order to assess the validity and utility of the GDS-LF and this new GDS-SF, parallel regression models using the same set of independent variables (age, sex, self-rated health, living alone, and perceived satisfaction with family help) were run. Results of the two regression models were similar in terms of significant findings and the amount of variance explained (.49/.50), indicating that this new GDS-SF is a good substitute for the GDS-LF. The correlation between the GDS-LF and the new GDS-SF was .93 ($p < .0001$).

Original Reference: Brink, T. L., Yesavage, J. A., Lum, B., Heersma, P., Adey, M., et al. (1982). Depressive symptoms and depressive diagnoses in a community population. *Archives of General Psychiatry*, 45, 1078-1084.

Lee, H. C. B., Chiu, H. F. K., Kwok, W. Y., Leung, C. M. Lworn, P. K., et al. (1993). Chinese elderly and the GDS short form: A preliminary study. *Clinical Gerontologist*, 14, 37-42.

Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist*, 5, 165-173.

How to obtain a copy of the instrument: Printed in Mui's article