PsycINFO and Online Resources in Psychology and Psychiatry

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PsycINFO and Online Resources in Psychology and Psychiatry

Carmen Bou-Crick, M.S.L.S.
Librarian Assistant Professor
Department of Health Informatics
Head, Reference & Education, Calder Library
University of Miami Miller School of Medicine
November 26, 2013
Objectives

Participants will be able to use the following resources for patient care and research:

– PsycINFO
– PsychiatryOnline
– Clinical Decision-Making Tools
– Questionnaire Databases
– Calder Library Online Resources
PsycINFO

• Bibliographic database produced by the American Psychological Association and published by EBSCO
• Contains citations to journal articles, books, book chapters, and dissertations
• Can be searched with Boolean Operators (AND, OR, NOT)
• Uses descriptors from the *Thesaurus of Psychological Index Terms*.
• Updated on a regular basis
• Current citations as recent as one month ago
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"All Databases" will give you a list of all databases available.

The most used databases are listed in the drop-down box.
Simple Keyword Search
Enter terms in text boxes; click Search
Refine Results with Limits

Search Results: 1 - 10 of 49,254

1. Differential association of somatic and cognitive symptoms of depression and anxiety with inflammation: Findings from the Netherlands Study of Depression and Anxiety (NESDA).
   - Subjects: Anxiety; Inflammation; Major Depression; Psychiatric Symptoms; Adulthood (18 yrs & older); Young Adulthood (18-29 yrs); Thirties (30-39 yrs); Middle Age (40-64 yrs); Aged (65 yrs & older); Male; Female
   - Cited References: (65)
   - Notes: Richter Library subscribes to this title, check IBISWeb

2. Mapping mindfulness facets onto dimensions of anxiety and depression.
   - Subjects: Anxiety; Major Depression; Mindfulness; Adulthood (18 yrs & older); Young Adulthood (18-29 yrs); Thirties (30-39 yrs); Middle Age (40-64 yrs); Aged (65 yrs & older); Male; Female

3. Symptoms of anxiety and depression assessed with the hospital anxiety and...
### Search Modes and Expanders

**Search modes**
- Boolean/Phrase
- Find all my search terms
- Find any of my search terms
- SmartText Searching

**Apply related words**

**Also search within the full text of the articles**

### Limit your results

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**Scholarly (Peer Reviewed) Journals**

**References Available**

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- 2008 - 2013

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Change Page Options to Detailed & 20 citations per page (or more)
Now Abstract is displayed.
Click on Folder icon if you want this citation.
Scroll down and keep adding citations to your folder. For full-text, click on HTML or PDF icons.
Pretreatment Anxiety Predicts Patterns of Change in Cognitive Behavioral Therapy and Medications for Depression

Nicholas R. Forand
Ohio State University Wexner Medical Center

Robert J. DeRubeis
University of Pennsylvania

Objective: Some studies report that initial anxiety is associated with equivocal or negative effects in depression treatment. In contrast, at least 4 studies of cognitive behavioral therapy (CBT) report that anxiety predicts greater or more rapid change in depression. Further exploration is needed to clarify the relationship between initial anxiety and depression change. Questions include the relationship between anxiety and patterns of change and time to relapse, as well as the specificity effects to CBT. Method: The study assessed the relation of Beck Anxiety Inventory anxiety scores to early rapid change and overall change in Beck Depression Inventory–II depression scores during acute depression treatment. Participants were 178 individuals enrolled in a randomized controlled trial of CBT versus antidepressant medications (ADMs) for moderate to severe depression. They were 58% female and 83% Caucasian, with an average age of 40 (SD = 11.5). Thirty-four percent (34%) were married or cohabitating. Hierarchical linear models, including quadratic growth parameters, were used to model change. The relation of anxiety to the probability of posttreatment relapse was also examined. Results: Findings indicate that higher levels of anxiety predict early rapid change, but not overall change, in both CBT and ADM. However, patients with higher levels of intake anxiety evidenced increased risk for relapse after CBT. Conclusions: Early rapid change predicted by anxiety occurs across different treatment conditions, but this early rapid response is not indicative of positive overall outcome in all cases. These findings might indicate that anxiety predicts a response to nonspecific “common factors” of treatment.

Keywords: depression, anxiety, CBT, antidepressant medications, rate of change
Advanced Search Techniques

Click on “New Search” to clear the search boxes
Use the Thesaurus to select the appropriate “Descriptors”

Click on “Thesaurus”
Enter term in box
Click “Browse”
First search for Depression & select the most appropriate term

Depression (Emotion)
For Depressive Reaction (Neurotic)—Use Major Depression. Click “Add”

Click if you want “Depression” to be the Major Concept of the article and “Explode” (if Appropriate)
Search for “Depression (Emotion)”

Click “Search”
Number of Results: 1 - 20 of 21,174

1. **Longitudinal course and risk factors for fatigue in adolescents: The mediating role of sleep disturbances.**
   - Tham, See Wan Holley, Amy Lewandowski Zhou, Chuan Clarke, Gregory N. Palemeo, Toraya M., Journal of Pediatric Psychology, Vol 36(10), Nov-Dec, 2013, pp. 1070-1080. [Journal Article] Abstract: This study examined fatigue in adolescents with chronic pain (n = 61) and depressive disorders (n = 51) compared with healthy adolescents (n = 55). Results identified longitudinal risk factors, and tested sleep disturbances as a mediator between depression and fatigue. Methods: Adolescents completed questionnaires at baseline, 6, and 12 months. Mixed effects models examined associations between risk factors and fatigue. Structural equation modeling assessed contemporaneous and longitudinal mediation. Results: Fatigue persisted at 1-year follow-up with adolescents in the clinical samples experiencing greater fatigue than healthy youth at all time points (p < .05). Age, baseline depression, and baseline sleep disturbances predicted longitudinal fatigue for the total sample (p < .05), with variation in predictors by subgroup. Sleep quality moderated the contemporaneous effects of depression on fatigue in the clinical samples (p < .05). Conclusions: Findings underscore the longitudinal course of fatigue and suggest that improving sleep disturbances may reduce fatigue in clinical samples. (PsychINFO Database Record (c) 2013 APA, all rights reserved).
   - Subjects: Adolescent Development, Fatigue, Risk Factors, Sleep, Sleep Disorders, Childhood (12-13 yrs); School Age (6-12 yrs); Adolescence (13-17 yrs); Adulthood (18 yrs & older); Young Adulthood (18-29 yrs); Male, Female.

2. **Early exposure to parental depression and parenting: Associations with young offspring’s stress physiology and oppositional behavior.**
   - Dougherty, Lea R. Telje, Marliess R. Smith, Victoria C. Rose, Suzanne. Journal of Abnormal Child Psychology, Vol 41(8), Nov, 2013, pp. 1299-1310. [Journal Article] Abstract: Hyperadrenal (HPA) axis reactivity to stress is known to play a role in the intergenerational transmission of risk for psychopathology and other negative outcomes in offspring of depressed parents. We tested the hypothesis that intergenerational effects of exposure to parental depression during early childhood and parental hostility impact children’s stress physiology and emerging behavioral problems. A sample of 105 preschool-aged children (81 boys, 84 girls), of whom 103 had a parent with a history of depression, was exposed to a stress-inducing laboratory task, and five saliva cortisol samples were obtained. Parents completed clinical interviews and observational parent-child interaction task. We found that the offspring exposed to maternal depression during early childhood and whose parents displayed hostile parenting behaviors during an observational task evidenced high and increasing cortisol levels in response to a laboratory task. In addition, the total amount of exposure to maternal depression over the child’s life affected a dose-response effect on the positive relation between parental hostility and child observed oppositional behavior. This study underscores the importance of early intervention in young children’s stress physiology and emerging behavioral problems. (PsychINFO Database Record (c) 2013 APA, all rights reserved).
   - Subjects: Behavior Problems, Depression (Emotion), Parent Child Relations, Parental Style, Stress, Childhood (12-13 yrs); Preschool Age (2-5 yrs); Adulthood (16 yrs & older); Male, Female.

3. **Dietary intake in population-based adolescents: Support for a relationship between eating disorder symptoms, low fatty acid intake and depressive symptoms.**

   Notes: Richter Library subscribes to this title, check IBISWeb.

   Notes: Richter Library subscribes to this title, check IBISWeb.

   Notes: Richter Library subscribes to this title, check IBISWeb.
New Search for Anxiety
(Click “New Search,” “Thesaurus,” enter “anxiety” in box, & “Browse”)

(1) Select all topics with “Anxiety” and
(2) click on “Add” then on (3)“Search”
Search results for “Anxiety” OR “Anxiety Disorders” OR “Anxiety Management” OR “Anxiety Sensitivity”
New Search to Combine Terms

Click on “New Search” then on “Search History”
Select your last two searches and click on "Search with AND"
Refine Search Results
(click on “Show More” to get Filters)

Show More opens the list of Filters/Limits
Use Filters to Streamline the Search

*Scholarly (Peer-Reviewed) Journals
*English
*Age Groups

*Publication Year (last 5 years)
Limits (Cont’d.): Population Group: Human,
Exclude Dissertations
Results = 93

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QUESTIONS ABOUT PSYCINFO?

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Powerful web-based portal that features DSM-V® and *The American Journal of Psychiatry* as the cornerstones of a collection of psychiatric references from American Psychiatric Publishing.

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  - *Psychiatric Services*
  - *Journal of Neuropsychiatry and Clinical Neurosciences*
  - *Academic Psychiatry*

- **Textbooks**
  - *The American Psychiatric Publishing Textbook of Psychiatry*
  - *Gabbard’s Treatments of Psychiatric Disorders*
  - *Textbook of Psychotherapeutic Treatments*
  - *The American Psychiatric Publishing Textbook of Geriatric Psychiatry*
  - *The American Psychiatric Publishing Textbook of Substance Abuse Treatment*
  - *The American Psychiatric Publishing Textbook of Psychopharmacology*
  - *Manual of Clinical Psychopharmacology*
Contents (Cont’d.)

– American Psychiatric Association Practice Guidelines
– Self-assessment tools for study
– Clinical & research news from *Psychiatric News*
– Medication information handouts for patients
APP Journals, Psychiatric News, Books, CMEs...

- DSM-IV-TR® Handbook of Differential Diagnosis
- Cases from DSM-IV-TR® Casebook and Its Treatment Companion

**Journals**
- The American Journal of Psychiatry
  - American Journal of Psychiatry
    - November 01, 2013
    - Current Issue | RSS | All Issues

**PSYCHIATRIC NEWS** November 02, 2013

- A Day to Remember
- Successful Public Mental Health Can't Go It Alone

**Books**
- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
- Gabbard's Treatments of Psychiatric Disorders, 4th Edition
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**CME**
- Latest CME From AJP
  - AJP CME Course for November 2013:
    - Anatomical and Functional Brain Abnormalities in Drug-Naive First-Episode Schizophrenia
- Latest CME From FOCUS
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Preserved Working Memory and Altered Brain Activation in Persons at Risk for Psychosis


Abstract

Objective Patients with schizophrenia exhibit impairments in working memory that often appear in attenuated form in persons at high risk for the illness. The authors hypothesized that deviations in task-related brain activation and deactivation would occur in persons at an at-risk mental state performing a working memory task that entailed the maintenance and manipulation of letters.

Method Participants at ultra high risk for developing psychosis (N=60), identified using the Comprehensive Assessment of At-Risk Mental States, and healthy comparison subjects (N=36) 14 to 29 years of age underwent functional MRI while performing a verbal working memory task. Group differences in brain activation were identified using analysis of covariance.

Results The two groups did not show significant differences in speed or accuracy of performance. participants at-risk participants exhibited significantly less activation than healthy comparison subjects in the left anterior insula. During letter manipulation, at-risk persons exhibited greater task-related deactivation within the default-mode network than comparison subjects. Region-of-interest analysis in the at-risk group revealed significantly greater right dorsolateral prefrontal cortex activation during manipulation of letters.

Conclusions Despite comparable behavioral performance, at-risk participants performing a verbal working memory task exhibited altered brain activation compared with healthy subjects. These findings demonstrate an altered pattern of brain activation in at-risk persons that contains elements of reduced function as well as compensation.
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Edited by Dan G. Blazer, M.D., Ph.D.; David C. Steffens, M.D., M.H.S.

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  - Chapter 1. The Myth, History, and Science of Aging
  - Chapter 2. Demography and Epidemiology of Psychiatric Disorders in Late Life
    - Chapter 3. Physiological and Clinical Considerations of Geriatric Patient Care
  - Chapter 4. Neuroanatomy, Neurophysiology, and Neuropathology of Aging
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    - Part II: The Diagnostic Interview in Late Life
    - Part III: Psychiatric Disorders in Late Life
    - Part IV: Treatment of Psychiatric Disorders in Late Life
    - Part V: Special Topics

Parts expand to chapters

Click on any title to open the chapter
Easy navigation within the chapters...

Navigation within the chapter via Quick Links
Figures and graphics can be enlarged and/or saved as slides.
Each chapter has a Summary, Key Points, and a list of References

**Key Points**

- Alzheimer’s disease pathology is very common in the aging population and is the major neurodegenerative cause of cognitive impairment and dementia in the elderly.

- Senile plaques and neurofibrillary tangles are the hallmark pathological features of Alzheimer’s disease.

- Dementia with Lewy bodies is the second most common cause of neurodegenerative dementias.

- Synaptic loss, neuronal cell loss, and brain atrophy are common pathological changes in all dementing disorders.

- Genetic factors, such asapolipoprotein E, play important roles in the development of various dementing disorders.

- Neuropathological examination of brain tissue is still the definitive way to confirm the nature of clinically diagnosed neurodegenerative and vascular dementias.

**References**


Expand to see all topics
Click on a topic to expand the information and contents on that topic.

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Information for Patients and Families

For Patients & Families

What Your Patients Need to Know About Psychiatric Medications

Printer-friendly medication information patient handouts for every major psychiatric medication. Patients’ most common questions are answered, including how to take the medication and its beneficial effects and potential side effects and drug interactions. Language is clear, accurate, and accessible and prioritizes information that is evidence-based to enhance the safe and effective use of psychiatric medications by patients.

Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts
Edited by Mine K. Dulcen, M.D.

Printer-friendly medication information handouts covering today’s most effective medications for youth with behavioral and emotional problems written in language that parents, teachers, and youth can understand. Each handout contains the basic information needed to reinforce clinical discussions, ensures that key points aren’t forgotten or overlooked, and provides answers to important questions that arise between visits.

Let’s Talk Facts

Designed for lay readers, each Let’s Talk Facts pamphlet contains an overview of a psychiatric illness, its symptoms and common treatments, and where to turn for more help.
Any questions from PsychiatryOnline?

• We now explore Clinical Decision-Making Databases...
Other Sources of Psy Information: Clinical Decision-Making Databases

- Access Medicine
- DynaMed
- Isabel
- MD Consult
- UpToDate
- Visual Dx (for skin conditions which might be caused by drugs)
Why should we look at these tools?

- For background information (etiology, epidemiology, prognosis, treatment, etc.)
- To clarify treatment options
- To get an overview of complications
- To find guidelines for treatment
- To obtain references for additional information
- For consumer health information handouts to give patients
- For CME’s
Access Medicine

Provides access to more than 50 medical titles from the best minds in medicine, updated content, thousands of images and illustrations, interactive self-assessment, case files, diagnostic tools, a comprehensive search platform, and the ability to download content to a mobile device.
Advanced Search

Current Practice Guidelines in Primary Care, 2013
DynaMed

Clinical support system with 2,000 topics organized by information category; remote and PDA access available via EBSCO.
DynaMed

Enter topic here and search (or Browse Categories)
Search for “Dementia”

List of topics to choose from (293 total)
For a given set of clinical features Isabel instantly provides a checklist of likely diagnoses including bio-terrorism conditions, related diagnoses, and causative drugs.
Enter age and gender

Enter symptoms
Red flags

Drugs causing those symptoms

Isabel is not meant to replace your clinical judgment.

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MD Consult

Provides access to leading medical textbooks and journals, over 600 clinical practice guidelines, over 30,000 drugs, over 2,500 patient education handouts, daily medical news, and CME credit. It provides access to the "Clinics" journals.
Results for “Dementia”
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A clinical support system designed to answer clinical questions that arise in daily practice. Contains succinct, comprehensive, current, and fully referenced evidence on more than 7,000 clinical topics written by physicians. New category added recently for Psychiatry. Accessible within the UMMSM/Jackson Health System IP domain only.
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Search for “depression and anxiety in the elderly”

Add your topic here

Click here to search
Select from a list of topics

Click on topic to see more
Background Information for Depression and Anxiety in the Elderly

Comorbid anxiety and depression: Epidemiology, clinical manifestations, and diagnosis

Author
Michael Van Amstel, MD

Section Editor
Natalie Stein, MD, MPH

Deputy Editor
Richard Hermann, MD

Epidemiology

Population-based samples — There is a high rate of comorbid anxiety and depressive disorders in population-based samples. The lifetime prevalence of anxiety disorders and major depression among adults in the United States (US) has been reported to be 28.8 percent and 16.6 percent, respectively (1, 2).

Three international studies found that depression is significantly associated with every anxiety disorder (3, 4) and with the highest associations in patients with generalized anxiety disorder (GAD) and the lowest in those with agoraphobia and specific phobia.

Lifetime prevalence of comorbid anxiety and depression in the general population is very high. In a recent study of 1783 individuals, 75 percent of those with depression met criteria for an anxiety disorder in their lifetime, 79 percent of those with an anxiety disorder met criteria for lifetime major depression (5, 6).

A study found that the 12-month prevalence of comorbid mood and anxiety disorders (3.5 percent) in the Netherlands was higher than the prevalence of a pure mood disorder (a mood disorder without a co-occurring anxiety disorder, eating disorder, or schizophrenia, 3.1 percent) but lower than pure anxiety disorder (7.7 percent) (7). Of patients with mood disorders, 60.5 percent were diagnosed as having another mental disorder. Anxiety disorders were the most common category of disorders, with a prevalence of 53.4 percent among patients with a co-occurring disorder.

In a community sample of 915 women age 42 to 52 years, 10.7 percent reported lifetime history of an anxiety disorder and major depression concurrently, 53 percent reported no lifetime history of either disorder, 13.8 percent reported a history of an anxiety disorder alone, and 22.1 percent had a history of depression alone (8).

Clinical samples — High rates of comorbidity between anxiety disorders and depression have been observed in samples of patients receiving mental health care.

- Studies of patients with anxiety disorders have yielded a point prevalence of comorbid depression ranging from 2% to 69%, with lifetime rates as high as 81% (9, 10).

Examples include:

- In a sample of 1127 outpatients with anxiety disorders, current and lifetime prevalence rates of mood disorders were 57% and 81%, respectively (10). In those with a primary anxiety disorder, 39% met criteria for a comorbid mood disorder (major depression and/or dysthymia). The prevalence of comorbid major depression ranged from 3% in specific phobia to 69% in posttraumatic stress disorder.

- In a sample of 468 patients with DSM-IV-R anxiety disorders, 11% suffered from comorbid depression. Prevalence ranged from 4% for specific phobias to 35% for severe panic disorder with agoraphobia.

Small studies of samples with depressive disorders have yielded variations in the point prevalence of comorbid anxiety of 44.7% to 92.1% (11, 12).

- In an analysis of 255 depressed outpatients, 44.7% met diagnostic criteria for an anxiety disorder (13).

- In a sample of 73 individuals with major depression, 44.1% met diagnostic criteria for a second pediatric disorder (14).
Other Relevant Databases for Mental Health Information:

- **PubMed** – National Library of Medicine
- **Cochrane Database of Systematic Reviews** (major study groups on illnesses such as depression, schizophrenia, diabetes, etc.)
- **CINAHL Plus** – Nursing and Allied Health citations
Finding Questionnaires...

- Health and Psychosocial Instruments (HAPI)
- Mental Measurements Yearbook/Tests in Print
- PsycINFO – Limit Search Results to Classification: Tests & Testing (2220)
- PubMed – combine results with MeSH terms that refer to research studies, i.e. Psychometrics, Questionnaires, Psychological Tests, Sensitivity and Specificity, etc.
To start a search in HAPI, go to:
http://calder.med.miami.edu

From E-Databases
Click on “All Databases”
Electronic Databases
(click on “H” for “Health and Psychosocial Instruments”)
Click on “HAPI”
OVID Platform—Select HAPI

Select Resource(s) to search:

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- Ovid MEDLINE(R) 1946 to 1979
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Anxiety and Depressive Symptom Identification Using the Duke Health Profile

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ABSTRACT. Duke Health Profile (DUKE) subscales were compared for their ability to identify anxiety and depressive symptoms as measured by the State Anxiety Inventory (SAI) and the Center for Epidemiologic Studies Depression Scale (CES-D) in 413 primary care patients. The seven-item Duke Anxiety-Depression Scale (DUKE-AD) was the best symptom identifier, with sensitivities and specificities greater than 70% for high scores on both the SAI and CES-D. Also, baseline DUKE-AD scores predicted five clinical outcomes during an 18-month follow-up period, with receiver operating characteristic (ROC) curve areas ranging from 57.1 to 58.7%. Patients shown by DUKE-AD scores to be at high risk (≥30, scale 0–100) for symptoms of anxiety and/or depression were more often women, less well-educated, not working, and with lower socioeconomic status. Their severity of illness was higher than that of low-risk patients. Although the providers did not know which patients were at high risk, they made a clinical diagnosis of anxiety or depression more often in high-risk patients.

KEY WORDS. Anxiety disorders, depressive disorders, mental health measures, screening measures, health status, primary care
Duke Anxiety-Depression Scale (DUKE-AD)

INSTRUCTIONS:
Here are a number of questions about your health and feelings. Please read each question carefully and check (✓) your best answer. You should answer the questions in your own way. There are no right or wrong answers.

1. I give up too easily
2. I have difficulty concentrating
3. I am comfortable being around people

<table>
<thead>
<tr>
<th>Yes, describes me exactly</th>
<th>Somewhat describes me</th>
<th>No, doesn't describe me at all</th>
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<tr>
<td>2</td>
<td>1</td>
<td>0</td>
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DURING THE PAST WEEK:
How much trouble have you had with:

4. Sleeping
5. Getting tired easily
6. Feeling depressed or sad
7. Nervousness

<table>
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<tr>
<th>None</th>
<th>Some</th>
<th>A Lot</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>0</td>
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</tr>
<tr>
<td>0</td>
<td>1</td>
<td>3</td>
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HOW TO SCORE
1. Add the scores next to each of the blanks you checked.
2. If your total score is 5 or greater, then your symptoms of anxiety and/or depression may be excessive.

(For exact scoring, multiply the total score by 7.143 to obtain the DUKE-AD score on a scale of 0 for lowest to 100 for highest symptom level.)

FIGURE 1. The Duke Anxiety-Depression Scale (DUKE-AD).
The Mental Measurements Yearbook with Tests in Print (Buros Institute, Univ. Nebraska) (start in E-Databases)
Search on Dementia in the Title

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- Class: PsycINFO and Online Resources in Psychology and Psychiatry
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